LIFE & HEALTH INSURANCE UNDERWRITING SUPPLEMENT

Agency Name:

1. List your top 5 Life & A&H carriers by annual commission:

Name of Carrier	AM Best rating under B+?	Years Represented	Annual Commission
	🗌 Yes 🗌 No		\$
	🗌 Yes 🗌 No		\$
	🗌 Yes 🔲 No		\$
	🗌 Yes 🔲 No		\$
	🗌 Yes 🗌 No		\$

- 2. Check all Life and Accident & Health professional designations carried by agency personnel: CLU CHFP
- 3. Identify percentages of annual Life & A&H commission during the last calendar year received as:

	a.	Agent	%			
	b.		%			
	C.	Managing or Master General Agent	%			
	d.		%			
	e.		%			
	f.	Broker (where your agency or agency member did not have a contract direct with the carrier)	%			
	g.		%			
	Ū	100 9	6			
		o you require evidence that all your sub-agents carry Errors and Omissions coverage each year I Yes I Net at least \$1,000,000/1,000,000?	C			
4.		Was the agency engaged in the sale of Long Term Care policies in the last 12 months?				
5.	a.	Is the agency involved in any fee based activities?	0			
		If "Yes" , what were the fees received from such activities in the last 12 months? \$ Provide a detailed explanation of these activities and attach any applicable contracts:				
	b.	Do you inform insureds of non-commission based income derived from the sale of your products?	lo			

6.	In th	ne past five years, has the agency:					
	a.	Sold annuities in Structured Settlement arrangem	ents?			🗌 Yes	🗌 No
		If "Yes", 1. What was the commission from such 2. Are any agency personnel involved in				🗌 Yes	🗌 No
	b.	Been involved in the sale of life insurance policies	s to a viatical company?			🗌 Yes	🗌 No
		If "Yes", what was the revenue from such activity	/ in the last 12 months? \$ _				
	C.	Been involved in the investing in or servicing of vi				🗌 Yes	🗌 No
		If "Yes", what was the revenue from such activity	/ in the last 12 months? \$ _				
	d.	Been involved in the sale of stranger-owned life p	olicies (buyer has no insur	able intere	est)?	🗌 Yes	🗌 No
		If "Yes", what was the revenue from such activity	/ in the last 12 months? \$				
	e.	Assumed responsibilities to notify terminated emp policyholders of their rights to benefits under "CO				🗌 Yes	🗌 No
		If "Yes", what was the revenue from such activity If "Yes", are such services provided via a written	/ in the last 12 months? \$ _ contract?				🗌 No
	f.	Been engaged in activities as a Third Party Admin	nistrator (TPA)?			🗌 Yes	🗌 No
		If "Yes", do you hold a license as a TPA?	es 🗌 No If "No", explain	reason:			
		If "Yes", number of years acting as a TPA? If "Yes", list lines of insurance for which claims a	re handled:				
	g.	Acted as a Named Fiduciary?				🗌 Yes	🗌 No
	If "Yes", what was the revenue from such activity in the last 12 months? \$ If "Yes", provide full details in 11. below						
	h.	Been involved in the development of or sale of 12	25 plans?			🗌 Yes	🗌 No
		If "Yes", are you involved with them in a fiduciary					
	Do you administer such plans? If "Yes", provide full details of specific services provided and/or your responsibilities as a fiduciary in 11. below					L Yes	No
	i.	Placed stop-loss/aggregate coverage for self-insu	ured programs?			🗌 Yes	🗌 No
		If "Yes", number of years placing such coverage? If "Yes", provide the information for your 3 largest customers below:					
		Client Name	Carrier	AM Best Rating	# Lives	Anr Comm	
				nauny	LIVES	\$	1331011
						\$	

\$

7.	a. Is any producer an employee of or affiliated with an insurance company (on a salary), bank, savings and loan, thrift, credit union, mortgage bank, broker/dealer or other financial institution?			
		If "Yes", is agency physically separated from the other business?		
	b.	Is any agency producer an employee of or located within a motorized vehicle dealership? 🗌 Yes 🗌 No		
		If "Yes", attach a detailed explanation in 11. below.		
8.	a. b.	Does the agency maintain and follow written procedures regarding handling of customer information to comply with the Health Information Portability and Accessibility Act (HIPAA) and the Graham/Leach/Bliley Act?		
	C.	Does a formal procedure exist to update agency employees regarding HIPAA requirements?		
9.	Are	you involved in any mass marketing activities, either by phone or internet?		
	lf "۱	fes", provide annual revenue \$ and a detailed explanation in 11. below.		
10.		e you completed the training required by the Anti-Money Laundering Act/US Patriot Act?		
	lf "N	No", provide a detailed explanation in 11. below.		
11.	1. Additional Information (if additional space needed attach additional sheet):			

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application. I also understand and agree that I am obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.

THIS SUPPLEMENT MUST BE SIGNED BY AN AUTHORIZED OWNER, PARTNER OR PRINCIPAL OF THE FIRM.

Signature:

Date:

Title: