

**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 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
				\$
				\$
				\$

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 \$ \_\_\_\_\_ and a detailed explanation in 11. below.**
10. Have you completed the training required by the Anti-Money Laundering Act/US 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: \_\_\_\_\_