



Ultimate Loss Insurance Application

OHIO INDEMNITY COMPANY

FLEXIBLE PROTECTION, PERSONAL ATTENTION, EXPERIENCE YOU CAN TRUST

250 EAST BROAD STREET • COLUMBUS, OHIO 43215
(614) 228-2800 • (614) 228-5552 FAX • (800) 628-8581

Financial Institution _____
Address _____
Contact _____ Title _____
Phone _____ Fax _____

Desired Effective Date _____ Coverage Limit Requested \$ _____

1. Total outstanding loan balances on auto portfolio to be covered \$ _____ Total number of auto loans _____
What percentage of the above balances are Direct _____% Indirect _____%
Number of loans made in the **past** 12 months on the collateral to be covered _____
Estimate number of loans to be made in the **next** 12 months on collateral to be covered _____
Percentage of estimated loan volume in the next 12 months Direct _____% Indirect _____%

2. Do you now have or have you had similar blanket single interest insurance program? Yes No Current Rate _____
If yes, indicate with whom (attach experience if available) _____
Do you now have or have you had a forced placement single or dual interest program? Yes No
If yes, indicate with whom _____

3. Past Experience

Average delinquency percentage	YTD _____%	Last Year _____%	Prior Year _____%
Number of repossessions	YTD _____	Last Year _____	Prior Year _____
Average repossession deficiency	YTD \$ _____	Last Year \$ _____	Prior Year \$ _____
Skip losses	YTD \$ _____	Number _____	Last Year \$ _____ Number _____

4. Type of Coverage of interest in addition to All Risk Physical Damage

Conversion & Confiscation Non-Filing Skip ACV Waiver After Repossession

5. Is coverage desired on other than autos? Watercraft Rec.Vehicles Motorcycles Personal Property Second Mortgages
Please circle Yes No Yes No Yes No Yes No Yes No
Maximum Balance to be insured \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Current number of loans _____
Dollar outstanding \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Est. number of new loans next 12 mos. _____

Has any application for blanket VSI been declined, cancelled or renewal refused? Yes No

Warning: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits insurance fraud.

Applicant

Print name _____ Title _____
Signature _____ Date _____

Agent

Print name _____
Phone _____ Fax _____