HOW TO FILE A WORKING CAPITAL CLAIM IN EXIM ONLINE (EOL) SEPTEMBER 2021



Welcome to EXIM Online Please be advised that effective May 1, 2020, EXIM's Short-Term Credit Standards have been revised. We encourage you to review this document to get an understanding of EXIM's current products and the upgrades to our standards. Already a user? Please sign in. User Id: Password: Login to EXIM Online, if you do not know your User ID or Password, e-mail BAPIMT@exim.gov for assistance. Engod your password? Register for a user account.

Lenders may login to their EXIM Online ("EOL") account at EXIM.gov by clicking on LOGIN, then EXIM Online.

Office of the Inspector General 1-888-OIG-EXIM (644-3946) email: IGHotline@exim.gov



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Balls Forge Barts, N.A.

Home

Customer Service

Business Address:

Primary Contact:



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	cting from the list or	searching for a specific Policy/					► <u>File a Claim</u>
Policy/Guarantee Number Buyer/Borrower Name: Buyer/Borrower Country:	-Select Country-	click "Get Results" without en		n criteria, all of your poli	cies/guarantees will po	Enter	Search Claims the Guarantee Number and e Borrower Name and click Get Results.
		Borrower. If Buyer/Borrower of arantee; 'Remove' to remove a					Click on File from the list of Guarantees provided.
00 items found, displaying 1 to First/Prev] 1, 2, 3, 4 [Next/Last]	50.					<u>Excel</u> <u>XML</u> <u>PDF</u> page: <u>10 25 50 100</u>	
<u>Number</u>	y <u>pe</u> ≑ <u>Sta</u> g Capital	tus → Insured/Lender → Name	<u>State</u> WI	♣ <u>Buyer/Borrower</u> Name	Country UNITED STATES	<u>Claims</u> <u>View</u> <u>File</u>	



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Customer Service Home Company Contact: Policy Contact: Business Address: Claim Filing - Buyer Selection Transaction #: 060205 - Working Capital Insured: Assigned RM: ZYTCER Click on Start Claim on Selected Broker: Buyer. Buyer/Borrower: Transaction Claim History: Begin a new claim on the above Buyer by clicking on the 'Start Claim on Selected Buyer'. You can also 'Cancel' and search/select a different Transaction and/or Buyer. Start Claim on Selected Buyer Cancel

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060205 - Working Capital OMB No. 3048-0035, Expires 07/31/2017 **Claim Application** Filing Instructions | Claim Summary Borrower: Application Section Done <u>Participants</u> Please complete this application to file a claim. Only the "Participants" section is enabled when you begin the application. The remaining sections are Loan Information enabled after the Participant information is entered. Business Structure Information The Right Navigation Area can be used to easily move to specific sections of this application. Just point and click on the section you wish to access. Schedule of Notes You can Submit your claim only after each claim section is check-marked. Calculation of Estimated Eligible Loss Check List Note: A broker can complete the Claim application but only the insured or enhanced assignment assignee can actually submit it. **Documentation and Comments** Apart from entering data, the system will also allow you to Upload documentation required to submit your application as well as Print a copy of the Submit application for your records by clicking on the "Claim Summary" link at the top of the page. Upon application submission, a claim number(s) will be provided allowing you to track the progress of the application. These instructions can be accessed anytime during the application process through the "Filing Instructions" link. Click on Continue. Back Continue

Please note EOL may pre-populate some fields based on the Loan Authorization.

