



Troy William Brownrigg, International Products  
 Brownrigg Companies, LTD  
 2601 S Lapeer Rd., Auburn Hills, MI 48236  
 Phone: 248-373-5580  
 Email: tbrownrigg@brownrigg.com

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**EXPORT IMPORT BANK OF THE UNITED STATES**

**SHORT-TERM MULTI-BUYER EXPORT CREDIT INSURANCE POLICY APPLICATION**

Applicant: \_\_\_\_\_ dba: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Brokerage: **Brownrigg Companies, Ltd.** Broker Contact: Troy Brownrigg Broker#: 7470164  
 Dun & Bradstreet Number \_\_\_\_\_

1. Primary reason for application:  risk mitigation  financing  extend more competitive terms
2. Do you have a credit line with a financial institution (exclude overdraft protection and credit cards)  YES  NO
3. Do you have an SBA or Ex-Im Bank Working Capital Loan or are you applying for one? 

SBA	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
EXIM	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4. Total number of your employees and those at companies with whom you are affiliated: \_\_\_\_\_
5. Average total of annual export credit sales over the last two years for you and your affiliates: \$ \_\_\_\_\_
6. Do you wish to insure export credit sales made by your affiliates? CIRCLE: YES NO ( If yes, please refer to “additional named insured” eligibility criteria in question # 24. Answers to all remaining questions must include eligible affiliates you wish to add.)
7. Product and/or services to be exported and NAICS (if known): \_\_\_\_\_
8. Do you sell Capital Goods to foreign manufacturers or producers?  YES  NO (if yes, attach explanation)
9. Are the products to be covered under the policy:
  - Manufactured or reconditioned in the U.S.?  Yes  No
  - Made or reconditioned with more than 50% U.S. content?  Yes  No
  - Shipped from the U.S.?  Yes  No
  - Sold to Military entities or Security Forces?  No  Yes
  - Used to support Nuclear Energy?  No  Yes
  - Environmentally Beneficial?  Yes  No
  - Supporting Renewable Energy?  Yes  No
  - On the U.S. Munitions List?  
 (part 121 of title 22 of the Code of Federal Regulations)  No  Yes

**Note:** Your buyers, their guarantors (if any), and end users of the products must be in countries where Ex-Im Bank is able to provide support, see Ex-Im’s [Country Limitation Schedule](#) (CLS) at [www.exim.gov](http://www.exim.gov) . There may not be trade measures or sanctions against them under [Section 201 Trade Act of 1974](#) . For a list of products and countries with Anti-Dumping or Countervailing Duty sanctions, see [Anti-Dumping or Countervailing Sanctions](#)).

10. Policy Payment Limit Requested: \$ \_\_\_\_\_ (maximum export credit receivables outstanding at any one time)
11. Buyer Types: \_\_\_\_\_% Manufacturers \_\_\_\_\_% Wholesalers/Traders \_\_\_\_\_% Retailers \_\_\_\_\_% Service Providers
12. Projected # of buyers to whom you will offer export credit terms: \_\_\_\_\_

13. Enter the percentage of export credit sales by payment and term type projected for the next twelve months:

Payment Type	Terms (# of days)							
	Sight	1-30	31-60	61-90	91-120	121-180	181-270	271-360
Unconfirmed L/C	___%	___%	___%	___%	___%	___%	___%	___%
Open account or Draft	___%	___%	___%	___%	___%	___%	___%	___%

(enter "Cash Against Documents" in the "Sight" column and "Open account/Draft" row)

14. Export Credit Portfolio (enter amounts for the next 12 months. If more than 9 countries, enter the balance in "all other").

Country	Export Credit Sales	Country	Export Credit Sales
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$	"all other countries"	\$

15. Year you began: a) exporting? \_\_\_\_\_  
b) exporting on credit terms (other than cash in advance or confirmed letters of credit)? \_\_\_\_\_

16. For the last three years what were your total export credit:  
(include factored or insured receivables and attach any comments)

	<b>sales</b>	\$ _____
	<b>write-offs</b>	\$ _____
	<b># of accounts written-off</b>	_____

17. Highest average amount of export receivables outstanding over the last twelve months: \$ \_\_\_\_\_

18. Total export receivables outstanding: \$ \_\_\_\_\_ at \_\_\_/\_\_\_/\_\_\_ (date should be within 30 days of the application)

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
current	1-60 days past due	61-90 days past due	91-180 days past due	> 180 days past due

19. Number of buyers past due more than 60 days for \$10,000 or more: \_\_\_\_\_

20. For each buyer over 60 days past due for \$10,000 or more, attach an explanation including name of buyer, street address, city, zip code, country, phone, amount past due, due date, and reason for past due. Include amount of credit sales outstanding, date, and breakdown of past due amounts.

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

22. Please submit the following as Attachments:  
• Your financial statements for the two most recent completed fiscal years (with notes if available)

23. **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 7-25 should include export sales of prospective ANI's.

