



**OM Financial Life  
Insurance Company**

**OM Financial Life  
Insurance Company of New York**

## **Underwriting Guide**

**Back and Joint Pain:**

1. When did back pain initially start?
2. What was original cause?
3. Where is pain located?
4. Does pain radiate?
5. Duration of pain?
6. How often does pain occur?
7. What currently causes back pain?
8. Does applicant use medication or other treatment for the back pain?
9. Has surgery ever been recommended?
10. Is applicant limited in their normal daily activities or in any other way due to back pain?
11. Has applicant missed time from work or been on disability leave or compensation in the past, present or any pending, due to back pain?

**1 j) Skin (see cancer 1 e)****1 k) HIV/AIDS/ARC (AIDS-related complex)**

When Diagnosed?

1. Treatment (medication or surgery)?
2. Any restrictions or limitations with work or daily activities?
3. What stage is disease in?
4. HIV positive applicants discovered during the underwriting process from the blood profile will be declined and the Lab results will not be sent automatically to applicant. The lab results will be sent as directed by the state department of health and insurance regulations.

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*The following sections, Personal History and Medical History, directly correspond to the Personal History questions and Medical History question #1 A-K on the OM Financial Life Insurance Company application.*

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### **1 g) Cirrhosis**

1. When diagnosed?
2. Type (alcohol, malnutrition, etc?)
3. Treatment?
4. If alcohol – go to the Personal History question 7 “Alcohol Abuse” and ask 7 questions.
5. Any surgery or transplant scheduled or contemplated?
6. If malnutrition? – describe.
7. Medication?
8. Most current results of liver function studies.

#### **Ulcers:**

1. Type of ulcer? (Duodenal, Gastric, Peptic)
2. Has applicant had one episode or multiple episodes?
3. Dates of episodes?
4. Has applicant ever had bleeding from ulcers?
5. Nature of symptoms? (pain, gas, belching)
6. Has any blood transfusions been necessary?
7. Dates and results of GI studies?
8. Treatment? (diet, medication, or surgery) Details/dates?
9. Any surgery planned or contemplated?
10. Any restrictions or loss of work?

### **1 h) Kidneys**

1. When was the problem diagnosed?
2. Type of kidney disorder?
3. What tests were performed and what were the results?
4. Any swelling of face or ankles? Any high blood pressure problems?
5. Type of treatment? If medication, list name and dosage. If surgery, list date, type, and details.
6. Any disability or loss of work associated with kidney problems/disorders?

### **1 i) Arthritis**

1. Type of arthritis? Rheumatoid, Osteo, Gouty, or Traumatic?
2. Date diagnosed?
3. Date last consulted physician?
4. What joints are involved?
5. Does applicant take any medications, injections or other treatment for their arthritis?
6. Any time loss from work, disability compensation or pending disability claims or work related disability due to arthritis?
7. Is there any interference/restrictions/limitations with applicants work or daily activities due to arthritis?

**1 f) Depression:**

1. When diagnosed?
2. Any hospitalizations? Length of stay (name of hospital and location)?
3. Any specific diagnosis of depression?
4. What was/is the treatment, length of treatment (medication or counseling)?
5. Any history of suicide attempts or thoughts?
6. Any idea of the cause?
7. How are the symptoms now? Have they abated or are they the same?
8. Any disability associated?
9. Any limitations or interference with daily or work activities?

**Epilepsy:**

1. When was epilepsy diagnosed?
2. Type? (Grand Mal, Petit Mal, or Jacksonian)?
3. Date of first seizure?
4. Number of seizures in the last 12 months and number in the last 2 years?
5. Date of last seizure?
6. Medication used?
7. Restricted drivers license?
8. What is the cause, if known?
9. Any interference with work or daily activities?
10. Does applicant have a drivers license?

**Mental/Nervous Disorder:**

1. Has applicant ever suffered from, fatigue, depression, suicidal thoughts, insomnia, weight loss, nervousness?
2. Dates?
3. Cause?
4. Medications?
5. Current symptoms?
6. Still under treatment or medication?
7. Ever been hospitalized or recommended to be hospitalized?
8. Tests performed or anticipated?
9. Ever been off work or daily activities affected due to any of the above?
10. Have you been treated or counseled for alcohol or drug excess or abuse?
11. Has the applicant used drugs other than prescription drugs?

