

**LENDERS COMPREHENSIVE  
SINGLE INTEREST APPLICATION**

1. Lender's Name: \_\_\_\_\_

Contact: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone: \_\_\_\_\_

Number of Branches: \_\_\_\_\_

4. We are interested in obtaining insurance on lien instruments secured by the classes of collateral indicated below:

**Vehicles including:**

Private Passenger Autos & Vans

Mobile Homes

Pickups and Trucks up to 1 ton

Machinery & Equipment

Motorcycles

Personal Property

Recreational Vehicles

Watercraft

Other as specified: \_\_\_\_\_

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

All Risk Physical Damage

Security Agreement Non-Filing

Skip & Confiscation

Repossessed Collateral Physical Damage

Holder In Due Course

GAP – (Waiver of ACV Settlement Option)

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 vehicles loans do you expect to make during the next 12 months? \_\_\_\_\_  
How many were made during the last 12 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 loan amount \$\_\_\_\_\_.

- F. Do you wish to cover dealer originated 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 pay notes?  Yes     No If so, up to  3     6     12 months.

**7. Past experience - be as accurate as possible:**

- A. Physical Damage Losses Prior to Repo YTD \$\_\_\_\_\_ Last Year \$\_\_\_\_\_ Prior Year \$\_\_\_\_\_
- B. Non-Filing Losses YTD \$\_\_\_\_\_ Last Year \$\_\_\_\_\_ Prior Year \$\_\_\_\_\_
- C. Skip Losses YTD #\_\_\_\_\_ \$\_\_\_\_\_ Last Year #\_\_\_\_\_ \$\_\_\_\_\_ Prior Year #\_\_\_\_\_ \$\_\_\_\_\_
- D. Physical Damage Losses After Repo YTD \$\_\_\_\_\_ Last Year \$\_\_\_\_\_ Prior Year \$\_\_\_\_\_
- E. Number of repossessions YTD \_\_\_\_\_ Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_
- F. Average delinquency percentage YTD \_\_\_\_\_% Last Year \_\_\_\_\_% Prior Year \_\_\_\_\_%

8. Do you have a Blanket Single Interest insurance program?  Yes     No. **If yes**, who is your current carrier and how much premium has been paid in the last 12 months? \_\_\_\_\_
9. Have you ever had a Blanket Single Interest program?  Yes     No. **If yes**, please indicate when it was cancelled, by whom, and why. \_\_\_\_\_
10. **Assumption of coverage on existing loans:** Do you wish coverage to be extended to eligible loans made or acquired prior to the effective date of this policy?  Yes     No

11. Remarks: \_\_\_\_\_

12. Issue at rate of: **(Company Use Only)** \_\_\_\_\_

**We request that coverage become effective on \_\_\_\_\_ date.** I understand that the policy will be issued, based upon the information contained in this application, and I certify that all information is accurate to the best of my knowledge.

Signed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 Agency: \_\_\_\_\_

MGA: **EXECUTIVE INSURANCE AGENCY**  
**STOCKBRIDGE, GA**  
**1 (800) 772-1404**