



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

LENDER'S SINGLE INTEREST DISCOVERY QUESTIONNAIRE
THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

A. General Information Proposed Effective Date: _____

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Owner or Manager: _____ Title: _____

Contact Person: _____

Business Telephone Number: _____ Fax: _____

Cell: _____

Physical Location of Business (if different): _____

Has the Applicant had any Claims or losses in the last five years? Yes No

B. Desired Insurance

Skip Coverage, including GPS device. Pricing to be scheduled: \$ _____ per loan

Skip Coverage, excluding GPS device. Pricing to be scheduled: \$ _____ per loan

No Skip Coverage. Pricing to be scheduled: \$ _____ per loan

C. Business Activities

1. Outstanding Exposures:

	Number	Total Dollar Amount
A: Automobiles/Trucks		
B: Other		

2. Estimated number of new loans for the next twelve months: _____

3. Maximum term of loans: _____ Months
 Average term of loans: _____ Months

4. Do loan agreements require insurance to name you as loss payee? Yes No

5. Do you have an insurance follow-up program? Yes No

6. Past experience:

a. Average loans delinquency rate (expressed as a percentage of total loans):

YTD: 30 Days _____ 60 Days _____ 90 Days _____

Last Year: 30 Days _____ 60 Days _____ 90 Days _____

b. Number of days for repossessions: (5/10/15/30/45/60/90/Other):

YTD: _____ LAST YEAR _____ PRIOR YEAR _____

c. Repossession deficiency total (difference between sale price and outstanding loan balance):

YTD: _____ LAST YEAR _____ PRIOR YEAR _____

d. Physical damage cost total incurred on repossessed vehicles:

YTD: _____ LAST YEAR _____ PRIOR YEAR _____

e. Number of skips (vehicles charged off due to skips):

YTD: _____ LAST YEAR _____ PRIOR YEAR _____

f. Loss on skips (amount charged off due to skips):

YTD: _____ LAST YEAR _____ PRIOR YEAR _____

7. Please provide a cross section of vehicle types in your portfolio:

Private passenger: _____ %

Vans: _____ %

Pick-ups: _____ %

Other: _____ %

8. Is coverage desired on other than autos? (check yes or no for each)

Boats: Yes No Rec. Veh.: Yes No Other Prop.: Yes No

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name