

**CONTACT INFORMATION**

Named Insured:				
Street Address:		City	State	Zip
Main Contact Name:		Phone:	Email:	
Collections Contact:		Phone:	Email:	

PORTFOLIO STATUS	Total # of Loans	Total \$ Outstanding	Monthly New Loans #	Max. Loan Term	Avg. Loan Term	Max.Loan Amount
Auto Direct						
Auto Indirect						
Recreational Vehicle						
Watercraft						
Other Property						
Mobile Home						

PORTFOLIO STATISTICS	Automobile Direct	Automobile Indirect	Recreational Vehicle	Watercraft	Other Personal Property	Mobile Home
# Loans Made YTD						
# Loans Made Last Year						
# Loans Made Prior Year						
# Repossessions YTD						
# Repossessions Last Year						
# Repossessions Prior Year						
# Unrecovered Skips YTD						
# Unrecovered Skips Last Year						
# Unrecovered Skips Prior Year						
30 Day Delinquency % YTD						
30 Day Delinquency Last Year						
30 Day Delinquency Prior 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	%
Number of first payment defaults in the past 12 months?								
Is insurance verified at loan origination?	Yes	No						
Do you monitor insurance status of each loan?	Yes	No	Tracking Service:					
Will follow-up tracking continue?	Yes	No						
Has LSI (or VSI/Blanket) been carried previously?	Yes	No	Prior Carrier:					
Was your coverage cancelled or re-rated recently?	Yes	No						
Premium Per:	Auto Direct \$		Auto Indirect \$		Deductible: \$		Limit \$	
Loss Experience:	Incurred \$	YTD	Incurred \$	Last Year Incurred \$		(3) Year		
	Incurred %	YTD	Incurred %	Last Year Incurred %		(3) Year		

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
--	------	-----------------------------	------