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Equipment Coverages Application

Name of Entity _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Website _____

Primary Contact _____ Title _____ Email _____

Type of Business or Organization _____ Years in Business _____

Business Structure Corporation Limited Liability Company S Corporation Nonprofit Organization
 Partnership Limited Liability Partnership Sole Proprietorship

Contingent Liability with limits of \$ _____

Contingent Physical Damage with limits of \$ _____ and a deductible of \$ _____

Excess Liability with limits of \$ _____

Interim Coverage with limits of \$ _____ Liability and \$ _____ Physical Damage

Proposed length of term policy _____ \$ _____ Physical Damage Deductible

Portfolio Description

Portfolio to be insured is Open with ongoing originations Closed with no new originations being added

Is this portfolio an existing book of business purchased from another entity? Yes No

If yes, from what entity was it purchased? _____

Contract Description

Type of Instruments Lease Loan Leases and Loans Combined

Source of Origination Direct Vendor Broker

Current Number of Active Accounts _____ Leases _____ Loans _____

Anticipated Annual Growth _____ Leases _____ Loans _____

Average Number of New Accounts Added Each Month _____ Leases _____ Loans _____

Average Number of Accounts Closed Each Month _____ Leases _____ Loans _____

Minimum Contract Term _____ Maximum Contract Term _____

Average Contract Term _____

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Credit Description

Distribution of Portfolio by Credit Tier A- _____ % B- _____ % C- _____ % D- _____ %

Default or Charge-Off Rate of Portfolio _____ Percent of Portfolio Value

_____ Percent of Outstanding Leases and/or Loans

_____ Percent of Outstanding Leases and/or Loans Classified as "Skips"

Type of Equipment Comprising Portfolio

- Agricultural Computer Construction/Contractor Garage Manufacturing
 Medical & Dental Office Recreational Retail/Restaurant Telecommunications
 Transportation Other

Does any of the equipment travel on public roads? Yes No

If so, describe _____

Is any of the equipment registered as a motor vehicle? Yes No

If so describe _____

Additional Information

1. In what states does the applicant currently originate new lease and/or loan agreements? _____

2. Are there additional states in which the applicant plans on originating lease and/or loan agreements in? Yes No

If so please list _____

3. Does the applicant use any type of lease or loan administration system or software? Yes No

If so, please detail _____

4. Is insurance verified prior to the customer taking possession of the equipment? Yes No

If yes, what is the process and requirements? _____

5. How does the applicant monitor the customer's compliance with any mandatory lease or loan agreement insurance requirement? *If this function is outsourced, please provide the name, address and phone number of the tracking vendor.*

6. What percentage of the portfolio is currently in insurance default? _____ %

7. Describe the applicant's repossession policy for any lease and/or loan account in payment default _____

8. Describe the applicant's collection and skip tracing standards and methods _____

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9. Does the applicant manufacture, assemble, install or modify any of the equipment (or components) to be insured?

Yes No

10. Is the applicant the vendor or distributor of any of the equipment to be insured? Yes No

11. Does the applicant perform any maintenance or repairs on the equipment to be insured? Yes No

12. Does the applicant provide any safety training or perform any safety inspections on the equipment to be insured?

Yes No

General Information

Please explain all "YES" responses at the end of this section.

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No

2. Will any of these subsidiaries or entities be included as an "Additional Insured" under the proposed policy(s)? Yes No

3. Does the applicant currently have other policies or products through Premier Lease & Loan Services or Great American Insurance Group? Yes No

4. Has any policy or coverage been declined, cancelled or nonrenewed within the past 3 years? Yes No

Current Carrier Information

Carrier			
Policy Number			
Policy Type			
Effective Dates	from to	from to	from to
Limits of Insurance			
Annual Premium			

Prior Carrier Information

Carrier			
Policy Number			
Policy Type			
Effective Dates	from to	from to	from to
Limits of Insurance			
Annual Premium			

Additional Comments or Remarks

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PLEASE NOTE — In addition to the completed application form, the following information must be attached in order for a quote to be issued:

- A detailed portfolio list of all current lease and/or loan accounts to be insured. At minimum, the list must include the lease or loan number, the customer's name, the customer's address, the contract inception date and maturity date, description of equipment, the value of the equipment at the contract's inception, and the amount financed for each account.
- Applicant's loss history for the last five years of their lease or loan program. Please include the number of claims reported, the number of claims paid, the total dollar amount paid, and the type of losses paid.
- A copy of the applicant's current credit application
- A copy of the applicant's current lease or loan agreement
- A copy of the applicant's credit criteria used in lending decisions
- If applicable, a list of Additional Insureds to be scheduled on the proposed policy, including a brief synopsis of their relationship to the Applicant.

Applicant's Initials _____ Agent's Initials _____