Tallahassee, Florida 32399–2400, or at the Environmental Protection Agency, Region 4, Drinking Water Section, 61 Forsyth Street Southwest, Atlanta, Georgia 30303.

FOR FURTHER INFORMATION CONTACT: Franklin Baker, EPA Region 4, Drinking Water Section at the Atlanta address given above or at telephone (404) 562–9442.

Authority: (Section 1420 of the Safe Drinking Water Act, as amended (1996), and 40 CFR part 142 of the National Primary Drinking Water Regulations).

Dated: February 14, 2002.

A. Stanley Meiburg,

Acting Regional Administrator, Region 4.

[FR Doc. 02–6851 Filed 3–20–02; 8:45 am]

BILLING CODE 6560–50–P

EXPORT-IMPORT BANK OF THE UNITED STATES

[Public Notice 50]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Export-Import Bank of the United States.

ACTION: Notice and request for comments.

SUMMARY: The Export-Import Bank as a part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to comment on the proposed information collection, as required by the Paperwork Reduction Act of 1995.

DATES: Written comments should be received on or before May 20, 2002 to be assured of consideration.

ADDRESSES: Direct all comments and requests for additional information to Carlista Robinson, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571, (202) 565–3351.

SUPPLEMENTARY INFORMATION:

Titles and Form Numbers

1. Application for Quotation—Export Credit Insurance, EIB 92–34.
2. Beneficiary Certificate and Agreement, EIB 92–37.
3. Application for a Financial Institution Buyer Credit Policy, EIB 92–41.
4. Application for Export Credit Insurance Financing or Operating Lease Coverage EIB 92–45.
5. Application for Medium Term Export Credit Insurance Quotation EIB 92–48.
6. Short-Term Multi-Buyer Export Credit Insurance Policy Application, EIB 92–50.
7. Exporter's Application for Short-Term Single-Buyer Policy, EIB 92–64.
8. Application for Export Credit Insurance Umbrella Policy, EIB 92–72.
9. Broker Registration Form EIB 92–79.

OMB Number: 3048–0009.

Type of Review: Revision and extension of expiration date.

Need and Use: The information requested enables the applicant to provide Ex-Im Bank with the information necessary to obtain legislatively required assurance of repayment and fulfills other statutory requirements. The forms encompass a variety of export credit insurance policies.

Affected Public: They affect all entities involved in the export of U.S. goods and services including exporters, banks, insurance brokers and non-profit or state and local governments. acting as facilitators.

Estimated Annual Respondents: 2,262.

Estimated Time per Respondent: 1 hour.

Estimated Annual Burden: 2,262.

Frequency of Reporting or Use: Applications submitted one time, renewals annually.

Dated: March 14, 2002.

Carlista D. Robinson,

Agency Clearance Officer.

BILLING CODE 6690–01–M

OMB#3048-0009
Expiry Date 5/31/02

EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION FOR QUOTATION-EXPORT CREDIT INSURANCE
COMMERCIAL BANK INSUREDS
LETTER OF CREDIT (ELC), BANK DEDUCTIBLE (EBD) or
FINANCIAL INSTITUTION SUPPLIER CREDIT (EBS, EBM) POLICIES

THIS DOCUMENT WILL BE A MATERIAL BASIS OF THE INSURANCE IF QUOTATION IS MADE AND ACCEPTED.

1. Applicant Bank:_____ Contact:_____

   Address, include 9 digit Zip Code:_____

   E-Mail_____Fax_____Phone_____

   Tax ID #: _____ DUNS #: _____ Congressional District:_____

2. If you wish us to consider adding subsidiaries, branches or affiliates as Additional Named Insureds under your policy, provide full legal name and address below and answer questions 5. A. (2) or B. (2) for each Additional Named Insured.

Name	Address
_____	_____
_____	_____

3. Name of Brokerage (if any, if none insert *"none"*):_____

   Name of Contact:_____Broker #:_____

   E-Mail_____Fax_____Phone_____

4. Please provide the following information unless you have submitted this information within the past 6 months for Policy No_____:

   A. (I)Rating:_____ Agency:_____ Date:_____, **or**

   (2) a. Annual report, including audited financial statements, on your bank for the past two fiscal years.
   b. The most recent available 10K and 10Q reports on your bank.
   c. Recent (within six months) credit agency report on your bank (otherwise, please attach a check for $35.00).

   B. If you are a foreign bank registered to do business in the U.S., in which state(s) are you licensed to conduct business? How are your operations in this country best described? Does your bank operate as a branch or subsidiary? To what extent are credit decisions made by your bank autonomous of headquarters?

   C. Has your bank or have the individual(s) who will be administering or placing business under this policy ever dealt with Ex-Im Bank before? ☐ Yes ☐ No If yes, describe the programs the bank or the individual(s) are familiar with, and the time period during which these contacts took place._____

   D. Is there any other information that will be of assistance in evaluating your request for a bank policy? ☐ Attached

5. A. **For Letter of Credit Policies** (add pages if necessary):

   (1) a. How are the international banking activities in your bank organized functionally? _____

   (2) a. Who are the key individuals involved? _____

   b. Have the individuals involved attended an Ex-Im Bank orientation seminar or an Ex-Im Bank training session? ☐ Yes ☐ No
   c. Please provide their resumes. (See resume form attached)
   You must provide notification within 10 days if the individual(s) responsible for administering the policy change.

   (3) a. How long have you been confirming international letters of credit?_____

   b. From what countries?_____

   (4) Does your bank have any special expertise in particular types of transactions, regions of the world or any other areas?
   _____

   (5) Maximum value of insured letters of credit expected to be outstanding during the policy period: $_____.

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B. **For Financial Institution Supplier Credit** or **Bank Deductible Policies** (add pages if necessary):

(1) Describe how you develop customers for domestic or export receivable financing or factoring.

_____

(2) a. Please identify the individual(s) and administrative area which will be responsible for administering your policy.

_____

b. Have the individuals involved attended an Ex-Im Bank orientation seminar or an Ex-Im Bank training session? ☐ Yes ☐ No

c. What experience do the individual(s) identified in 5.B.(2)a.. have with Ex-Im Bank insurance _____ or private sector export credit insurance? _____

d. Please provide their resumes. (See resume form attached)
You must provide notification within 10 days if the individual(s) responsible for administering the policy change.

(3) How many years, and to what dollar amount, have you financed or factored receivables?

	# of years	most recent calendar year amount
Domestic Receivables:	_____	$_____
Foreign Receivables:	_____	$_____

(4) Describe the credit procedures used in deciding to finance an exporter's receivables.

Exporter Analysis: _____

Buyer Analysis: _____

(5) a. Maximum value of financed receivables expected to be outstanding during the policy period: $_____

b. For **Financial Institution Suppler Credit Policies** Do you desire (check one) a Documentary Policy ☐
a Non-Documentary Policy ☐
or both ☐

c. After what number of days would you stop financing the exporter's receivables from an overdue buyer? _____

d. How often are financed export receivables monitored? _____

e. Please provide a specimen copy of your lending agreement with exporters for receivable financing or factoring. ☐ Attached

6. The Applicant (it) **CERTIFIES and ACKNOWLEDGES to the Ex-Im Bank** (the Bank) that:

A. 1) it is a financial institution doing business in the United States, or a jurisdiction thereunder, in accordance with applicable Federal or State banking laws and regulations **OR**
2) it has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make this certification.

B. it undertakes to carry on its business with due care in financing exports hereunder, and in regard to the conditions of the contract and the trustworthiness of the exporter and buyer.

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C. (1) neither it nor its principals have been within the past 3 years:
(a) debarred, suspended or declared ineligible from participating in or voluntarily excluded from participation in a Covered Transaction or
(b) formally proposed for debarment, with a final determination still pending;
(c) indicted, convicted or had a civil judgement rendered against them for any of the offenses listed in the **Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule** which defines Covered Transaction.
(2) It certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government, its agencies or instrumentalities as of the date of this application. **OR**
(3) It has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications (1) (a) through (c) and (2).
It further certifies that it has not and will not knowingly enter into any agreements in connection with the transaction with any individual or entity that has been subject to (1) (a), (b) or (c) above.

D. it will complete and submit **Form-LLL**, Disclosure Form to Report Lobbying if, to the best of its knowledge and belief, **any funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:
(1) an officer or employee of any U.S. Government agency, or
(2) a Member of Congress or a Member's employee, or
(3) an officer or employee of Congress. *This does not apply to commissions paid by the Bank to insurance brokers.*

E. it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 78dd-1, et seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.

F. (1) the information being requested is done so under authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.);
(2) providing the information is mandatory. **Failure to do so** may result in the Bank being unable to determine eligibility for the Policy. The information provided will be reviewed to determine the participants' ability to perform and pay under the Policy.
(3) the Bank may not require the information and applicants are not required to respond unless a currently valid OMB control number is displayed on this form (see upper right of each page);
(4) the information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed under applicable laws;
(5) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).
(6) the **public burden** reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send **comments** regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

G. the representations made and the facts stated by it in these certifications and its attachments **are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts**. It further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001).

_____	_____	____/__/____
Signature	Print Name and Title	Month/Day/Year

Send, or ask your insurance broker or city/state participant to review and send, this application to Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.
The Ex-Im Bank website is <http://www.exim.gov>

Please complete: The applicant was informed about Ex-Im by:

☐ An Ex-Im City/State Partner:_____
☐ A Broker:_____
☐ A Local Development Authority:_____
☐ An Ex-Im Regional Office:_____
☐ A U.S. Export Assistance Center:_____
☐ A Bank:_____
☐ Other (specify):_____

END

OMB#3048-0009
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Attachment to Bank Policy Application
To be filled out for each individual named.
RESUME FORM

Name:_____

Title or Position:_____

Number of years with your organization:_____

Full description of job functions including administering the policy:

_____

_____

_____

_____

Administrative experience:_____

_____

_____

_____

_____

Export-related experience including any previous experience with Ex-Im Bank:_____

_____

_____

_____

Educational background:_____

_____

_____

EXPORT-IMPORT BANK OF THE UNITED STATES

BENEFICIARY CERTIFICATE AND AGREEMENT
For Use With
Bank Letter of Credit Export Credit Insurance Policy or
Financial Institution Buyer Credit Export Credit Insurance Policy or
Medium Term Export Credit Insurance Policy

NOTE: This form is to be used only if the beneficiary of the letter of credit, the recipient of a funding under a direct buyer credit loan or the recipient of payment under a reimbursement loan or a payment under a supplier credit is not also the U.S. Exporter. In that situation the exporter must complete those parts of the Exporter Certificate EIB94-07 required in its instructions and the beneficiary must complete this entire certificate.

Name and Address of Policyholder: Name and Address of Beneficiary:

_____ _____

_____ _____

Policy No._____ _____

(to be completed by the policyholder, also see No.4.e) Beneficiary's Dun & Bradstreet Number _____

Taxpayer ID No.:_____ Congressional District:_____

Indicate (not required)if owned by a☐ woman, or an☐ ethnic minority, describe____

The information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed under applicable laws; transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).

Upon representation that the Export-Import Bank of the United States ("Ex-Im Bank") has issued to the policyholder identified above an export credit insurance policy, and in consideration of either (check one):

☐ a) the payment, acceptance or negotiation of an irrevocable letter of credit in our favor; or,

☐ b) the financing of an export,

We, the Beneficiary, hereby certify to the policyholder and to Ex-Im Bank as follows:

1. The policyholder has either (check one):

☐ a) informed us of an irrevocable letter of credit with Identification No._____ and we have presented, or shall present, documents which are in compliance with the terms and conditions of such irrevocable letter of credit; or,

☐ b) to our belief, established an obligation of the foreign buyer named below to make repayment of funds on a specified term in support of an export, for which we have received payment.

2. The above referenced irrevocable letter of credit **or** the buyer's obligation to pay the policyholder is in support of an export transaction described as follows:

a) Name and address of buyer_____

b) Description and quantity of product(s)/service(s)_____
c) The product(s) are: ☐ New, ☐ Used. If used, attach Used Equipment Questionnaire form EBD-M-25.

d) Place of Shipment_____ e) Date of Shipment_____
f) Contract Price to Buyer:

(i) Products/Service	$_____
ii) Less discounts or similar allowances	$_____
iii) Plus total insurance, freight or other delivery charges included in the transaction	$_____
Subtotal:	$_____
iv) Less cash payment (minimum 15% required for MT)	$_____
(v) Total final net delivered financed portion	$_____

3. To the best of our knowledge and belief, the products described above were **shipped from the United States**, in accordance with paragraph 2 above.

4. With respect to products
   a) which could be used for **military** purposes,
   b) which could be components of a product or equipment which could be used for military purposes,
   c) which could be used to manufacture products or equipment which could be used for military purposes,
   d) listed on the United States **Munitions List** (part 121 of Title 22 of the Code of Federal Regulations), or
   e) purchased by or for use by security, military or defense organizations, ☐ we ____ have or ☐ the policyholder ____
   Initial Initial
has received the written approval of the Ex-Im Bank for such sale prior to shipment of the products **and attached it** to this certificate. Submit a Defense Product Questionnaire EIB92-61 in order to obtain such approval.

