

Guaranteed Issue Physical Damage Insurance Proposal Request/Application

Financial Institution _____

Address _____

City/State/Zip _____ Fax _____

Contact/Title _____ Phone _____

PORTFOLIO STATUS

	#	\$ outstanding	monthly volume #	max. term	avg. term	max.\$ amount
auto direct	_____	_____	_____	_____	_____	_____
auto indirect	_____	_____	_____	_____	_____	_____
rec. vehicle	_____	_____	_____	_____	_____	_____
boat/marine	_____	_____	_____	_____	_____	_____
mobile home	_____	_____	_____	_____	_____	_____
other	_____	_____	_____	_____	_____	_____

	auto direct	auto indirect	RV	boat	mobile home	other
# loans made last year	_____	_____	_____	_____	_____	_____
loans made prior year	_____	_____	_____	_____	_____	_____
# repossessions YTD	_____	_____	_____	_____	_____	_____
repos last year	_____	_____	_____	_____	_____	_____
repos prior year	_____	_____	_____	_____	_____	_____
# unrecovered skips YTD	_____	_____	_____	_____	_____	_____
skips last year	_____	_____	_____	_____	_____	_____
skips prior year	_____	_____	_____	_____	_____	_____
net charge-offs \$ YTD	_____	_____	_____	_____	_____	_____
charge-offs last year	_____	_____	_____	_____	_____	_____
delinquency % (30 day)	_____	_____	_____	_____	_____	_____
delinquency last year	_____	_____	_____	_____	_____	_____

Collections Manager _____ Phone _____

LOAN UNDERWRITING

Down payment: _____% new auto; _____% used auto. Maximum debt/income ratio _____%.
 Do you use a credit scoring system? Yes No If yes, what kind? _____
 Are dealers set up under full/partial recourse? Yes No Repurchase? Yes No

INSURANCE INFORMATION

Do you verify insurance coverage before a loan is granted? Yes No
 Do you follow-up on the insurance status of each loan? Yes No
 If yes, do you use an automated tracking service? Name _____
 Do you intend to continue follow-up/tracking of insurance? Yes No
 Do you use LSI (or VSI/blanket) to protect your auto loans? Yes No
 Agency: _____ Company: _____ Policy Date: ____/____/____
 Premium per: \$ _____ auto direct \$ _____ indirect \$ _____ RV \$ _____ boat \$ _____ mobile home
 Deductible: \$ _____. Limits \$ _____. Are skip losses covered? Yes No
 Canceled/non-renewed: ____/____/____. Will coverage continue on portfolio? Yes No

*Signing this application does not bind the applicant nor the Company/Underwriters to complete this insurance.
 All of the information provided is accurate to the best of my knowledge and I understand that the policy, if issued, will be based upon the information provided herein.*

_____ authorized signature _____ date _____ printed name _____ title