

GoGreen Business Energy Financing Program
California Alternative Energy and Advanced Transportation Financing Authority

901 P Street, 4th Floor, Sacramento, CA 95814 (916) 651-8157 www.gogreenfinancing.com CHEEF@treasurer.ca.gov

LOSS RESERVE CLAIM APPLICATION

Section 1: Finance Provider Entity (FPE) Information

Claim applications must be submitted by the Loss Reserve Account Representative to the Authority within 180 calendar days of the date of charge-off of an Enrolled Financing Agreement. To make a claim, an FPE must be in compliance with the Program regulations, including, but not limited to, the reporting requirements in Section 10092.12.

(a) FPE Name: _____
(b) FPE Internal Financing ID#: _____ (c) CHEEF Financing ID#: _____
(d) FPE Contact Name: _____

Section 2: Financing Information *(Please attach relevant payment and collections history.)*

See Section 10092.1 (qqq) for definition of total charge-off amount

(e) Total Charge-off Amount: \$ _____ (f) Charge-off Date: _____

(g) Is this financing agreement secured? Yes No

(h) If "Yes" to (g), have enforcement proceedings begun? Yes No

Section 3: Claim Information

(i) Claim Amount: \$ _____

(j) Loss reserve payee (if different than the FPE):

(Check if applicable) There are not sufficient funds in the Loss Reserve Account to cover 90% of the Claim-Eligible Charge-Off Amount, I am requesting that future contributions to the Loss Reserve Account (when new financings are enrolled) be paid out as part of the original Claim.

Section 4: Certifications of the FPE

Pursuant to Section 10092.10 of the Program regulations, by submitting this Loss Reserve Claim Application, the FPE certifies that:

1. Claim was submitted as required by Section 10092.10(a);
2. The charge-off was made in a manner consistent with the FPE's usual methods for taking action on financing agreements that are not Enrolled Financing Agreements under the Program; and
3. The FPE will comply with reporting requirements on recoveries and proceeds, as specified in Section 10092.12(g)(2).

(l) Authorized Representative Signature: _____ (m) Date: _____

(n) Printed Name: _____ (o) Title: _____