5. The products do not consist of technology, fuel, equipment, materials or goods and services to be used in the construction, alteration, operation or maintenance of **nuclear** power, enrichment, reprocessing, research or heavy water production facilities.

6. To the best of our knowledge and belief the products are **for use only in countries** in accordance with Ex-Im Bank's Country Limitation Schedule in effect on the date of shipment. See Ex-Im Bank's Internet Website <www.exim.gov> Country and Fee Information.

7. a) neither we nor our principals have been within the past 3 years:
   (1) **debarred**, suspended or declared ineligible from participating in or voluntarily excluded from participation in a Covered Transaction or
   (2) formally proposed for debarment, with a final determination still pending;
   (3) indicted, convicted or had a civil judgement rendered against them for any of the offenses listed in the **Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule** which defines Covered Transaction.
   b) We certify that we are **not delinquent** on any amounts due and owing to the U.S. Government, its agencies or instrumentalities as of the date of this application. **OR**
   c) We has received a **written** statement of exception from Ex-Im Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications (a) (1) through (3) and (b).
We further certify that we have not and will not knowingly enter into any agreements in connection with the transaction with any individual or entity that has been subject to (a) (1), (2) or (3) above.

8. We will complete and submit **Form-LLL**, Disclosure Form to Report Lobbying if, to the best of our knowledge and belief, **any funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:
   a) an officer or employee of any U.S. Government agency, or
   c) a Member of Congress or a Member's employee, or
   d) an officer or employee of Congress. *This does not apply to commissions paid by the Bank to insurance brokers.*

9. we have not, and will not, engage in any activity in connection with this transaction that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 78dd-1, et seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business. To the best of our knowledge, the performance by the parties of their respective obligations covered or to be covered under this transaction does not and will not violate any applicable law.

10. The representations made and the facts stated by us in these certifications and its attachments **are true, to the best of our knowledge and belief, and we have not misrepresented or omitted any material facts**. We further understand that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001).

By:_____ Signature:_____
Print Name (Authorized Representative of the Beneficiary)

Title:_____ Date:_____

If the beneficiary can not make any or all of the required certifications as they are presented here, Ex-Im Bank must be contacted to request written permission to delete or alter the certification, without which the insurance policy may not be valid.

OMB # 3048-0009
Expiry Date 5/31/02

EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION for a FINANCIAL INSTITUTION BUYER CREDIT POLICY

(Please Print or Type) APP. NO._____(Ex-Im Bank Use Only)

INSURANCE BROKER: If none, insert "*none.*" Broker #:

Name of Brokerage: Phone #:

Contact Person: Fax #: E-Mail:

1. APPLICANT: (Ex-Im use only: Insured #:_____)

Applicant Name: Phone #:

Contact person: Fax #:

Position Title: E-Mail:

Street Address:

City: State: Zip Code:

Please attach the following information unless you submitted this information within the past 6 months for Policy No._____.

a. Taxpayer ID #:_____ Duns #:_____ Congressional District:_____ **AND**

b. Market Rating:_____ Rating Agency:_____ Date:_____, **OR**

c. (1) ☐ Your most recent published annual report, or audited financial statements.
(2) ☐ Your most recent available 10K and 10Q reports.
(3) ☐ A credit agency report dated within 6 months. If unavailable, attach check for $35.00 to cover Ex-Im Bank's cost in ordering report.
(4) How long have you been lending internationally?_____
(5) To what countries do you actively lend?_____.
(6) How is your foreign loan portfolio broken down between government _____% and private _____% sector buyers?
(7) How often do you visit your overseas buyers?_____
(8) ☐ Attach the names, titles, and the international lending backgrounds of the individuals responsible for administering Ex-Im policies.

2. TRANSACTION:

a. This insurance application is for, check one, a credit extended by you based on:
your relationship with the Buyer or Guarantor , a☐ Buyer Credit, **or**, your relationship with the exporter, a☐ Supplier Credit.

b. This application is for ☐ Comprehensive (Commercial and Political Cover) or☐ Political Only Cover.

c. This application is for a ☐ Single Financing or a☐ Revolving Line.

d. Credit limit requested $_____

e. Payment terms requested_____.

f. Ex-Im Bank requires a written debt obligation, i.e., promissory note or draft. If none, check here ☐ and provide a full description of documentation which constitutes the buyer's debt obligation._____.

g. Indicate whether ☐ negotiating or ☐ financing mandate received.

h. For buyer credits, provide a brief description of the products (for supplier credits see 5.c.)_____.

3. BUYER: The "buyer" is the entity which agrees to repay the credit (loan). Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) for Buyers to determine the likelihood of approval:

a. This buyer is ☐ Sovereign, ☐ Non-Sovereign Public Sector, or ☐ Private Sector. (Ex-Im use only: File #:_____)

Buyer Name: Duns #:

Contact person: Phone #: Fax #:

Position Title: E-Mail:

Street Address: City:

State/Province: Postal Code: Country:

The following information on the buyer is necessary unless the credit is based on a guarantor, if so check here☐ and complete for the guarantor

b. For **all applications** provide in an attachment:

(1) ☐ A summary of credit facilities (insured and uninsured) extended by the☐ applicant or the ☐ exporter (for Supplier Credits) to this buyer/guarantor specifying the high credit, whether secured or unsecured, and tenor(s) with details on past dues (if applicable), or☐ None.

(2) For ☐ **non-sovereign public** or ☐ **private** buyers/guarantors on which comprehensive cover is requested, provide the following:
(a) Market Rating:_____ Rating Agency:_____ Date:_____, **OR**
(b) ☐ A bank reference not older than 6 months from date of application **and**
(i) ☐ 2 Ex-Im Bank Trade Reference forms (EIB99-14) dated within 6 months of the application **and**
(ii) ☐ For a credit limit up to $1 million, the last 2 fiscal year end audited or signed unaudited financial statements with notes.
☐ For a credit limit over $1 million, provide 3 fiscal year end audited statements with notes and the most recent interim statements with notes if the last fiscal year end is more than 9 months prior to application.

(3) ☐ The applicant's credit memorandum on the buyer/guarantor.

(4) Have you visited the buyer/guarantor? ☐ No ☐ Yes, if yes give date: _____ and attach a copy of your call report.

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4. GUARANTOR: The "guarantor" is the entity which agrees to repay the credit if the borrower does not. Complete the information below and provide the information in 3.b. if the credit is based on the guarantor. (Ex-Im use only: File #: _____)

This guarantor is ☐ Sovereign, ☐ Non-Sovereign Public Sector, or ☐ Private Sector.

Guarantor Name: _____ Duns #: _____
Contact person: _____ Phone #: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State/Province: _____ Postal Code: _____ Country: _____

5. For **SUPPLIER CREDITS** only:

NOTE: You are **not** required to fill out this section for **Buyer Credits** but, if any information is known, please complete in a, b and c.

a. EXPORTER:

The "exporter" is the entity which contracts with the buyer for the sale of the U.S. items and services. (Ex-Im use only: File #: _____)

Exporter Name: _____ Phone #: _____
Contact person: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
Taxpayer ID #: _____ Duns #: _____ Congressional District: _____
Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: $ _____ # of employees: _____
Standard Industrial Code of business: _____ Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe: _____

If "Documentary" cover is desired, check here ☐ and attach the following unless the exporter submitted it within the past 6 months for Policy No._____. Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) Exporter Standards for an Enhanced Assignment to determine the likelihood of approval of documentary cover if the exporter, using the US Small Business Administration guidelines, is a small business.

(1) ☐ A bank reference on the exporter dated within 6 months of the application **and**
(2) ☐ 2 trade references on the exporter dated within 6 months of the application **and**
(3) The last 2 fiscal year financial statements of the exporter as follows:

Claim Payment Limit (Credit Limit x %of cover)	Minimum Requirement
☐ $500,000 or less	signed by an authorized officer of the exporter
☐ $500,001 - $999,999	reviewed by a CPA with notes attached
☐ $1,000,000 or more	audited by a CPA with opinion and notes attached

NOTE: The net worth, including subordinated shareholder debt, of the exporter must be at least 20% of the Claim Payment Limit.

b. SUPPLIER: The "supplier" is the U.S. entity which produces the items and/or performs the services to be exported.

Check if the supplier is also the ☐ exporter or complete the following: (Ex-Im use only: File #: _____)

Supplier Name: _____ Phone #: _____
Contact person: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
Taxpayer ID #: _____ Duns #: _____ Congressional District: _____
Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: $ _____ # of employees: _____
Standard Industrial Code of business: _____ Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe: _____

c. PRODUCTS: All applicants should note that there are specific United States content requirements for all transactions and that exporters are required to complete an Exporter's Certificate form EIB-94-07 for "Documentary" cover.

(1) Products: ☐ New ☐ Used (If used, complete and attach Used Equipment Questionnaire, EIB-92-63)
(2) Description of products*: _____
(3) Are products listed on the United States Munitions List (part 121 of Title 22 of the Code of Federal Regulations)? ☐ Yes ☐ No
(4) Is each product produced or manufactured in the United States? ☐ Yes ☐ No
(5) Is at least one half of the value, exclusive of price mark-up, exclusively of US origin? ☐ Yes ☐ No
(6) Will any value be added to the products after export from the United States? ☐ Yes ☐ No
If yes please attach an explanation; the transaction may not be eligible for coverage.

* The Borrower, Guarantor, Buyer and End User must be foreign entities in countries for which Ex-Im is able to provide support, see Ex-Im's Country Limitation Schedule (CLS) at www.exim,.gov . There may not be trade measures against them under Section 201 of the Trade Act of 1974, see http://dockets.usitc.gov/eol/public/ click on 201. There may not be trade sanctions in force against them. For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions see http://205.197.120.60/oinv/sunset.nsf/AllDocID/96DAF5A6C0C5290985256A0A004DEE7D.

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6. **PARTICIPANTS:** Describe any direct or indirect ownership or family relationship between any of the participants in this transaction. If none, insert *"none"*._____.

☐ the applicant **and** for supplier credits: ☐ the exporter, or
for buyer credits: ☐ the buyer and ☐ the guarantor (if any).

7. **The Applicant** (it) **CERTIFIES and ACKNOWLEDGES to the Ex-Im Bank** (the Bank) that:

A. 1) it is a financial institution doing business in the United States, or a jurisdiction thereunder, in accordance with applicable Federal or State banking laws and regulations **OR**

2) it has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make this certification.

B. it undertakes to carry on its business with due care in financing exports hereunder, and in regard to the conditions of the contract and the trustworthiness of the exporter and buyer.

C. (1) neither it nor its principals have been within the past 3 years:

(a) debarred, suspended or declared ineligible from participating in or voluntarily excluded from participation in a Covered Transaction or

(b) formally proposed for debarment, with a final determination still pending;

(c) indicted, convicted or had a civil judgement rendered against them for any of the offenses listed in the **Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule** which defines Covered Transaction.

(2) It certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government, its agencies or instrumentalities as of the date of this application. **OR**

(3) It has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications (1) (a) through (c) and (2).

It further certifies that it has not and will not knowingly enter into any agreements in connection with the transaction with any individual or entity that has been subject to (1) (a), (b) or (c) above.

D. it will complete and submit **Form-LLL**, Disclosure Form to Report Lobbying if, to the best of its knowledge and belief, **any funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:

(1) an officer or employee of any U.S. Government agency, or

(2) a Member of Congress or a Member's employee, or

(3) an officer or employee of Congress. *This does not apply to commissions paid by the Bank to insurance brokers.*

E. it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 78dd-1, et seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.

F. (1) the information being requested is done so under authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.);

(2) providing the information is mandatory. **Failure to do so** may result in the Bank being unable to determine eligibility for the Policy. The information provided will be reviewed to determine the participants' ability to perform and pay under the Policy.

(3) the Bank may not require the information and applicants are not required to respond unless a currently valid OMB control number is displayed on this form (see upper right of each page);

(4) the information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed under applicable laws;

(5) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).

(6) the **public burden** reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send **comments** regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

G. the representations made and the facts stated by it in these certifications and its attachments **are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts**. It further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001).

_____ _____ ____/____/____
Signature Print Name and Title Date

Note: Please respond to all items and sign application. Applications not completely filled out or not submitted with required financial and credit information will be withdrawn.

Send, or ask your insurance broker or city/state participant to review and send, this application to:
Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.
The Ex-Im Bank website is <http://www.exim.gov>

Please complete: The applicant was informed about Ex-Im by:

☐ An Ex-Im Regional Office:_____
☐ An Ex-Im City/State Partner:_____
☐ A U.S. Export Assistance Center:_____
☐ A Broker:_____
☐ A Bank:_____
☐ A Local Development Authority:_____
☐ Other (specify):_____

END

EIB form 92-48
Revised 10/01

Part 1 of 3, Page 1 of 4

OMB No. 3048-0009
Expires 3/31/02

APPLICATION FOR MEDIUM TERM EXPORT CREDIT INSURANCE QUOTATION INSTRUCTIONS

INTRODUCTION

The Export-Import Bank of the United States (Ex-Im) is an independent federal agency which provides financing support for the export of U.S. goods and services. Several programs are available, including Direct **Loans** to foreign buyers, Financial **Guarantees** of payment for lenders to foreign buyers, **Working Capital Loan Guarantees** of payment by a U.S. exporter to its lender, and **Export Credit Insurance**. Ex-Im issues **Letters of Interest** indicating the eligibility of transactions for these programs, see "Information" below to obtain an application.

