

**LIFE & HEALTH INSURANCE UNDERWRITING SUPPLEMENT**

Agency Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. List the top 3 life and health carriers by annual commission

Name of Carrier	AM Best Rating	Years Represented	Annual Commission
			\$
			\$
			\$

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) _____	_____	_____ %
	<b>100</b>	<b>%</b>

\* Do you require evidence that all your sub-agents carry Errors and Omissions coverage each year?  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. Is the agency involved in any fee based activities?.....  Yes  No  
If "Yes", what were the annual fees received from such activities in the last 12 months? \$ \_\_\_\_\_  
Provide a detailed explanation of these activities and attach any applicable contracts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 any viatical or life settlement activity (sale of life insurance policy to a viatical company)?.....  Yes  No  
If "Yes", what was the revenue from such activity in the last 12 months? \$ \_\_\_\_\_

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- c. Been involved in the sale of viatical investment products?.....  Yes  No  
If "Yes", what was the revenue from such activity in the past 12 months? \$ \_\_\_\_\_
- d. 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
- e. Do you act as a TPA Administrator?.....  Yes  No  
If "Yes", what was the revenue from such activity in the last 12 months? \$ \_\_\_\_\_  
If "Yes", number of years acting as a TPA Administrator?..... \_\_\_\_\_
- f. Do you act as a Named Fiduciary?.....  Yes  No  
If "Yes", what was the revenue from such activity in the last 12 months? \$ \_\_\_\_\_
- g. Placed coverage or been involved with self-insured programs or stop-loss/aggregate coverage for such programs? .....  Yes  No  
If "Yes", list your 3 largest clients, # of lives for each, and annual plan commission for each below:

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

- 7. a. Is any agency 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
- b. Is any agency producer an employee of or located within an automotive dealership? .....  Yes  No  
If Yes, attach a detailed explanation in #10
- 8. Do you inform insureds of non-commission based income derived from the sale of your products? .....  Yes  No
- 9. 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

10. Additional Information:

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Signed by  
Authorized  
Representative \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_