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Customer Service Home 060205 - Working Capital OMB No. 3048-0035, Expires 07/31/2017 **Claim Application** Filing Instructions | Claim Summary Borrower: Done Application Section **Participants** Loan Information The following participants are associated to the guarantee. Please review and make changes to the information, if necessary. Existing Insured, Broker and Assignee roles cannot be changed. New entities can be associated to the application by using the "Add Participant" button. Only one participant Business Structure Information in the Borrower role is allowed on a claim. If claim is on a different Borrower than the one listed below, please re-start the claim and select the Schedule of Notes applicable entity. Calculation of Estimated Eligible Loss NOTE: Changing any contact information in this section will not affect the contact information previously recorded in the guarantee documents. To Check List officially change this information, contact your Relationship Manager to amend the guarantee. Documentation and Comments Submit Contact Roles Address Action Applicant, Lender, Claimant <u>Update</u> Borrower, Supplier <u>Update</u> Click on Update if there Guarantor <u>Update</u> is missing or incorrect information. Add Participant Save and Continue



If any of the listed participants needs to be updated, click on Update, and make any necessary changes. When complete, click on Save and Continue.



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The latest release EXO-7.54.0 was deployed Jul 22, 2021, please click on the link to view an overview of recent System changes

060205 - Working Capital Borrower:			Claim Application Filing Instructions Claim Summary		OMB No. 3048-0035, Expires 07/31/2017
Loan Information				Done	Application Section
				✓	<u>Participants</u>
				•	Loan Information
					Business Structure Information
					Schedule of Notes
General Information:					Calculation of Estimated Eligible Loss
Reason for Claim:	☐ Bankruptcy	☐ Business Closed	☐ Cashflow		Check List Documentation and Comments
	☐ Dispute	Diversion of Funds	☐ Economy		Submit
	 Export-Import Restrictions 	☐ Non Acceptance	☐ Political Event		
	☐ Transfer	☐ Other			
Describe reason for claim (optional):					

Fill in requested Loan Information.

Loan Information : 😽	
Loan Type:	Transaction Sepcific
Loan Approved Date (mm/dd/yyyy):	
Loan Approved Amount	\$0.00
Final Disbursement Date:	
Default Date (mm/dd/yyyy):	
Actual Date of Last Disbursement to Borrower (mm/dd/yyyy):	
If applicable,last renewal date (mm/dd/yyyy):	
Is there a PEFCO Assignment?	O Yes No
If yes, PEFCO Assignment Date (mm/dd/yyyy):	
Is Transaction Approved under Fast Track?	O Yes No
Is this Transaction under the City State Program?	O Yes No
Claim Filing Extension Authorized?	O Yes No
If yes, please attach the Extension Authorization under the "Documentation and Commer	nts" Section
Has Transaction been Rescheduled?	O Yes No
Did EXIM bank Approve the Rescheduling?	O Yes ● No
Is Delegated Authority?	● Yes ○ No
Lender MGA #:	
Lender DA #:	
Lender FA #:	

Continue to fill in requested Loan Information.

Loan Type:	
Is there a Domestic Line?	○ Yes No
Domestic Line Amount:	\$
Current Outstanding Amount of Domestic Line:	\$
Is Domestic Line Current?	O Yes O No ● N/A
Is Domestic Line Collateralized?	O Yes O No ● N/A
Is there Cross Collateralization?	○ Yes ○ No ® N/A
Approved Collateral:	
Advanced Rate of Collateral Inventory:	%
Advanced Rate of Collateral Receivables:	%
Advanced Rate of Other Collateral:	%
Does Bank have any other Collateral for the Uncovered Portion?	○ Yes ● No
If yes, What is the Collateral?	
Estimated Net Market Value of Remaining Collateral:	\$
Loan Insurance:	
Is there a Related Insurance Policy from EXIM Bank?	○ Yes ○ No
Is there a Related Insurance Policy from another Insuror?	○ Yes ○ No
EXIM/Other Insuror Policy Number:	
If Insuror is other than EXIM, please use the $\underline{\text{Participants}}$ Section to add the In	suror to the Application.
	Back Save and Continu

Continue to fill in Loan Information. Click Save and Continue when complete.



