

8722 S. Harrison St. Sandy, UT 84070 P.O. Box 4439 Sandy, UT 84091 877-585-2853 • Fax 877-585-2854

LENDER'S SINGLE INTEREST SUBMISSION FORM

	-	Seneral Information Proposed Effective Date:						
	Bu	Business Name:						
	Bu	Business Mailing Address:						
		City:		State: _	Zip:			
		E-Mail:		County:				
	Ov	vner or Manager:		Title:				
	Со	ntact Person:						
		Business Telephone Number:		Fax	::			
		Cell:						
	Ph	Physical Location of Business (if different):						
	Has the Applicant had any Claims or losses in the last five years?					☐ Yes ☐ No		
	De	Desired Insurance						
	☐ Skip Coverage, including GPS device. Pricing to be scheduled: \$ per I				per loan			
		☐ Skip Coverage, excluding GPS device. Pricing to be scheduled:			per loan			
		□ No Skip Coverage. Pricing to be scheduled: \$ per loan						
·	Ru	siness Activities\						
С.	Outstanding Exposures:							
	•	Catotaliang Exposures.	Number		Total Dollar Ar			
					TOTAL DOLLAR AL	nount		
		A: Automobiles/Trucks	Tumbo.		Total Dollar Al	nount		
		A: Automobiles/Trucks	Transo.		Total Dollar Al	nount		
		A: Automobiles/Trucks B: Other			Total Dollar Al	nount		
	2.					nount		
	 2. 3. 	B: Other Estimated number of new loans for t	he next twelve months: _			nount		
		B: Other Estimated number of new loans for t Maximum term of loans:	he next twelve months: _ Months			nount		
	3.	B: Other Estimated number of new loans for t Maximum term of loans: Average term of loans:	the next twelve months: _ _ Months _ Months					
	3.4.	B: Other Estimated number of new loans for t Maximum term of loans: Average term of loans: Do loan agreements require insuran	he next twelve months: Months _ Months ce to name you as loss page.			□ Yes □ No		
	3.4.5.	B: Other Estimated number of new loans for to Maximum term of loans: Average term of loans: Do loan agreements require insurant Do you have an insurance follow-up	he next twelve months: Months _ Months ce to name you as loss page.					
	3.4.	B: Other Estimated number of new loans for to Maximum term of loans: Average term of loans: Do loan agreements require insurant Do you have an insurance follow-up Past experience:	the next twelve months: Months _ Months ce to name you as loss participations.	ayee?		□ Yes □ No		
	3.4.5.	B: Other Estimated number of new loans for to Maximum term of loans: Average term of loans: Do loan agreements require insurant Do you have an insurance follow-up Past experience: a. Average loans delinquency rate	the next twelve months: Months _ Months ce to name you as loss participation of the program? (expressed as a percental)	ayee? age of total lo		□ Yes □ No		
	3.4.5.	B: Other Estimated number of new loans for the Maximum term of loans:	the next twelve months: Months Months ce to name you as loss particle program? (expressed as a percentage) 90 Days	ayee? age of total lo		□ Yes □ No		
	3.4.5.	B: Other Estimated number of new loans for to Maximum term of loans:	the next twelve months: Months Months ce to name you as loss particle program? (expressed as a percental ys 90 Days Days 90 Day	ayee? age of total lo s		□ Yes □ No		
	3.4.5.	B: Other Estimated number of new loans for to Maximum term of loans: Average term of loans: Do loan agreements require insuranto poyou have an insurance follow-up Past experience: a. Average loans delinquency rate YTD: 30 Days 60 Day Last Year: 30 Days 60 b. Number of days for repossession	the next twelve months: Months _ Months ce to name you as loss particle program? (expressed as a percental ys 90 Days Days 90 Day ns: (5/10/15/30/45/60/90/6	ayee? age of total lo s		□ Yes □ No		
	3.4.5.	B: Other Estimated number of new loans for the Maximum term of loans:	che next twelve months: Months _ Months ce to name you as loss particular program? (expressed as a percental ys 90 Days Days 90 Day ns: (5/10/15/30/45/60/90/6 PRIOR YEAR	ayee? age of total lo s Other):	ans):	☐ Yes ☐ No☐ Yes ☐ No		
	3.4.5.	B: Other Estimated number of new loans for to Maximum term of loans: Average term of loans: Do loan agreements require insuranto poyou have an insurance follow-up Past experience: a. Average loans delinquency rate YTD: 30 Days 60 Day Last Year: 30 Days 60 b. Number of days for repossession	the next twelve months: Months Months ce to name you as loss particle program? (expressed as a percental ys 90 Days Days 90 Day ns: (5/10/15/30/45/60/90/6 PRIOR YEAR	ayee? age of total lo s Other): rice and outs	ans):	☐ Yes ☐ No☐ Yes ☐ No		

	a.	Physical damag	e cost total incurred on r	epossessea venicies:			
		YTD:	LAST YEAR	PRIOR YEAR			
	e.		(vehicles charged off de LAST YEAR	ue to skips): _ PRIOR YEAR			
	f.		mount charged off due t	o skips): _ PRIOR YEAR			
7.	Ple	Please provide a cross section of vehicle types in your portfolio:					
	Pri	vate passenger:	%				
	Vai	ns:	%				
	Pic	k-ups:	%				
	Oth	ner:	%				
8. Is coverage desired on other than autos? (cl			on other than autos? (ch	neck yes or no for each)			
	Boa	ats: □ Yes □ No	Rec. Veh.: ☐ Yes [□ No Other Prop.: □ Yes □ No			
Da	ted:			Dated:			
Ар	plica	ınt:		Agent/Broker:			
Signature				Signature			
Print Name				Print Name			
rint name				I IIII I NAIIIO			