**Parkinson's Disease:**

1. When diagnosed?
2. Type and cause, if known?
3. Treatment (medication or surgery)?
4. Any restrictions or interference with work or daily activities?
5. Any cardiovascular or renal disease?

# GENERAL UNDERWRITING QUESTIONS

## 1. Financial Justification:

1. The concept of “the applicant must be worth more alive than dead” still applies in underwriting today.
2. The insurable interest rule dictates there must be an economic loss of the owner (if other than the applicant and the beneficiary) if the insured would die prematurely.
3. Every applicant has unique financial situations that can justify the amount applied for. However, there are guidelines that usually apply and can give you a quick reference as to suitability. For example:
  1. If the financial situation is unique – send a cover letter to underwriting explaining the situation. Include an explanation of the purpose, how the face amount was calculated, and how it relates to all in-force coverage.
  2. Times Rule is a good indicator:  
Age of applicant times their annual income.  
Age to 30 = 15 times income  
Age 31-40 = 12 times income  
Age 41-50 = 10 times income  
Age 51-60 = 8 times income  
Age 61-65 = 5 times income  
Age 66 up = 3 times income
  3. Spouse (Homemaker) coverage equal to wage earner.
  4. Juvenile – 25% to 50% of the amount on parent (wage earner). For amounts over \$100,000, submit a letter of justification.
  5. Business Insurance:  
Key man @ 5 times annual income of key employee.
  6. Creditor @ 65-70% of loan amount.
  7. Buy Sell agreement/partnership/stock redemption @ percent (%) of ownership times corporate value.
  8. New Corporation @ percent (%) of ownership times corporate net worth plus 70% of the loan obligation of each insured.
  9. \$1,000,000 or more applied for – submit an OM Financial Life Financial Statement.

## 2. General Medical Problems and the 5 W's (Who-What-When-Where-Why):

Obtaining the following information will give the underwriter the ability to obtain additional data faster or, in some cases, be able to waive the need for additional data.

1. Applicant's name and date of birth?
2. Type of product and face amount requested?
3. Tobacco user or not?
4. Type of medical condition or impairment?
5. Date condition was first diagnosed?

6. Applicant's current height and weight?
  1. If applicant appears overweight – please ask them to weigh himself/herself in your presence and place actual weight on application.
  2. Applicant's correct height and weight?
  3. Any weight loss within the last year? If yes, how much and why. Recent highest weight?
  4. Any planned surgery for weight reduction? If yes, date and type of surgery planned.
7. Applicant's current blood pressure?
8. Name of medications currently being taken including dosage?
9. Is applicant currently under medical treatment?
10. Types and dates of surgery(ies) or hospital treatment(s)?
11. Prior company's action if there is insurance in force or applicant has been declined, rated or postponed – need full details.
12. Currently employed full time?
13. Any other medical or non-medical problems?

**Who** Name of Applicant, name of doctor, or other doctors applicant as seen.

**What** What was the problem, condition, impairment, result, follow-up.

**When** Dates of all medical history – if actual date is not known – indicate season (fall, winter, etc.) and year.

**Where** Name of hospital, medical facility, clinic and full street address, plus city and state.

**Why** Reason for check up, hospital stay, surgery, tests etc.

### 3. Medical Impairments – General Overview:

The following information is very important on any medical impairment. Providing full details will give the underwriter a better picture of the impairment to determine if an APS or inspection is needed or, if they can be waived.

1. Precise medical term, if known?
2. Date and duration of attack or episode?
3. Diagnostic tests – names of tests and symptomatology along with test results?
4. If a chronic or recurrent condition, determine date of first attack, frequency or episodes, and date of last attack?
5. Residuals, after effects and complications, if any?
6. Nature of treatment, including surgery, or medication and date of last such treatment or medication? If surgery was performed, what were the results and pathology report?
7. Hospitalizations – date, reason, length of stay, name and location of hospital?
8. Any follow-up treatment recommended or planned?



