OMB No. 3048-0018
5/31/2028

APPLICATION FOR EXPORTER SHORT-TERM SINGLE-BUYER EXPORT CREDIT INSURANCE POLICY

PRINT FORM

This application is to be completed by an exporter in order to obtain a short-term insurance policy covering sales to a single foreign buyer. Repayment terms can be up to 360 days.

An online version of this application is available on EXIM's web site. EXIM encourages customers to apply on line to facilitate our review and provide customers a faster response time. Additional information on how to apply for EXIM insurance can be found on EXIM's web www.exim.gov IMPORTANT: The Guarantor, Buyer and End User must be foreign entities in countries for which EXIM is able to provide support. See EXIM's Country Limitation Schedule. Check the EXIM Convicted Parties List to determine if there are any prohibitions or restrictions on your ability to insure a transaction.

Send this completed application to EXIM, 811 Vermont Ave., NW, Washington, D.C. 20571. EXIM will also accept emailed PDF and faxed applications. EXIM will not require the originals of these applications to be mailed. The application must be a PDF scan of the original application and all required documents. (Fax number 202.565.3380, Email exim.applications@exim.gov)

APPLICATION FORM

Under corporate ownership, provide name of ultimate parent company, if there is a corporate owner. For number of employees and sales volume, aggregate the information for the company and all its affiliates[1] including corporate owners and subsidiaries.

Applicant/Exporter Legal Name: _____

Tradestyle Name: _____

DUNS #: _____ UEI #: _____

Business Address: _____

City: _____ State: _____ Zip+4 _____ Country: _____

Is there is corporate ownership of Applicant: ☐ Yes ☐ No

Name of ultimate parent company: _____

Does the Applicant have any affiliates: ☐ Yes ☐ No Applicants primary industry NAICS[2] code: _____

Total Number of Employees (for Applicant and any affiliated companies): _____

Annual Sales Volume (for Applicant and any affiliated companies): _____

Contact Person: _____

Position/Title: _____

Email: _____ Phone: _____ Fax: _____

Woman-owned business: ☐ Yes ☐ No ☐ Decline to answer

Minority-owned business: ☐ Yes ☐ No ☐ Decline to answer

Veteran-owned businss: ☐ 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 Hawaiian or Pacific Islander ☐ White
☐ Decline to answer

Brokerage: _____

[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.

1. GENERAL QUESTIONS

A. Type of Coverage Requested

☐ Comprehensive Risk (Political Risk and Commercial) ☐ Political Risk Only

B. Qualification for Coverage

Will the Applicant have title to the products at the time they are shipped? ☐ Yes ☐ No
Will the Applicant directly invoice the Buyer? ☐ Yes ☐ No

If you answered No to either, you may not be eligible for coverage. Call EXIM or your broker for assistance.

C. Indicate whether the sale represents a:

☐ Confirmed Order ☐ Sale in negotiation ☐ Response to a bid

D. Primary Reason for applying for this policy

☐ Risk mitigation
☐ Financing
☐ Extend more competitive terms

E. Is this a resubmission of a previously withdraw, returned or denied application, or a renewal policy for the same Buyer or a related entity?

☐ Yes. If Yes, indicate the previous transaction number: _____
☐ No

2. PARTICIPANTS

Provide information on the additional participants to the transaction.

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: _____

Supplier (if different than the Exporter above)
The Supplier is the U.S. company that manufactures the goods and services to be exported.

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

Guarantor(s) (if applicable)

The Guarantor is the person or entity that agrees to repay the credit if the Buyer does not. Refer to the EXIM Short- Term Credit Standards to determine in what circumstances personal or corporate Guarantors are required.

Is a Guarantor(s) involved in this transaction? ☐Yes ☐No
If Yes, is the Guarantor: ☐an individual ☐a company?
Guarantor's Legal Name: _____ Contact Person: _____
Position Title: _____ E-mail: _____
Business Address: _____ City: _____ State/Province: _____
Postal Code: _____ Country: _____ Phone: _____ Fax: _____

End-User (if different than Buyer and if already known)

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 (not insurance Broker)

An Agent is a business entity or individual located in the country of the Borrower or Buyer who has assisted in the sourcing, packaging, and/or preparation of a request for support from EXIM, and which will receive compensation in some form for their services.
Is an Agent involved in the 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 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 or credit information form the basis of EXIM's evaluation of reasonable assurance of repayment, i.e. the entity whose financial statements EXIM uses to supply calculate the ratios for Short-Term Credit Standards compliance. For this transaction, indicate whether the PSOR is:

☐ the Buyer
☐ a corporate guarantor, or
☐ a business combination, (e.g. the consolidated or combined financial statements of the Buyer and one or corporate guarantors
Indicate which entities comprise the combination: _____

Is the PSOR: ☐Sovereign ☐Public Non-Sovereign ☐Private
Is the PSOR a financial institution? ☐Yes ☐No
Does the PSOR have a market rating? ☐Yes ☐No

If Yes, indicate the name of the rating agency, rating, and the date of the rating:

3. TRANSACTION DESCRIPTION AND ELIGIBILITY

Provide a description of the products or services, including their NAICS codes.

