Print Form

OMB No.
3048-0009
01/31/2029

APPLICATION FOR SHORT-TERM LETTER OF CREDIT EXPORT CREDIT INSURANCE POLICY

Application Number (For EXIM Use Only):

This application is to be completed by a financial institution (or a broker acting on its behalf) in order to obtain a short-term letter of credit insurance policy. An online version of this application is available on EXIM web site. EXIM encourages customers to apply online, as it will facilitate our review and allow customers a faster response time. Additional information on how to apply for EXIM insurance can be found at EXIM's web site, www.exim.gov

Send this completed application to EXIM at 811 Vermont Ave NW, Washington, D.C. 20571. EXIM will also accept e-mailed pdf and faxed applications. EXIM will not require the originals of these applications to be mailed. The application must be PDF scans of original applications and all required attachments. (Fax # 202.565.3380, e-mail exim.applications@exim.gov)

APPLICANT (items marked with an asterisk (*) are required

***Applicant Name:** _____ ***Phone#:** _____ **Fax#:** _____ ***E-mail:** _____

Contact Person: _____

Position Title: _____ ***DUNS #:** _____ ***UEI #:** _____ ***NAICS Code:** _____

***Street Address:** _____

***City:** _____ ***State:** _____ ***Zip Code:** _____

***Country:** _____ **Website:** _____

Does the Applicant have a market rating? ☐ Yes ☐ No

If yes, indicate the name of the rating agency, rating, type of rating, outlook, and the date of the rating. Please provide the following information from the applicant's most recent audited financial statements.

Are the financial statements combined or consolidated? _____ Statement Period (fiscal): _____

Financial Statement Dates: _____

Do the Statement Dates above apply to both the Balance Sheet and Income Statement? ☐ Yes ☐ No

Did auditor provide a qualifying opinion? ☐ Yes ☐ No

Auditor: _____ **Opinion:** _____

Net Income: _____ **Net Loans:** _____

Total Assets: _____ **Equity:** _____

Minority Owned? ☐ **Yes** ☐ **No** ☐ **Decline to Answer**

Woman Owned? ☐ **Yes** ☐ **No** ☐ **Decline to Answer**

Veteran Owned? ☐ **Yes** ☐ **No** ☐ **Decline to Answer**

Disability-Owned? ☐ **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 Hawaiian or Pacific Islander ☐ White ☐

Does the Applicant have any affiliates? ☐ **Yes** ☐ **No**

Is there corporate ownership? ☐ **Yes** ☐ **No**

Name of the ultimate parent company: _____

Annual Revenues: _____ *(Note: aggregate the revenues for the applicant and all affiliates, including corporate owners and subsidiaries)*

# of Employees: _____ *(Note: aggregate the number of employees for the applicant and all affiliates, including corporate owners and subsidiaries)*

BROKER (if applicable)

Name of Brokerage: _____

AFFILIATES (if applicable)

Please provide the following information for any subsidiaries, branches, or affiliates that the applicant would like us to consider adding as Additional Named Insureds under the policy.

Legal Name: _____ Phone #: _____

Contact Person: _____ Fax #: _____

Position Title: _____ E-mail: _____

Street Address: _____

State: _____ Country: _____ Zip Code: _____

1. General Questions

A. Indicate the EXIM Bank programs the applicant has used. ☐ Insurance ☐ Working Capital ☐ Loan Guaranty

B. What type of charter does the applicant hold? ☐ State ☐ National

C. Publicly traded? ☐ Yes ☐ No

D. Indicate the name of the applicant's regulatory authority. _____

E. Does the applicant have any foreign government ownership? ☐ Yes ☐ No

If yes, please indicate the country and the percentage owned: _____

F. Letter of Credit Experience

- In what year did the applicant's letter of credit business begin? _____
- What was the total amount of letter of credit transactions in the last 12 months? _____
- What was the total number of letter of credit transactions in the last 12 months? _____
- Please provide the following information on the individuals responsible for administering the letter of credit policy:

Name	Title	Years of Trade Finance Experience	Years of Letter of Credit Experience

2. Letter of Credit Portfolio

What is the expected maximum value of letters of credit outstanding at any time over the next 12 months?

_____

Please provide the following details regarding projected transactions to be insured over the next 12 months

Country	Number of Issuing Banks	Total Estimated Amount of L/Cs	Total Estimated Number of L/Cs

3. Attachments

Please provide any information (e.g., the applicant's most recent annual report) that would be helpful in evaluating this application.

CERTIFICATIONS AND SIGNATURE

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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/resources/applications-forms/forms-and-applications (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** _____

Signature:

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 1 hour 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# 3048-0009 Washington, D.C. 20503.