OMB No.: 3048-0060
03/31/2027

# DIRECT EXPRESS SELECT INSURANCE

Items marked with an asterisk (*) are required fields. Under corporate ownership, provide name of ultimate parent company, if there is a corporate owner. For number of employees and sales volume, aggregate for the company and all its affiliates[1], including corporate owners and subsidiaries.

*Exporter Legal Name: _____ D&B#: _____ Tradestyle: _____

Business Address: _____ *Total Number of Employees: _____

*City: _____ *State: _____ *Zip + 4: _____ *Annual Sales Volume: _____

Country: _____ Contact Person: _____ *Woman-owned business: ☐ Yes ☐ No ☐ Decline to Answer

Position Title: _____ Phone #: _____ *Minority-owned business: ☐ Yes ☐ No ☐ Decline to Answer

E-mail: _____

Race (One or more boxes may be selected.):

☐ American Indian or Alaska Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian or Pacific Islander

*Corporate Ownership: _____ ☐ White ☐ Other

*Primary Industry NAICS[2]: _____ Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

*Brokerage: _____ *Veteran-owned business: ☐ Yes ☐ No ☐ Decline to Answer

*Does the exporter have any affiliates? ☐ Yes ☐ No *Disability-owned business: ☐ Yes ☐ No ☐ Decline to Answer

How did you learn about EXIM? ☐ EXIM Regional Office ☐ Broker ☐ Bank ☐ U.S. Export Assistance Center
☐ EXIM City/State Partner ☐ Other (describe):

---

1. Primary reason for application: ☐ risk mitigation ☐ financing ☐ extend more competitive terms
2. Do you have a credit line with a financial institution (exclude overdraft protection and credit cards) ☐ YES ☐ NO
3. Do you have a SBA export Working Capital Loan or EXIM Working Capital Loan? SBA ☐ YES ☐ NO EXIM ☐ YES ☐ NO
4. Average total of annual export credit sales over the last three years for you and your affiliates: $ _____
5. Do you wish to insure export credit sales made by your affiliates? (If yes, please attach names/business addresses of each) ☐ YES ☐ NO
   Are the products of each affiliate the same as the applicant's? ☐ YES ☐ NO If no, list them in question #6.
   Does each affiliate invoice export credit sales in its own name or trade style? ☐ YES ☐ NO
   Are the credit decisions of each affiliate centralized with this applicant? ☐ YES ☐ NO If 'No,' provide comment:

6. Product and/or services to be exported & NAICS (if known):
7. Are the products: ☐ New ☐ Used
8. Do you sell Capital Goods to foreign manufacturers or producers? ☐ YES ☐ NO (if yes, attach explanation)
9. Are the Products to be covered under the policy:

| | | | |
|---|---|---|---|
| Manufactured or reconditioned in the U.S.? ☐ YES ☐ NO | | All made or reconditioned with more than 50% U.S. content? (If no, attach explanation) ☐ YES ☐ NO | |
| Shipped from the U.S.? ☐ YES ☐ NO | | Used to support Nuclear Energy? ☐ YES ☐ NO | |
| Sold to Military entities or Security Forces? ☐ YES ☐ NO | | On the U.S. Munitions List? (part 121 of title 22 of the Code of Federal Regulations) ☐ YES ☐ NO | |
| Environmentally Beneficial? ☐ YES ☐ NO | | Supporting Renewable Energy? ☐ YES ☐ NO | |

[1]Affiliations exist when one individual or entity controls or has the power to control another or when a third party or parties control or have the power to control both. Factors such as common ownership, common management, previous relationships with or ties to another entity, and contractual relationships may cause affiliation. The complete definition of affiliation is found at 13 C.F.R. § 121.103.

[2]A company's Primary Industry NAICS codes is the NAICS that accounts for the largest share of sales for the most recently completed fiscal year. The full definition of "primary industry" is set forth at 13 C.F.R. § 121.107.

10. For SBA defined Small Businesses Only:

A. Was each of the products to be covered under the policy manufactured or reconditioned with more than 50% U.S. content (comprised of all direct and indirect costs including but not limited to labor, materials, research, and administrative costs, but excluding net profit)? ☐ YES ☐ NO

B. If the answer to (a) is "No" because one or more of your products contains less than 50% U.S. content, then coverage is available for the U.S. content only in each product with less than 50% U.S. content. Please indicate if you are seeking coverage for products with less than 50% U.S. content. ☐ YES ☐ NO

C. If the answer to (a) is "No" you may also obtain coverage on an aggregated basis for all products on an invoice, provided that a Content Report is submitted at the time of shipment (please see applicable Fact Sheets for information on aggregation). Please indicate if you are seeking coverage on an aggregated basis. **Please note that you may answer "Yes" to either or both (b) and (c).** ☐ YES ☐ NO

11. Policy Payment Limit Requested: $ _____ (maximum export credit receivables outstanding at any one time)

12 Year you began: a) Exporting? _____ b) Exporting on credit terms (other than cash in advance or confirmed letters of credit)? _____

