PRINT FORM

OMB No. 3048-0019
Expires 05/31/2028

APPLICATION FOR FINANCIAL INSTITUTION BUYER CREDIT SHORT-TERM EXPORT CREDIT INSURANCE POLICY

An online version of this application is available on EXIM's web site. EXIM encourages customers to apply online, to 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, 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 scan of the original application and all required documents.
(Fax number: 202.565.3380, E-mail: exim.applications@exim.gov)

APPLICATION FORM

Under corporate ownership, provide name of ultimate parent company, if there is a corporate owner.

Applicant/Lender

The applicant is the Financial Institution that extends the EXIM-insured loan to the Buyer. If your Financial Institution is new to the FIBC program, please refer to the Short-Term Credit Standards for how to qualify as an FIBC-insured Lender.

Applicant's Legal Name _____ DUNS # _____

Contact Person: _____ Title _____ Email _____

Business Address: _____ City: _____ State/Province: _____

Postal Code: _____ Country: _____ Phone: _____ Fax: _____

UEI Number: _____

Primary Industry NAICS Code: _____

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

Is there corporate ownership?: ☐ Yes ☐ No

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

Name of the ultimate parent company: _____

Annual Sales Volume ($) _____

Number of Employees _____

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 ☐ Decline to Answer

Brokerage _____

1. GENERAL QUESTIONS

A. Coverage Types Requested

Risk coverage

☐ Comprehensive Risk (political and commercial risk)
☐ Political Risk (political risk only)

Is this a resubmission of an application that was previously deemed incomplete, was withdrawn for other reasons, or are you requesting renewal for another policy?

☐ Yes – please indicate previous transaction number: _____ ☐ No

B. Primary Reason for applying for this policy

☐ Risk Mitigation ☐ Financing ☐ Extend more competitive terms

2. SPECIAL COVERAGES

Check the applicable boxes in the table below for the special coverages that apply to this transaction and provide related information in more detail in the relevant areas later in the application.

☐ **Bulk Agriculture**	☐ **Delivery to the Buyer in the U.S.**	☐ **Foreign Currency Coverage** Currency Requested: _____
☐ **Overseas Warehouse Coverage**	☐ **Services** (if exported item is a service)	☐ **Other**

3. PARTICIPANTS

Provide information on the additional participants to the transaction.

Exporter

The Exporter is the U.S. entity that contracts with the Buyer for the sale of the U.S. goods and services. Under corporate ownership, provide name of ultimate parent company, if there is a corporate owner. For number of employees and sales volume, aggregate the number for the company and all its affiliates[1], including corporate owners and subsidiaries.

Exporter's Legal Name: _____

Tradestyle: _____ Corporate Ownership: _____

Business Address: _____ City: _____ State: _____

Zip + 4: _____ Country: _____

Primary Industry NAICS[2]: _____

Does the Exporter have Affiliates? ☐ Yes ☐ No

Total Number of Employees: _____ Annual Sales Volume: _____

Contact Person: _____ E-mail: _____

Position Title: _____ Phone: _____ Fax: _____

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 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 ☐ Decline to answer

[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.

Supplier

The Supplier is the U.S. entity that manufactures the goods and/or performs the services to be exported. Check ☐ if the Exporter is the Supplier and there are no additional Suppliers. Enter any additional Suppliers, or check ☐ various:

Supplier's Legal Name: _____
Tradestyle: _____ Corporate Ownership: _____
Business Address: _____City:_____
State: Zip + 4: _____Country: _____
Primary Industry NAICS: _____
Does the Exporter have Affiliates? ☐Yes ☐No
Total Number of Employees: _____ Annual Sales Volume: _____
Contact person: _____ E-mail: _____
Position Title: _____ Phone: _____ Fax: _____
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

Buyer

The Buyer is the entity that contracts with the Exporter for the purchase of U.S. goods and services.

