

**BLANKET SINGLE INTEREST APPLICATION**

**1. Lender's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**2. Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**3. Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **# of Branches:** \_\_\_\_\_

**4. We are interested in obtaining blanket insurance on the classes of collateral indicated below:**

_____ Private Passenger Autos & Vans	_____ Mobile Homes
_____ Pickups & Trucks up to 1 ton	_____ Machinery and Equipment
_____ Motorcycles	_____ Personal Property
_____ Recreational Vehicles	_____ Watercraft (non-commercial)
_____ Other as specified	_____

**5. We are interested in obtaining the coverages indicated below:**

\_\_\_\_\_ All Risk Physical Damage  
\_\_\_\_\_ Instrument Non-Filing Vehicle Coverage  
\_\_\_\_\_ Skip & Confiscation Coverage  
\_\_\_\_\_ Repossession Collateral Physical Damage  
\_\_\_\_\_ GAP Coverage

**6. In making application for the above-indicated coverages, we submit the following information:**

A. How many loans are currently in force? \_\_\_\_\_ Of these, what percentage are direct? \_\_\_\_\_% What percentage are indirect? \_\_\_\_\_%

B. How many secured collateral loans do you expect to make during the next twelve months? \_\_\_\_\_ How many were made during the last twelve months? \_\_\_\_\_

C. What percentage were direct? \_\_\_\_\_% Indirect? \_\_\_\_\_%

D. Maximum vehicle loan term in months \_\_\_\_\_ Average payout in # \_\_\_\_\_ months.

E. Average original loan term in months \_\_\_\_\_ Average original amount \$ \_\_\_\_\_

F. Do you wish to cover dealer origination loans? \_\_\_\_\_ If so, provide details of recourse agreements, if any \_\_\_\_\_

G. Do your loan agreements require physical damage insurance naming you loss payee? \_\_\_\_ Yes \_\_\_\_ No

H. Please summarize your insurance follow-up Program:

I. Do you wish to cover single payment notes? \_\_\_\_\_ If so, up to \_\_\_\_\_ months?

**7. Past experience – Be as accurate as possible.**

- A. Number of repossessions YTD \_\_\_\_\_ Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_
- B. Average delinquency percentage YTD \_\_\_\_\_ % Last Year \_\_\_\_\_ % Prior Year \_\_\_\_\_ %
- C. Physical Damage Losses YTD \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_ Prior Year \$ \_\_\_\_\_
- D. Skip Losses YTD # \_\_\_\_\_ \$ \_\_\_\_\_ Last Year # \_\_\_\_\_ \$ \_\_\_\_\_ Prior Year # \_\_\_\_\_ \$ \_\_\_\_\_

**8. Do you currently have a Blanket Single Interest Insurance Program? \_\_\_\_\_ If Yes, please attach a copy of the policy. Under the policy, how much premium has been paid in the last 12 Months? \$ \_\_\_\_\_**

**9. Have you ever had a Blanket Single Interest Program? \_\_\_\_\_ If yes, please indicate when it was canceled, by whom and why?**  
\_\_\_\_\_

**10. Assumption of coverage on existing loans: Do you wish coverage to be extended to lien instruments made or acquired prior to the effective date of this policy? \_\_\_\_\_**

**11. Issue at rate of: \$ \_\_\_\_\_**

**12. Remarks:**

**We request that coverage become effective on \_\_\_\_\_ date.**

I understand that the policy will be issued in reliance upon the authority contained therein. I state that all information is accurate to the best of my ability and belief.

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.**

**By: \_\_\_\_\_**

**Title: \_\_\_\_\_**

**Producer: \_\_\_\_\_**

**Submit**