

**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
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

2. Check all Life and Accident & Health professional designations carried by agency personnel:

CLU  CHFP  CFP  FLMI  RIA  CEBS  ChFC  RHU

Other (specify): \_\_\_\_\_

3. Identify percentages of annual Life & A&H commission during the last calendar year received as:

- a. Agent ..... %
  - b. General Agent ..... (No. of Sub-Agents\* \_\_\_\_\_) %
  - c. Managing or Master General Agent ..... (No. of Sub-Agents\* \_\_\_\_\_) %
  - d. Brokerage General Agent ..... (No. of Sub-Agents\* \_\_\_\_\_) %
  - e. Managing General Underwriter ..... (No. of Sub-Agents\* \_\_\_\_\_) %
  - f. Broker (where your agency or agency member did not have a contract direct with the carrier) ..... %
  - g. Other (specify): ..... %
- 100** %

\* Do you require evidence that all your sub-agents carry Errors and Omissions coverage each year of at least \$1,000,000 / \$1,000,000? .....  Yes  No

4. Was the agency engaged in the sale of Long-Term Care policies in the last 12 months? .....  Yes  No  
**If "Yes,"** what was the commission from such sales in the last 12 months? ..... \$ \_\_\_\_\_

5. a. Is the agency involved in any fee-based activities? .....  Yes  No  
**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? .....  Yes  No

6. In the past five years, has the agency:

- a. Sold annuities in Structured Settlement arrangements? .....  Yes  No  
**If "Yes,"** 1. What was the commission from such sales in the last 12 months? ..... \$ \_\_\_\_\_  
 2. Are any agency personnel involved in designing the structure of the settlements? .....  Yes  No
- b. Been involved in the sale of life insurance policies 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 viatical investment products? .....  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 insurance policies (buyer has no insurable interest)? .....  Yes  No  
**If "Yes,"** what was the revenue from such activity in the last 12 months? ..... \$ \_\_\_\_\_
- e. Assumed responsibilities to notify terminated employees of Life and A&H policyholders of their rights to benefits under "COBRA"? .....  Yes  No  
**If "Yes,"** what was the revenue from such activity in the last 12 months? ..... \$ \_\_\_\_\_  
**If "Yes,"** are such services provided via a written contract? .....  Yes  No
- f. Been engaged in activities as a Third-Party Administrator (TPA)? .....  Yes  No  
**If "Yes,"** do you hold a license as a TPA? .....  Yes  No  
 If "No," explain reason: \_\_\_\_\_  
**If "Yes,"** number of years acting as a TPA: ..... \_\_\_\_\_  
**If "Yes,"** list lines of insurance for which claims are 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 125 plans? .....  Yes  No  
**If "Yes,"** are you involved with them in a fiduciary capacity? .....  Yes  No  
 Do you administer such plans? .....  Yes  No  
**If "Yes," provide full details of specific services provided and/or your responsibilities as a fiduciary in 11 below.**
- i. Placed stop-loss/aggregate coverage for self-insured 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	Annual Commission
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

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? .....  Yes  No  
**If "Yes,"** is agency physically separated from the other business? .....  Yes  No  
**If "Yes,"** do employees perform services for the other business? .....  Yes  No
- 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. 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? .....  Yes  No  
b. Has the agency named a HIPAA compliance officer? .....  Yes  No  
c. Does a formal procedure exist to update agency employees regarding HIPAA requirements? .....  Yes  No
9. Are you involved in any mass marketing activities, either by phone or internet? .....  Yes  No  
**If "Yes,"** provide annual revenue ..... \$ \_\_\_\_\_  
**If "Yes," provide a detailed explanation in 11 below.**
10. Have you completed the training required by the Anti-Money Laundering Act/U.S. Patriot Act? .....  Yes  No  
**If "No," provide a detailed explanation in 11 below.**

11. Additional Information (if additional space needed attach additional sheet):

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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: \_\_\_\_\_