Buyer's Legal Name: _____ Contact Person: _____
Position Title: _____ E-mail: _____
Business Address: _____ City: _____State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____

Guarantor

The Guarantor is the person or entity that agrees to repay the credit if the Buyer does not. Refer to the Short-Term Credit Standards to determine in what circumstances personal or corporate Guarantors are required for short-term transactions. ☐Personal ☐Corporate ☐Financial

Guarantor's Legal Name: _____ Contact Person: _____
Position Title: _____ E-mail: _____
Business Address: _____ City: _____State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____

End-User

The End-User is the foreign entity that uses the U.S. goods and services.
Check if the end-user is also the Buyer: ☐

End-User's Legal Name: _____Contact Person: _____
Position Title: _____ E-mail: _____
Business Address: _____ City: _____State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____

Agent

An agent is a business entity (corporation, partnership) or individual located in the country of the Borrower or Buyer who assisted in the sourcing, packaging, and/or preparation of a request for support from EXIM, and who will receive compensation in some form for their services.

Is an Agent involved in this transaction? ☐ Yes ☐ No If Yes, add the Agent information below:

Agent's Legal Name: _____ Contact Person: _____
Position Title: _____ E-mail: _____
Business Address: _____ City: _____ State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____

Related Parties

Describe any direct or indirect ownership interest or family relationship that exists between any of the participants. If none, so indicate: ☐ None

_____

_____

Primary Source of Repayment (PSOR)

The PSOR is the entity whose financial statements form the basis of EXIM's evaluation of reasonable assurance of repayment, i.e. the entity whose financial statements EXIM uses to supply the numbers and calculate the ratios for Short-Term Credit Standards compliance. For this transaction, indicate whether the PSOR is:

☐ Buyer
☐ Corporate guarantor, or
☐ Business Combination, (e.g. the consolidated or combined financial statements of the Buyer and one or more corporate Guarantors).
Indicate which entities comprise the combination: _____

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

If yes, indicate the name of the rating agency, rating, type, outlook and the date of the rating.

_____

_____

4. PRODUCT/TRANSACTION DESCRIPTION AND ELIGIBILITY

Provide a description of the products or service, including NAICS code, if known:

_____

Answer the following questions about the products or services.

Is each product produced or manufactured in the U.S.?	☐ Yes	☐ No
Are the products shipped from the U.S.?	☐ Yes	☐ No
Will any value be added to the product post-export before delivery to the Buyer?	☐ Yes	☐ No
Are these products on the Munitions Control list?	☐ Yes	☐ No
Are these products sold to military entities of security forces?	☐ Yes	☐ No

Are these used to support nuclear energy? ☐ Yes ☐ No

Are the products new or used? ☐ New ☐ Used

Are the products capital goods that will be used to produce exportable products? If yes, provide an explanation: ☐ Yes ☐ No

Has this transaction been considered by any other export credit insurer? ☐ Yes ☐ No

If yes, provide an explanation:

Do these products or their use meet EXIM's requirements for an environmentally beneficial determination? ☐ Yes ☐ No

If yes, provide an explanation:

Do these products or their use meet EXIM's requirements for a renewable energy determination? ☐ Yes ☐ No

If Yes, provide an explanation:

5. FINANCED AMOUNTS AND STRUCTURE

What are the proposed terms to be offered under this facility? _____

Enter the details of the transaction below:

This application is for: ☐ Single Financing ☐ Revolving Line of Credit
Indicate whether ☐ the transaction is still being negotiated, or ☐ the financing mandate has been received.

Credit Limit Requested: $ _____

Requested Effective Date: _____

Repayment Terms: _____

6. Credit Information Requirements

Directions: The required credit information depends on the type of PSOR (non-financial institution or a financial institution) and on the amount of credit support requested. Check the boxes that are applicable to your transaction.

