REPORT OF PREMIUMS PAYABLE FOR EXPORTERS ONLY

Report for Period: _____ through _____ IF NO PREMIUMS PAYABLE, CHECK HERE ☐

Print Form

USING SAME CODES

Coverage Type: _____

Buyer Type: _____

Transaction Type: _____

Term: _____

☐ Premium Rate _____

Policy Number: _____ Broker: _____ Policy Holder: _____

Contact: _____ Email: _____ Tel: _____ Fax: _____

Remove 1 **(a) Name (Buyer):** _____

Address _____

City: _____ State: ____ Zip Code: _____ Country: _____

☐ **SMALL BUSINESS EXPORTER**

Is the U.S. Content greater than 50% ◯ Yes ◯ No If no, what is the U.S. Content%?

Amount: | Premium Rate Per $100 | Premium DUE

Content Methodology: ◯ Standard ◯ Aggregated ◯ Local Costs

Coverage Type:

Risk Category Type:

Transaction Type:

Term:

REPORT TOTALS	$0.00		$0.00

ADD ANOTHER TRANSACTION

We hereby certify that this report is a complete and accurate declaration of all transactions required to be reported under the terms of the policy and that premiums have been correctly computed and remitted. We understand that EXIM Bank' s acceptance of this report or the premium due is not an acknowledgment of coverage and does not constitute a waiver of any policy condition or limitation. We understand that, for purposes of policy compliance, this report is not received by EXIM Bank until both this report and the premium due hereunder are received.

Signature: _____ Date Prepared: _____

Date Received by EXIM Bank: _____

SPECIAL POLICIES-REPORTING ADDITIONAL INFORMATION (If your policy has been endorsed to require you to report information not included already on this report-form, you may use the space provided below to report that information. Please add the name before any additional information.)

USE SEPARATE REPORT-FORMS WHEN REPORTING PREMIUMS PAYABLE UNDER DIFFERENT POLICIES OR DIFFERENT POLICY NUMBERS

MAKE CHECKS PAYABLE TO: EXPORT-IMPORT BANK OF THE UNITED STATES OR EXIM BANK
MAIL THIS REPORT WITH YOUR PAYMENT TO:
EXPORT-IMPORT BANK OF THE UNITED STATES
811 Vermont Avenue N.W. (Room 1065)
WASHINGTON, DC 20571

INSTRUCTIONS FOR REPORTING PREMIUMS PAYABLE

Complete the page heading on the front of this report-form, then follow the steps shown below to report each transaction.
(If NO premiums are payable, check the appropriate box on the front of this report-form.)

STEP 1. Enter the FOREIGN BUYER NAME, or if you are reporting a letter of credit transaction, the name of the bank issuing the letter of credit. (Please avoid using acronyms if possible.)

STEP 2. Enter the STREET ADDRESS, CITY and COUNTRY in which the foreign buyer is located, or if you are reporting a letter of credit transaction, the STREET ADDRESS, CITY and COUNTRY in which the bank issuing the letter of credit is located. (Abbreviate if necessary.)

STEP 3. Enter the applicable COVERAGE TYPE from the drop-down box [Comprehensive Risk Insurance / Political Risk Insurance / Sales to Your Subsidiaries or Affiliates]. (see Note A and Note C below.)

STEP 4. Enter the applicable FOREIGN BUYER TYPE from the drop-down box [Private Sector Obligor or Guarantor / Government Sector (Non-Sovereign) / Government Sector (Sovereign) / Financial Institution]. (see NOTE A below.)

STEP 5. Enter the applicable TRANSACTION TYPE from the list drop-down box [Letters of Credit (non-bulk agricultural products) / Letters of Credit (bulk agricultural products) / Refinanced Sight Letters of Credit B(bulk agricultural products)Refinanced Sight Letters of Credit (non-bulk agricultural products) / Bank-Guaranteed (if applicable, use in lieu of any other code) / Drafts|Notes|Documents / Open Account / Pre-Shipment / Initial Pre-Presentation Agreement / Consignment / Pre-Presentation Agreement Extension I / Due Date Rescheduling]. (see NOTE A and NOTE B below.)

STEP 6. Enter the applicable TERM from the drop-down box [Sight Payments (letters of credit) / CAD or SDDP / 1-30 Days / 31-60 Days / 61-90 Days / 91-120 Days / 121-180 Days / 181-270 Days / 271-360 Days / 1.5 Years / 2Years / 2.5 Years / 3Years / 3.5 Years 4Years / 4.5 Years / 5Years / Over 5 Years]. The TERM should correspond only to the particular TRANSACTION TYPE you are reporting. For example, if you are reporting a "pre-shipment" or "consignment" transaction, indicate the length of the "pre-shipment" or "consignment" period only. (see NOTE A and NOTE B below.)

STEP 7. Enter the AMOUNT of the transaction. (Use the contract price for short-term transactions. (Use contract price, less down payment for medium term transaction.)

STEP 8. Enter your PREMIUM RATE. (if your policy has more than one premium rate, or if your premium rate is taken from a rate schedule, be sure to use the correct premium rate.) (see NOTE A below.)

STEP 9. Enter the PREMIUM DUE by applying the AMOUNT you have declared under Step #7 to the applicable PREMIUM RATE. (If you are using the same premium rate for all transactions reported on this form and have checked the box marked "USING SAME CODE", you need only show total premium due at the end of your report.)

STEP 10. Check the box if the exporter meets the SBA definition of a small business. c) Enter the overall U.S. content % for the shipments from this exporter to this buyer. d) Check the box to indicate the Content Methodology used for this transaction (see Note D and Note F below.)

STEP 11. Enter PAGE TOTALS and REPORT TOTALS for AMOUNT and for PREMIUM DUE.

STEP 12. Read the paragraph at the bottom of the report-form, then enter your SIGNATURE and DATE PREPARED.

ADDITIONAL NOTES

NOTE A. If you expect to use the same code (or rate) for each transaction recorded on this page, check the box on the front of this report-form marked "USING SAME CODE" then enter the appropriate code (or rate) in the space provided. You need not enter the code (or rate) for each transaction thereafter.
NOTE B. Be certain that your policy allows you to use the TRANSACTION TYPE or TERM being reported.
NOTE C. "Comprehensive" means commercial and political risks coverage. "Political Only" means that coverage is restricted to political risks. Insured transactions with your subsidiaries or affiliates are covered on a "political only" basis.
NOTE D. Flexibility in calculating U.S. Content is available for SBA-defined Small Business exporters only. If this exporter is a small business, check the box and complete (c) and (d). If the export sale reported is making use of the Aggregated Content Methodology, then a Content Report must be completed and attached for that sale.
NOTE F. Local costs means costs incurred by you on the buyer's behalf in the buyer's country, subject to the following: 1) Local costs will be covered under the Policy at a maximum of 15% of your invoice for the products. [Separately invoiced local costs will not be covered]; 2) Local costs may include costs which support the delivery and installation of the products, and local duties/taxes; and 3) Local costs may not include (i) local goods, (ii) costs associated with promoting the sale of the products (eg. sales representative travel, promotional materials) or (iii) post-installation costs (eg. post-installation equipment repairs).

Privacy and Paperwork Reduction Act Statements: We estimate that it will take you about twenty-five minutes 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 Bank and the Office of Management and Budget, Paperwork Reduction Project 3048-0017, Washington, DC 20503