



LIFE/ACCIDENT/HEALTH AGENTS SUPPLEMENTAL

Name of Applicant: _____ Date _____

Name of Partners, Principals, Producers, Independent Contractors selling Life/Accident/Health products	Title	Type of License	Date Licensed	# of Years of Related Experience

1. Life/Accident/Health Lines:

Life, Individual \$ _____
 Life, Group \$ _____
 Accident, Disability & Health, Individual \$ _____
 Accident, Disability & Health, Group \$ _____
 Total Life/Accident/Health Lines Premium \$ _____
 Total Life/Accident/Health Lines Commision \$ _____

2. How many times in the past 12 months have you replaced an existing Life Insurance policy with a new policy? _____
 Why were these policies replaced? _____

3. If you place or service any Group Life, Accident or Health insurance, what is the largest plan (based on the number of participants) that you handle? _____

4. Is the applicant involved in the ownership, formulation, creation, administration, or operation of any self-insurance fund or program, Multiple Employer Trust, Multiple Employer Welfare Arrangement, pool, syndicate, association or other combination formed for the purpose of providing insurance or benefits when they are not fully funded by an insurance product? Yes No

If Yes, please provide details. _____

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS PART OF THE PROFESSIONAL LIABILITY APPLICATION FOR CLAIMS-MADE INSURANCE. THIS SUPPLEMENT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE GENERAL APPLICATION.

Date

Authorized Representative