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060205 - Worki Borrower:	ing Capital				Filing Instruc	Claim Application		OMB No. 3	048-0035, Expires 07/31/201
Business Structure							Done	Application S	ection
Business Structure Business Type: Status of Operation Goods and Service The following good	1:	-Si	elect Buyer Type- elect Buyer Business Typ elect Buyer Operation Sta n. Please remove any iter	atus - 🗸	items in the text b	ox provided below.	•	Schedule of	ructure Information
Select	Supply Contract Ref	SIC Code	NAICS	Product Description	Exporter	Supplier		Documentat Submit	on and Comments
	—	3542	CONVERT - Machine Tool (Metal Forming Types) Manufacturing	METAL FORMING EQUIPMENT					
Products :					.11	-			

Complete Business Structure of Borrower, Business Type and Status of Operation by selecting an option from the dropdown list. For Goods and Services, click on Select or if Product is not listed add product description to the text box. Click on Save and Continue.

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Submit

Home Customer Service Click on Add New 060205 - Working Capital OMB No. 3048-0035, Expires 07/31/2017 **Claim Application** Note. Filing Instructions | Claim Summary Borrower Application Section Done <u>Participants</u> The following Note information has been entered. Please use the "Add New Note" button to enter Note information. For any Note thats already saved, ✓ Loan Information use the "Modify" link to update and "Remove" link to delete the information. √ Business Structure Information No Notes available. Schedule of Notes Calculation of Estimated Eligible Loss Back Add New Note Save and Continue Check List **Documentation and Comments**



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060205 - Working Capital Borrower:			Claim Application Filing Instructions Claim Summary		OMB No. 3048-0035, Expires 07/31/2017
Claim - Schedule of Notes - Notes & Activ	vity Details			Done	Application Section
Use the below form to modify note and this note. Click "Done" to go back to li information.				√ √	Participants Loan Information Business Structure Information
Note Details * Note Number: Coverage %:		Note Date: Owner of the Note:	(mm/dd/yyyy)Select Owner	•	Schedule of Notes Calculation of Estimated Eligible Loss Check List Documentation and Comments
* Note Amount: \$ Frequency of Payment : [First Principal Due Date: [First Interest Due Date: [-Select Frequency - (mm/dd/yyyy) (mm/dd/yyyy)	Method of Calculation :	- Select Method -		Submit
Interest Rate Type: Interest Rate Basis: Date of Facility Fee:	-Select Interest Rate - (mm/dd/yyyy)	Interest Rate: Date Interest Paid Through:	% (mm/dd/yyyy)		
			Cancel Save Note		

Complete Note Details and click on Save Note.



Build Version : EXO-7.48.0 Deployed Feb 11, 2021							Home Customer Sei	rvice
060205 - Working Capital				<u>Filing.lns</u>	Claim Application		OMB No. 3048-0035, Expires 07/	/31/2017
Claim - Schedule of Notes - Note Use the below form to modify note this note. Click "Done" to go be information.	ote and advance informat ack to list of notes scree	n. Click "X" to delete				Done	Application Section Participants Loan Information Business Structure Information Schedule of Notes	
Note Details * Note Number: Coverage %: * Note Amount: Frequency of Payment:	90 \$ 100.00 Monthly		Note Date: Dwner of the Note: Method of Calculation :	08/01/202 360/360 I	0 (mm/dd/yyyy) CLAIMANT	<u> </u>	Calculation of Estimated Eligible Check List Documentation and Comments Submit	
First Principal Due Date: First Interest Due Date: Interest Rate Type: Interest Rate Basis: Date of Facility Fee:	09/01/2020 (mm 09/01/2020 (mm Fixed prime 08/08/2020 (mm	/dd/yyyy)	nterest Rate: Date Interest Paid Through	2.00	% 1 (mm/dd/yyyy)			
/ Principal Outstanding	Last Principal Date mm/dd/yyyy)	Interest Paid Through (mm/dd/yyyy) 07/01/2020	Unpaid Accrued Interest	Enforcement Costs Claimed	Collateral Protection Costs Claimed			
	al Received Interest Fron r Claim (mm/dd/yy	n Date Interest To Da yy) (mm/dd/yyyy)		rate Interest Payable Amount I	Update Note Interest Payment Received after Claim			
Sub-Total:	0.00 ment: 0.00		0	0.00	0.00	K		
				Cancel	Save Activities & Continue		Exim.gov	

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Continue completing Note Details and Interest Calculation Grid. Click on Save Activities & Continue when complete.



