

# LENDERS SINGLE INTEREST APPLICATION FORM



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www.matterhornfinancial.com

Institution Name: \_\_\_\_\_ Number of Branches: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Exposure:

1. Current number of auto secured loans: \_\_\_\_\_ Dollars Outstanding: \$ \_\_\_\_\_
2. How many auto secured loans did you make during the last 12 months? \_\_\_\_\_
3. How many auto secured loans do you expect to make in the next 12 months? \_\_\_\_\_
4. Percent Direct: \_\_\_\_\_ % Percent Dealer: \_\_\_\_\_ %
5. Do you have dealers whose plan of operation is strictly full recourse?  Yes  No Percent: \_\_\_\_\_ %
6. Maximum loan term: \_\_\_\_\_ months Average loan term: \_\_\_\_\_ months
7. Average delinquency percentage: YTD \_\_\_\_\_ % Last Year \_\_\_\_\_ % Prior Year \_\_\_\_\_ %
8. Do you make single payment loans?  Yes  No
9. How is interest calculated?  Simple Interest  Pro Rata  Rule of 78's
10. Do you make open-ended loans?  Yes  No  
If Yes, please explain: \_\_\_\_\_
11. Do you have an insurance follow-up program?  Yes  No

## Past Experience:

1. Number of repossessions: YTD \_\_\_\_\_ Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_
2. Average repossession deficiency this year: \$ \_\_\_\_\_ Last Year: \$ \_\_\_\_\_ Prior Year: \$ \_\_\_\_\_
3. Skip losses last year: \$ \_\_\_\_\_ Number \_\_\_\_\_ Prior Year: \$ \_\_\_\_\_ Number \_\_\_\_\_
4. Has this insurance been carried previously?  Yes  No
5. If yes, with whom (attach experience if available): \_\_\_\_\_

Is coverage desired on other than autos?  Yes  No

	Watercraft	Recreational Vehicles	Mobile Homes	Motorcycles	Other Personal Chattels
Maximum balance to be insured:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Current number of loans:	_____	_____	_____	_____	_____
Dollar outstanding:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Est. number new loans next 12 mos.:	_____	_____	_____	_____	_____

Has any application for single interest insurance ever been declined, cancelled or renewal refused?  Yes  No  
(Not Applicable in Missouri).

## Broker:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## Application – Continued From Page 1

**Any person who knowingly and with the intent to injure, defraud or deceive any insurance company, files a statement of fact containing any false, incomplete or misleading information is guilty of a felony.**

### ARKANSAS AND LOUISIANA FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### COLORADO FRAUD WARNING

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### KENTUCKY FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

### MAINE, TENNESSEE AND VIRGINIA FRAUD WARNING

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

### NEW JERSEY FRAUD WARNING

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### NEW MEXICO FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### NEW YORK FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### NORTH DAKOTA FRAUD WARNING

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company, files a statement of fact containing any false, incomplete or misleading information may be guilty of a felony.

### OHIO FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. The state's citation explicitly notes that the absence of such a warning shall not constitute a defense against prosecution for insurance fraud.

### PENNSYLVANIA FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The present officers, employees, agents and partners of the financial institution have, to the best of the financial institution's knowledge and belief, while in the service of the financial institution, always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the financial institution indicated that any of the said officers, employees, agents or partners are dishonest. Such knowledge that any official or officer signing for the financial institution may now have in respect to his or her own personal acts or conduct, unknown to the financial institution, is not imputable to the financial institution.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Financial Institution By \_\_\_\_\_  
Signature and Title