

**LENDERS SINGLE INTEREST INSURANCE APPLICATION**

**LENDERS RISK MANAGEMENT, INC.**  
 305 West Chesapeake Avenue, Suite 211  
 Towson, MD 21204  
 Phone: 888-600-4436 / Fax: 410-296-7876

Financial Institution Name: \_\_\_\_\_ Number of Branches \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Loan Portfolio Characteristics:**

1. Current number of auto-secured loans: \_\_\_\_\_ Total of Loan Balances: \$ \_\_\_\_\_
2. Number of auto-secured loans made in last 12 months: \_\_\_\_\_
3. Number of auto-secured loans expected to be made in next 12 months: \_\_\_\_\_
4. Of 3. above: Direct : \_\_\_\_\_% Dealer (Indirect): \_\_\_\_\_%
5. Any Dealers making only full-recourse loans?  Yes  No If yes, \_\_\_\_\_% of 3. above
6. Maximum Loan Term: \_\_\_\_ mos. Average Loan Term: \_\_\_\_ mos.
7. Average Loan delinquency: YTD \_\_\_\_\_% Prior Year \_\_\_\_\_% 2<sup>nd</sup> Prior Year \_\_\_\_\_%
8. Make any Single Payment or Balloon payment loans?  Yes  No
9. Interest on Loan is calculated:  Simple Interest  Pro Rata  Rule of 78's
10. Make any Open-ended loans?  Yes  No  
 If Yes, explain: \_\_\_\_\_
11. Do you track borrower insurance on loan collateral?  Yes  No
12. Is coverage desired on collateral other than autos?  Yes  No

	Watercraft	Recreational Vehicles	Mobile Homes	Motorcycles	Other Chattels
Max. Loan Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Current # of Loans	_____	_____	_____	_____	_____
Total of Loan Balances	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Est. # New Loans Next 12 mos.	_____	_____	_____	_____	_____

**Loan Portfolio Experience:**

1. Number of Repossessions: YTD \_\_\_\_\_ Prior Year \_\_\_\_\_ 2<sup>nd</sup> Prior Year \_\_\_\_\_
2. Average Repossession deficiency: YTD \$ \_\_\_\_\_ Prior Year \$ \_\_\_\_\_ 2<sup>nd</sup> Prior Year \$ \_\_\_\_\_
3. Skip Losses: Last Year \$ \_\_\_\_\_ # \_\_\_\_\_ 2<sup>nd</sup> Prior Year \$ \_\_\_\_\_ # \_\_\_\_\_
4. Has VSI, LSI or CPI coverage been previously provided?  Yes  No  
 If Yes, vendor or insurer: \_\_\_\_\_
5. Has any prior VSI, LSI or CPI coverage been cancelled or non-renewed by the insurer, or application(s) for such coverage been declined?  Yes  No  
 (This Question 5. does not apply to Missouri applicants.)

**Agent/Broker Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**APPLICANT: PLEASE READ PAGE 2 AND COMPLETE, SIGN AND DATE SECTION AT BOTTOM OF PAGE.**

**LENDERS SINGLE INTEREST INSURANCE APPLICATION – Continued From Page 1**

**Any person who knowingly and with the intent to injure, defraud or deceive any insurance company, files a statement of fact containing any false, incomplete or misleading information is guilty of a felony.**

**ARKANSAS AND LOUISIANA FRAUD WARNING**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO FRAUD WARNING**

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**KENTUCKY FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**MAINE, TENNESSEE AND VIRGINIA FRAUD WARNING**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NEW JERSEY FRAUD WARNING**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO FRAUD WARNING**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NORTH DAKOTA FRAUD WARNING**

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company, files a statement of fact containing any false, incomplete or misleading information may be guilty of a felony.

**OHIO FRAUD WARNING**

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. The state's citation explicitly notes that the absence of such a warning shall not constitute a defense against prosecution for insurance fraud.

**PENNSYLVANIA FRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The present officers, employees, agents and partners of the financial institution have, to the best of the financial institution's knowledge and belief, while in the service of the financial institution, always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the financial institution indicated that any of the said officers, employees, agents or partners are dishonest. Such knowledge that any official or officer signing for the financial institution may now have in respect to his or her own personal acts or conduct, unknown to the financial institution, is not imputable to the financial institution.

**APPLICANT MUST COMPLETE AND SIGN BELOW:**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_  
Financial Institution Name Signature and Title