REPORT OF PREMIUMS PAYABLE FOR FINANCIAL INSTITUTIONS ONLY

EIB 92-30 (Rev. 4/2025)
OMB 3048-0021
Expires 11/30/2028

Report for the Month of , 20	IF NO PREMIUMS PAYABLE, CHECK HERE ☐			
Items marked with an asterisk (*) are required fields. Under corporate ownership, provide the name of the ultimate parent company, if there is a corporate owner. For the number of employees and sales volume, aggregate the amounts for the company and all its affiliates[1], including corporate owners and subsidiaries.				
*Policy Number:	*Insured:		Broker:	
*Contact:	*Email:	*Telephone:	Fax:	
1. *Obligor/Issuing Bank:		Tradestyle:		
*Business Address:	*City:	*State/Province:	*Postal Code:	*Country:
2. *Exporter Legal Name:		Tradestyle:		
*Business Address:	*City:	*State/Province:	*Postal Code:	*Country:
*Is the Exporter a Small Business? ☐ Yes ☐ No		*SBA Size Alternative Small Business? ☐ Yes ☐ No ☐ Unknown		
Exporter's NAICS Code[2]:		*Products Exported:		
*Does the Exporter have any affiliates? ☐ Yes ☐ No *Corporate Ownership? ☐ Yes ☐ No If Yes, Ultimate Parent Company Name:				
*Total Number of Employees:		*Annual Sales Volume:		
Woman-Owned Business: ☐ Yes ☐ No ☐ Decline to Answer		Minority-Owned Business: ☐ Yes ☐ No ☐ Decline to Answer		
Veteran-Owned Business: ☐ Yes ☐ No ☐ Decline to Answer		Disability-Owned Business: ☐ Yes ☐ No ☐ Decline to Answer		
Race and /or Ethnicity (Select all that apply): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Middle Eastern or North African ☐ Native American or Pacific Islander ☐ White ☐ Decline to Answer				
3. ***Importer Legal Name:**		Tradestyle:		
*Business Address:		*Postal Code:	*Country:	
4. ***Transaction Details**				
a. Coverage Type:	b. Risk Category:	c. Transaction Type:		
d. Payment Term:	e. Content Methodology:			
f. Is U.S. content greater than 50%? ☐ Yes ☐ No If No, enter the U.S. content percentage:				
g. Policy Endorsement # of Obligor/Issuing Bank (for Export Letter of Credit Policies Only):				
h. Description of Local Costs:				
i. Local Cost Provider:	j. Local Cost NAICS Code:	k. Local Cost ($):		
l. Transaction Amount ($):	m. Premium Rate Per $100:	n. Premium Due:		
Report additional premiums starting on page 3.				
5. *TOTAL TRANSACTION AMOUNT FOR THIS REPORT - ALL PAGES) ($):	TOTAL PREMIUM DUE FOR THIS REPORT - ALL PAGES ($):	TOTAL N0. PAGES:		
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'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 until both this report and the premium due hereunder are received.				
11. Signature:	Date Prepared:	Date Received by EXIM:		
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 identify the policy requirement before providing any additional information.)				

[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 code is the NAICS code 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.

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

MAIL THIS REPORT TO: EXIM, 811 Vermont Avenue N.W. (Room 1065), WASHINGTON, DC 20571

GUIDANCE FOR REPORTING PREMIUMS PAYABLE

Complete the page heading on the front of this report form. Please note the additional guidance for the questions identified below. If NO premiums are payable for the period, check the appropriate box on the front of this report form.

Question #1: If your policy carries the prefix “FB”, enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the foreign buyer. If the OBLIGOR is a foreign financial institution (including all letter of credit transactions) enter the OBLIGOR NAME, STREET, CITY, COUNTRY of the financial institution. Please do not use acronyms or trade style names; provide the full legal name of the OBLIGOR.

If your policy carries the prefix "ELC" and you are reporting a letter of credit transaction or a refinancing of a sight letter or credit, please refer to the applicable premium payment sections of your policy.

Question #2: For products, enter a brief description of the PRODUCTS that are being exported by the exporter to the OBLIGOR. If the OBLIGOR is a financial institution, enter the PRODUCTS being exported by the EXPORTER to the ultimate end-user under the loan agreement or the letter of credit. If you are reporting a shipment of agricultural commodities, please be specific when entering the commodity. If your policy carries the prefix "ELC", the exporter’s name, city, state and products information need to be reported only for insured transactions, not for pre-presentation agreements.

For Exporter's NAICS Code, enter the Exporter's Primary Industry NAICS code, which is the NAICS that accounts for the largest share of sales for the most recently completed fiscal year.
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 the content methodology section. 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.

Question #3:If your policy carries the prefix "ELC" and you are reporting a letter of credit transaction or a refinancing of a sight letter or credit for which an IMPORTER wasn’t previously known/endorsed to the Issuing Bank Credit Limit (“IBCL”), enter the IMPORTER NAME, STREET, CITY, STATE/PROVINCE, POSTAL CODE.

Question #4: The PAYMENT TERM should correspond only to the particular TRANSACTION TYPE you are reporting. For example, if you are reporting an initial pre-presentation agreement, indicate the length of the pre-presentation agreement only. Be certain that your policy allows you to use the TRANSACTION TYPE and PAYMENT TERM being reported.

If your policy carries the prefix "ELC", enter the policy endorsement number of the issuing Bank Credit Limit (“IBCL”) that pertains to the transaction. The endorsement number can be found at the bottom of the IBCL endorsement page, next to the field labeled "Endorsement No.". If the transaction was a supplier credit transaction done under your discretionary credit limit (“DCL”), then you may leave this box blank. All other policyholders may leave this box blank.

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 (e.g. sales representative travel, promotional materials) or (iii) post-installation costs (e.g. post-installation equipment repairs).

Enter the TRANSACTION AMOUNT that is applicable to the OBLIGOR/ ISSUING BANK (Question 1) and the EXPORTER (Question 2). Use contract price, less down payment for medium term transactions. Enter your PREMIUM RATE. If your policy has more than one premium rate, or if your premium rate is taken from an IBCL endorsement, be sure to use the correct premium rate.

Please complete the page numbers in the lower right corner of the pages.

Privacy and Paperwork Reduction Act Statements: We estimate that it will take you about fifteen 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 the 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 3048-0020, Washington, DC 20503.

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PENDING 2025

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Exporter's NAICS Code[2]:		*Products Exported:		
*Does the Exporter have any affiliates? ☐ Yes ☐ No *Corporate Ownership? ☐ Yes ☐ No If Yes, Ultimate Parent Company Name:				
*Total Number of Employees:		*Annual Sales Volume:		
Woman-Owned Business: ☐ Yes ☐ No ☐ Decline to Answer		Minority-Owned Business: ☐ Yes ☐ No ☐ Decline to Answer		
Veteran-Owned Business: ☐ Yes ☐ No ☐ Decline to Answer		Disability-Owned Business: ☐ Yes ☐ No ☐ Decline to Answer		
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a. Coverage Type:	b. Risk Category:	c. Transaction Type:		
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