

# WVBA

## INSURANCE GROUP

### Lender's Single Interest (LSI)

#### Proposal Request/Application

Financial Institution	_____		
Address	_____		
City/State/Zip	_____	Phone	( ) _____
Contact/Title	_____	Email	_____

### PORTFOLIO STATUS

	#	\$ outstanding	monthly volume #	max. term	avg. term	max.\$ amount
auto direct	_____	_____	_____	_____	_____	_____
auto indirect	_____	_____	_____	_____	_____	_____
rec. vehicle	_____	_____	_____	_____	_____	_____
boat/marine	_____	_____	_____	_____	_____	_____
mobile home	_____	_____	_____	_____	_____	_____
other	_____	_____	_____	_____	_____	_____

	auto direct	auto indirect	RV	boat	mobile home	other
# loans made last year	_____	_____	_____	_____	_____	_____
loans made prior year	_____	_____	_____	_____	_____	_____
# repossessions YTD	_____	_____	_____	_____	_____	_____
repos last year	_____	_____	_____	_____	_____	_____
repos prior year	_____	_____	_____	_____	_____	_____
# unrecovered skips YTD	_____	_____	_____	_____	_____	_____
skips last year	_____	_____	_____	_____	_____	_____
skips prior year	_____	_____	_____	_____	_____	_____
net charge-offs \$ YTD	_____	_____	_____	_____	_____	_____
charge-offs last year	_____	_____	_____	_____	_____	_____
delinquency % (30 day)	_____	_____	_____	_____	_____	_____
delinquency last year	_____	_____	_____	_____	_____	_____
Collections Manager	_____				Phone	( ) _____

### LOAN UNDERWRITING

Down payment: \_\_\_\_\_% new auto; \_\_\_\_\_% used auto. Maximum debt/income ratio \_\_\_\_\_%.

Do you use a credit scoring system?  Yes  No If yes, what kind? \_\_\_\_\_

Are dealers set up under full/partial recourse?  Yes  No Repurchase?  Yes  No

### INSURANCE INFORMATION

Do you verify insurance coverage before a loan is granted?  Yes  No

Do you follow-up on the insurance status of each loan?  Yes  No

If yes, do you use an automated tracking service? Name \_\_\_\_\_

Do you intend to continue follow-up/tracking of insurance?  Yes  No

Do you use LSI (or VSI/blanket) to protect your auto loans?  Yes  No

Agency: \_\_\_\_\_ Company: \_\_\_\_\_ Policy Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Premium per: \$ \_\_\_\_\_ auto direct \$ \_\_\_\_\_ indirect \$ \_\_\_\_\_ RV \$ \_\_\_\_\_ boat \$ \_\_\_\_\_ mobile home

Deductible: \$ \_\_\_\_\_. Limits \$ \_\_\_\_\_. Are skip losses covered?  Yes  No

Canceled/non-renewed: \_\_\_\_/\_\_\_\_/\_\_\_\_. Will coverage continue on portfolio?  Yes  No

*Signing this application does not bind the applicant nor the Company/Underwriters to complete this insurance.*

*All of the information provided is accurate to the best of my knowledge and I understand that the policy, if issued, will be based upon the information provided herein.*

\_\_\_\_\_ authorized signature \_\_\_\_\_ date \_\_\_\_\_ printed name \_\_\_\_\_ title