

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. (1) 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