These instructions are for an application for export credit insurance by either a lender or exporter on a transaction involving sales of capital goods and services with a medium repayment term to a single buyer. For leases see EIB92-20 Fact Sheet on Lease Policies and EIB92-45 Instructions and Application for Lease Policies.

INFORMATION about Ex-Im programs; the fact sheets and **forms mentioned in these instructions** and the application; information on Private Export Financing Corporation (PEFCO) export financing; names of: credit reporting and rating agencies, banks interested in export financing, insurance brokers and Ex-Im City/State Participants **may be obtained:**

- from Ex-Im's **website** <http://www.exim.gov> , see Programs, then Publications, then Export Credit Insurance or
- by calling an Ex-Im **Regional Office**: Northeast: New York (212) 916-0320,MidAtlantic: Washington, D.C. (202) 565-3902, Midwest: Chicago (312) 353-8081, Southeast: Miami (305) 526-7425, Southwest: Houston (281) 721-0465, West: Los Angeles (562) 980-4580, Orange County (949) 660-1688ext150,San Francisco (415) 705-2285, or
- by calling the Ex-Im Business Development Division **1-800-565-EXIM** (3946), or
- at 811 Vermont Avenue, NW, Washington, D.C. 20571.

REQUIREMENTS TO APPLY for a medium term export credit insurance policy:

There is **NO Application Fee**.
A **non binding insurance premium rate** can be determined using the Ex-Im website **Exposure Fee Calculator** or you may call Ex-Im, see above.

1. The **REASON** Ex-Im's support is requested must demonstrate that the transaction will not go forward without support. See the application form question no. 5.

2. Use of a registered Ex-Im insurance **BROKER** or an Ex-Im **CITY/STATE PROGRAM PARTICIPANT** is recommended but not required. Use of a broker or participant does not affect the Ex-Im premium rate. Regional Offices will provide guidance on applications as well as lists of brokers, city/state program participants, and lenders interested in providing export financing. All information provided in an application will be held **confidential**, subject to the Freedom of Information Act, 5 USC 552, the Privacy Act of 1974, 5 USC552a, and the Right of Financial Privacy Act of 1978, 12 USC 3401 except as required to be disclosed under applicable laws.

3. The **APPLICANT** must be either an exporter or a financial institution with an insurable interest in the transaction. A Taxpayer ID number is requested to report on claim payments. The Standard Industrial Code (SIC) or NAICS Code, gross sales and number of employees are requested to determine eligibility for small business benefits. Gender and ethnic minority ownership interest information are requested but not required. Also, see the **applicant certifications** on the **application** and Part 3 of the application, the **Credit Information Checklist**, which is required to demonstrate the ability of the applicant and exporter or supplier to perform the export.

4. The payment obligation must be in U.S. dollars, must be **unconditional** and must be evidenced by a **PROMISSORY NOTE** (single disbursement or grid forms EIB-92-58A or B, special notes for Mexico and Venezuela) or conforming to the requirements listed in the insurance policy which allow use of a note form other than Ex-Im's.

5. The **EXPORT** must involve shipment of capital goods from the U.S. Services must normally be provided by U.S. based personnel and may be provided in the U.S. or at the foreign site. Used equipment may be supported, see Used Equipment Questionnaire EBD-M-25 for details. Breeding cattle or livestock may be supported, see Livestock Questionnaire EIB92-62. Allowance is made for goods and services that are not 100% U.S. origin as follows:

- The Exporter's Supply Contract may include U.S. and "eligible" foreign content.
- Up to 15% of the Exporter's Supply Contract may be eligible foreign content.
- If more than 15% of the Exporter's Supply Contract is eligible foreign content, Ex-Im may provide support for the U.S. content only. There is no minimum U.S. content requirement.

"Eligible Foreign Content" includes goods imported from a foreign country and shipped from the U.S. with the export.

"Ineligible Foreign Content" includes goods shipped from any other country, or services provided in a foreign country, other than the buyer's.

"Goods assembled outside the U.S." by foreign personnel are **normally ineligible** for insurance cover.

"Local costs" are foreign goods and services originating in the country of the buyer and may only be included in the insured amount if approved by Ex-Im Bank.

See **Insurance Program Foreign Content Requirements** EIB99-21 and **Local Cost Policy** EBD-M-05 for details.

Military goods and services and sales to or for use by military/police/security force entities are **normally ineligible**, see Defense Product Questionnaire EIB-92-61. However, goods on the US Munitions List are not necessarily excluded.

Fees for bank, legal, or other technical services, may be financed, see Financing of Fees for **Ancillary Services** EBD-M-13

Ex-Im has cooperative agreements with some foreign export credit agencies like itself. Ex-Im may be able to provide full support for goods and services which do not meet the domestic content requirements **if** the foreign content is from one of those nations **and** there is no other U.S. competition. Ex-Im's Reinsurance Questionnaire Attachment H to EIB95-10 will be required. See Cooperative Insurance Agreements with Foreign Export Credit Agencies (ECAs) EIB99-11.

Capital equipment used to manufacture/produce **exportable goods**, including agricultural commodities, from the country of importation will require a detailed description including changes in the level of production.

6. The **PAYMENT TERMS** to be insured are a maximum of 5 years and will be determined by the details of the transaction or credit including price, buyer, borrower, guarantor, goods, services and use. Sales to dealers, distributors or others for **resale** are limited to 2 years. Some exceptions, such as, sales of certain aircraft or to match confirmed foreign government supported competition, may be eligible for up to 7 years. "Grace" periods and "balloon" payments are **not** allowed. Further details may be found in Ex-Im Bank Standard Repayment Terms EBD-M-26.

EXPORTER'S SUPPLY CONTRACT	MAXIMUM TERM
less than $80,000	2 years
$80,000 - less than $175,000	3 years
$175,000 - less than $350,000	4 years
$350,000 or more	**5 years**

The **NET CONTRACT PRICE** is the amount to be shown in the exporter's invoice related to the goods and services to be exported and services to be performed by U.S. based personnel. If there is more than one exporter or supplier under a transaction, the Net Contract Price is the sum of the Net Contract Price specified in each of the exporter's or supplier's Exporter's Certificates EBD-M-56. The Net Contract Price **includes** eligible foreign content but **excludes** local costs. Shipping and insurance charges may be included in the Net Contract Price but, if from a foreign source, are considered part of eligible foreign content. Ancillary service fees may be included in the Net Contract Price if approved by Ex-Im Bank. The term "Net Contract Price" as used in the Exporter's Certificate, has the same meaning as the term "contract price" as used in medium term policies.

The **FINANCED/INSURED PORTION** of the contract price is the amount left after a **required minimum 15% cash payment** due **prior** to delivery or, for bank policyholders, funding. The cash payment may be financed separately, but is not included in the financed/insured portion.

The **FINANCED/INSURED PORTION** may not be more than **the lesser of**:

- **$10 million**, excluding interest and the premium; or
- **85% of the Net Contract Price**; or
- the **U.S. content** of the Exporter's Supply Contract.

The premium may be included in the insured financed amount without paying "premium on premium." This will increase the premium rate (see the Ex-Im website Exposure Fee Calculator).

The **STARTING POINT** of the payment obligation and corresponding first installment are determined by the shipment date(s), installation period (if any), consolidation of notes, and frequency of payments. See Guidelines for Starting Points EIB99-16. For semi-annual payments after a single shipment without installation, the starting point is the shipment date and the first installment is due within 6 months.

7. The **BORROWER, GUARANTOR, BUYER** and **END-USER** must be foreign entities in **COUNTRIES** for which Ex-Im is able to provide support, see Ex-Im's **Country Limitation Schedule** (CLS) at www.exim,.gov . There may not be trade sanctions in force against them. For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions see http://205.197.120.60/oinv/sunset.nsf/AllDocID/96DAF5A6C0C5290985256A0A004DEE7D. There may not be trade measures against them under Section 201 of the Trade Act of 1974, see http://dockets.usitc.gov/eol/public/ click on 201. You may call Ex-Im Bank's Policy and Planning Division at 202-565-3770 for details. Also, see Part 3 of the application and EBD-M-39 for **credit information** required.

A **GUARANTOR** may be required when the borrower is not creditworthy or under certain other circumstances. See EBD-M-39. For example: guarantors **are required** for the **primary source of repayment** (PSR),which may be **either** the borrower **or** guarantor, under the following circumstances:

- if the PSR is a "start-up" company;
- if the ability of the PSR to pay the debt depends on cash flow from an expansion or new line of business (see EBD-M-39, Part II for exceptions to this requirement on transaction of $1 million or more);
- if more than 25% of PSR sales are **to** or **from** a related/commonly owned company, its guarantee is required;
- if the PSR is a private, non-financial institution with sales revenue of less than U.S. $50 million, the insurance requires the personal guarantee of:
  - an owner holding at least 50%, **or**
  - if no individual has a majority position, of any owner(s) holding 20% or more. This requirement is not applicable when no individual holds at least 20%, however a guarantor may still be required.

8. Ex-Im has published **MEDIUM TERM CREDIT STANDARDS,** EBD-M-39, in order to expedite service. Transactions meeting all of the standards have a high probability of being favorably considered, absent any unusual circumstances.
   PART I, transactions of up to and including $1 million - describes the standards and what can be done if they are not met.
   PART II, transactions of greater than $1 million, up to and including $5 million - describes the standards and what can be done if they are not met.
   PART III, transactions of greater than $5 million - describes the standards and under what circumstances **required supplemental financial information** in **Attachment C** of EBD-M-39 must be provided.

Applicants are **encouraged to review the standards.** Applicants should determine if transactions of up to and including $5 million conform to standards and submit calculations showing the standards are met or provide the additional information described therein when standards are not met. This will **significantly reduce the time** to process the application.

INSURANCE COVER offered:

1. Sales must be to a single or to "joint and several" borrower(s). There are **no medium term "multi-buyer"** policies, except those issued on bank-to-bank lines. Applicants may request cover for:
   Single sale, single shipment transactions with or without installation by the exporter;
   Single sale, multiple shipments transactions, with or without installation by the exporter;
   Repetitive sales under a line of credit extended by a financial institution or exporter to a buyer, or sales by multiple exporters to multiple buyers under a medium term line of credit from one bank to another.
   Applicants will receive a time sensitive binding Commitment from Ex-Im to issue single shipment insurance if approved. Multiple shipment and repetitive sales policies are automatically issued if approved and have a final shipment date.
   Applicants, their brokers or city/state participants are typically advised by a facsimile letter of decisions to approve, deny or require additional information on applications.

2. **COVERAGE**: Applicants may request:
   COMPREHENSIVE cover against all the commercial (including devaluation) and political (excluding devaluation, including transfer/inconvertibility) risks specified in the policy which may cause default, **or**
   POLITICAL risks cover only.
   Transactions with **sovereign** buyers or guarantors (those offering the full faith and credit of the country of importation) receive comprehensive cover. Applicants related to the borrower will receive political risks cover only.

3. **PRE-SHIPMENT**: Applicants may also request pre-shipment cover against certain commercial and political events which may cause the transaction to fail prior to shipment. However, this does not include cover against contract cancellation. Pre-shipment insurance cover may not be combined with an Ex-Im Direct Loan. A minimum 5% cash payment is required at contract signing or before the effective date of pre-shipment cover. If the CLS requires that a letter of credit be used for the payment, the letter of credit must be issued in order for pre-shipment cover to be in effect. Applicants may also request cover for **progress payments** if such payments are for goods and services to be delivered, see Ex-Im Bank Fact Sheet EIB01-04.

4. **PERCENTAGE OF COVER**: The cover is on **100%** of the principal and interest of the insured loan. Post default interest is covered at 100% of the original rate of interest and only if it is specified in the note. Interest is covered until the date of claim payment or 270 days after default, whichever is earlier. There is a 180 day waiting period to file claims due to commercial risk defaults other than insolvency. There is no waiting period for claims resulting from insolvency or political risk defaults.

5. **CONDITIONALITY**: Insurance is a conditional risk protection product which requires the insured to provide evidence of conformance to the insurance contract (policy) by submission of documents at the time a claim is filed. Insureds are required to report borrowers who are 60 days past due. Single sale, single shipment policies require **PAYMENT OF PREMIUM** prior to shipment. Multiple shipment and repetitive sales policies require insured exporters to pay premium by the 15th day after the end of the month in which shipment takes place. Insured bank premiums are due by the 30th day after the end of the month in which financing takes place. Claims must be filed **within 240 days** after a default.

6. **ASSIGNMENTS**: The insurance policy may be assigned by an insured exporter to a financial institution. Financial institutions receive a "documentary" assignment which provides significant protection against both a foreign debtor's default and the risk of non-conformance to the policy by the insured exporter. Insured financial institutions will receive a documentary policy providing the same type of cover as the assignment. Financial institutions may sell insured promissory notes but may not assign the proceeds of the policy.

