

**APPLICATION FOR MEDIUM-TERM
INSURANCE OR GUARANTEE**

Attachment II: Pre-shipment Questionnaire

Complete this form only if you are requesting pre-shipment insurance coverage for your transaction. Details on pre-shipment coverage can be found at <http://www.exim.gov/pub/ins/pdf/eib01-04.pdf>.

Details of Coverage Requested:

- a) Provide the reason pre-shipment coverage is being requested: _____
- b) Indicate the date the contract was executed or the anticipated date of signing: _____
- c) Indicate the estimated period between the contract date and the final shipment date of items: _____
- d) Provide a schedule of any progress payments made or to be made by the borrower during the pre-shipment period, or indicate none: _____