CREDITOR PLACED INSURANCE APPLICATION

Applicant Name:							
Address:							
City:			State:		Zip:		
Proposed Policy Effective Da	te:		_				
	LOAN	N PORTFOLIO I	NFORM	ATION			
Origination / Claims Statistics	s as of	 (Date)	_				
	Expected Next 12 Months	<u>8</u>	Act <u>Year-t</u>	ual to-Date		tual <u>t Year</u>	
 # of Loans - Direct # of Loans - Indirect Direct Loans - \$\$ Indirect Loans - \$\$ Ave. Delinquency Rate Number of Defaults Number of Skips Total Skip Losses Number of Repos Total Phys. Damage Losses 	\$ \$ \$ \$	-	\$ \$ \$ \$		\$ \$ \$ \$		
Actual Portfolio Status as of	 (Date)	<u>-</u>					
	#O/S <u>Loans</u>	Dollars Outstanding		Maximum <u>Term</u>	Average <u>Term</u>	Maximum <u>Loan Amount</u>	
Auto – Direct Auto – Indirect Motorcycles Comm'I Auto / Trucks Mobile Homes Motor Homes/RV's Boats Other Total		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		mos. mos. mos. mos. mos. mos. mos.	mos. mos. mos. mos. mos. mos. mos.	\$ \$ \$ \$ \$ \$ \$	

LOAN PORTFOLIO INFORMATION (CONT'D)

Loan Origination Statistics as of	(Date)					
	New		<u>Used</u>		<u>All</u> *	
Percentage	_	%		%	100	%
Ave. Loan Term		mos.		mos.		mos.
Maximum Loan Term		mos.		mos.		mos.
Minimum Down Payment		%		%		%
Ave. APR Interest		%		%		%
Maximum APR Interest		%		%		%
Maximum Loan vs. MSRP		%		%		%
Maximum Loan vs. Retail		%		%		_%

* Complete "All" if information is not available between "New" and "Used"

UNDERWRITING AND COLLECTION STANDARDS

	Motorcycles Commercial Auto/Trucks	mos. mos. mos. mos. mos.	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
√	Eligible Collateral Private Passenger Autos	Agreement Term mos.	Agreement Amount	Rep \$			Non-F	Repo
		<u>COVERAG</u> Maximum Credit	E OPTIONS Maximum Credit		Ded	luctible	9	
Were/Are Conversion (Skip) losses covered? Premiums – Last Year \$ Losses - Last Year \$ Losses - Last Year \$ Losses - Last Year \$						Yes 		No
	Reason for cancellation? Premium per: Auto – Direct Watercraft		o – Indirect <u>\$</u> bile Home \$	RV <u>\$</u> Other \$				
How many days after the date of delinquency is a repossession usually ordered? days. Has CPI or VSI insurance been carried previously? [If "Yes", with which Insurer?								VSI
Averag	i intend to continue follow-up/tr le years experience of your Co le years experience of your Ma	Ilection Manager(s)	yrs. urchasing loans?		□ yrs.	Yes		No
	If "Yes", how many days after follow-up on the insurance sta If "Yes", do you use an autom	atus of each loan? nated tracking service?		econd Notice:		Yes		No
Do you Does y Do you	alers set up under full or partia have repurchase agreements our loan agreement require ins receive written verification of send notices to borrowers wh	with your dealers? surance naming you as nsurance coverage bef en insurance coverage	ore a loan is granted? lapses?	Netion.		Yes Yes Yes Yes Yes		No No No No
Do you	have written credit underwritin have written procedures for h use a Credit Scoring System? If "Yes", what kind?	andling delinquencies a	and repossessions?			Yes Yes Yes		No No No

COVERAGE OPTIONS (CONT'D)

Premium Rating Base: O/S Balance		ACV		Lesser of O/S Balance or ACV	
Notice of Insurance Term (choose one):		Annual		Monthly	
Credit Agreement Types:		Loans		Leases 🛛 Balloon/Irregular	
Return Premiums:		Pro-rata		90% Pro-rata 🛛 Rule of 78's	
Actual Cash Value Definition:		Retail		Ave. of Wholesale and Retail	
Additional Insureds: Repossession Required: Simple Interest Loan Payoff: Pro-rata Calculation of Cancelables: Original Equipment Manufacturers Parts:		Yes Yes Yes Yes Yes		No (If Yes, please provide) No No No	
Creditor (Lender) Coverages:		Limit per	Loan	<u>Rate</u>	
Instrument Non-Filing Automatic Coverage Mechanics Lien Expense Repossessed Collateral Repossession Storage Expense Repossession & Return Expense Worldwide Coverage Confiscation Coverage Mechanical Breakdown Sector Comments/Special Endorsements:					

I hereby 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 that InsureLutions, Inc. reserves the right to request additional information as may be reasonably necessary.

Signature of Principal Partner or an Officer of the Applicant

Date

Signature of Agent/Broker

Date

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.