

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 insurance 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
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