1. Are these products manufactured or reconditioned in the U.S.? ☐ Yes ☐ No
2. Are these products shipped from the U.S.? ☐ Yes ☐ No
3. Are these products on the Munitions Control list? ☐ Yes ☐ No
4. Are these products sold to military entities or security forces? ☐ Yes ☐ No
5. Are these products used to support nuclear energy? ☐ Yes ☐ No
6. Are the products used? ☐ Yes ☐ No
7. Are the products new? ☐ Yes ☐ No
8. Are the products capital goods that will be used to produce exportable products? ☐ Yes ☐ No

(PLEASE NOTE THAT YOU MAY ANSWER "YES" TO EITHER OR BOTH (b) AND (c) BELOW)

9. (a) **For SBA Defined Small Business Only:** Was each of the products 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) with no value added after shipment? ☐ Yes ☐ No

   (b) If the answer to 8(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 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 8(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 indicate if you are seeking coverage on an aggregated basis. ☐ Yes ☐ No

   (d) For **Non-SBA Defined Small Business**: 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), with no value added after shipment? ☐ Yes ☐ No

10. Do these products or their use meet EXIM's requirements for an environmentally beneficial determination? If Yes, provide an explanation: ☐ Yes ☐ No

11. Do these products or their use meet EXIM's requirements for a renewable energy determination? If Yes, provide an explanantion. ☐ Yes ☐ No

12. Will any value be added to the product after export from the U.S. prior to delivery to the Buyer? If Yes, provide an explanation: ☐ Yes ☐ No

13. Has the transaction been considered by any other export credit insurer? If yes, provide an explanation: ☐ Yes ☐ No

4. FINANCED AMOUNTS AND STRUCTURE

Enter the percentages for each payment term the exporter will extend to the Buyer:

Payment terms requested	(No. of days - Please check applicable box)							
PAYMENT TYPE	Sight	1-30	31-60	61-90	91-120	121-180	181-270	271-360
Open Account	NA							
Cash Against Documents (CAD)								
Promissory Note								
Sight Draft Documents Against Acceptance (SDDA)								
Sight Draft Documents Against Payment (SDDP)								
Unconfirmed Irrevocable Letter of Credit (UILC)								

Number of shipments: ☐ Single ☐ Multiple under one sales contract
Expected date(s) of shipment: _____
Estimated shipment volume to be insured: _____
If multiple shipments, expected highest amount outstanding during the shipment period: _____
Other security available: ☐ None ☐ Standby LC ☐ Receivables ☐ Inventory ☐ Real Property ☐ Cash
☐ Personal Guarantee(s) ☐ Corporate Guarantee(s) ☐ Other:
Amount ready to ship: _____

5. Credit Information Requirements

Directions: The required credit information depends on whether the Primary Source of Repayment (PSOR) is the Buyer or Corporate Guarantor, or a Financial Institution Guarantor, and on the amount of credit support requested.

Provide details of the Exporter's experience with the Buyer:
Does the Exporter have any experience selling to the Buyer? ☐ Yes ☐ No
If Yes, provide the following information:
Date of first sale to the Buyer: _____
Date of first credit sale to the Buyer: _____

Enter the credit experience information below:

Yearly Credit Experience	Current Year MM/YYYY to MM/YYYY	Prior Year 1 MM/YYYY to MM/YYYY	Prior Year 2 MM/YYYY to MM/YYYY
	to	to	to
Total Amount Sold			
Total Amount Sold on Credit			
Highest Amount Outstanding for which Exporter has been Paid			
Payment Terms - Transaction Type. (Choose from: Open Account; Cash Against Documents; Unconfirmed Irrevocable LC; Promissory Note; Documents Against Acceptance; Documents Against Payment)			
Payment Terms - Term Length/ Tenor. (Choose from: Sight Payment; 1-30 days; 31-60 days; 61-90 days; 91-120 days; 121-180 days; 181-270 days; 271-360 days)			

Amount now owing: $ _____

Payment History: ☐ Prompt ☐ 30 days slow ☐ 31-60 days slow ☐ 61-90 days slow ☐ 90+days slow ☐ No experience

Is there an amount past due? ☐ Yes ☐ No

If yes, enter amount due and due dates:

Provide reasons for past-dues:

If past-dues were caused by foreign exchange problems, does applicant have evidence of local currency deposits on all payments? ☐ Yes ☐ No

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.

