



**AMERICAN MODERN INSURANCE GROUP  
BLANKET SINGLE INTEREST INSURANCE APPLICATION**

<b>Institution Name</b>					
	<b>Address</b>				
	<b>City/State/Zip</b>				<b>Phone</b>
	<b>Contact</b>			<b>Title</b>	<b>Fax</b>

PORTFOLIO STATUS	Number of Loans	Dollars Outstanding	Monthly Originations	Max. Term	Avg. Term	Max. Amount
Auto direct						
Auto indirect						
Recreational vehicle						
Boat / Marine						
Mobile Home						
All Other						

LENDING EXPERIENCE	Auto Direct	Auto Indirect	Recreational Vehicle	Boat	Mobile Home	All Other
No. of Loans made YTD						
No. of Loans made Last year						
No. of Loans made Prior year						
No. of Repossessions YTD						
No. of Repos Last year						
No. of Repos prior year						
No. Unrecovered skips YTD						
No. of Skips Last year						
No. of Skips Prior year						
Net charge-offs \$ YTD						
Charge-offs last year						
Delinquency % (30 day)						
Delinquency last year						

REQUESTED COVERAGE OPTIONS			
COVERAGES		COLLATERAL	
All Risk Physical Damage	<input type="checkbox"/>	Autos and Pickups	<input type="checkbox"/>
Instrument Non-Filing E&O	<input type="checkbox"/>	Watercraft	<input type="checkbox"/>
Skip and Confiscation	<input type="checkbox"/>	Motorcycles, ATV	<input type="checkbox"/>
Repossessed Property	<input type="checkbox"/>	Recreational Vehicle	<input type="checkbox"/>
Holder in Due Course	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
Assumption of Coverage	<input type="checkbox"/>	Machinery & Equipment	<input type="checkbox"/>
Waiver of ACV Settlement Option	<input type="checkbox"/>	Personal Property	<input type="checkbox"/>

**LOAN UNDERWRITING**

Credit scoring system (circle) **YES / NO** Type: \_\_\_\_\_  
 Down payment required: \_\_\_\_\_% **NEW** \_\_\_\_\_% **USED** Maximum debt/income ratio \_\_\_\_\_%  
 Number of **First Payment Defaults** in last 12 months: \_\_\_\_\_  
 Number of **Underwriting Exceptions** in last 12 months: \_\_\_\_\_

**INSURANCE INFORMATION**

Is insurance verified at loan origination?  Yes  No  
 Do you monitor 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 have and VSI or CPI program in place?  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: \_\_\_\_/\_\_\_\_/\_\_\_\_. Is assumption coverage in place?  Yes  No  
 Requested coverage effective date: \_\_\_\_\_

I understand that the policy will be issued in reliance upon the authority contained therein. I state that all information is accurate to the best of my ability and belief.

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