### **1 c) Breathing/Lung Disorders**

#### **Emphysema – Chronic obstructive pulmonary disease or Chronic obstructive lung disease: COPD or COLD**

1. When was applicant diagnosed?
2. Treatment (medication or oxygen)?
3. Any hospitalization (date and duration)?
4. Any interference with work or daily activities?
5. Does applicant currently smoke?
6. Did applicant ever smoke? If yes, when did applicant quit smoking?
7. Any surgery planned or contemplated?
8. Any past surgeries?
9. Results of current x-ray or other tests?

### **1 d) Diabetes**

1. Date and age at time of diagnosis?
2. Is applicant under control, highest blood sugar reading (when) and current blood sugar results?
3. Type of treatment (insulin, diet, or oral medication)? If insulin – number of units? If medication – name of medication?
4. How often is a physician consulted? What are the results of the blood and urine tests?
5. Any history of coma, changes in eyesight or other complications? (Neuropathy or Retinopathy)
6. Does applicant check blood and urine on a regular basis? If yes, what are the usual results?
7. Does applicant know their last A1C test result? (Glycohemoglobin)
8. Any complications? (cardiac, high blood pressure, eye changes, circulation problems, respiratory etc.)
9. Any limitations or interference with daily or work activities?

### **1 e) Cancer (Cyst, Tumor, Growth – ask same questions for each)**

1. When diagnosed? What was the diagnosis? (Name)
2. Location?
3. Benign or malignant?
4. If malignant, specific type of cancer:

#### **Skin Cancer:**

1. Precancerous cells?
2. Basal cell? Or
3. Squamous cell?
4. Malignant melanoma – if yes – ask if they know Clarks Level?
5. Any lymph node involvement or any metastasis?
6. What was the treatment (surgery, medication, chemotherapy, or radiation)? If radiation or chemotherapy, need length of treatment and last date of treatment?
7. Any recurrence? If yes, when and details?

7. Doctor's diagnosis?
8. Medication or treatment advised?
9. Was an EKG or chest X-Ray done? Results?
10. Any history of heart attack or other heart problems? (If yes, refer to the Medical Impairments section - page 3 and ask questions listed.)

### **Coronary Artery Bypass**

1. When diagnosed?
2. Number of arteries involved?
3. Any history of a heart attack?
4. Duration of hospitalization?
5. Current treatment and medication?
6. Residuals – any continuing pain, shortness of breath, or any other heart problems? (If yes – refer to Medical Impairments section - page 3)
7. Any limitations or interference with daily or work activities?

### **Hypertension (High Blood Pressure)**

1. Applicant's previous high reading and approximate dates of high reading?
2. Current blood pressure reading?
3. How long has applicant been on present medication?
4. Has applicant ever had chest pains? (If yes, ask chest pain questions in Medical History section - page 8)
5. Any other complications associated with high blood pressure?
6. Names of current medications?
7. Does applicant consider blood pressure under control?

### **1 b) Aneurysm**

1. When was the aneurysm diagnosed?
2. Location?
3. Treatment?
4. Any residuals?
5. Names of current medications?
6. Able to work full time or have normal daily activities?

### **Stroke:**

1. When diagnosed?
2. Treatment?
3. Medication?
4. Amount of physical therapy?
5. Current physical therapy?
6. Any interference with work or daily activities?
7. Is applicant on disability?
8. Has applicant had more than one stroke? If yes, dates of previous strokes?
9. Has applicant had any T.I.A.'s (Transient ischemic attacks)?

9. Full names and addresses of physicians and the dates seen (month and year, month is especially important if within the past two years).
10. If more than one doctor has been consulted for a specific condition, please state the sequence in which the doctors were seen. Did one doctor recommend the other, etc.? Please indicate which doctor would have the necessary information.

If your applicant is in the hospital or is going into the hospital – ask the questions below. In most cases, the underwriter will postpone until the applicant is out of the hospital.

1. Reason for hospitalization?
2. Is surgery planned? Date of surgery?
3. Date for hospitalization? Anticipated release date?
4. Name and location of hospital?

**4. Non-Acceptable Risks** (do not submit an application):

This list does not represent all possible unacceptable risks. Individuals may have combination factors/diseases/conditions, less common impairments, differing degrees of certain diseases, different occupations, hazardous sports or hobbies, and other general medical conditions. These factors make it impossible to have a complete list.

OM Financial Life Insurance Company reserves the right to decline any application based on the medical, non-medical and financial factors of each individual case. This list represents some of the more common declines that underwriters see in the underwriting of applications on a repetitive basis.

