



**Lender's Single Interest (LSI)
Proposal Request/Application**

Financial Institution	_____		
Address	_____		
City/State/Zip	_____	Fax	() _____
Contact/Title	_____	Phone	() _____ ext. _____

PORTFOLIO STATUS

	#	\$ Outstanding	Projected 12 Month 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.*

_____ date _____ printed name _____ title _____