SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION

LIFE & HEALTH INSURANCE UNDERWRITING SUPPLEMENT

Agency Name: _____

1. Do the agency's top 5 Life/A&H carriers have an AM Best rating of B+ or better?	☐ Yes	☐ No
2. Identify percentages of annual Life & A&H commission during the last calendar year received as:		
Agent		%
General Agent (No. of Sub-Agents* _____)		%
Managing or Master General Agent (No. of Sub-Agents* _____)		%
Brokerage General Agent (No. of Sub-Agents* _____)		%
Managing General Underwriter (No. of Sub-Agents* _____)		%
Broker (where your agency or agency member did not have a contract direct with the carrier)		%
Other (specify):		%
TOTAL:	**100**	%
* Do you require your Sub-Agents carry Errors and Omissions coverage of at least $1,000,000?	☐ Yes	☐ No
3. 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		
4. In the past five years, has the agency been involved in:		
a. The sale or servicing of investments in viaticated policies or Stranger-Owned Life Insurance?	☐ Yes	☐ No
If "Yes", what was the revenue from such activity in the last 12 months?	$	
b. The development or administration of 125 plans?	☐ Yes	☐ No
If "Yes", what was the revenue from such activity in the last 12 months?	$	
5. Is any producer an employee of or affiliated with an insurance company or 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
6. 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
7. Has the agency named a HIPAA compliance officer?	☐ Yes	☐ No
8. Does a formal procedure exist to update agency employees regarding HIPAA requirements?	☐ Yes	☐ No
9. Has the agency placed stop-loss/aggregate coverage for self-insured programs?	☐ Yes	☐ No

If Yes, Number of years placing such coverage: _____

Provide the information for your 3 largest clients below:

Client Name	Carrier	AM Best Rating	# Lives	Annual Commission
				$
				$
				$

10. 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: _____