- AIDS and/or HIV positive
- Alcohol abuse within 1 year
- Alzheimer's disease
- Amyotrophic Lateral Sclerosis (ALS - Lou Gehrig's Disease)
- Angina Pectoris - unstable (cardiac chest pain)
- Anorexia Nervosa (current)
- Buerger's disease and still smoking
- Cancer metastasis within 2 years
- Cardiomyopathy
- Cerebellar Ataxia
- Chronic Cor Pulmonale
- Chronic kidney failure
- Chronic Pancreatitis
- Cirrhosis of liver
- Congestive heart failure (ongoing)
- Cystic Fibrosis
- Diabetes Mellitus with constant albuminuria
- Diabetic Nephropathy
- Downs Syndrome
- Drug abuse within 1 year
- Glomerulonephritis with poor kidney function
- Heart attack any age within last 6 months
- Heart attack if age 35 and under when applicant had it
- Heart surgery if applicant was under age 40 when surgery was done
- Heart valve replacement within 1 year
- Hemophilia

- Hepatitis (current treatment of)
- Huntington's Chorea
- Kidney dialysis (currently on)
- Leukemia
- Lupus Nephritis
- Mental retardation (severe)
- Mongolism
- Muscular atrophy (progressive)
- Muscular Dystrophy
- Organ transplant within 2 years
- Polycystic kidney disease
- Portal hypertension
- Pulmonary hypertension
- Quadriplegia with bowel and bladder problems or in a wheelchair
- Scheroderma (generalized)
- Severe emphysema
- Sickle Cell Anemia
- Stroke within 1 year
- Suicide attempt within the last year or multiple attempts
- Tetralogy of Fallot without surgical correction

## 5. Personal Physician:

### ***For regular or personal physician:***

1. Full name – first and last
2. Type of doctor – specialty
3. Address – city and state
4. When was applicant last seen by doctor?
5. Reason? Any symptoms? What tests were done? Results?

### ***If no personal physician:***

1. Full name – first and last – of last doctor seen
2. Type of doctor – specialty
3. Address – city and state
4. Reason? Any symptoms? What tests were done? Results?

## 6. Telephone Interviews:

Designed to do 3 positive things:

1. Reduce APS's when possible. Average time for a telephone interview is 2-5 days (depending on availability of applicant and whether we have a good day/evening telephone number) compared to 14-30+ days for an APS.
2. Obtaining missing information on the application directly from the applicant may result in faster issue time.
3. ***Help the underwriter clarify medical, non-medical and financial data in order to make decisions faster.***

How you can help:

1. Provide day, night, and work phone numbers and the best time of the day that the applicant can be reached on the application.

*The following questions will help you understand what the underwriter is looking for.*

**Occupation:**

1. What is applicant's job title?
2. What are their specific duties and responsibilities?
3. How long on the job?
4. Current annual income – if self-employed net income after taxes and expenses.
5. Has the applicant ever been denied DI or been disabled?
6. Has applicant ever collected workman's compensation?

**10. Bankruptcy**

1. Date of bankruptcy if within the last 7 years?
2. Type of bankruptcy, Chapter 7, 11, or 13?
3. When was bankruptcy dismissed?
4. Is bankruptcy still pending?
5. Reasons for bankruptcy?

**MEDICAL HISTORY**

**1 a) Cardiovascular Problems**

1. Type of problem? (Myocardial infarction, heart attack, bypass, angina, heart murmur, abnormal EKG, heart transplant, aortic valve replacement, angioplasty etc...)
2. Type of surgery or treatment? (If bypass, how many vessels?)
3. Does applicant currently have chest pains? If yes, when do they occur?
4. Does applicant carry a pill to place under tongue in case of chest pain?
5. When was the last treadmill EKG done? Results?
6. Duration of hospitalization?
7. Current treatment or medication(s)?
8. Residuals? (any continuing pain, shortness of breath, or any other heart problems)?
9. Any limitations or interference with daily or work activities?
10. Any surgery recommended or contemplated?
11. Cause of heart problem?