7. **EXCLUSIONS**: Applicants and potential assignees should read the policy text, declarations, endorsements and special conditions carefully. Exclusions for policies issued to exporters, in addition to those already mentioned, typically include: loss due to the fault of the insured; product disputes unless settled in favor of the exporter; and losses insurable under American Institute of Marine Underwriter's War Risks and Strikes, Riots and Civil Commotion Clauses insurance. The documentary assignment and policy eliminate such exclusions for a financial institution.

END.

EIB form 92-48
Revised 10/01

Part 2 of 3, page 1 of 5

OMB No. 3048-0009
Expires 3/31/02

APPLICATION FOR MEDIUM TERM EXPORT CREDIT INSURANCE QUOTATION APPLICATION FORM

Please type the requested information. Add pages if necessary. Processing of your application may be delayed or the ***application may be withdrawn if the requested information is not provided.***

Also see "INSTRUCTIONS" Part 1

1. **Quotation TYPE requested.** Check applicable boxes in **both** "a" and "b."

   a) ☐ SINGLE SALE, single shipment ☐ SINGLE SALE, multiple shipments ☐ REPETITIVE SALES

   b) ☐ COMPREHENSIVE, i.e., commercial and political risks cover ☐ POLITICAL risk cover only

2. Have you applied for an Ex-Im Bank **Letter of Interest, Guarantee or Loan** for this transaction?

   ☐ No ☐ Yes, if yes, give: LI#_____ or PC#_____.

3. **STATUS of export contract.** ☐ Contract awarded to exporter ☐ Contract under negotiation ☐ Responding to bid

4. **PRE-SHIPMENT Coverage Requested.** (Complete **only** if requesting Pre-shipment Coverage)
   ☐ Yes, we want pre-shipment coverage.
   a) Reason pre-shipment coverage is requested: _____.
   b) Date contract executed or anticipated date of signing: _____.
   c) Estimated period between date of contract and final shipment date of items: _____.
   d) Attach a schedule of any progress payments made or to be made by the borrower during the pre-shipment period. ☐ Attached ☐ None

5. **REASON for seeking Ex-Im support.** You **must** check the box below which describe the rationale for support.

   ☐ Confirmed Foreign competition. The exporter is aware that foreign domiciled companies is (are) competing, or is (are) expected to compete for the sale. Provide company name, country and (if known/applicable) the supporting Export Credit Agency:

   _____.

   ☐ Presumed Foreign Competition. The exporter is aware that foreign domiciled companies manufacture comparable goods and services that are sold in the buyer's market with Export Credit Agency support available. Provide company name, country and (if known/applicable

   the supporting Export Credit Agency: _____.

   ☐ Private financing unavailable without Ex-Im Bank credit risk protection. There is limited availability of private financing (from either external or domestic sources). Indicate how financing is constrained by checking the appropriate box:
   ☐ No availability of economically viable interest rates on terms of over one to two years, or
   ☐ Financial institution lending capacity limits reached for either borrower and/or country, or see Other below.

   ☐ Other _____.

6. **PARTICIPANTS:**

   a) **Insurance BROKER.** If none, insert "*none*." Broker #: _____
   Name of Brokerage: _____ Phone #: _____
   Contact Person: _____ Fax #: _____ E-Mail: _____

   b) **APPLICANT.** _____
   Applicant Name: _____ Phone #: _____
   Contact person: _____ Fax #: _____
   Position Title: _____ E-Mail: _____
   Street Address: _____ City: _____
   State/Province: _____ Zip/Postal Code: _____ Country: _____
   Taxpayer ID #: _____ Duns #: _____ Congressional District: _____
   non-banks Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: $ _____ # of employees: _____
   Standard Industrial Code of business: _____ Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe: _____

   ☐ Attach the **CREDIT INFORMATION Checklist, Part 3,** with required credit information on the applicant.

   Financial institution (bank) applicants check one: this application is a ☐ supplier credit or a ☐ buyer credit.

c) **LENDER.** The "lender" is the entity which extends the credit (loan) to the borrower or takes assignment of the policy proceeds.
Check if the lender is also the ☐ applicant or ☐ not yet known or complete the following:

Lender Name: _____ Phone #: _____
Contact person: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____ Country: _____
Taxpayer ID #: _____ Duns #: _____ Congressional District: _____

☐ Check here if the lender wishes to be published by Ex-Im as a potential source of financing for exports.

NOTE: Assignees and lenders who are not the exporter **must** obtain an Exporter's Certificate form EBD-M-56 to submit with claims.

d) **EXPORTER.** The "exporter" is the entity which contracts with the buyer for the sale of the goods and services.
Check if the exporter is also the ☐ applicant or complete the following:

Exporter Name: _____ Phone #: _____
Contact person: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
Taxpayer ID #: _____ Duns #: _____ Congressional District: _____
Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: $ _____ # of employees: _____
Standard Industrial Code of business: _____ Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe: _____

☐ Attach the **CREDIT INFORMATION Checklist, Attachment 1,** with required credit information on the exporter.

e) **SUPPLIER(S).** The "supplier(s)" is (are) the entity(ies) which produces the goods and/or performs the services to be exported.
Check if the supplier(s) is also the ☐ applicant or ☐ exporter or complete the following for each supplier:

Supplier Name: _____ Phone #: _____
Contact person: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
Taxpayer ID #: _____ Duns #: _____ Congressional District: _____
Fiscal year ended (mo. & yr.): _____ Gross sales revenue in last fiscal year: $ _____ # of employees: _____
Standard Industrial Code of business: _____ Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe: _____

☐ Attach the **CREDIT INFORMATION Checklist, Attachment 1,** with required credit information on the supplier.

f) **BORROWER.** The "borrower" is the entity which agrees to repay the credit (loan).

Borrower Name: _____ Duns #: _____
Contact person: _____ Phone #: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State/Province: _____ Postal Code: _____ Country: _____

☐ Attach the **CREDIT INFORMATION Checklist, Attachment 1,** with required credit information on the borrower.

g) **GUARANTOR.** The "guarantor" is the entity which agrees to repay the credit if the borrower does not. Complete the information below if a guarantor is proposed or required.

Guarantor Name: _____ Duns #: _____
Contact person: _____ Phone #: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State/Province: _____ Postal Code: _____ Country: _____

☐ Attach the **CREDIT INFORMATION Checklist, Attachment 1,** with required credit information on the guarantor.

h) **BUYER.** The "buyer" is the entity which contracts with the exporter for the purchase of the U.S. goods and services.
Check if the buyer is also the ☐ borrower or ☐ guarantor or complete the following:

Buyer Name: _____ Duns #: _____
Contact person: _____ Phone #: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State/Province: _____ Postal Code: _____ Country: _____

i) **END-USER.** The "end-user" is the foreign entity which uses the U.S. goods and services.
Check if end-user is also the ☐ borrower or ☐ guarantor or ☐ buyer or complete the following, or insert "various" for resales and attach a description of the buyers and their location:

End-User Name: _____ Duns #: _____
Contact person: _____ Phone #: _____ Fax #: _____
Position Title: _____ E-Mail: _____
Street Address: _____ City: _____
State/Province: _____ Postal Code: _____ Country: _____

j) **RELATED PARTICIPANTS.** Attach a description of any direct or indirect ownership interest, management participation, or family relationship among any of the participants identified in a) Broker through i) End-User above, **if none insert "*none*"**:_____ , or ☐ attached.

k) **OTHER U.S., foreign or multilateral agencies.** ☐ Check if an application for support of this export transaction or related project, if any, has been filed with other U.S., foreign or multilateral agencies and explain:_____ .

7. **REQUESTED AMOUNTS AND FINANCING STRUCTURE:**

a) AMOUNTS:

(1)Exporter(s) Supply Contract(s)

US Content	$_____		
Eligible Foreign Content		$_____	
Shipping and Insurance	U.S. $_____	Foreign $_____	include as US or Eligible Foreign in (2)
Ancillary Services if any	U.S. $_____	Foreign $_____	see EBD-M-13 include as US in (2) if approved
Local Costs if any		$_____	see EBD-M-05
U.S. and Foreign Subtotals	**U.S. $**_____	**Foreign** $_____	
Total Exporter(s) Supply Contract		**$**	
		==========	

(2) Financed/Insured Amount Requested

(a) US Content	$_____	
(b) Eligible Foreign Content	$_____	
(c) Net Contract Price (a plus b):	$_____	* ☐ FOB ☐ FAS ☐ CIF
(d) Less Cash Payment minimum 15% of Net Contract Price	($_____)	
(e) Subtotal **Financed/Insured Amount** (c minus d)	$_____	**
(f) Local Costs if Ex-Im Bank permits them to be included	$_____	***
(g)Total Financed/Insured Amount Requested excluding Premium:	$	
	==========	

* this must correspond to the aggregate of the Net Contract Price(s) of all Exporter's Certificate(s) Part A. 1. E. related to the transaction.
** Maximum: the **lesser of** 85% of Net Contract Price **or** $10 million **or** US Content. Also, if greater than **$ 5 million,** see Part 3 no. 6. For repetitive sales type policies this item is know as the **Credit Limit**.
*** not to exceed 15% of the Net Contract Price in 7. A. (2) (c) above.

b) **PREMIUM.** Check **only** one box. Including the premium in the financing increases the rate. See the website Fee Calculator

☐ Premium to be included in the financing and to be paid as the shipments/disbursements occur.
☐ Premium to be included in the financing and will be paid up front.
☐ Premium not to be included in the financing; to be paid as the shipments/disbursements occur.
☐ Premium not to be included in the financing; to be paid up front.

c) **PAYMENT TERMS:** Unless otherwise requested, repayment of principal and interest is on a semiannual basis beginning 6 months after the starting point (maximum: 6 months for semi-annual, 3 months for quarterly, etc.).

(1) **Frequency.** At least ☐ semi-annually in_____ equal principal installments, plus interest on the declining balance.

If requesting more frequent installments, specify and explain why necessary:_____ .

(2) **Starting point.** The starting point is generally the event that marks the fulfillment of the Exporter's contractual responsibility.

☐ Shipment (single shipment) ☐ Installation ☐ Other (multiple shipments) refer to Guidelines for Starting Points EIB99-16.

Specify: _____.
(e.g., a weighted mean shipment date, last shipment date)

(3) **Shipment Period or Date.** Estimated **date of shipment**, or dates for multiple shipments, or start and end dates for repetitive sales, or completion of installation and training ***excluding*** any acceptance, retention, or warranty period:_____ .

(4) **Interest rate** to be charged: _____.

8. PURPOSE OF THE TRANSACTION.

☐ **Production.** Check if the goods and services will be used to create or expand production capacity for an **exportable product**, including agricultural commodities, and describe the product, the market for it, the current and anticipated sales level:_____
_____.

☐ **Other** (Replacement, Production for Domestic Market, etc.)_____.

9. TRANSACTION DESCRIPTION:

a) **Description of export** goods and services, including for each export good the name, make, model, manufacturer/supplier, SIC or NAICS Code (if known), number of units, unit price and use:_____
_____, **or**

☐ Check if providing the **Content Report** EBD-M-58. Ex-Im Bank endeavors to obtain the report at the time of application on medium term transactions for information and reporting purposes. Processing of, and the decision on, the application will not be delayed or affected by the submission or absence of the report. A **Cause Report** EBD-M-55 is requested at the end of each calendar year to describe the nature and reason for the inclusion of any goods and services with 50% or more foreign content in the good or service.
NOTE: Ex-Im Bank may not provide support for products, countries or buyers with trade sanctions imposed against them.For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions see http://205.197.120.60/oinv/sunset.nsf/AllDocID/96DAF5A6C0C5290985256A0A004DEE7D. There may not be trade measures against them under Section 201 of the Trade Act of 1974, see http://dockets.usitc.gov/eol/public/ click on 201.

b) **Origin.** ☐ Check if the goods and services are **not** being shipped from the U.S. and explain_____.

☐ Check if the services are **not** being provided by U.S. personnel and explain_____.

☐ Check if assembly is **not** being provided by U.S. personnel and explain_____.

Identify the source and briefly describe any Eligible Foreign Content (see EIB99-21) including shipping and insurance if **not** providing the Content Report:_____ or

c) ☐ check if requesting foreign co- or re-insurance, see EIB99-11. Complete **and attach** the Reinsurance Questionnaire "Attachment H".

d) **Military/Security/Police.** Check, complete and attach Ex-Im's Defense Product Questionnaire EIB92-61 if :
☐ the borrower, guarantor, buyer or end-user ***is a*** military, security or police force, or
☐ the borrower, guarantor, buyer or end-user ***is associated in any*** way with a military, security or police force, or
☐ if ***any*** goods and services are to be ***used by*** a military, security or police force, or
☐ if ***any*** goods and services are ***intended for use by*** a military, security or police force, or
☐ if ***any*** goods and services ***are*** military, security or police articles, or
☐ if ***any*** goods and services have a military, security or police ***application***, or
☐ if ***any*** goods and services ***are listed on*** the U.S. Munitions List, Title 22, Code of Federal Regulations, Part 121.

e) ☐ **Nuclear.** Check if ***any*** goods and services are to be used in the construction, alteration, operation, or maintenance of nuclear power, enrichment, reprocessing, research, or heavy water production facilities.

f) ☐ **Used equipment.** Check if ***any*** goods are used. If so, complete and attach Ex-Im's Used Equipment Questionnaire EBD-M-25

g) ☐ **Livestock.** Check if the export is breeding livestock. If so, complete and attach Ex-Im's Livestock Questionnaire EIB92-62.

h) **Environmental** (see EBD-E-01). Check if the goods and services are:
☐ environmentally beneficial or,
☐ used in abatement, control or prevention of pollution, or
☐ used in handling toxic substances; or
☐ used in power generation, or
☐ related to a renewable energy source (check one):☐ wind ☐ hydro ☐ geothermal ☐ solar ☐ biomass, or

☐ if they in other ways affect the environment. Explain:_____.

