

## APPLICATION FOR CREDITOR'S SINGLE INTEREST INSURANCE (COMMERCIAL VEHICLES, EQUIPMENT, ETC.)

Applicant Name: \_\_\_\_\_  
 Applicant City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### COMMERCIAL EQUIPMENT PORTFOLIO INFORMATION

As of: _____	Actual Year to Date:	Actual Last Year:	Estimated Next 12 Months:
# of Loans/Leases	_____	_____	# _____ new loans/leases
\$ Outstanding	\$ _____	\$ _____	\$ _____ outstanding
30-Day Delinquency %	_____	_____	%
Number of Repossessions	_____	_____	
Physical Damage Losses #	_____	_____	
Physical Damage Losses \$	\$ _____	\$ _____	

### APPROXIMATE % OF PORTFOLIO BY CREDIT TIER:

A: \_\_\_\_\_ %    B: \_\_\_\_\_ %    C: \_\_\_\_\_ %    D: \_\_\_\_\_ %

Avg. Loan Duration: \_\_\_\_\_ months      Maximum Loan Term: \_\_\_\_\_ months  
 Avg. Loan Amount    \$ \_\_\_\_\_      Maximum Loan Amount    \$ \_\_\_\_\_  
 Average Interest Rate (APR) \_\_\_\_\_ %      Maximum Interest Rate (APR) \_\_\_\_\_ %

<u>Assets/Collateral Types:</u>	<u>Loans #</u>	<u>Dollars Outstanding</u>	<u>Maximum Term</u>	<u>Average Term</u>	<u>Maximum Loan Amount</u>
Medical & Dental	_____	\$ _____	_____ mos	_____ mos	\$ _____
Office/Telecommunication	_____	\$ _____	_____ mos	_____ mos	\$ _____
Computers	_____	\$ _____	_____ mos	_____ mos	\$ _____
Retail/Restaurants	_____	\$ _____	_____ mos	_____ mos	\$ _____
Manufacturing, Printing	_____	\$ _____	_____ mos	_____ mos	\$ _____
Construction/Contractor	_____	\$ _____	_____ mos	_____ mos	\$ _____
Agricultural/Heavy Equip	_____	\$ _____	_____ mos	_____ mos	\$ _____
Retail Trade Inventory	_____	\$ _____	_____ mos	_____ mos	\$ _____
Wholesale Trade Inventory	_____	\$ _____	_____ mos	_____ mos	\$ _____
Floor Plan	_____	\$ _____	_____ mos	_____ mos	\$ _____
Comm. Auto/Light Truck	_____	\$ _____	_____ mos	_____ mos	\$ _____
Commercial Truck	_____	\$ _____	_____ mos	_____ mos	\$ _____
Semi/Tractor Trailer	_____	\$ _____	_____ mos	_____ mos	\$ _____
Logging/Mining/Oil	_____	\$ _____	_____ mos	_____ mos	\$ _____
Other: _____	_____	\$ _____	_____ mos	_____ mos	\$ _____

**Please attach a Schedule of Equipment in Excel format with collateral descriptions and values.**

### COMMERCIAL EQUIPMENT PORTFOLIO INFORMATION

Do you receive written verification of insurance coverage before a loan is granted?  Yes  No

Do you send notices to borrowers when insurance coverage lapses?  Yes  No

If "Yes", how many written correspondences? \_\_\_\_\_ Do you phone the borrower? \_\_\_\_\_

How many days after the date of delinquency is repossession usually ordered? \_\_\_\_\_ Days

Do you follow-up on the insurance status of each loan?  Yes  No

If "Yes", do you use an automated tracking service? Tracking Service: \_\_\_\_\_

Do you intend to continue follow-up/tracking of insurance?  Yes  No

Is the equipment or vehicle delivered prior to verification of insurance?  Yes  No

Briefly describe your initial verification of insurance: \_\_\_\_\_

\_\_\_\_\_

### PRIOR INSURANCE COVERAGE

Has Force-Placed or Blanket Single Interest insurance been carried previously?  Force-Place  Blanket VSI

If "Yes", with which Insurer? \_\_\_\_\_ Termination Date: \_\_\_\_\_

Premium Rate : \$ \_\_\_\_\_ PER \_\_\_\_\_

Premiums: \$ \_\_\_\_\_ Losses: \$ \_\_\_\_\_ Period of: \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal or Officer of Applicant

\_\_\_\_\_  
Date