**Chest Pain (Angina)**

1. When diagnosed?
2. Location of pain (right, left, mid chest)?
3. Was there radiation or transmission of pain? If yes, was it to the left shoulder or left arm? Elsewhere? Describe?
4. Number of episodes?
5. Quality of pain? (Constricting, squeezing, tight feeling, heaviness, etc.)? Describe?
6. How long did the pain last?

## **7. Alcohol Abuse**

1. How long since applicant last drank?
2. Member of AA or similar organization? If yes, how long?
3. Any liver problems?
4. Family situation? (Married, divorced, separated, children, etc.)
5. Business situation? (Employed or unemployed? How long unemployed? How long employed?)
6. Has a blood profile (including liver function tests) been conducted by applicant's physician within the last 12 months? If yes, what were the results?
7. Was there treatment? If so:
  1. What was the treatment? (Inpatient or out-patient support group.)
  2. Voluntary or court ordered?
  3. Was this the first time for treatment? If no, how many times?
  4. Date and length of stay? (Each treatment)
  5. Prior to treatment – alcohol history?
  6. Still active in counseling or support groups?

## **8. Drug Abuse**

1. Name of drug(s) used?
2. How long since applicant last used drugs?
3. Family situation? (Same as Alcohol Abuse question #4)
4. Business situation? (Same as Alcohol Abuse question #5)
5. Was there treatment? If so – ask same questions as Alcohol Abuse question #7.

## **9. Disability Income Rider**

1. Please indicate full occupational duties, title, nature of business, and annual income. If applicant is self-employed – need gross income as well as net income after taxes.
2. Please indicate disability income rider class and monthly payout on the application.
3. Please indicate the elimination period on the application.
4. Please indicate if applicant has any disability income in-force with OM Financial Life Insurance or any other companies – we need to know total amount of Disability Insurance coverage in-force with all companies.
5. Need full details to all YES answers on the application.
6. Please be aware that the conditional receipt provides no insurance for riders or additional benefits.
7. The underwriter will be paying special attention to the following areas:
  1. Occupation
  2. Mental/Nervous disorders
  3. Back pain history
  4. Arthritis
  5. Pregnancy
  6. Diabetes
  7. Hypertension

2. If applicant has privacy manager on their telephone, please let each of them know about the possibility of a telephone interview by a Mid-America Agency Services, Inc. (MAAS) interviewer. The interviewer may call and ask routine health questions so the application can be processed more quickly.
3. Advise the applicant that it's OK to answer questions from a MAAS interviewer.

**7. Underwriting Assessments** (understanding potential underwriting risks before submitting a formal application):

There are no guarantees about the rating assessment the underwriter may give to the agent. The assessment is based on limited data and one-sided information from the applicant. If the agent has detailed medical records from the client, the diagnosis and prognosis may be misunderstood or misinterpreted, causing a difference in the underwriter's assessment and the actual final decision. All assessments are subject to regular underwriting rules and guidelines once submitted to the company.

When calling the underwriter for an assessment, please have the following available:

- Name of applicant
- Age of applicant
- Male or female
- Current height & weight
- Medications currently taking and any medications taken within the last 6 months.
- Other type of treatments using currently or anticipated. If surgery is anticipated or planned let the underwriter know the reason.
- Face amount of anticipated application
- Indicate if it's for personal, business, loan etc. (purpose of insurance )
- Indicate any hazardous sports or hobbies. Also indicate any aviation history, pilot, etc.
- Indicate any adverse driving history, DWI, speeding tickets, etc. Know the dates of the tickets.
- Nature of disease or medical condition. Get specifics from client and get actual diagnosis.
- Date(s) of diagnosis, types of tests and results, or planned tests not yet performed.
- Within the last year, was this proposed applicant rated, postponed or declined by another insurance company? If it was OM Financial Life, let the underwriter know the reason(s) why.
- Any other combination of complications or impairments/medical conditions.
- Is applicant scheduled for a test or doctor visit and not yet taken the test or seen the doctor? If yes, why is applicant seeking consultation or test?
- Does applicant use tobacco? If yes, what type and amount of usage? If no, did applicant ever use tobacco? If yes, what and when did they stop?
- Has applicant lost more than 20 pounds within the last year? If yes, why?