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Customer Service

060205 - Working Capital

Claim Application Filing Instructions | Claim Summary

OMB No. 3048-0035, Expires 07/31/2017

Borrower

The following Note information has been entered. Please use the "Add New Note" button to enter Note information. For any Note thats already saved, use the "Modify" link to update and "Remove" link to delete the information.

Note Number: 1 Dated: 08/01/2020 Loan Number: Remove Owner of the Note: Coverage %:

90

\$100.00 Frequency of Payment: Monthly Note Amount: First Principal Due Date: 09/01/2020 Method of Calculation: 360/360 Days

First Interest Due Date: 09/01/2020 Interest Rate Type: Interest Rate: 2.00% Interest Rate Basis: Fixed prime Date of Facility Fee: 08/08/2020 Date Interest Paid Through: 07/01/2021

Total Advance / Principal Outstanding	Last Principal Repayment Date	Date Interest Paid Through	Unpaid Accrued Interest	Enforcement Costs Claimed	Collateral Protection Costs Claimed
\$100.00	07/01/2021	07/01/2020			

Interest Calculation Grid:

Principal Outstanding Amount	Principal Received After Claim	Interest From Date (mm/dd/yyyy)	Interest To Date (mm/dd/yyyy)	# of days	Interest rate	Interest Payable Amount	Interest Payment Received after Claim
\$100.00							
\$100.00							
\$100.00							
\$100.00							
\$100.00							
\$100.00							
Sub-Totals: \$0.00				0		\$0.00	\$0.00

Interest For Payment: \$0.00

Back Add New Note Save and Continue

Application Section <u>Participants</u> Loan Information **Business Structure Information** Schedule of Notes Calculation of Estimated Eligible Loss Check List **Documentation and Comments** Submit

Verify information entered, if any updates need to be made, click on Modify.

> If no changes are required, click on Save and Continue.





If changes need to be made, click the Back button and make corrections.

	0205 - Working Capital rower:				Clain Filing Instructions	m Application
	nplete the following Checklist					
No	o. Item	2				
1.	Disbursements were made after receipt of a borrowing base certificate and a copy of the export orders or for revolving loans a quarterly written summary of the export orders.	○Yes	○ No	(Add Comments below)		
2.	Disbursements were made prior to the final disbursement date.	○Yes	ONO	(Add Comments below)		,
3.	The borrower was current under the Working Capital line at time of disbursement(s).	○Yes	ONO	(Add Comments below)		li
4.	All disbursements under the Working Capital line were less than or equal to the borrowing base (net of reserves for letters of credit, or allowed over advances, unless as allowed in the Master Guarantee Agreement).	○Yes	ONO	(Add Comments below)		
5.	Disbursements were made in agreement with the conditions and prohibitions stated in both the Loan Authorization Agreement, the Borrower Agreement, and the Master Guarantee Agreement.	○Yes	ONO	(Add Comments below)		

OMB No. 3048-0035, Expires 07/31/2017

Done	Application Section
✓	Participants
✓	Loan Information
✓	Business Structure Information
✓	Schedule of Notes
	Calculation of Estimated Eligible Loss
•	Check List
	Documentation and Comments
	Submit

Complete all questions on the Checklist. Click on Save and Continue when complete.

Filing Instructions | Claim Summary

Borrower:

Claim - Documentation and Comments

Please attach all 'Required Documentation' and any other documentation as applicable. Documentation may also be sent directly to EXIM Bank by courier immediately after you have submitted this claim, in which case you should check the 'Will Follow' box. Multiple documents of each type may be required. The system allows for multiple uploads per document type. If a document type does not apply to your claim, indicate 'Not Applicable'.

