LIFE & HEALTH INSURANCE UNDERWRITING SUPPLEMENT

Agency Name: ________________________________

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

<table>
<thead>
<tr>
<th>Name of Carrier</th>
<th>AM Best rating under B+?</th>
<th>Years Represented</th>
<th>Annual Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
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</table>

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) ___________________________ %

   * 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 □ 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:

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Carrier</th>
<th>AM Best Rating</th>
<th># Lives</th>
<th>Annual Commission</th>
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</thead>
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</table>
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?
   
<table>
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<tr>
<th>Yes</th>
<th>No</th>
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   If “Yes”, is agency physically separated from the other business?
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<th>Yes</th>
<th>No</th>
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</table>

   If “Yes”, do employees perform services for the other business?
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<th>Yes</th>
<th>No</th>
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b. Is any agency producer an employee of or located within a motorized vehicle dealership?
   
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<tr>
<th>Yes</th>
<th>No</th>
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   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?
   
<table>
<thead>
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<th>Yes</th>
<th>No</th>
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b. Has the agency named a HIPAA compliance officer?
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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c. Does a formal procedure exist to update agency employees regarding HIPAA requirements?
   
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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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9. Are you involved in any mass marketing activities, either by phone or internet?
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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   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:  

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