6. Special Coverages (select if applicable)

☐ **Insure Sales by Affiliates (Additional Named Insured):** Export credit sales of the applicant's verified subsidiaries, affiliates, or tradestyles are eligible for addition under a policy. "ANI's" must invoice export credit sales in their own name. Policyholders and their approved ANI's have equal policy rights and requirements. However, policy and buyer coverage limits are not duplicative. Any claim payments are made only to the policyholder. EXIM may require additional financial, credit or credit procedures information to assess insurance risk when qualifying ANIs. The "Additional Named Insured Endorsement" formally documents ANI additions.

Does each affiliate invoice export credit sales in its own name or tradestyle? ☐ Yes ☐ No
Are the credit decisions of each affiliate centralized with this applicant? ☐ Yes ☐ No
If No, please comment:

Are the products of each affiliate the same as the Applicant's products described in Question 1.D. on page 2? ☐ Yes ☐ No
If No, please list the affiliate's products in Question 1.D.

Provide the following information about the Additional Named Insured. Continue on an attachment for multiple affiliate ANIs.

Legal Name: _____

Business Address: _____

City: _____ State: _____ Country: _____ Nine Digit Zip/Postal Code: _____

Relationship to Applicant: _____

Role in the transaction: _____

Contact person: _____

Email: _____

☐ **Services (please attach a copy of your sample services contract)**. Export credit sales of services and charges for materials and equipment necessary to render services are eligible for addition under the policy. The sale of services and related charges must be set forth in a written contract of sale between the policyholder and buyer with invoiced billings to be made no later than 30 days following the month the services were performed.

Services must be performed by the policyholder's (or its ANIs) personnel headquartered in the U.S. or those headquartered in the U.S. but temporarily assigned in the buyer's country. Services coverage does not include cancellation of the written contract of sale, any services that were not performed, charges relating to use of foreign made equipment, or confiscation of the policyholder's (or ANIs) U.S. or foreign equipment by any party. The "Services Endorsement" formally documents the addition of services under the policy. A Services Endorsement is not required for product sales whose invoices build-in nominal ancillary services.

☐ **Overseas Warehouse**

Export credit insurance is available for sales to foreign buyers from your overseas warehouse(s) used to store inventory. The warehouse must be bonded and either owned or controlled by the policyholder through either its agent, branch, subsidiary or itself. The policyholder is required to retain title to the warehoused products. For most products, the sale out of the warehouse must occur no later than 180 days from the date of shipment from the U.S.

The Warehouse Endorsement does not provide any property or casualty coverage on the products while they are in the warehouse. Specific political risk-only coverage can be purchased for the warehousing period if you also elect to add the Consignment Endorsement coverage. This additional coverage protects against the following events which prevent you from fulfilling a foreign buyer's purchase order:

-Buyer cannot import the products into its country due to the imposition of a law or cancellation/non-renewal of a license;
-War, insurrection or a government's confiscation or other arbitrary action against the buyer's (or guarantor's) business;
-Imposition of any law or regulation preventing the export of the products from the country in which the products are held in consignment.
-Please provide the following information:
(a) Select the warehouse type: ☐ Owned or controlled by the Applicant ☐ Bonded ☐ Neither
If Neither, please explain: _____
(b) Warehouse location: Country: _____ State/Province: _____ City: _____

☐ **Pre-Shipment**

Provide details of the coverage requested, including the reason why pre-shipment coverage is requested:

_____

Indicate the date the contract was executed or the anticipated date of signing: _____

Indicate the estimated period between the contract date and the final shipment date: _____ (Years) _____ (Months)

Provide a schedule of progress payments made or to be made by the Buyer during the pre-shipment period, or indicate "None" ☐None

☐ **Foreign Currency**

Identify the country and currency you wish to be insured: _____

☐ **Bulk Agriculture**

☐ **Delivery to the Buyer in the U.S.**

☐ **China and Transformational Export Program (CTEP)**

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? 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

7. Comments (please provide any additional 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.

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