

EXPORT-IMPORT BANK OF THE UNITED STATES

**APPLICATION FOR APPROVAL OF EXPORTER AS INSURED
UNDER UMBRELLA EXPORT CREDIT INSURANCE POLICY**

Date _____
Policy No. **E US 104828**

EXPORT INSURANCE SERVICES, INC.
P.O. BOX 11602
ATLANTA, GA 30355-1602

We, ~~TEL 404-237-3979 FAX 404-237-1993~~ in compliance with the conditions of our Policy, request your approval of the Exporter named below.

1. Name of Exporter: _____

2. Address of Exporter: _____
Phone: _____ Fax: _____

3. Summary of background of Exporter:
a) Date incorporated: _____ b) Total annual sales: _____ c) Years exporting on credit: _____
d) Standard Industrial Classification (SIC) Code (if known): _____ e) Number of employees: _____

4. Name of any parent, subsidiary or affiliate of Exporter also engaged in exporting: _____

5. Name of any affiliate of the Exporter you would like to add to the policy as an Additional Named Insured: _____

6. How long and in what capacity have you been doing business with the Exporter: _____

7. a) <u>Products to be Exported</u>	<u>Percent of Total Export Volume</u>	
_____	_____	%
_____	_____	%

b) Are products listed on the United States Munitions List? (part 121 of Title 22 of the Code of Federal Regulations)
 Yes No

8. <u>Buyer Type</u>	<u>Percent of Total Export Volume</u>
Manufacturers	_____ %
Dealers or Distributors	_____ %
Government Depts/Agencies	_____ %
Wholesalers	_____ %
Retailers	_____ %

9. Export sales for the past three years:	19 _____	19 _____	19 _____ <small>(last year)</small>
CILC/Cash in Advance	\$ _____	\$ _____	\$ _____
Secured Terms (ILC, SDDP, CAD)	\$ _____	\$ _____	\$ _____
Unsecured Credit Terms	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

10. Export losses during the past three years:

19 _____	\$ _____	<u>Explanation of Loss and Recovery Efforts Taken</u>
19 _____	\$ _____	_____
19 _____	\$ _____	_____

11. Aging of export receivables (current and overdue) as of _____ (Date)

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Current	0-60 Days Overdue	61-120 Days Overdue	121-180 Days Overdue	181-360 Days Overdue
\$ _____	\$ _____			
Over 361 Days Overdue	Total Current and Overdue			

12. Have any obligations been rescheduled during the last 12 months? Yes No
If yes, attach a separate sheet giving details.

13. Anticipated Total Export Sales for next 12 months:

CILC/Cash in Advance	\$ _____
Secured Terms (ILC, SDDP, CAD)	\$ _____
Unsecured Terms	\$ _____
Total	\$ _____

It is expected that total export volume will be insured, with the exclusion of confirmed irrevocable letters of credit, cash in advance and other transactions which are ineligible under the Policy.

14. Anticipated maximum outstanding export receivables at any time during the next 12 months: \$ _____

15. Please complete page 3 of this application, "Summary of Total Export Sales."

16. Please provide the following:

- a) Most recent annual report of the Exporter; or two most recent years' financial statements of the Exporter (preferably audited, if not audited, signed by an officer);
- b) credit agency report on the Exporter, or a check for \$35.00 if you would like Ex-Im Bank to obtain the report;
- c) a reference letter from the Exporter's principal bank (preferably the bank which has a lending relationship with the Exporter).

Please check to see that all questions have been fully answered. If a question is not applicable, please indicate.

d) reference letters from 2 principal suppliers

**CERTIFICATION OF APPLICANT TO
EXPORT-IMPORT BANK OF THE UNITED STATES (Ex-Im Bank)**

DUE CARE The Exporter undertakes to carry on business with due care in making contracts, exports, and deliveries hereunder, and in regard to the conditions of the contract and the trustworthiness of the buyer.

ELIGIBILITY OF EXPORTER To be eligible, the applicant must be a small business as defined by the U.S. Small Business Administration; not have had average annual export credit sales in excess of \$3 million over the past 2 years; not have used Ex-Im Bank insurance in the past two years; and have a positive net worth with at least one year successful operating history.

CERTIFICATION The Exporter certifies that it is:

- a) A corporation organized and existing under the laws of the United States or any state or territory thereof or the District of Columbia or an individual or partnership resident in the United States or a foreign corporation, partnership or individual registered to do business in the United States.

- b) An entity which together with our affiliates: (i) had less than a yearly average of \$3 million in export sales during our preceding two fiscal years (sales made on confirmed letters of credit and cash in advance may be excluded from the total) and (ii) has not availed itself during the past two years of Ex-Im Bank's policies, either directly or through another Ex-Im Bank policyholder.
- c) The undersigned declares that it is not currently, nor has it been within the preceding three years: (1) debarred, suspended or declared ineligible from participating in any Federal transaction; or (2) formally proposed for debarment, with a final determination still pending; (3) voluntarily excluded from participation in a Federal transaction or (4) indicted, convicted or had a civil judgement rendered against it for any of the offenses listed in the Regulations governing Debarment and Suspension (Governmentwide Nonprocurement Debarment and Suspension* Regulations; Common Rule).
- d) The undersigned states, to the best of his or her knowledge and belief, that if any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of a Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. If Form-LLL is necessary, it may be obtained from Ex-Im Bank.

The Exporter and the Administrator certify that the representations made and the facts stated by them in the application are true, to the best of their knowledge and belief, and that they have not misrepresented or omitted any material facts relevant to said representations. The Exporter and the Administrator agree that such representations and facts shall form the basis of Ex-Im Bank's approval of the Exporter, if granted, and that the truth of such representations and facts contained herein shall be a condition precedent to any liability of Ex-Im Bank thereunder.

By _____
 (Administrator Signature)

 (Print Name)

 (Title)

By _____
 (Exporter Signature)

 (Print Name)

 (Title)

WHO TO CONTACT:

Please ask your administrator to send this completed form to:

EXPORT-IMPORT BANK OF THE U.S., INSURANCE DIVISION	TEL: (202) 565-3630
SPECIAL PROGRAMS GROUP	FAX: (202) 565-3675
811 VERMONT AVE., NW, WASHINGTON, DC 20571	

EXPORT-IMPORT BANK OF THE UNITED STATES
SUMMARY OF TOTAL EXPORT SALES FOR THE LAST 12 MONTHS

(Please indicate by cover letter any substantial variation in markets or terms anticipated during the next 12 months.)

Gross Invoice Value of All Exports by Terms of Sale (Show figures in thousands of U.S. dollars—\$000 omitted)									
Country	Total Sales Fiscal Year	Cash in Advance	Secured Terms			Clean Sight Draft, Open Account or Term Credit			
			Letters of Credit		CAD or SD/DP	0-60 Days	61-120 Days	121-180 Days	Over 180 Days
			Confirmed	Unconfirmed					
Totals	\$	\$	\$	\$	\$	\$	\$	\$	\$

(Use additional sheets as necessary)

Exporter's Name
EXPORT INSURANCE SERVICES, INC.
P.O. BOX 11502
ATLANTA, GA 30309-4602
TEL 404-237-3979 FAX 404-237-9933