Important:

- . When submitting documentation, you must group each claimed invoice with the appropriate purchase order and shipping document.
- . you must download, print, sign and attached the Certifications of Insured . Your claim will not be processed until this document is received.
- You may have the <u>option</u> to download, complete, and attach the <u>Release and Assignment</u> form with your claim submission (the Release will operate
 upon negotiation of a claim payment). This will expedite your claim payment in the event of claim approval as a completed Release will be required prior
 to any claim payment.

Use 'Remove' and 'View' links to delete or view an uploaded document. After all documents are uploaded, click 'Save & Continue'. Please provide all applicable documents to avoid processing delays.

Attached Documentation

Nothing found to display.

Documentation

Document Type	Disposition	Date (mm/dd /yyyy)	File	Action
Demand Letter to Borrower	O Attached O Will Follow O Do Not Have O Not Applicable		Browse No file selected.	Save
Demand Letter to Guarantor(s)	O Attached O Will Follow O Do Not Have O Not Applicable		Browse No file selected.	Save

Done	Application Section		
✓	<u>Participants</u>		
✓	Loan Information		
✓	Business Structure Information		
✓	Schedule of Notes		
	Calculation of Estimated Eligible Los		
	Check List		
•	Documentation and Comments		
	Submit		

Upload required Documentation and click on Save and Continue when complete.

Optionally, add any comments you wish to make regarding the claim, including a summary of the events leading upto to this claim.

Characters remaining: 4000 (Mas/mum 4000 characters)

Please provide any details of the Working Capital Facility that are relevant to the claim. Click Save and Continue when complete.

Back Save and Continue

After Uploading all required Documents, please provide your comments of all events leading to the claim filing.



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Home **Customer Service** 060205 - Working Capital OMB No. 3048-0035, Expires 07/31/2017 **Claim Application** Filing Instructions | Claim Summary Borrower: Application Section ✓ <u>Participants</u> Please click 'Submit Claim' to complete the claim filing process. You can also review and print the Claim Summary prior to submission. Loan Information **Business Structure Information** For any questions on the Claim filing process, please contact EXIM Bank at the address below: Export Import Bank of the United States - Asset Management Division Schedule of Notes 811 Vermont Avenue, NW Calculation of Estimated Eligible Loss Washington, DC 20571 Tel: (202) 565-3600 Check List Fax: (202) 565-3625 Documentation and Comments Click on Submit Claim Submit Back Submit Claim Paperwork Reduction Act: We estimate it will take you about 1 hour per response, that 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

Before clicking on Submit Claim, you can use the Back button to check any previous screens and make any necessary changes. Once finished, click on Submit Claim.

ways to simplify this form, forward correspondence to EXIM Bank and the Office of Management and Budget, Paperwork Reduction Project, OMB No# 3048-0035, Washington,

060205 - Working Capital		Claim Application	OMB No. 3048-0035, Expires 07/31/2017
Borrower:			
Claim - Tracking Sheet Thank you for submitting the claim application	n. You will be notified of the decision once the claim	processing and review is complete.	
Please print this page for your records and inc	clude a copy with any documentation sent to EXIM	Bank regarding this application.	
Claim Number(s): Claim Submitted Date: Transaction #:	G060205-01 08/08/2021 060205 - Working Capital		
Insured/Lender:	UNITED STATES		
Insured Contact:			
Buyer/Borrower:			
Export Import Bank of the United States - Clai 811 Vermont Avenue, NW Washington, DC 20571 Tel: (202) 565-3600 Fax: (202) 565-3625	ims And Recoveries Division		
			Print

You have successfully completed submitting your claim! If you would like a copy of the Claim Tracking Sheet click on Print. It will also be available in your EOL Account page under Pending Claims.