DEPARTMENT OF LABOR AND REGULATION

DIVISION OF INSURANCE

SAMPLE APPLICATION FORM

Chapter 20:06:06

APPENDIX A

SEE: § 20:06:06:11

 **Source:** 32 SDR 203, effective June 5, 2006.

**APPENDIX A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Insured Debtor  | John Doe Box 555Anywhere, USA 55555 | Date of Birth  | Age  | Certificate Number  |
| Joint Insured Debtor |   |   |  |
| Creditor (Beneficiary) (Name and Address) | ABC Bank 555 AVENUE Anywhere, USA 55555  | Creditors Insurance Account No |
| Assignee (Name and Address) | Monthly Payment | Annual Simple Interest Rate |
| Second Beneficiary | Relationship |
| EFFECTIVE DATE | EXPIRY DATE | Days to 1st Payment |
| COVERAGES | INITIAL AMOUNT OF INSURANCE | PREMIUMS | TERM IN MONTHS |
| □ Gross or | □ NET | □ W. Dism | □ W/O Dism |
| □ Decreasing Term |  | □ Periodic Decreasing Term |  $ 28,615.00  |  $ -  | 59 |
| □ Jt. Decreasing Term |  | □ Jt. Periodic Decreasing Term |  |  |  |
| □ Level Term |  | □ Jt. Level Term |   |  $ 22,352.47  |  $ -  | 60 |
| 59 | Payments of $ | $485.00  |   |  $ 28,615.00  |  $ -  | 59 |
|   | Final Payment of $ | $22,352.47  |  |  [$485.00 Monthly Disability Benefit]  |  $ -  | PREMIUM ←TOTAL |
| □ Disability Coverage (Insured Debtor Only) |
|   |  |  |  |
| WAITING PERIOD ELIMINATION PERIOD |  |
| □ 7 Days | Retrospective | 0 Days |  |
| □ 14 Days | Retroactive | 0 Days | Maximum Monthly Disability (per debtor)  | Maximum Monthly Disability (per debtor) | Maximum Term |  **Maximum Issue Age 65 Inclusive** |
|  □ 30 Days | Retroactive | 0 Days |
| □ 14 Days | Non-Retro | 14 Days |
|  □ 30 Days | Non-Retro | 30 Days |
|   |  |  | $1000.00 (Ages 18-65) | $100,000.00 (Ages 18-65) | 120 Months |
|   |   |   |
|   |  |  |  |  |  |   |
| Application for Insurance |  |  |  |  |   |
|   |  |  |  |  |  |   |
| ABC ASSURANCE COMPANY |  | (Called We) | Anywhere, USA 55555-5555 |
|   |  |  |  |  |  |   |
| I am indebted to the above named Creditor for the above sum and for the security of payment of said debt. I hereby apply for credit insurance covering the amount of said debt as indicated above |
| I represent that the answers on this application are true and complete to the best of my knowledge and belief. They are the basis on which insurance requested by me may be issued. |
|   |
| Insured | Debtor |  |  |  | Joint Insured | Debtor |
| Yes | No |  |  |  | Yes | No |
| □ | □ | 1. Are you under age 66? | □ | □ |
| □ | □ | 2. Are you in good health as far as you know and believe? | □ | □ |
| □ | □ | 3. Are you actively and gainfully employed for wage or profit on a full time basis | N/A |
|   |  |  |  |  |  |   |
| □ | □ | 4. During the past 5 years have you been treated for, or been told you had, any of the following conditions (Please Circle) High Blood Pressure; Heart Disease; Cancer or Tumor; Diabetes; Stroke; Disease of Liver or Kidney; Alcoholism; Drug Addiction; any Brain, Nervous System or Mental/Neurological Disorder; Acquired Immune Deficiency Syndrome (AIDS). | □ | □ |
| I understand that if the aforesaid representations are false and untrue, the Insurance Company's Liability shall be limited to the return of the premium paid for said coverage (subject to the 2-year incontestability provision). |
|
| I further understand that the insurance prepaid for is not compulsory, nor a condition precedent to any loan or credit transaction. I certify that I have been given the option to purchase such credit insurance from any insurer or agent of my choice. I freely chose the insurer and agent to whom this application is made. I declare that I have read or had read to me this statement before signing. |
|
|   |  |  |  |  |  |   |
| Date | Signature of Insured Debtor |
|   |  |  |  |  |  |   |
| Witness | Signature of Joint Insured Debtor |
|   |  |  |  |  |  |   |
| Upon Acceptance by the Insurer, the insurance shall become effective as of the effective date shown above. |