

## CONSUMER LENDING APPLICATION (LSI, GAP AND CPI)

CONTACT INFORMATION				
Name Insured:				
Street Address:		City:	State:	Zip:
Contact Name:		Phone:	Email:	
Collections Contact:		Phone:	Email:	

Portfolio	Total # of Loans	Total \$ Outstanding	Monthly New Loans #	Max Loan Term	Avg. Loan Term	Max Loan Amount
Auto Direct						
Auto Indirect						
Recreational Vehicle						
Watercraft						
Moile Home						
Other Collateral						

Portfolio Statistics	Automobile Direct	Automobile Indirect	Recreational Vehicle	Watercraft	Mobile Home	Other Collateral
# Loans Made YTD						
# Loans Made Last Year						
# Repossessions YTD						
# Repossessions Last Year						
# Unrecovered Skips YTD						
# Unrecovered Skips Last Year						
30 Day Delinquency % YTD						
30 Day Delinquency Last Year						

UNDERWRITING, PRACTICES AND LOSS EXPERIENCE						
Maximum Loan Amount Advanced:	New % of MSRP		Used % of NADA Retail			
Approx. Percentage of Loans by Credit Tier	A %	B %	C %	D %		
Is insurance verified at loan origination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Do you monitor insurance status of each loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tracking Service			
Has LSI (or VSI/Blanket) been carried previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Rate Per:	Auto Direct \$	Auto Indirect \$	Deductible \$		Limit \$	
Claims Experience - Physical Damage	Incurred Physical Damage Claims \$		YTD	Last Year		
Claims Experience - Skips	Incurred Skip Claims \$		YTD	Last Year		
*Please provide 3 year premium and loss history						

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 states 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 part of their "Policy", if issued.

\_\_\_\_\_  
Signature of Applicant / Named Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent / Broker

\_\_\_\_\_  
Date