

VENDORS COMPREHENSIVE SINGLE INTEREST

POLICY APPLICATION

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Applicant Information

Lenders Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Number of Branches \_\_\_\_\_

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Coverage & Collateral Information

We are interested in obtaining insurance on lien instruments secured by the classes of collateral indicated below:

_____ Private Passenger Autos & Vans	_____ Mobile Homes
_____ Pickups & Trucks to 1 Ton	_____ Watercraft (limit 28')
_____ Recreational Vehicle	_____ Machinery & Equipment
_____ Personal Property	_____ Other, as specified

We are interested in obtaining the coverages indicated below:

_____ A. All Risk Physical Damage	_____ Waiver of Subrogation
_____ B. Instrument Non-Filing	_____ Single Pay Coverage (no business loans)
_____ C. Skip & Confiscation	_____ Assumption of Coverage
_____ D. Repossessed Vehicle Coverage	_____ Holder in Due Course

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Loan Volume & Makeup

In making application for the above indicated coverages, we submit the following information:

- A. How many loans are currently in force? \_\_\_\_\_ Of these, what percentage are indirect? \_\_\_\_\_
- B. How many secured vehicle loans do you expect to make during the next 12 months? \_\_\_\_\_ How many were made during the last 6 months? \_\_\_\_\_

- C. What percentage of those loans made in the last 6 months were indirect? \_\_\_\_\_
- D. Maximum vehicle loan term in months? \_\_\_\_\_
- E. Average original loan amount \_\_\_\_\_

**Procedures**

- A. Do your loan agreements require physical damage insurance naming you as loss payee? \_\_\_\_\_ Yes \_\_\_\_\_ No
- B. Please summarize your insurance follow-up program \_\_\_\_\_  
 I am aware that I must maintain our insurance follow-up procedures should a <Master Policy be issued.

**Past Experience**

- A. Number of repossessions YTD \_\_\_\_\_ Last Year \_\_\_\_\_
- B. Average delinquency percentage YTD \_\_\_\_\_ % Last Year \_\_\_\_\_
- C. Physical Damage Losses YTD \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_
- D. Skip losses YTD # \_\_\_\_\_ \$ \_\_\_\_\_ Last Year # \_\_\_\_\_ \$ \_\_\_\_\_

Do you currently have a Blanket Single Insurance program? \_\_\_\_\_  
 If yes, please attach a copy of the policy. Under the policy, how much premium has been paid in the last 12 months? \_\_\_\_\_

Have you ever had a Blanket Single Interest program? \_\_\_\_\_  
 If yes, please indicate when it was cancelled, by whom and why \_\_\_\_\_

**Issue Information**

Issue at rate of \_\_\_\_\_ Deductible \_\_\_\_\_

Remarks: \_\_\_\_\_

We request that coverage become effective on \_\_\_\_\_ date. I understand that the policy will be issued in reliance upon the authority contained therein. I state that all information is accurate to the best of my ability and belief.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRODUCER: \_\_\_\_\_ AGENCY \_\_\_\_\_