

# Collateral Protection Insurance Survey

Commercial Vehicles & Equipment

80 Washington Sq. | Norwell, MA | 02061 | 800-646-4837 | 877-499-4616 (e-fax)



## Applicant Information

Institution Name		Contact Name	
Contact Title	Contact Phone	Contact E-mail	
Address	City	State	ZIP

## Other Miniters Programs

Consumer Blanket VSI Insurance <input type="checkbox"/> Yes, please send survey	Consumer Collateral Protection <input type="checkbox"/> Yes, please send survey	Mortgage Hazard Insurance <input type="checkbox"/> Yes, please send survey	Blanket Mortgage Insurance <input type="checkbox"/> Yes, please send survey
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## Risk Management

Name of Current Insurance Provider:	Current Insurance Tracking Device:	Current Policy Rate:	Current Policy Deductibles:
Prior Year Earned Premium Amount:	Prior Year Paid Loss Amount:	Prior Year Skip Count:	Prior Year Repossessions Count:
YTD Delinquency Rate: <sup>(bps)</sup>	Please list any other factors you feel should be considered in the Underwriting process:		

## Outstanding Portfolio Characteristics

Total Count: Vehicle Loans:	Asset Value: Vehicle Portfolio:	Total Count: Equipment Loans:	Asset Value: Equipment Portfolio:
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## Lending Characteristics

% of Portfolio "A" Credit ( $\geq 700$ )	% of Portfolio "B" Credit (660-699)	% of Portfolio "C" Credit (620-659)	% of Portfolio "D" Credit ( $\leq 619$ )
Other Collateral types included are:	What is the maximum loan term?	Highest value Vehicle loan:	Highest value Equipment loan:
Next 12 Months Vehicle Originations:	Next 12 Months Asset Value - Vehicles	Next 12 Months Equip. Originations:	Next 12 Months Asset Value - Equip.

In add it on to a completed and executed survey, a listing of current loans is required. Spreadsheet or similar listing should include: collateral description (type, year, make, model and Vehicle Identification Number or Equipment Model Number/Serial Number) and current loan balance.

## General Information

Are loans originated: <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	Are blocks of loans ever sold?	Is the portfolio multi-state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested deductible?
Additional information may be required after survey submission. Please include any Loss History / Premium History / Policy Information available to you.		Coverage Desired: <input type="checkbox"/> Single (Lender only) <input type="checkbox"/> Dual (Lender/Borrower)	

## Signature

Signature of Applicant

Printed Name / Title / Date

This is not a binder. Coverage will not be considered bound unless written confirmation is provided by underwriters. The Lender (applicant) acknowledges that this application is being submitted for consideration only and does not represent a binder of insurance.

In addition, the Lender agrees that the facts stated in this application are true to the best of his or her knowledge and that, should a policy be issued, books and records will be maintained for the purpose of establishing coverage effective dates for any collateral to be covered and will make available for review by any representative of the Company and / or Insurance Carrier.

Notice: Any person who, knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person, submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.