

CONTACT INFORMATION

| | | | | |
|----------------------|--|--------|--------|-----|
| Named Insured: | | | | |
| Street Address: | | City | State | Zip |
| Main Contact Name: | | Phone: | Email: | |
| Collections Contact: | | Phone: | Email: | |

| PORTFOLIO STATUS | Total # of Loans | Total \$ Outstanding | Monthly New Loans # | Max. Loan Term | Avg. Loan Term | Max.Loan Amount |
|----------------------|------------------|----------------------|---------------------|----------------|----------------|-----------------|
| Auto Direct | | | | | | |
| Auto Indirect | | | | | | |
| Recreational Vehicle | | | | | | |
| Watercraft | | | | | | |
| Other Property | | | | | | |
| Mobile Home | | | | | | |

| PORTFOLIO STATISTICS | Automobile Direct | Automobile Indirect | Recreational Vehicle | Watercraft | Other Personal Property | Mobile Home |
|--------------------------------|-------------------|---------------------|----------------------|------------|-------------------------|-------------|
| # Loans Made YTD | | | | | | |
| # Loans Made Last Year | | | | | | |
| # Loans Made Prior Year | | | | | | |
| # Repossessions YTD | | | | | | |
| # Repossessions Last Year | | | | | | |
| # Repossessions Prior Year | | | | | | |
| # Unrecovered Skips YTD | | | | | | |
| # Unrecovered Skips Last Year | | | | | | |
| # Unrecovered Skips Prior Year | | | | | | |
| 30 Day Delinquency % YTD | | | | | | |
| 30 Day Delinquency Last Year | | | | | | |
| 30 Day Delinquency Prior Year | | | | | | |

UNDERWRITING, PRACTICES AND LOSS EXPERIENCE

| | | | | | | |
|---|----------------|------------------|-------------------|-----------------------|------------------|-----|
| Maximum Loan Amount Advanced: | New | % of MSRP | | Used | % of NADA Retail | |
| Approx. Percentage of Loans by Credit Tier | A | % | B | % | C | D % |
| Number of first payment defaults in the past 12 months? | | | | | | |
| Is insurance verified at loan origination? | Yes | No | | | | |
| Do you monitor insurance status of each loan? | Yes | No | Tracking Service: | | | |
| Will follow-up tracking continue? | Yes | No | | | | |
| Has LSI (or VSI/Blanket) been carried previously? | Yes | No | Prior Carrier: | | | |
| Was your coverage cancelled or re-rated recently? | Yes | No | | | | |
| Premium Per: | Auto Direct \$ | Auto Indirect \$ | Deductible: \$ | Limit \$ | | |
| Loss Experience: | Incurred \$ | YTD | Incurred \$ | Last Year Incurred \$ | (3) Year | |
| | Incurred % | YTD | Incurred % | Last Year Incurred % | (3) Year | |

The applicant declares that all information in this application is true, correct and complete, and that no material fact has been suppressed or misstated. The applicant further understands that incorrect or incomplete states or information could void the coverage afforded under the "Policy" issued from the information contained in this application. The applicant also understands that this application and all information attached thereto becomes part of their "Policy", if issued.

| | | | |
|--|------|-----------------------------|------|
| Signature of Applicant / Named Insured | Date | Signature of Agent / Broker | Date |
|--|------|-----------------------------|------|