10. APPLICANT CERTIFICATIONS The Applicant (it) **CERTIFIES and ACKNOWLEDGES to the Ex-Im Bank** (the Bank) that:

a) it is **(check one)**:
- (1) ☐ a corporation organized and **existing under the laws of the United States**, or a jurisdiction thereunder, or
- (2) ☐ an individual or partnership **resident in** the United States; **or**
- (3) ☐ a foreign corporation, partnership or individual **registered to do business in** the United States, **OR**
- (4) ☐ it has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications 1, 2 or 3.

b) it undertakes to carry on its business with due care in financing exports hereunder, and in regard to the conditions of the contract and the trustworthiness of the exporter and buyer.

c) (1) neither it nor its principals have been within the past 3 years:
- (a) debarred, suspended or declared ineligible from participating in or voluntarily excluded from participation in a Covered Transaction or
- (b) formally proposed for debarment, with a final determination still pending;
- (c) indicted, convicted or had a civil judgement rendered against them for any of the offenses listed in the **Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule** which defines Covered Transaction.

(2) It certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government, its agencies or instrumentalities as of the date of this application. **OR**

(3) It has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications (1) (a) through (c) and (2).

It further certifies that it has not and will not knowingly enter into any agreements in connection with the transaction with any individual or entity that has been subject to (1) (a), (b) or (c) above.

d) it will complete and submit **Form-LLL,** Disclosure Form to Report Lobbying if, to the best of its knowledge and belief, **any funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:
- (1) an officer or employee of any U.S. Government agency, or
- (2) a Member of Congress or a Member's employee, or
- (3) an officer or employee of Congress. *This does not apply to commissions paid by the Bank to insurance brokers.*

e) it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 78dd-1, et seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.

f) (1) the information being requested is done so under authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.);
- (2) providing the information is mandatory. **Failure to do so** may result in the Bank being unable to determine eligibility for the Policy. The information provided will be reviewed to determine the participants' ability to perform and pay under the Policy.
- (3) the Bank may not require the information and applicants are not required to respond unless a currently valid OMB control number is displayed on this form (see upper right of each page);
- (4) the information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed under applicable laws;
- (5) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).
- (6) the **public burden** reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send **comments** regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

g) the representations made and the facts stated by it in these certifications and its attachments **are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts**. It further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001).

_____	_____	____/____/____
Signature	Print Name and Title	Month/Day/Year

Send, or ask your insurance broker or city/state participant to review and send, this application to Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office. See EIB form 92-48 Part 1, "Instructions" for whom to contact with questions.

Please complete: The applicant was informed about Ex-Im by: ☐ An Ex-Im Regional Office:_____

☐ An Ex-Im City/State Partner:_____ ☐ A U.S. Export Assistance Center:_____

☐ A Broker:_____ ☐ A Bank:_____

☐ A Local Development Authority:_____ ☐ Other (specify):_____

EIB form 92-48
Revised 10/01

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Expires 3/31/02

APPLICATION FOR MEDIUM TERM EXPORT CREDIT INSURANCE QUOTATION
ATTACHMENT 1. CREDIT INFORMATION CHECKLIST

Information must be complete and current
ALL appropriate blocks must be checked.

1. **APPLICANT:**

☐ Check if not applicable because the applicant is a financial institution (bank), or
☐ Current information as described below, is on file at Ex-Im under Guarantee or Policy #_____ , or
provide at a minimum a & b below:
a) ☐ Credit agency report, not older than **6 months** from date of application, **or**
☐ a check made out to "Ex-Im Bank" for $35 to acquire a report;
b) ☐ **If** Financial Statements are **not** included in the Credit Report **or**
☐ **if** the contract price is 35% or more of applicant's (exporter's, supplier's) last fiscal year total sales,
attach financial statements that are not older than **1 year** from date of application;

2. **EXPORTER,** if different from the applicant:

☐ Not applicable, or
☐ Current information (described in 1. above) is on file at Ex-Im under Guarantee or Policy #_____ , or
a) ☐ , and/or b) ☐ as above.

3. **SUPPLIER**, if different from the applicant or exporter:

☐ Not applicable, or
☐ Current information (described in 1. above) is on file at Ex-Im under Guarantee or Policy #_____ , or
a) ☐ , and/or b) ☐ as above.

4. **BORROWER:**

If application is for ☐ **political only or sovereign risks** provide "4.a" only, or
If credit is based on ☐ **a guarantor** provide only "4.a" on the borrower and answer 5, or
☐ Current information as described below is on file at Ex-Im under Guarantee or Policy #_____ , or
provide at a minimum a, b and c below:
a) ☐ A credit agency report not older than **6 months** from date of application, **or**
☐ Check if a credit agency report is not applicable because the borrower is a financial institution (bank) or a foreign government agency.
b) ☐ Bank reports or references from borrower's (including banks and non-sovereign government agencies) principal commercial banks, not older than **6 months** from date of application, **including** bank names, addresses, personal contacts, length of relationships, experience, amount and terms of secured and unsecured credit.
c) Financial statements as follows in 1 **or** 2:

1) ☐ For **financed amounts of up to and including $1 million**: Financial statements with notes (preferably audited with opinions and in English; financial institution, i.e., bank, statements **must** be audited) for the previous **3 fiscal year ends** plus interim statements if the latest fiscal year end statements are dated more than **9 months** from date of application. If financial statements are unaudited, they **must** be accompanied by a summary of significant accounting policies used in their preparation.

2) ☐ For **financed amounts of greater than $1 million**: Audited financial statements with notes and opinions in English for the previous **3 fiscal year ends** plus interim statements if the latest fiscal year end statements are dated more then **9 months** from date of application.

d) ☐ Market indications, if available (not required), as follows: ☐ not available

Name of rating agency:_____ Rating:_____ Date:_____

e) ☐ Spread of financial statements including ratios and cash flow (not required for transactions under $1 million).

f) Ex-Im's Medium Term Credit Standards, computed according to EBD-M-39, Attachment A, Parts I and II, transactions up to and including U.S. $5 million (not required but recommended):
1) ☐ not computed
2) ☐ are **met** and ☐ computations are attached.
3) ☐ are **not met**, but ☐ supplemental information described in EBD-M-39 is attached.
4) ☐ are not met, but ☐ a **guarantor** is provided.

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5. **GUARANTOR(S):**

☐ Not applicable [e.g., political only, sovereign, guarantor is not the primary source of repayment (PSR)], or
☐ Current information as described below is on file at Ex-Im under Guarantee or Policy #:_____, or provide at a minimum a, b and c below.

a) ☐ A credit agency report the same as in 4.a above, **or**
☐ Check if credit agency report is not applicable because the guarantor is a financial institution (bank) or a foreign government agency.

b) ☐ Bank reports or references the same as in 4.b above

c) Financial statements as follows in a **or** b:
1) ☐ For **financed amounts of up to and including $1 million** the same as in 4.c.1 above.
2) ☐ For **financed amounts of greater than $1 million** the same as in 4.c.2 above.

d) ☐ Market indications, if available (not required), as follows: ☐ not available

Name of rating agency:_____ Rating:_____ Date:_____

e) ☐ Spread of financial statements including ratios and cash flow (not required for transactions under $1 million).

f) Ex-Im's Medium Term Credit Standards, computed according to EBD-M-39, Attachment A, Parts I and II, transactions up to and including U.S. $5 million (not required but recommended):
1) ☐ not computed
2) ☐ are **met** and ☐ computations are attached.
3) ☐ are **not met**, but ☐ supplemental information as described in EBD-M-39 is attached.

6. ☐ **EBD-M-39 ATTACHMENT C** is required for transactions (i.e., financed amount excluding interest and Ex-Im premium) of greater than U.S. $5 million with non-financial institution buyers who **do not have** market indications.
☐ Not applicable. It is **not required** for transactions: of U.S.$5million or less, with financial institutions, with buyers or guarantors who have market indications, with sovereign buyers or guarantors, for political risk cover only, or with buyers or guarantors pre-approved by Ex-Im.

7. **MISCELLANEOUS items** which may be attached by the applicant (if any):

☐ Calculation of Ex-Im Medium Term Credit Standards (see 4f & 5f above)
☐ Description of end-users and countries after resale (see application 6i)
☐ Defense Product Questionnaire EIB92-61 (see application 9d)
☐ Livestock Questionnaire EIB92-62(see application 9h)
☐ Form LLL (see application 10d)
☐ Pro-forma invoice ☐ Letter of Credit
☐ Buyer/Guarantor/Government - Request for Bid, Mandate, or Contract
☐ Description of manufacture/production (see application 8)
☐ EBD-M-39 Attachment C (see 6 above)
☐ Description of related participants (see application 6j)
☐ Used Equipment QuestionnaireEBD-M-25(see application 9g)
☐ Content Report Form EBD-M-58 (see application 9a,c)
☐ Cause Report EBD-M-55
☐ Exporter or supplier product brochure
☐ Reinsurance Questionnaire "Attachment H"
☐ Other (specify):_____.

END

OMB No. 3048-0009
Expires 05/31/02

EXPORT IMPORT BANK OF THE UNITED STATES
SHORT-TERM MULTI-BUYER EXPORT CREDIT INSURANCE POLICY APPLICATION

Applicant: _____ dba: _____
Contact: _____ Title: _____ Website: _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe: _____
Bank credit line (if any) with: _____ Broker: _____

1. How did you learn about Ex-Im Bank? ☐ Ex-Im Bank regional office ☐ Broker ☐ Bank ☐ US Export Assistance Center ☐ Ex-Im Bank City/State Partner _____ ☐ Other_____

2. Have you ever applied for a U.S. Small Business Administration or Ex-Im Bank program? ☐Yes or ☐ No
If so, please name the agency, program, outcome and status: _____

If you wish to insure sales made by your affiliates, please see Question 17 (Additional Named Insureds) prior to continuing.

3. Primary reason for application: ☐ risk mitigation ☐ financing ☐ extend more competitive terms

4. Policy Aggregate Limit Requested: $_____ (maximum export credit receivables outstanding at any one time)

5. Product and/or services to be exported: _____

6. Are the products* to be covered under the policy:
   - Manufactured in the U.S. with a minimum of 51% U.S. content (excluding mark-up)? ☐ Yes or ☐ No
   - Manufactured by the applicant? (If no, provide a list of suppliers with addresses.) ☐ Yes or ☐ No
   - Shipped from the United States to your buyers? ☐ Yes or ☐ No
   - Listed on the U.S. Munitions List (part 121 of title 22 of the Code of Federal Reg.)? ☐ No or ☐ Yes
   - Used? (If yes, please attach Used Equipment Questionnaire EBD-M-25) ☐ No or ☐ Yes

* The Borrower, Guarantor, Buyer and End User must be foreign entities in countries for which Ex-Im is able to provide support, see Ex-Im's Country Limitation Schedule (CLS) at www.exim,.gov . There may not be trade measures against them under Section 201 of the Trade Act of 1974, see http://dockets.usitc.gov/eol/public/ click on 201. There may not be trade sanctions in force against them. For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions see http://205.197.120.60/oinv/sunset.nsf/AllDocID/96DAF5A6C0C5290985256A0A004DEE7D.

7. # of years exporting: _____ # of years exporting on terms other than cash in advance (CIA) or confirmed L/C (CILC):_____

	Year: _____	Year: _____
8. Total export sales for the prior 2 years:	$_____	$_____
Total export *credit* sales (exclude CIA, CILC) for the prior 2 years:	$_____	$_____

9. Buyer Types: ____% Manufacturers ____% Wholesalers/ Distributors ____% Retailers ____% End-users

10. Export Credit Portfolio - attach additional pages if necessary.

	Previous Year			Projections For Next Year		
Country	**# of Buyers**	**Sales**	**Payment Terms**	**# of Buyers**	**Sales**	**Payment Terms**
EXAMPLE: Mexico	10	$2,500,000	50% CILC 50% 60 day OA	12	$3,000,000	100% 60 day OA

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11. Please list your 5 largest export buyers:

Buyer Name	City/Country	Last 12 Months Sales	Payment Terms	Credit Limit Needed
		$		$
		$		$
		$		$
		$		$
		$		$

12. Name(s) of export credit decision maker(s): Title(s): Years of Credit Experience Years of Foreign Credit Exp.

_____ _____ _____ _____

_____ _____ _____ _____

13. At what point do you stop shipping to a past due account? _____ days past due

14. Total export receivables outstanding: $_____ at ____/____/____ (date should be within 60 days of the application)

$_____	$_____	$_____	$_____	$_____
Current	1-60 days past due	61-90 days past due	91-180 days past due	181+ days past due

For each buyer over 60 days past due, attach an explanation including: name of buyer, country, amount past due, due date, and collection efforts made.

