

Lenders Single Interest 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

Estimate the number of loans to be made on the above collateral types in the next 12 months: _____
 How many of these loans were made: YTD _____? Last year _____? Prior year _____?
 Number of repossessions: YTD _____? Last year _____? Prior year _____?
 Number of skips: YTD _____? Last year _____? Prior year _____?
 Delinquency percentage: YTD _____? Last year _____? Prior year _____?

At the time of loan, do you verify insurance coverage? Yes, by phone Yes, binder required No
 Do you maintain a follow-up program in the event of termination? Yes No. If policy issued? Yes No
 Prior Coverage? Yes No. Prior 12 mths Premium \$_____. Losses: \$_____, #_____
 Has any policy or application for this coverage been declined, canceled, or non-renewed? Yes No
 Do you have dealers on full recourse? Yes No. If yes, \$ amount: _____ #_____

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, please indicate the limits you would like quoted.

	Include Coverage	Standard \$ Limits	Standard Term Limits	Quote Higher \$ Limits – Amt	Quote Longer Term – Mths
Automobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$75,000	84 Mths	N/A	_____
Watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$35,000	84 Mths	_____	_____
Recreational Vehcls	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$35,000	84 Mths	_____	_____
Mobile Homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$35,000	84 Mths	_____	_____
Personal Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$35,000	84 Mths	_____	_____

Indicate Coverage Requested: All Risk Physical Damage Non-filing Errors & Omissions
 Skip & Confiscation Repossessed Property Coverage
 Date Requested: _____

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