



**APPLICATION FOR
CREDITOR'S SINGLE INTEREST INSURANCE
(COMMERCIAL VEHICLES, EQUIPMENT, ETC.)**

Applicant Name: _____

Applicant Address: _____

Applicant City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ Phone: _____ Email: _____

COMMERCIAL EQUIPMENT PORTFOLIO INFORMATION

As of: _____	Actual Year to Date	Actual Last Year	Estimated Next 12 Months
# of Loans/Leases	_____	_____	# _____ new loans/leases
\$ Outstanding	\$ _____	\$ _____	\$ _____ outstanding
30-Day Delinquency %	_____	_____	
Number of Repossessions	_____	_____	
Physical Damage Losses - #	_____	_____	
Physical Damage Losses - \$	\$ _____	\$ _____	
Skips Unrecovered - #	_____	_____	
Skips Unrecovered - \$	\$ _____	\$ _____	

Approximate % of Portfolio by Credit Tier:

A : _____% B: _____% C: _____% D: _____%

Avg. Loan Duration: _____ months Maximum Loan Term _____ months

Avg. Loan Amount \$ _____ Maximum Loan Amount: \$ _____

Average Interest Rate (APR) _____% Maximum Interest Rate (APR) _____%

<u>Assets / Collateral Types</u>	<u>Loans #</u>	<u>Dollars Outstanding</u>	<u>Maximum Term</u>	<u>Average Term</u>	<u>Maximum Loan Amount</u>
<input type="checkbox"/> Medical & Dental	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Office / Telecommunication	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Computers	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Retail and Restaurant	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Manufacturing, Printing	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Construction / Contractor	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Agricultural / Heavy Equip	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Retail Trade Inventory	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Wholesale Trade Inventory	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Floor Plan	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Commercial Auto/Light Truck	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Commercial Truck	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Semi / Tractor Trailer	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Logging / Mining / Oil	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
<input type="checkbox"/> Other: _____	_____	\$ _____	_____ mos.	_____ mos.	\$ _____
Total Commercial Portfolio	_____	\$ _____			

Please attach a Schedule of Equipment (preferably in an electronic file) with descriptions, values, locations

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 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: _____
Do you intend to continue follow-up/tracking of insurance? Yes No
Is the equipment or vehicle delivered prior to verification of insurance? Yes No
Briefly describe your initial verification of insurance _____

PRIOR INSURANCE COVERAGE

Has Force-Placed or Blanket Single Interest insurance been carried previously? Force-Place Blanket VSI
If "Yes", with which Insurer? _____ Termination Date: _____
Premium Rate : \$ _____ PER _____
Premiums: \$ _____ Losses \$ _____ Period of: _____
Were/Are Conversion (Skip) losses covered? Yes No If "Yes", Skip Losses \$ _____

Signature of Principal or Officer of Applicant

Date

Lee & Mason Financial Services, Inc.
leeandmason.com