

**APPLICATION FOR COMMERCIAL ASSET &  
BLANKET 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: _____	<u>Actual Year to Date</u>	<u>Actual Last Year</u>	<u>Estimated Next 12 Months</u>
# 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.	\$ _____
<b>Total Commercial Portfolio</b>	_____	\$ _____			

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 \_\_\_\_\_

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**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 of Officer of Applicant

\_\_\_\_\_  
Date