

**APPLICATION FOR  
CREDITOR'S COMPREHENSIVE SINGLE INTEREST INSURANCE  
(VSI - CONSUMER / RETAIL INSTALLMENT LOANS)**

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Applicant City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**CONSUMER LOAN PORTFOLIO INFORMATION**

As of: _____	<u>Expected Next 12 Months</u>	<u>Actual Year-to-Date</u>	<u>Actual Last Year</u>
# of Loans - Direct	_____	_____	_____
# of Loans - Indirect	_____	_____	_____
Direct Loans - \$	\$ _____	\$ _____	\$ _____
Indirect Loans - \$	\$ _____	\$ _____	\$ _____
Ave. Delinquency Rate	_____	_____	_____
Number of Defaults	_____	_____	_____
Skips Reported - #	_____	_____	_____
Skips Unrecovered - #	_____	_____	_____
Skips Unrecovered - \$	\$ _____	_____	_____
Number of Repossessions	_____	_____	_____
Physical Damage Losses - #	_____	_____	_____
Physical Damage Losses - \$	\$ _____	\$ _____	\$ _____

<u>Eligible Collateral (✓)</u>	<u>#O/S Loans</u>	<u>Dollars Outstanding</u>	<u>Maximum Term</u>	<u>Average Term</u>	<u>Maximum Loan Amount</u>
<input type="checkbox"/> Auto - Direct	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Auto - Indirect	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Motorcycles	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Comm'l Auto / Trucks	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Mobile Homes	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Motor Homes/RV's	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Boats	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Other: _____	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<b>Total</b>	_____	\$ _____			

<u>In-force Portfolio Summary</u>	<u>New</u>	<u>Used</u>	<u>All *</u>
Number of Loans (In-force)	_____ %	_____ %	_____ %
Average Loan Term	_____ mos.	_____ mos.	_____ mos.
Maximum Loan Term	_____ mos.	_____ mos.	_____ mos.
Average Interest Rate (APR)	_____ %	_____ %	_____ %
Maximum Interest Rate (APR)	_____ %	_____ %	_____ %
Maximum Loan vs. (Retail/MSRP)	_____ %	_____ %	_____ %

**INSURANCE FOLLOW-UP AND DISCLOSURE**

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 a 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: yes  
 Do you intend to continue follow-up/tracking of insurance?  Yes  No  
 Do you intend to charge a disclosed VSI Premium to the loan (where allowed by law)?  Yes  No  
 Is the equipment or vehicle delivered prior to verification of insurance?  Yes  No  
 Briefly describe your initial verification of insurance require customer to produce a binder

**PORTFOLIO CREDIT QUALITY**

	<u>Year-to-Date</u>	<u>Last Year</u>		<u>Year-to-Date</u>	<u>Last Year</u>
30 Days Delinquent	: _____%	_____%	Maximum Loan to Retail	: _____%	_____%
90 Days Delinquent	: _____%	_____%	Average Loan to Retail	: _____%	_____%
Charge-Offs	: _____%	_____%	Avg. Loan Duration	: _____	months
A and B (Prime loans)	: _____%		C and D (Sub-prime)	: _____%	

**PRIOR INSURANCE COVERAGE**

Has CPI or VSI insurance been carried previously?  CPI  VSI  
 If "Yes", with which Insurer? \_\_\_\_\_ Assurance Group \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 Premium Rate : Auto – Direct \$ \_\_\_\_\_ Auto – Indirect \$ \_\_\_\_\_ RV \$ \_\_\_\_\_  
                   Watercraft \$ \_\_\_\_\_ Mobile Home \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Premiums: \$ \_\_\_\_\_ Losses \$ \_\_\_\_\_ Period of: \_\_\_\_\_  
 Were/Are Conversion (Skip) losses covered?  Yes  No If "Yes", Skip Losses \$ \_\_\_\_\_

**COVERAGE OPTIONS**

X Coverage A – Physical Damage                      X Coverage B – Instrument Non-Filing                      X Coverage C – Skip  
 X Coverage D – Repossessed Collateral                       Leases or Irregular Payment Loans                       Assumption of Coverage  
 X Continuation Coverage (term of loan)                       Original Equipment Parts (surcharged)                       Aggregate Limit (L/R Cap)  
 Additional Insured (if yes, please provide) Limit of Liability \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Comments/Special Endorsements: \_\_\_\_\_

*I declare that all statements made in this application are true to the best of my knowledge. I understand that completion of this application does not constitute the binding of insurance and additional information may be necessary.*

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