15. Export credit losses per year or rescheduled debts during each of last three years - attach additional pages if necessary.

YEAR	AMOUNT (US$)	EXPLANATION OF LOSS OR RESCHEDULING (SPECIFY REASON, COUNTRY, AND BUYER)
	$	
	$	
	$	

16. **Please submit the following as Attachments:**
- Credit Report on your company dated within 6 months of the application or attach a check for $35 payable to Ex-Im Bank.
- Your financial statements for the two most recent completed fiscal years (with notes if available).
- Resume(s) on each credit decision maker identified in question 12.
- Descriptive product brochures (if available).

17. **Special Coverages Required:** If "none" check ☐ N/A

☐ **Add Additional Named Insureds (ANI's).** Credit decisions of each affiliate listed must be centralized with the Applicant and each affiliate must invoice export credit sales in their own name (or tradestyle); if either is not applicable, please attach an explanation. Questions 3-15 should include export sales of prospective ANI's.

Affiliate Company / Trade style	City / State / Country	Relationship to Applicant

☐ **Services (Please attach a copy of your sample services contract)** Services must be: performed by U.S. based personnel or those temporarily domiciled overseas, and billed (invoiced) separately from any product sales.

☐ **Enhanced Assignment** of small business insurance policy proceeds. This is exporter performance risk protection that may be offered to lenders willing to finance Ex-Im Bank insured receivables. **Applicant Please Attach:**
- Written bank reference describing your relationship to date and size of existing credit line.
- 2 written trade references from principal commercial suppliers.
- For applications with policy limits over $500,000, financial statements must be audited or CPA reviewed with notes.

☐ **Other** (please specify):_____

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The Applicant (it) CERTIFIES and ACKNOWLEDGES to the Export-Import Bank of the United States (the Bank) that:

a) it is either organized, or registered to do **business, in the United States**.

b) it and each additional named insured applicant **has not entered into any contract of insurance** or indemnity in respect of any case of loss covered by the Export Credit Insurance Policy or Loss chargeable to a deductible under such Policy, and the applicant will not enter into any such contract of insurance or indemnity without the Bank's consent in writing.

c) neither it nor any of its principals is currently, nor has been within the preceding three years:
- debarred, suspended or declared ineligible from participating in any Covered Transaction or
- formally proposed for debarment, with a final determination still pending;
- voluntarily excluded from participation in a Covered Transaction; or
- indicted, convicted or had a civil judgment rendered against it

for any of the offenses listed in the Regulations governing Debarment and Suspension as defined in the Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule 53 Fed. Reg. 19204 (1988). It further certifies that it has not nor will it knowingly enter into any agreement in connection with this Policy with any individual or entity that has been subject to any of the above.

d) it is not delinquent on any amount due and owing to the U.S. Government, its agencies, or instrumentalities as of the date of this application.

e) it shall complete and submit standard form-LLL, "Disclosure Form to Report Lobbying" to the Bank (31 USC 1352), if any funds have been paid or will be paid to any person for influencing or attempting to influence i) an officer or employee of any agency, ii) a Member of Congress or a Member's employee, or iii) an officer or employee of Congress in connection with this Policy. This does not apply to insurance broker commissions paid by the Bank.

f) it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 78dd-1, et seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.

g) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).

h) the information is being requested under the authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.); disclosure of this information is mandatory **and failure to provide the requested information may** result in the Bank being unable to determine eligibility for the Policy. The information collected will be analyzed to determine the ability of the participants to perform and pay under the Policy. The Bank may not require the information, and applicants are not required to respond, unless a currently valid OMB control number is displayed on this form. The information collected will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed pursuant to applicable law. The **public burden** reporting for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

i) the representations made and the facts stated in the application for said Policy are true, to the best of it's knowledge and belief, and it has not misrepresented or omitted any material facts relevant to said representations. It agrees that this application shall form a part of the Policy, if issued, and the truth of the representations and facts, and performance of every undertaking in this application shall be a condition precedent to any coverage under such Policy. It further understands that this certification is subject to the penalties for fraud against The U.S. Government (18 USC 1001).

_____ _____

(Signature) (Print Name and Title) (Date)

SMALL BUSINESS POLICIES APPLICANT CERTIFICATION

"We are an entity which **together with our affiliates** had **average annual export credit sales** during our preceding two fiscal years not exceeding **$5,000,000**, excluding sales made on terms of confirmed irrevocable letters of credit (CILC) or cash in advance (CIA)."

_____

(Signature)

Send, or ask your insurance broker or city/state participant to review and send this application to the Ex-Im Bank Regional Office nearest you. Please refer to Ex-Im Bank's website at http://www.exim.gov for Regional Office addresses.

Ex-Im Bank reserves the right to request additional information upon review of the application. Please refer to Ex-Im Bank's Short Term Credit Standards (EIB 99-09) to determine the likelihood of approval of a policy.

OMB #3048-0009
Expiry Date 5/31/02

EXPORT-IMPORT BANK OF THE UNITED STATES
EXPORTER'S APPLICATION FOR SHORT-TERM SINGLE-BUYER POLICY App No.:_____
(Please Print or Type) (Ex-Im Bank Use Only)

1. Applicant	2. Broker (If none, state "None")
Name: Address: Attn.: Tel No.: Fax No.: E-Mail:	Brokerage: Broker Number: Attn.: Tel No.: Fax No.: E-Mail:

3. Qualification for Coverage. Will the applicant: a) Have title to the products at the time they are shipped? ☐ Yes ☐ No
b) Be directly invoicing the Buyer? ☐ Yes ☐ No
(If you answered no to either you may not be eligible for coverage. Consult your broker, City/State Program participant or Ex-Im)

4. Buyer Name and (full) Address (no Post Office Box nos.) File No.:_____
(Issuing Bank for Letter of Credit transactions) (Ex-Im Bank Use Only)

5. Guarantor Name and Address (If none, state "None") File No.:_____
(Ex-Im Bank Use Only)

PART I - INFORMATION ABOUT THE APPLICANT Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09)Exporter for New Policyholder to determine the likelihood of approval.

6. If you have submitted this information within the past twelve months provide the policy no._____; otherwise attach the following:
a) Your SIC Code (if known)_____ b) Total Employees_____ c) Total Sales_____
d) Tax ID #: _____ e) DUNS #: _____ f) Congressional District:_____
g) Indicate (Not Required) if owned by a☐ Woman, or an ☐ Ethnic Minority, describe_____
h) ☐ Credit agency report dated within 6 months of the application. If unavailable, please attach check for $35.00 to assist in covering Ex-Im Bank's cost in ordering a report.

	Year ____	____
i) Total export sales	$_____	$_____
j) Total export sales (excluding cash in advance and confirmed irrevocable letter of credit transactions) during your last 2 fiscal years:	$_____	$_____

k) Years exporting on credit terms:_____
l) ☐ Attach the collection procedures your company follows in the event your foreign customers become past due.

7. What is your primary reason for applying for this policy? ☐ Risk mitigation ☐ To obtain financing ☐ Other attach explanation.

8. Have you applied for, or received the benefit of, a U.S. Small Business Administration or Ex-Im Bank program such as a Working Capital Loan Guarantee or Insurance Policy approval? (Enhanced Assignments are not available to exporters benefitting from an Ex-Im Bank or US Small Business Administration Working Capital Loan Guarantee) ☐ No ☐ Yes (describe agency, program outcome and status):_____.

9. If requesting an "Enhanced Assignment" check here☐ and attach the following (refer to Ex-Im Bank's Short Term Credit Standards EIB99-09 Exporters for Enhanced Assignments to determine the likelihood of approval):
☐ A bank reference dated within 6 months of the application.
☐ 2 trade references dated within 6 months of the application.
☐ Financial statements as follows:

Limit of Liability	Minimum Requirement
$500,000 or less	signed by an authorized officer for the applicant
$500,001 - $999,999	reviewed by a CPA with notes attached
$1,000,000 or more	audited by a CPA with opinion and notes attached.

PART II - INFORMATION ABOUT THE TRANSACTION

10. Check one: ☐ Firm Order ☐ Negotiating Sale ☐ Responding to Invitation to Bid

11. a) Products ☐ New ☐ Used (If used, attach Used Equipment Questionnaire)
b) Name and Description of Products*:_____.
c) Is each product produced or manufactured in the United States? ☐ Yes ☐ No If no explain:_____.
d) Has at least one-half of the value, exclusive of price mark-up, been added by labor or material exclusively of United States origin? ☐ Yes ☐ No If no, explain: _____.
e) Will any value be added to the product after export from the U.S.?☐ No ☐ Yes If yes, explain: _____.

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f) Are products listed on the United States Munitions List? (Part 121, Title 22, Code of Federal Regulations) ☐ Yes ☐ No

g) Has this transaction been considered by any other export credit insurer? ☐ No ☐ Yes If yes, attach an explanation.

* Note: The Borrower, Guarantor, Buyer and End User must be foreign entities in countries for which Ex-Im is able to provide support, see Ex-Im's Country Limitation Schedule (CLS) atwww.exim,.gov . There may not be trade measures against them under Section 201 of the Trade Act of 1974, see http://dockets.usitc.gov/eol/public/ click on 201. There may not be trade sanctions in force against them. For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions see http://205.197.120.60/oinv/sunset.nsf/AllDocID/96DAF5A6C0C5290985256A0A004DEE7D.

12. **SUPPLIER.** The "supplier" is the U.S. entity which produces the items and/or performs the services to be exported.
Check if the supplier is also the ☐ exporter or complete the following: (Ex-Im use only: File #:_____)
Supplier Name:_____ Phone #:_____
Contact person:_____ Fax #:_____
Position Title:_____ E-Mail:_____
Street Address:_____ City:_____
State:_____ Zip Code:_____
Taxpayer ID #:_____ Duns #:_____ Congressional District:_____
Fiscal year ended (mo. & yr.):_____ Gross sales revenue in last fiscal year: $_____ # of employees:_____
Standard Industrial Code of business:_____ Indicate (Not Required) if owned by a ☐ Woman or ☐ Ethnic Minority, describe:_____

13. a) **Payment terms** requested_____
b) Debt instrument (if any)_____
c) Expected frequency of shipments: ☐ Single shipment ☐ Multiple shipments under one sales contract.
d) If single shipment, the expected date of shipment_____, or
if multiple shipments, the period required to make shipments from_____ to _____
e) Total shipment volume to be insured $_____
f) If multiple shipments, the expected highest amount outstanding during shipment period $_____
g) Other security/guarantees available. If none, state "None"._____.
14. Coverage type required: ☐ Commercial/Political ☐ Political Only
15. Pre-shipment Coverage (complete only if coverage is requested) **NOTE:** Additional premium will be charged for this cover.
a) Has contract of sale been executed? ☐ Yes ☐ No Date or estimated date:_____
b) Estimated period between date of contract and final shipment date of products:_____
c) ☐ Attach schedule of any progress payments made or to be made by buyer during pre-shipment period or ☐ None.
d) What risk is of primary concern to you during the pre-shipment period? _____

PART III - INFORMATION ABOUT THE BUYER Refer to Ex-Im Bank's Short Term Credit Standards (EIB99-09) Buyers: for Financial Institutions, letter of credit transactions, for Financial Institutions non-letter of credit transactions, and for Non-Financial Institution Buyers to determine the likelihood of approval. Attach the following information:

16. a) Market Rating: _____ Rating Agency: _____ Date: _____ **OR**
b) ☐ A credit report on the buyer, and guarantor (if any) not older than 6 months from date of application **and**
☐ 2 (1 if the credit limit is $100,000 or less) Trade Reference forms (EIB99-14) dated within 6 mos of the application **and**
☐ If the credit limit is $300,001 or more, audited or unaudited signed financial statements with notes on the buyer, and guarantor (if any) for the last: 2 fiscal years if the credit limit is $300,001 to $1million, or
3 **audited** fiscal years if the credit limit is $1,000,001 or more.
(Credit and financial information should be on the issuing bank if terms are letter of credit)
17. When did you last visit the buyer?_____
18. a) Summary of credit experience (insured and uninsured) with this buyer during current year and past 2 years:

Total Sales Each Year	$_____	$_____	$_____
Highest Amount Outstanding During Period	$_____	$_____	$_____
Payment Terms	_____	_____	_____

b) Describe buyer's payment history (check one)
☐ No prior experience ☐ Prompt/Discount ☐ 1-30days slow ☐ 31-60days slow ☐ More than 60 days slow
c) Amount now owing $_____ as of_____ (Date).
d) Amount now past due (indicate maturity dates and explanation)._____
e) If past dues are due to foreign exchange problems, does applicant have evidence of local currency deposits on all payments due? ☐ Yes ☐ No ☐ Not applicable.
19. Describe any direct or indirect ownership interest or family relationship which exists between the applicant

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and the buyer or guarantor. If none, state "None."_____.

