

Commercial Boat Program Application



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
Watercraft/Boats						

Portfolio Experience	Watercraft
# Loans Made YTD	
# Loans Made Last Year	

# Repossessions YTD	
# Repossessions Last Year	

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

Portfolio Experience	Watercraft
# 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 coverage for Boats been carried previously? Yes No

Was your coverage canceled or re-rated recently? Yes No

Premium Per: _____ 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