



8722 S. Harrison St. Sandy, UT 84070  
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**LENDER'S SINGLE  
 INTEREST SUBMISSION  
 FORM**

**A. General Information**

Proposed Effective Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Owner or Manager: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Has the Applicant had any Claims or losses in the last five years?  Yes  No

**B. Desired Insurance**

Skip Coverage, including GPS device. Pricing to be scheduled: \$ \_\_\_\_\_ per loan

Skip Coverage, excluding GPS device. Pricing to be scheduled: \$ \_\_\_\_\_ per loan

No Skip Coverage. Pricing to be scheduled: \$ \_\_\_\_\_ per loan

**C. Business Activities\**

**1. Outstanding Exposures:**

	Number	Total Dollar Amount
A: Automobiles/Trucks		
B: Other		

2. Estimated number of new loans for the next twelve months: \_\_\_\_\_

3. Maximum term of loans: \_\_\_\_\_ Months

Average term of loans: \_\_\_\_\_ Months

4. Do loan agreements require insurance to name you as loss payee?  Yes  No

5. Do you have an insurance follow-up program?  Yes  No

**6. Past experience:**

a. Average loans delinquency rate (expressed as a percentage of total loans):

YTD: 30 Days \_\_\_\_\_ 60 Days \_\_\_\_\_ 90 Days \_\_\_\_\_

Last Year: 30 Days \_\_\_\_\_ 60 Days \_\_\_\_\_ 90 Days \_\_\_\_\_

b. Number of days for repossessions: (5/10/15/30/45/60/90/Other):

YTD: \_\_\_\_\_ LAST YEAR \_\_\_\_\_ PRIOR YEAR \_\_\_\_\_

c. Repossession deficiency total (difference between sale price and outstanding loan balance):

YTD: \_\_\_\_\_ LAST YEAR \_\_\_\_\_ PRIOR YEAR \_\_\_\_\_

- d. Physical damage cost total incurred on repossessed vehicles:  
 YTD: \_\_\_\_\_ LAST YEAR \_\_\_\_\_ PRIOR YEAR \_\_\_\_\_
- e. Number of skips (vehicles charged off due to skips):  
 YTD: \_\_\_\_\_ LAST YEAR \_\_\_\_\_ PRIOR YEAR \_\_\_\_\_
- f. Loss on skips (amount charged off due to skips):  
 YTD: \_\_\_\_\_ LAST YEAR \_\_\_\_\_ PRIOR YEAR \_\_\_\_\_

7. Please provide a cross section of vehicle types in your portfolio:

- Private passenger: \_\_\_\_\_%
- Vans: \_\_\_\_\_%
- Pick-ups: \_\_\_\_\_%
- Other: \_\_\_\_\_%

8. Is coverage desired on other than autos? (check yes or no for each)

Boats:  Yes  No    Rec. Veh.:  Yes  No    Other Prop.:  Yes  No

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name