21. **PART IV The Applicant** (it) **CERTIFIES and ACKNOWLEDGES to the Ex-Im Bank** (the Bank) that:

a) it is (**check one**): (1) ☐ a corporation organized and **existing under the laws of the United States**, or a jurisdiction thereunder, or
(2) ☐ an individual or partnership **resident in** the United States; **or**
(3) ☐ a foreign corporation, partnership or individual **registered to do business in** the United States, **OR**
(4) ☐ it has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications 1, 2 or 3.

b) to the best of its knowledge and belief, the products and services to be exported in the transaction described in this application are principally **for use as indicated below**. When a sale is made to entities such as distributors primarily for resale, the principal user is considered to be the original purchaser (the distributor), and item (1) should be checked. If, however, it has knowledge or reason to believe that the products will be re-exported from the original buyer's country, please complete item (2): (1) ☐ By the buyer in the country specified above. (2) ☐ If not, name the country (ies) **where** products will be principally used: _____ **by whom**: _____.

c) it undertakes to carry on its business with due care in financing exports hereunder, and in regard to the conditions of the contract and the trustworthiness of the exporter and buyer.

d) (1) neither it nor its principals has been within the past 3 years:
(a) debarred, suspended or declared ineligible from participating in or voluntarily excluded from participation in a Covered Transaction or
(b) formally proposed for debarment, with a final determination still pending;
(c) indicted, convicted or had a civil judgement rendered against them for any of the offenses listed in the **Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule** which defines Covered Transaction.
(d) It certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government, its agencies or instrumentalities as of the date of this application. **OR**
(2) It has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications a through d..
It further certifies that it has not and will not knowingly enter into any agreements in connection with the transaction with any individual or entity that has been subject to a, b or c above.

e) it will complete and submit **Form-LLL**, Disclosure Form to Report Lobbying if, to the best of its knowledge and belief, **any funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:
(1) an officer or employee of any U.S. Government agency, or
(2) a Member of Congress or a Member's employee, or
(3) an officer or employee of Congress. *This does not apply to commissions paid by the Bank to insurance brokers.*

f) it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 78dd-1, et seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.

g) (1) the information being requested is done so under authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.);
(2) providing the information is mandatory. **Failure to do so** may result in the Bank being unable to determine eligibility for the Policy. The information provided will be reviewed to determine if the participants' ability to perform and pay under the Policy.
(3) the Bank may not require the information and applicants are not required to respond unless a currently valid OMB control number is displayed on this form (see upper right of each page);
(4) the information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed under applicable laws;
(5) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).
(6) the **public burden** reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send **comments** regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

h) the representations made and the facts stated by it in these certifications and its attachments **are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts**. The applicant agrees that such representations and facts shall form the basis of and be incorporated in the Policy, if issued, and that the truth of such representations and facts and the due performance of each and every undertaking contained herein above shall be condition precedent to any liability of Ex-Im Bank thereunder. It further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001).

_____	_____	_____
(Signature)	(Print Name and Title)	Date

Send, or ask your insurance broker or city/state participant to review and send, this application to Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.
The Ex-Im Bank website is <http://www.exim.gov>

Please complete: The applicant was informed about Ex-Im by:

☐ An Ex-Im Regional Office:_____
☐ An Ex-Im City/State Partner:_____
☐ A U.S. Export Assistance Center:_____
☐ A Broker:_____
☐ A Bank:_____
☐ A Local Development Authority:_____
☐ Other (specify):_____

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EXPORT-IMPORT BANK OF THE UNITED STATES
APPLICATION FOR
EXPORT CREDIT INSURANCE UMBRELLA POLICY

(Please Print or Type)

Date:_____
App.No.:_____
(Ex-Im Bank use only)

1. Applicant Name & Address	2. Broker Name & Number
Attn.: Tel No.: Fax No.: E-Mail:	(If none, state "None") Brokerage: Broker Number: Attn.: Tel No.: Fax No.: E-Mail:

3. a. Please specify business activities:

- ☐ Bank
- ☐ EMC/ETC
- ☐ Insurance Broker
- ☐ Accounting Firm
- ☐ State Government Organization
- ☐ Trade Organization
- ☐ Freight Forwarder
- ☐ Other_____

b. Legally formed as a _____ (Type) on _____ (Date) in _____ (State)

c. Total number of permanent employees:_____

d. Number of years your organization has been involved in export related activities:_____

e. Tax ID #:_____ f. DUNS #:_____ g. Congressional District:_____

4. a. In your organization, name the individuals who will be responsible for administering the Export Credit Insurance Umbrella Policy.

Name:_____ Name:_____

Title:_____ Title:_____

5. Has your organization ever held an Export-Import Bank of the United States (Ex-Im Bank) policy or acted as a business finder, consultant, buyer or seller representative for any transaction insured under an Ex-Im Bank policy? ☐ Yes ☐ No
If yes, please give the names of the 4 most recent policyholders and the policy numbers:

Holder:_____ Number:_____

Holder:_____ Number:_____

Holder:_____ Number:_____

Holder:_____ Number:_____

6. Please list any individual/institution owning 20% or more of your organization:

7. If your organization has subsidiaries or affiliates involved in export activities, please list their names and addresses: Name Address

8. List two bank references and two business references, including officer to contact, and telephone

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number:

Organization	Contact	Phone Number
1)		
2)		
1)		
2)		

9. Please list the name of each exporter you anticipate will be an insured under this policy. If none are known at this time, indicate "None".

_____

_____

10. Does your organization currently have a fidelity bond and an errors and omissions insurance policy? (Check the appropriate box(es) if yes.)

☐ Fidelity Bond - Issuer:_____

Limits of Liability:_____

☐ Errors and Omissions Policy - Issuer:_____

Limits of Liability:_____

Issuance of an Export Credit Insurance Umbrella Policy will be contingent upon both being in force for the life of the policy

11. Please attach the following information:
   a. Financial statements for the last three years, audited if available; if not audited, signed by an officer
   b. Recent (within 6 months) credit agency report on your organization. If unavailable, please attach a check for $35.00 payable to Ex-Im Bank.
   c. Descriptive brochures or advertising materials.
   d. Resumes on individuals named in question number 4 (see Resume Form attached).
   e. Any other information that you would like to have considered when evaluating this application.
   f. Any completed Insured Exporter Applications for companies mentioned in question number 9.

12. AGREEMENTS OF THE ADMINISTRATOR

The Applicant (it) **CERTIFIES and ACKNOWLEDGES to the Ex-Im Bank** (the Bank) that:

a. it is (**check one**):
   1) ☐ a corporation organized and **existing under the laws of the United States**, or a jurisdiction thereunder, or
   2) ☐ an individual or partnership **resident in** the United States; **or**
   3) ☐ a foreign corporation, partnership or individual **registered to do business in** the United States, **OR**
   4) ☐ it has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications 1, 2 or 3.

b. it will undertake to carry on its business with due care and in full compliance with the laws of the United States and with the state and local laws and regulations governing the area in which the applicant is resident;

c. It will conduct its business from the address listed in question number 1 of this application, and will provide notification within 10 days of any change of its business address;

d. It will provide notification within 10 days if the person responsible for administration of its Export Credit Insurance Trade Association policy and listed in question number 4a of this application change;

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e. It will obtain and maintain errors and omissions insurance covering the performance of its duties and responsibilities under its Export Credit Insurance Trade Association Policy.

f. 1) neither it nor its principals has been within the past 3 years:
a) debarred, suspended or declared ineligible from participating in or voluntarily excluded from participation in a Covered Transaction or
b) formally proposed for debarment, with a final determination still pending;
c) indicted, convicted or had a civil judgement rendered against them for any of the offenses listed in the **Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule** which defines Covered Transaction.
d) It certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government, its agencies or instrumentalities as of the date of this application. **OR**

2) It has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despitean inability to make certifications a through d..

It further certifies that it has not and will not knowingly enter into any agreements in connection with the transaction with any individual or entity that has been subject to a, b or c above.

g. it will complete and submit **Form-LLL**, Disclosure Form to Report Lobbying if, to the best of its knowledge and belief, **any funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:
1) an officer or employee of any U.S. Government agency, or
2) a Member of Congress or a Member's employee, or
3) an officer or employee of Congress. *This does not apply to commissions paid by the Bank to insurance brokers.*

h. it has not, and will not, engage in any activity in connection with this Policy that is a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC Sec. 78dd-1, et seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business. To the best of its knowledge, the performance by the parties of their respective obligations covered or to be covered under this Policy does not and will not violate any applicable law.

i 1) the information being requested is done so under authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.);
2) providing the information is mandatory. **Failure to do so** may result in the Bank being unable to determine eligibility for the Policy. The information provided will be reviewed to determine if the participants' ability to perform and pay under the Policy.
3) the Bank may not require the information and applicants are not required to respond unless a currently valid OMB control number is displayed on this form (see upper right of each page);
4) the information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed under applicable laws;
5) transfer of financial records included in this application to private parties or another U.S. Government authority will not be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).
6) the **public burden** reporting for this collection of information is estimated to average 1 hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send **comments** regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

j. the representations made and the facts stated by it in these certifications and its attachments **are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts.** The applicant agrees that such representations and facts shall form the basis of and be incorporated in the Policy, if issued, and that the truth of such representations and facts and the due performance of each and every undertaking contained herein above shall be condition precedent to any liability of Ex-Im Bank thereunder. It further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001).

This document will be a material basis for the approval of any entity or person as an Administrator of the Export Credit Insurance Umbrella Policy. Any misrepresentation herein is grounds for immediate disqualification of an approved Administrator. Other information, including, but not limited to, interviews and visits to your offices, may be requested.

As an Administrator you will be administering export credit insurance coverage for various insureds and dealing directly with Ex-Im Bank on the insureds' behalf. Many states regulate, through licensing or otherwise, the persons, firms, associations and corporations which handle insurance matters for others. You may wish to review your status as an Administrator under applicable state law(s) before submitting this application for an Export Credit Insurance Umbrella Policy. If your application is approved, it will be for a one-year period only. Renewals may require additional information.

_____ _____

By (Signature) Print Name and Title

Send, or ask your insurance broker or city/state participant to review and send, this application to Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.
The Ex-Im Bank website is <http://www.exim.gov>

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EXPORT-IMPORT BANK OF THE UNITED STATES
Attachment to Umbrella Policy Application
To be filled out for each individual named in Question 4a.
RESUME FORM

Name:_____

Title or Position:_____

Number of years with your organization:_____

Full description of job functions including administering the policy:

Administrative experience:_____

Export-related experience including any previous experience with Ex-Im Bank:_____

Educational background:_____

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EXPORT-IMPORT BANK OF THE UNITED STATES (EX-IM BANK)
BROKER REGISTRATION FORM

Insurance brokers and agents are eligible for commission payments under Ex-Im Bank export credit insurance policies if the broker or agent is registered with Ex-Im Bank and is appointed as broker-of-record by the policyholder either by designation on an insurance policy application or by separate letter.

Name of Brokerage:_____

Contact:_____ Title:_____

Address:_____ PO BOX:_____

City:_____ State:_____ Zip:_____

Phone: (____)_____ Fax: (____)_____ E-mail:_____

Tax ID #:_____ DUNS #:_____ No. of Employees:_____

Indicate (Not Required) if owned by a ☐ woman or ☐ an ethnic minority, describe_____.

Other lines of brokered insurance:_____.

Do you have other offices you wish to register (to be eligible for commissions)? ☐ No ☐ Yes
If "Yes", please list firm's name, address, telephone number, fax number and contact person on a separate sheet.

A list of registered insurance brokers is available on the Ex-Im Bank Internet Website and unbrokered applicants are referred to the list. Please indicate here if you **DO NOT** wish your name released. ☐

1. A Registration Fee of **$85.00** is required, for which you will also receive a copy and updates of the "Ex-Im Bank Users' Guide."
2. You are required to review, understand and **sign** the attached "Standards of Service".
3. Attach a copy of a current, valid insurance brokerage **license** indicating issuance and/or expiry date(s).
4. Forward the attached "Authorization for Automated Deposits" form.

The Broker (it) **CERTIFIES and ACKNOWLEDGES to the Ex-Im Bank** (the Bank) that:

1. a) neither it nor its principals has been within the past 3 years:
   1) debarred, suspended or declared ineligible from participating in or voluntarily excluded from participation in a Covered Transaction or
   2) formally proposed for debarment, with a final determination still pending;
   3) indicted, convicted or had a civil judgement rendered against them for any of the offenses listed in the **Government Wide Nonprocurement Debarment and Suspension Regulations; Common Rule** which defines Covered Transaction.
   4) It certifies that it is **not delinquent** on any amounts due and owing to the U.S. Government, its agencies or instrumentalities as of the date of this application. **OR**

   b) It has received a **written** statement of exception from the Bank and **attached** it to this certification, permitting participation in the transaction despite an inability to make certifications 1 through 4.

It further certifies that it has not and will not knowingly enter into any agreements in connection with the transaction with any individual or entity that has been subject to 1, 2 or 3 above.

