EDC

APPLICATION FOR SINGLE TRANSACTION SUPPORT

☐ **Performance Security Insurance** (Wrongful Call)
☐ **Surety Fronting** (Please include a copy of the contract)

1	**CUSTOMER INFORMATION (the applicant)**
Legal Name of Applicant:	
Trade Name:	
Address: *(Street, City, Province, Country and Postal Code)*	

2	**BUYER / OTHER COUNTERPARTY INFORMATION**
Legal Name of Buyer / other Counterparty:	
Trade Name:	
Address: *(Street, City, Province, Country and Postal Code)*	
Website:	

3	**TRANSACTION DETAILS**
Contract Description:	
Contract Status:	☐ Bid ☐ Signed Tender or contract Date: *(dd/mm/yyyy)*
Contract Value:	☐ USD ☐ CAD ☐ Other: Amount:
Value of Canadian Exports*:	☐ USD ☐ CAD ☐ Other: Amount: ***Goods of Canadian origin or manufacture, and/or services provided by Canadians (i.e. Contract Price less Foreign Supply.)**
Type of Bond / Guarantee:	☐ 1. Bid ☐ 2. Advance payment ☐ 3. Performance ☐ 4. Labor and Material Payment ☐ 5. Warranty/maintenance ☐ 6. Supplier ☐ 7. Other:
Bond / Guarantee Value and Duration:	Type: ☐ USD ☐ CAD ☐ Other: Amount: Starting Date *(dd/mm/yyyy)* Expiry date: *(dd/mm/yyyy)* Type: ☐ USD ☐ CAD ☐ Other: Amount: Starting Date *(dd/mm/yyyy)* Expiry date: *(dd/mm/yyyy)*

Has the Customer entered into the Contract indirectly through a foreign subsidiary, joint venture, or other entity?
☐ No ☐ Yes
If yes,
- **what is the Legal Name?:**
- **% ownership by the Customer?:**   %
- **location of this entity?:**   (City, Country)

Will the instrument fluctuate in value as deliveries are made or as milestones are completed?	☐ No ☐ Yes
For letter of guarantees, will the Buyer or other Counterparty identified in Section 2 be named as the beneficiary on the bank instrument?	☐ No ☐ Yes

IN WITNESS WHEREOF, the Customer hereby certifies the truth and accuracy of the information contained herein, and affixes its corporate signature, attested by its proper officer in that behalf, to this form. **The Customer has explicitly requested that this application be drafted in the English language. Le client a expressément demandé et accepté que le présent formulaire soit rédigé dans la langue anglaise**.

Date Signed: *(dd/mm/yyyy)*

Authorized Signature:

Name & Title (please print):

FOR BROKER USE ONLY (if applicable)

Legal Name of Broker:

Street Address:

City: Province/Territory: Postal Code:

Contact Name: Contact Title:

Telephone: -   -   Fax: -   -   E-mail:

Website:

The Broker represents and warrants that it has completed this Application for EDC Support, in consultation with the Customer and that it has obtained and read and understands and agrees to be bound by the terms of EDC's "Broker Compensation Policy for Contract Insurance and Bonding (CIB) Products" http://www.edc.ca/EN/Insurance-Brokers/Documents/cib-broker-compensation-policy.pdf that is in effect as at the date on which the Broker signs this Application as set out below.

The Broker also represents and warrants that it is a registered insurance broker licensed to carry on business as an insurance broker in the province or territory indicated above, in accordance with applicable provincial and territorial insurance laws.

Lastly, if Surety Bond Fronting support is requested, the Broker also represents and warrants that it has actively sought support from the surety market in respect of this transaction, without success.

Date Signed: *(dd/mm/yyyy)*

Authorized Signature: _____

Name & Title (please print):