

# Lenders Single Interest Program

## Lender Profile/Request for Proposal



### Contact information

Named Insured: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Portfolio Data	Total Number Of Loans	Total Dollars Outstanding	Monthly Loan Volume (#)	Maximum Loan Term	Average Loan Term	Maximum Loan Amount
Auto						
Recreational Vehicles						
Watercraft						
Other						

Portfolio Experience	Auto Direct	Auto Indirect	RV	Watercraft	Other
# Loans Made YTD					
# Loans Made Last Year					

# Repossessions YTD					
# Repossessions Last Year					

Uninsured Physical Damage Losses YTD (\$)					
Uninsured Physical Damage Losses Last Year (\$)					

# Unrecovered Skips YTD					
# Unrecovered Skips Last Year					

30 Day Delinquency % YTD					
30 Day Delinquency Last Year					

### Underwriting and Collection Standards

Maximum Loan Amount Advanced: New \_\_\_\_\_ % of MSRP Used \_\_\_\_\_ % of NADA Retail  
 Has LSI (or VSI/Blanket) been carried previously? Yes  No   
 Was your coverage canceled or rated recently? Yes  No   
 Premium Per: Auto Direct \$ \_\_\_\_\_ Auto Indirect \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

It is the responsibility of the applicant to read and understand the contents of this application. The applicant declares that all information in this application is true, correct, and complete, and that no material fact has been suppressed or misstated. The applicant further understands that incorrect or incomplete statements or information could void the coverage afforded under the "Policy" issued from the information contained in this application. The applicant also understands that this application and all information attached thereto becomes a part of their "Policy", if issued. By signing this application, the applicant understands and accepts that due to the information submitted in this application, the conditions of coverage, rates, and other rules the "Policy" may be written in a form other than what may be filed with your state insurance department.

\_\_\_\_\_  
 Signature of Applicant/Named Insured      Date      Signature of Agent/Broker      Date