Are the products of each affiliate the same as the applicant's products listed in question 4 of this application?  Yes  No

Affiliate Company/Trade style	Street Address/City / State / Country	NAICS Code	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. Number of owners in the company: \_\_\_\_\_

**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): \_\_\_\_\_

25. Please complete the **Exclusion Worksheet on page 5** to request coverage exclusion of any export credit sales.

**CERTIFICATIONS**

The applicant certifies that neither it, nor its Principals, have within the past 3 years been a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in, a Covered Transaction, b) formally proposed for debarment, with a final determination still pending, c) indicted, convicted or had a civil judgment rendered against it for any of the offenses listed in the Regulations, d) delinquent on any substantial debts owed to the U.S. Government or its agencies or instrumentalities as of the date of execution of this application; or e) the undersigned has received a written statement of exception from Ex-Im Bank attached to this certification, permitting participation in this Covered Transaction despite an inability to make certifications a) through d) in this paragraph.

The applicant further certifies that it has not and will not knowingly enter into any agreements, in connection with the products and services to be exported in the transaction described herein, with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Covered Transaction. The term "Covered Transaction" shall have the meaning set forth in the Ex-Im Bank Debarment and Suspension Regulations at 12 C.F.R. Part 413 (Regulations).

In addition, the applicant further certifies that it has not, and will not, engage in any activity in connection with this transaction that is a violation of a) the Foreign Corrupt Practices Act of 1977, 15 U.S.C. 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), b) the Arms Export Control Act, 22 U.S.C. 2751 et seq., c) the International Emergency Economic Powers Act, 50 U.S.C. 1701 et seq., or d) the Export Administration Act of 1979, 50 U.S.C. 2401 et seq.; nor been found by a court of the United States to be in violation of any of these statutes within the preceding 12 months, and to the best of its knowledge, the performance by the parties to this transaction of their respective obligations does not violate any other applicable law.

The applicant certifies that the representation made and the facts stated in this document and any attachments are true, to the best of its knowledge and belief, and it has not misrepresented or omitted any material facts, and if any of the certifications made herein become untrue, Ex-Im Bank will be promptly informed of such changes. The applicant further understands that these certifications are subject to the penalties for fraud against the U.S. Government (18 U.S.C. 1001 et seq.).

\_\_\_\_\_  
(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)

### NOTICES

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 U.S.C. 635 et seq.); provision of this information is mandatory and failure to provide the requested information may result in Ex-Im Bank being unable to determine eligibility for support. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. Ex-Im Bank may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page).

**Public Burden Statement:** 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.

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. Alternatively, email your application and attachments to Ex-Im Bank at [exim.applications@exim.gov](mailto:exim.applications@exim.gov), or fax it to (202) 565-3675.

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.

### EX-IM BANK MULTIBUYER POLICY: EXCLUSIONS WORKSHEET

Instructions:

- Select and list the sales you wish to exclude. Add additional pages, if needed.
- Sign the certification.
- "Non-Standard" Exclusions must be Ex-Im Bank authorized, and are available only for multibuyer policies with deductibles.
- All endorsed exclusions are locked-in for the policy period.
- Premiums must be paid on all "Reportable Transactions" as required by the insurance policy except for the endorsed exclusions.

### STANDARD EXCLUSIONS

- |  |  |
|--|--|
| <input type="checkbox"/> Unconfirmed Irrevocable Letters of Credit | <input type="checkbox"/> Payments at Sight (SDDP or CAD) |
| <input type="checkbox"/> Sales to Subsidiaries and Affiliates      | <input type="checkbox"/> Sales to Canada                 |
| <input type="checkbox"/> Any Invoice of \$10,000 or less           | <input type="checkbox"/> None requested                  |

### NON-STANDARD EXCLUSIONS

(for Reasonable  Not Requested)

Instructions: Please provide the complete information for each desired exclusion category.

A. Sales to "Top Corporates" (Companies with revenues > \$100,000,000):

Buyer Name	City/Country	Total Annual Credit Sales	Payment Terms

B. Sales to "Prime Customers" (they paid you prompt <0-60 slow> for three consecutive years):

Buyer Name	City/Country	Total Annual Credit Sales	Payment Terms

C. Exclude all sales to country (ies):

Country	Total Annual Credit Sales

**CERTIFICATIONS**

The representations made and the facts stated in this worksheet for the endorsement of sales exclusions are true, to the best of my knowledge and belief, and I have not misrepresented or omitted any material facts relevant to said representations. It is agreed that this worksheet shall form a part of the Policy, if issued, and the truth of the representations and facts, and performance of every undertaking in this worksheet shall be a condition precedent to any coverage under such Policy. I further understand that this certification is subject to the penalties for fraud against The U.S. Government (18 USC 1001).

\_\_\_\_\_  
(Applicant)  
**Brownrigg Companies, Ltd.**  
\_\_\_\_\_  
(Broker)

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

EIB- (06/03)