



J.T. MILLER COMPANY, INC.

INSURANCE APPLICATION

**Blanket Lenders Single Interest (LSI)
Collateral Protection Insurance (CPI)**

| LENDER INFORMATION | |
|-----------------------|--|
| Institution Name | |
| Address | |
| City/State/Zip | |
| Primary Contact/Title | |
| E-mail Address | |
| Contact Phone | |

| REQUESTED COLLATERAL PORTFOLIO DETAIL | | | | | | |
|--|-----------------|---------------------|----------------------|-----------|-----------|-------------|
| PORTFOLIO STATUS | Number of Loans | Dollars Outstanding | Monthly Originations | Max. Term | Avg. Term | Max. Amount |
| Auto direct | | | | | | |
| Auto indirect | | | | | | |
| Recreational Vehicle (RV, ATV, Snowmobile, Camper, etc.) | | | | | | |
| Boat / Marine | | | | | | |
| Mobile Home | | | | | | |
| Commercial | | | | | | |
| Farm/Agricultural | | | | | | |
| All Other | | | | | | |

| LENDING EXPERIENCE | Auto Direct | Auto Indirect | Commercial | Farm/Ag | 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 | | | | | |



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PORTFOLIO CREDIT INFORMATION

LOAN UNDERWRITING

| | | | | |
|----------------------------|------------------------------|-----------------------------|-------|---|
| Credit Scoring System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Type: | |
| Down Payment Required? | New: | % | Used: | % |
| Maximum Debt/Income Ratio: | % | | | |

INSURANCE INFORMATION

| | | |
|---|------------------------------|-----------------------------|
| Is Insurance Verified at Loan Origination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do You Monitor Insurance Status on Each Loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REQUESTED COLLATERAL COVERAGE

| | | | |
|--|--------------------------|-----------------------------|--------------------------|
| Agricultural/Farm Equipment | <input type="checkbox"/> | Motor Homes | <input type="checkbox"/> |
| Aircraft (Not in Motion) | <input type="checkbox"/> | Motorcycles / Sport Bikes | <input type="checkbox"/> |
| ATV's (All Terrain Vehicles) | <input type="checkbox"/> | Personal Property / Chattel | <input type="checkbox"/> |
| Automobiles (Cars, SUV's & Pickups) | <input type="checkbox"/> | Recreational Vehicles | <input type="checkbox"/> |
| Commercial Vehicles | <input type="checkbox"/> | Snowmobiles | <input type="checkbox"/> |
| Leased Vehicles | <input type="checkbox"/> | Trailers | <input type="checkbox"/> |
| Light Equipment | <input type="checkbox"/> | Travel Trailers / Campers | <input type="checkbox"/> |
| Livery (Delivery) Vehicles | <input type="checkbox"/> | Boats | <input type="checkbox"/> |
| Mobile Homes (not on a permanent foundation) | <input type="checkbox"/> | Jet Skis / Watercraft | <input type="checkbox"/> |

REQUESTED COVERAGE OPTIONS

| COVERAGES | | DEDUCTIBLES | |
|---------------------------------|--------------------------|-------------|--------------------------|
| All Risk Physical Damage | <input type="checkbox"/> | \$0 | <input type="checkbox"/> |
| Instrument Non-Filing E&O | <input type="checkbox"/> | \$250 | <input type="checkbox"/> |
| Skip and Confiscation | <input type="checkbox"/> | \$500 | <input type="checkbox"/> |
| Repossessed Property | <input type="checkbox"/> | \$750 | <input type="checkbox"/> |
| Assumption of Coverage | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> |
| Waiver of ACV Settlement Option | <input type="checkbox"/> | \$2,500 | <input type="checkbox"/> |

POLICY SETUP

Requested coverage effective date: ____ / ____ / ____

 Authorized Signature / / Date Printed Name Title

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.