☐ The PSOR is <u>not</u> a Financial Institution

Provide details of the Applicant's experience with the Buyer:

Does the Applicant have any experience with the Buyer? ☐ Yes ☐ No

If Yes, provide the following information: _____
Date of first transaction with the Buyer: _____
Date of first credit transaction with the Buyer: _____
Has the Applicant visited the Buyer? ☐ Yes ☐ No
If yes, indicate the date of the last visit and provide a call report: _____

_____

Describe the credit facility type extended to the Buyer:
☐ Short-Term – details: _____
☐ Medium-Term – details: _____
☐ Long-Term – details: _____
☐ N/A

- Total credit limit available to the Buyer/corporate Guarantor: _____
  Total outstanding short-term lines of credit balances: _____
  Total outstanding medium-term or long-term lines of credit balances: _____
  Credit performance: ☐ Satisfactory ☐ Unsatisfactory

Has the Applicant ever had credit insurance for the Buyer before?

☐ Yes ☐ No

If yes, enter the name of the insurer, and coverage dates and amounts:

_____

_____

Please refer to the Short-Term Credit Standards found on our website to determine what information is required in your application based on the dollar amount requested.

☐ The PSOR is a Financial Institution

- Provide details of the Applicant's experience with the Financial Institution Guarantor. Include dates and amounts of previous transactions with the PSOR, or indicate if ☐ None:

_____

_____

7. Overseas Warehouse Information (if applicable)

If you requested the Special Coverage - Overseas Warehouse, answer the following questions about the warehouse:

Warehouse Type:
☐ Owned or controlled by the insured
☐ Bonded Warehouse
☐ Neither - provide details _____

Warehouse Location:
City _____
State/Province _____
Country _____

8. China and Transformational Exports Program

To determine if your transaction is eligible for Sec. 402 consideration, the answer to at least one of the following two questions must be "Yes":

Is your transaction facing competition from an entity backed by the People's Republic of China (PRC) - Section 402(A)? ☐ Yes ☐ No

Is your transaction one of the ten Transformational Export Areas or a related service - Section 402(B)? ☐ Yes ☐ No

At least one Transformational Export Area value must be selected in the table below if you have responded "Yes" to the 402(B) question immediately above.

Transformational Export Areas	**Export Value** The value of the export largely consists of technology used to...	**Buyer End Use** The foreign buyer will use the exports to...	**Justification**
Artificial intelligence	☐	☐	...make the best decision given changing circumstances using computerized system, without direct human input or intervention
Biotechnology	☐	☐	...use biological processes for industrial and other purposes
Biomedical Sciences	☐	☐	..diagnose and/or treat medical conditions in humans with advanced medical equipment and processes
Wireless communications equipment	☐	☐	...distribute information by means of digital electromagnetic transmission without the need for wires, optical fibers, or othersynthesized materials
Quantum computing	☐	☐	...facilitate the implementation and use of quantum computers (application of qubit superposition processing)
Renewable energy, energy efficiency, energy storage			
1. Renewable energy	☐	☐	...generate or use of energy produced from a naturally renewable source
2. Energy efficiency	☐	☐	...reduce energy loss or consumption in a system or application
3. Energy storage	☐	☐	...store energy with a capacity of 1kWh
Semiconductor and semiconductor manufacturing	☐	☐	...make use of semiconductors or the U.S. semiconductor industry
Emerging financial technologies	☐	☐	...improve or automate the delivery and use of financial services
Water treatment and sanitation	☐	☐	...produce or distribute potable water for human consumption, or collect and/or treat wastewater, regardless of origin
High-performance computing	☐	☐	...process more than 500 terabytes/day or exceed a speed of 500 teraflops/second

Does this transaction require flexibilities to move forward? ☐ Yes ☐ No
If yes, please provide a brief description below and your request will be reviewed by EXIM's CTEP division. If necessary, you can directly contact the CTEP team by sending an email to CTEP@exim.gov

9. Comments

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_____.

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 1.6 hour(s) 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# 3048-0019 Washington, D.C. 20503.