

# Collateral Protection Insurance

## APPLICATION



### LENDER INFORMATION

Name \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Physical Address \_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

OUTSTANDING LOANS	Direct Loans		Indirect Loans	
	No. of Loans	Dollar Amount	No. of Loans	Dollar Amount
Automobiles	_____	_____	_____	_____
Watercraft	_____	_____	_____	_____
Recreational Vehicles	_____	_____	_____	_____
Mobile Homes	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____

LOAN DATA	Automobile		Water-craft	Recrtnl Vehicle	Mobile Home	Persnl Propty
	Direct	Indirect				
estimate # of loans in the next 12 mths	_____	_____	_____	_____	_____	_____
# of loans YTD thru ___ / ___ (mm/yy)	_____	_____	_____	_____	_____	_____
# of loans made 1 year prior (20___)	_____	_____	_____	_____	_____	_____
# of repos YTD thru ___ / ___ (mm/yy)	_____	_____	_____	_____	_____	_____
# of repos you had 1 year prior (20___)	_____	_____	_____	_____	_____	_____
# of skips YTD thru ___ / ___ (mm/yy)	_____	_____	_____	_____	_____	_____
# of skips you had 1 year prior (20___)	_____	_____	_____	_____	_____	_____
maximum term of loan, in months	_____	_____	_____	_____	_____	_____
average term of loans, in months	_____	_____	_____	_____	_____	_____
maximum dollar amount of loans	_____	_____	_____	_____	_____	_____
present delinquency % (30 days or +)	_____	_____	_____	_____	_____	_____
average delinquency % last year	_____	_____	_____	_____	_____	_____
what % of indirect loans are recourse	_____	_____	_____	_____	_____	_____

### PREVIOUS COVERAGE

Has **blanket single interest** coverage been carried previously?  Yes  No  
 If yes, with whom? \_\_\_\_\_  
 Indicate the coverage provided:  Physical Damage  Non-Filing Errors & Omissions  
 Skip and Confiscation  Physical Damage after Repo Deductible Amt \_\_\_\_\_  
 Experience the last 3 years, most } Premiums \_\_\_\_\_  
 recent year of 20\_\_\_, listed first } Losses \_\_\_\_\_

Has **CPI (force-placed)** coverage been carried previously?  Yes  No  
 If yes, with whom? \_\_\_\_\_. No. of policies in force \_\_\_\_\_  
 Policies are written:  For Term of Loan  Annually. If coverage is provided, current policies will:  lapse on renewal  be canceled  be replaced on renewal (over)

**INSURANCE PROCEDURES**

Does your loan agreement require the borrower to carry insurance?  Yes  No  
 At the time of loan, do you verify coverage?  Yes, by phone  Yes, binder required  No  
 Is the name and phone number of the agent or company noted in the loan file?  Yes  No  
 Do you confirm that the above practices will be maintained?  Yes  No

If not, please explain \_\_\_\_\_

Do you follow up in the event of termination of insurance coverage?  Yes  No  
 Will you continue insurance follow up if a policy is issued?  Yes  No  
 Would you like to use insurance verification forms provided by us?  Yes  No

**COLLECTION PROCEDURES**

Do you have a separate department dedicated to collections?  Yes  No  
 If yes, how many years collection experience does the manager have? \_\_\_\_\_

Normally, repossession is ordered by the \_\_\_\_\_ day of delinquency.  
 Internal procedures require repossession to be ordered no later than the \_\_\_\_\_ day of delinquency and loans to be charged off no later than the \_\_\_\_\_ day of delinquency.

Do you confirm that these standards will be maintained?  Yes  No  
 If not, please explain \_\_\_\_\_

**COVERAGE REQUESTED**

Requested policy effective date: \_\_\_\_\_

Indicate below the types of loans you would like covered. Also, if you would like us to quote higher loan limits than the standard limits listed below, indicate the limits you would like quoted.

	<u>Include Coverage</u>	<u>Standard \$ Limits</u>	<u>Standard Term Limits</u>	<u>Quote Higher \$ Limits - Amt</u>	<u>Quote Longer Term - Mths</u>
Automobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$50,000	60 Mths	_____	_____
Watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$30,000	72 Mths	_____	_____
Recreational Vehcls	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$30,000	72 Mths	_____	_____
Mobile Homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$30,000	72 Mths	_____	_____
Personal Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$30,000	72 Mths	_____	_____

Signing this application does not bind the applicant, nor the Company or Agency to provide this insurance.

**REQUIRED DISCLOSURE:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title