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2. it will complete and submit **Form-LLL**, Disclosure Form to Report Lobbying if, to the best of its knowledge and belief, **any funds have been paid or will be paid** to any person in connection with this application for influencing or attempting to influence:
   a) an officer or employee of any U.S. Government agency, or
   b) a Member of Congress or a Member's employee, or
   c) an officer or employee of Congress.

3. corrupt payments made in connection with Bank supported transactions may be a violation of the **Foreign Corrupt Practices Act of 1977** (15 USC 78dd-1, et. seq.) which provides for civil and criminal penalties against individuals who directly or indirectly make or facilitate corrupt payments to foreign officials to obtain or keep business.

4. a) the information being requested is done so under authority of the **Export-Import Bank Act of 1945** (12 USC 635 et. seq.);
   b) providing the information is mandatory. **Failure to do so** may result in the Bank being unable to determine eligibility for the Insurance Program. The information provided will be reviewed to determine if the broker meets the Bank's legislative requirements under the program
   c) the Bank may not require the information and applicants are not required to respond unless a currently valid OMB control number is displayed on this form (see upper right of each page);
   d) the information provided will be held confidential subject to the **Freedom of Information Act** (5 USC 552) and the **Privacy Act of 1974** (5 USC 552a), except as required to be disclosed under applicable laws;
   e) the Bank shall have a right to transfer to another U.S. Government authority any financial records included in this certification or other correspondence as necessary to process, service, foreclose or collect on an insured debt. No other transfer of records to private parties or another U.S. Government authority will be authorized except as permitted under the **Right of Financial Privacy Act of 1978** (12 USC 3401).
   f) the **public burden** reporting for this collection of information is estimated to average ½ hour per response, including reviewing instructions, searching data sources, gathering information, completing, and reviewing the application. Send **comments** regarding the burden estimate, including suggestions for reducing it, to Office of Management and Budget, Paperwork Reduction Project OMB# 3048-0009, Washington, D.C. 20503.

5. the representations made and the facts stated by it in these certifications and its attachments **are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts.** It further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 USC 1001).

Signature:_____ Print Name:_____

Title: _____ Date: _____

Send this application to Attn: Assistant Director for Broker Relations, Insurance Division, Ex-Im Bank, 811 Vermont Avenue, NW, Washington, D.C. 20571 or an Ex-Im Regional Office.
The Ex-Im Bank website is <http://www.exim.gov>

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INSURANCE BROKERS
STANDARDS OF SERVICE

1. To act in a professional, reasonable, prudent and forthright manner in all dealings with your client and Ex-Im Bank.

2. To stay knowledgeable about not only Ex-Im Bank export credit insurance but alternatives, including other Ex-Im Bank programs, other U.S. government programs, and private sector products as well, in order to provide the best options to your clients.

3. To educate your clients about Ex-Im Bank's Insurance Program and policies, its' benefits and proper usage.

4. To serve as your clients' primary contact for any questions concerning the policies and the servicing of a policy.

5. To review all applications and issuances of policies, actions under policies, renewals of policies and credit limits, and claims, for timeliness, completeness, accuracy and reasonableness.

6. To review correspondence from Ex-Im Bank with your clients, including quotes and credit limits, to assist them in understanding the coverage and their responsibilities.

7. To assist your clients to comply with the Agreements of the Insured including shipment reports, premium payment and reports of overdue accounts, and to advise Ex-Im Bank of any potential claims.

8. To report policy cancellations and submit a premium reconciliation to Ex-Im Bank.

9. To provide as much assistance to the policyholder as is possible in order to maximize the benefits of the policy.

I have read the above standards, agree that they are reasonable, and will comply with these standards.

I understand and agree that substantial failure by me to comply with these standards could result in withdrawal from the list of registered insurance brokers published by Ex-Im Bank and cancellation of eligibility for commission payments under Ex-Im Bank export credit insurance policies.

Name of Brokerage	Signature of Broker	Date

Print Name

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EXPORT-IMPORT BANK OF THE UNITED STATES

AUTHORIZATION FOR AUTOMATED DEPOSITS (ACH CREDITS)

I hereby authorize the Export-Import Bank of the United States hereinafter called Ex-Im Bank, to initiate credit entries to my [ ] **CHECKING** [ ] **SAVINGS account** ☑ ***(check one)*** indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY NAME _____

BRANCH _____

CITY _____ STATE ___ ZIP_____

TRANSIT/ABA NUMBER: | | | | | - | | | | | - | |

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until Ex-Im Bank has received written notification from me of its termination in such time and in such manner as to afford Ex-Im Bank a reasonable opportunity to act on it.

BROKER NAME _____
(please print)

BROKER NO. _____ TAX ID NUMBER _____

SIGNATURE _____ DATE _____

PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT NAMED ABOVE

FOR EX-IM BANK USE ONLY

DATE RECEIVED _____

PROCESSED BY _____

Return to:

Export-Import Bank of the United States
Director - Broker Relations
811 Vermont Avenue, N.W.
Washington, DC 20571

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EXPORT-IMPORT BANK OF THE UNITED STATES (EX-IM BANK)
BROKER COMMISSION SCHEDULE
FOR EXPORT CREDIT INSURANCE POLICIES
Effective: October 1, 1994

BROKER ELIGIBILITY

Insurance brokers and agents are eligible for commission payments under Ex-Im Bank export credit insurance policies if the broker or agent is **registered** with Ex-Im Bank and is **appointed** as broker-of-record by the policyholder. The policyholder reserves the right to appoint, delete or change the broker of record at any time. Brokers of record are entitled to any commissions due on premiums paid prior to a change in the broker of record.

COMMISSION RATES

Commission rates paid by Ex-Im Bank are based on the type of policyholder to which the policy is issued, as shown in the chart below:

Type of Policyholder	Commission Rate (percentage of premium)
Financial Institutions	**8%**
Exporters	
Small Business	**30%***
Multi-Buyer Policyholders	**12%**
Single-Buyer Policyholders	**10%**
Administrators	
Umbrella Policy	**30%***
Trade Association Policy	**10%**
Lessors	
(whether a financial institution or an exporter)	
Operating Lease Policy	**20%**
Financing Lease Policy	**10%**

*At Ex-Im Bank's discretion, this percentage will increase to 40% for those brokers who meet certain criteria regarding support of small business.

COMMISSION PAYMENTS

- The full amount of all premiums are due at the appropriate lockbox on or before the date specified in the policy. Insurance brokers should not remit premiums "net" of commission.
- Commission payments will be made monthly.
- No commission payments will be made on advance premium.

BROKER CHANGES ON EXISTING POLICIES

Ex-Im Bank policyholders may appoint or change their insurance broker at any time. Insurance brokers appointed after a policy is issued will be recognized on the first day of the next month after the receipt of the policyholder's written notice appointing an insurance broker of record.

Acknowledgment by Ex-Im Bank of a policyholder's appointed insurance broker is made by means of a policy endorsement. Insurance brokers acknowledged by Ex-Im Bank are eligible for commissions with respect to transactions occurring after the effective date of the endorsement.

WHO TO CONTACT: For additional information, please contact a Regional Office or:
EXPORT-IMPORT BANK OF THE U.S., INSURANCE DIVISION
811 VERMONT AVENUE, N.W., WASHINGTON, D.C. 20571
TEL NO (202) 565-3630 or 1-800-565-EXIM FAX NO. (202) 565-3675 INTERNET http://www.exim.gov
Regional Offices: MID ATLANTIC (202) 565-3940 MIDWEST (312) 353-8041
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FEDERAL COMMUNICATIONS COMMISSION

[CC Docket No. 96–45; DA 02–602]

Petition To Redefine the Service Area of Century Tel of the Southwest, Inc. in the State of New Mexico

AGENCY: Federal Communications Commission.

ACTION: Notice; solicitation of comments.

SUMMARY: In this document, the Common Carrier Bureau sought comment on Smith Bagley's petition requesting the Commission's consent to the New Mexico Public Regulation Commission's proposed ''service area'' definition for areas served by the Century Tel of the Southwest, Inc. (Century Tel) within New Mexico.

DATES: Comments are due on or before April 4, 2002. Reply comments are due on or before April 15, 2002.

ADDRESSES: See Supplementary Information section for where and how to file comments.

FOR FURTHER INFORMATION CONTACT: Richard D. Smith (202) 418–7400, TTY: (202) 418–0484.

SUPPLEMENTARY INFORMATION: On March 1, 2002, Smith Bagley filed with the Commission a petition, pursuant to section 54.207 of the Commission's rules, requesting the Commission's consent to the New Mexico Public Regulation Commission's (New Mexico Commission) proposed ''service area'' definition for areas served by Century Tel of the Southwest, Inc. (Century Tel) within New Mexico. The New Mexico Commission proposes to define Smith Bagley's service area as an area different from the study area of Century Tel for the purpose of determining federal universal service obligations and support mechanisms. Specifically, the New Mexico Commission proposes to modify Smith Bagley's service area to include the Zuni, Ramah, and Fence Lake wire centers and Smith Bagley's existing service contour within the Pine Hill, Vanderwagn, Gallup, and Grants wire centers. The New Mexico Commission recommended that Century Tel's noncontiguous Pecos exchange be delineated as its own service area and that the exchanges served by Smith Bagley be grouped together as a second separate service area.

If the Commission does not act on the petition within 90 days of the release of this Public Notice, the definition proposed by the New Mexico Commission will be deemed approved by the Commission and shall take effect in accordance with state procedures.

The Petition: On February 19, 2002, the New Mexico Commission issued an order designating Smith Bagley as an eligible telecommunications carrier (ETC), under section 214(e) of the Communications Act of 1934, as amended (the Act), to receive federal universal service support for service provided in areas of New Mexico. In so doing, the New Mexico Commission concluded that it was in the public interest to designate Smith Bagley as an ETC in the study area of Century Tel, a rural telephone company.

The New Mexico Commission conditioned Smith Bagley's ETC designation upon confirmation of its proposed service area designation by this Commission. In compliance with the request of the New Mexico Commission, Smith Bagley has filed a petition with the Commission seeking approval of the proposed modified service area definition.

Commission Rules: For areas served by a rural telephone company, section 214(e)(5) provides that the company's service area will be its study area ''unless and until the Commission and the States, after taking into account the recommendations of a Federal-State Joint Board instituted under section 410(c), establish a different definition of service area for such company.'' Section 54.207 of the Commission's rules and the *Universal Service Order,* 62 FR 32962, June 17, 1997, set forth the procedures for consideration of petitions seeking to designate service areas for rural telephone companies that are different from such companies' study areas.

Section 54.207(c)(3) of the Commission's rules provides that the Commission may initiate a proceeding to consider a petition to redefine the service area of a rural telephone company within ninety days of the release date of a Public Notice. If the Commission initiates a proceeding to consider the petition, the proposed definition shall not take effect until both the state commission and the Commission agree upon the definition of a rural service area, in accordance with section 214(e)(5). If the Commission does not act on the petition within 90 days of the release date of the Public Notice, the definition proposed by the state commission will be deemed approved by the Commission and shall take effect in accordance with state procedures. Under § 54.207(e) of the Commission's rules, the Commission delegates its authority under § 54.207(c) to the Chief of the Common Carrier Bureau.

An original and four copies of all comments must be filed with William F. Caton, Acting Secretary, Office of the Secretary, Federal Communications Commission, 445 12th Street, SW., TW–B204, Washington DC 20554. In addition, four copies of each comment must be delivered to Sheryl Todd, Common Carrier Bureau, 445 12th Street, SW., Room 5–A520, Washington, DC 20554, and one copy to Qualex International, Portals II, 445 12th Street, SW., Room CY–B402, Washington DC, 20554. In accordance with the Commission's earlier Public Notice announcing that hand-delivered or messenger-delivered filings are no longer accepted at the Commission's headquarters, hand-delivered or messenger-delivered filings must be delivered to 236 Massachusetts Avenue, NE, Suite 110, Washington, DC 20002. The filing hours at this location will be 8:00 a.m. to 7:00 p.m. All hand deliveries must be held together with rubber bands or fasteners. Any envelopes must be disposed of before entering the building.

Other messenger-delivered documents, including documents sent by overnight mail (other than United States Postal Service (USPS) Express Mail and Priority Mail), must be addressed to 9300 East Hampton Drive, Capitol Heights, MD 20743. This location will be open 8:00 a.m. to 5:30 p.m. The USPS first-class mail, Express Mail, and Priority Mail should continue to be addressed to the Commission's headquarters at 445 12th Street, SW, Washington, DC 20554. The USPS mail addressed to the Commission's headquarters actually goes to our Capitol Heights facility for screening prior to delivery at the Commission.

If you are sending this type of document or using this delivery method—	It should be addressed for delivery to—
Hand-delivered or messenger-delivered paper filings for the Commission's Secretary.	236 Massachusetts Avenue, NE, Suite 110, Washington, DC 20002 (8 a.m. to 7 p.m.).
Other messenger-delivered documents, including documents sent by overnight mail (other than United States Postal Service Express Mail and Priority Mail).	9300 East Hampton Drive, Capitol Heights, MD 20743 (8 a.m. to 5:30 p.m.).