## PERSONAL HISTORY

### 1. Foreign National (Non-United States Citizen)

1. All applicants must have a permanent resident status – Immigration Card (commonly called a “green card”) and a Social Security number. We need both numbers listed on the application. If the applicant is a legal, permanent resident their applications will be handled the same as a United States citizen.
2. Exceptions can be made on a case-by-case basis for non-permanent status foreign nationals based on the following:
  1. Type of visa – work visa would be considered more favorably.
  2. Length of time in the U.S. – generally greater than 2 years will be required.
  3. Country of origin would be needed.
  4. Does applicant plan on applying for U.S. citizenship?
  5. Does applicant plan on staying in U.S.?
  6. Ages of applicants between 21-60 would be considered more favorably.
  7. Applicants married to U.S. citizens would be considered more favorably.
  8. Underwriting requirements would be based on age and amount guidelines and also at the underwriters discretion.
  9. The company reserves the right to not accept any non-permanent U.S. resident.

### 2. Travel Outside the U.S.

1. Any non-permanent foreign national planning on visiting or returning to any country listed on the U.S. Government’s foreign travel advisory or alert list or, at underwriter discretion will not be accepted for coverage.
2. Any U.S. citizen or permanent resident planning on visiting or returning to any country listed on the U.S. Government’s foreign travel advisory or alert list or, at underwriter discretion will be postponed until they return to the USA on a permanent basis.

### 3. Moral Hazards/Felony Convictions

1. Type of problem? (Criminal record, lack of applicant candor, criminal associates, convictions, etc.)
2. Dates associated with problem?
3. Date of last occurrence?
4. Was applicant ever convicted? If yes, has applicant served jail or prison time or, is case in the appeal process?
5. Is applicant on parole? If yes, how long is left on parole?
6. Reason for conviction?
7. Is applicant employed? If yes, how long have they been employed with their current employer and what are their occupational duties?



#### 4. Driving Violations

1. How many speeding tickets has the applicant had within the last 5 years? Include date(s) of ticket(s) and how many MPH over the speed limit?
2. Has the applicant had any DWI/DUI tickets within the last 5 years? If yes, include dates. Were they involved in an accident? If yes, include details. Was license suspended? If yes, when will it be reinstated? Does applicant have a current driver's license?
3. Other moving or driving violations? If yes, reason, results, dates?

#### 5. Hazardous Sports

1. Type of sport – details.
2. How often does the applicant participate in the sport?
3. How long has the applicant been participating in the sport?
4. **Skin Diving:** How deep? Number of dives over the last 12 months? Number of expected dives for the next 12 months? Any special certification?
5. **Sky Diving:** How high? Number of jumps in the last 12 months? Number of expected jumps for next 12 months? Any special certification?
6. **Racing Cars, Boats, Motorcycles:** Type of vehicle? Type and size of track? Racing classification? Number of races per year? Date of last race? How long has the applicant been racing? Amateur or professional? Maximum speed? Any past accidents? Is the race sanctioned by any association?
7. **Hang Gliders:** Amateur or professional? Club affiliation? Average altitude? Number of times per year? Where does applicant hang glide?

#### 6. Aviation

1. Pilot or crew member?
2. Total solo hours?
3. Annual number of hours exposure? (How many hours expected to fly in the next 12 months) specify personal/business use.
4. Type of license? (Student, Private, or Commercial)
5. Type of aircraft?
6. Instrument rating? Yes/No
7. Types of rating (certificates) held?
8. Areas they usually land in?
9. Date of last flight?

#### **Military – Active Duty or Reserves/National Guard or Coast Guard**

1. The Aviation questions. (1-9)
2. Type of military aircraft?
3. Rank?
4. Any current or expected orders for foreign duty?
5. How long in the military?

## About Old Mutual Financial Network

Old Mutual Financial Network (OMFN) is the marketing name for the U.S. life insurance and annuity operations of Old Mutual plc, including OM Financial Life Insurance Company (variable annuity products offered through Old Mutual Financial Network Securities). Headquartered in London, England, Old Mutual was founded in 1845, is one of the world's largest insurers, ranks as a Fortune Global 500 company and employs nearly 50,000 people worldwide. OMFN has the knowledge, expertise and resources that a global powerhouse can provide and is committed to delivering innovative and balanced financial solutions. OM Financial Life is solely responsible for its contractual guarantees and commitments.



**OLD MUTUAL**  
Financial Network