13. For the last three years what were your total export credit: (include factored or insured receivables and attach any comments)

Sales _____ Losses _____ # of accounts written off _____

14. How many foreign buyers do you currently sell to on credit terms? _____

15. Total export credit receivables outstanding $ _____ of which $ _____ is more than 60 days past due at _____
(date must be within 30 days of application date)

16. Your most recent FYE date _____

NET Sales _____
Operating Profit _____
NET Profit or (Loss) _____
Total Assets _____
Equity _____

17. Requested credit amount _____ & terms: _____ days required for a buyer you wish to insure. Provide full Buyer Name/Address:

Name _____
Business Address _____
City _____ State _____ Zip Code _____
Country _____

**Note:** Your buyers, their guarantors (if any), and end users of the products must be in countries where EXIM is able to provide support, see EXIM's Country Limitation Schedule (CLS) at **https://www.exim.gov**. There may not be trade measures or sanctions against the good produced with the U.S. export under Section 201 of the Trade Act of 1974. For a list of products and countries with Antidumping or Countervailing Duty sanctions, see section AD/CVD Orders available at **https://www.usitc.gov/investigations/import_injury**. Trade sanctions are product and country specific (i.e., all firms within a country are subject to the order, unless a specific firm is explicitly excluded).

## Buyer Information

1. Do you have any ownership interest in or familial ties with the buyer? ☐ YES ☐ NO If Yes, comment below

2. Will the products be shipped directly to the buyer in the buyer's country? ☐ YES ☐ NO If No, comment below

3. Is the buyer purchasing your product(s) for resale to another country/countries? ☐ YES ☐ NO If Yes, comment below

4. Any prior sales to the buyer? ☐ YES ☐ NO

5. List the year of your first sale to the buyer.

6. Any prior sales to the buyer on credit terms? Exclude any Cash-in-Advance or Letter of Credit sales. ☐ YES ☐ NO

7. List the year of your first sale to the buyer on credit terms. Exclude any Cash-in-Advance or Letter of Credit sales.

8. Enter the total sales made to the buyer on credit terms over the last three years. Enter “0” if the buyer is new to you. $ _____

9. Describe the payment terms extended to the buyer over the last twelve months:

Transaction Type [ ] Maximum Tenor [ ]

10. What is the highest amount outstanding over the last twelve months for which you have been paid? $ _____

11. Describe the buyer’s history over the last twelve months:

☐ Prompt ☐ 1-30 days slow ☐ 31-60 days slow ☐ 61-90 days slow ☐ 90+ days slow ☐ No experience

12. What is the amount now owed to you by the buyer? Enter “0” if none. $ _____

13. What is the total amount now more than 60 days past due? Enter “0” if none. $ _____

14. What is the reason for the buyer being past due to you?

[ ]

15. Do you hold security on the amount past due? ☐ YES ☐ NO

# CERTIFICATIONS AND SIGNATURE

Please refer to the "Standard Certifications and Covenants for EXIM Applications" set forth in Form EIB 18-CN, posted on the EXIM website at https://www.exim.gov/tools-for-exporters/applications-forms/complete-list (the "Standard Certifications"). **THE STANDARD CERTIFICATIONS ARE INCORPORATED INTO THIS APPLICATION AS IF FULLY AND DIRECTLY SET FORTH HEREIN**. When signing this application in the space provided below, the undersigned authorized officer signing on the applicant's behalf certifies and represents that he or she is fully authorized to sign on the applicant's behalf, and that HE OR SHE HAS READ the Standard Certifications referenced above **AND IS CERTIFYING AND COVENANTING**, as appropriate, to all of the certifications, acknowledgments and covenants set forth in the Standard Certifications.

Applicant further certifies that the representations made and the facts stated in this application and its attachments **are true and Applicant has not misrepresented or omitted any material facts**. Applicant further covenants that if any statement set forth in this application or in the Standard Certifications, becomes untrue, or is discovered to have been untrue when made, Applicant will promptly inform EXIM of all such changes or discoveries. Applicant further understands that in accepting or approving this application, EXIM is relying upon Applicant's statements set forth in the application and in the Standard Certifications, and all statements and certifications to EXIM are subject to the penalties for false or misleading statements to the U.S. Government (18 USC § 1001, et. seq.).

I,_____, do hereby certify that I am the duly appointed and qualified _____
(Title)

of_____and that as such I am authorized to execute this application
(Name of Applicant)

on behalf of_____.
(Name of Applicant)

In witness whereof, I have hereunto signed my name this_____day of_____. 20___.

_____

## NOTICES

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et. seq.); provision of this information is mandatory and failure to provide the requested information may result in EXIM being unable to determine eligibility for support. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform EXIM of such changes. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. EXIM may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page). EXIM reserves the right to decline to process or to discontinue processing of an application.

**Paperwork Reduction Act Statement:** We estimate that it will take you about 0.25 hours to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to EXIM and the Office of Management and Budget, Paperwork Reduction Project, OMB# 3048-0031 Washington, D.C. 20503.