

## Disclaimer



Insurance can be effective only after the underwriting department receives and reviews your application. The earliest effective date will be the next day after the review.

Underwriting department is open from Monday through Friday, 7 AM to 4 PM, Pacific Time, excluding holidays.

### **By submitting this paper application, you acknowledge and agree that:**

- Back dated applications are not possible.
- Requested effective date is not always guaranteed.
- It does not matter when you send the application by postal mail, fax or scanned copy in email.
- It does not matter when the postal mail, fax or email was received by us, as the underwriting department can consider the effective date only according to when they review the application.
- If there is any dispute between you and the underwriting department about when the effective date should be, the decision of the underwriting department will be final.
- You hold Insubuy and the writing agent (if any) harmless and relieve us from any liability because of this.

If the above terms are not acceptable to you, please do not submit the application.

If you need to purchase the insurance urgently with a specific effective date, please call our office at (866) INSUBUY or the writing agent to confirm, before sending the application.



### PART I. General

Full Name of Company or Group: \_\_\_\_\_

Type of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Target Effective Date: \_\_\_\_\_ Is coverage to be: On-going?  or Fixed time period?

If fixed, length of cover needed: \_\_\_\_\_

### PART II. Prior Coverage

Does this group have current coverage or had prior coverage? YES  NO

If Yes please indicate for at least past three years: Name of Carrier: \_\_\_\_\_

Reason for changing: \_\_\_\_\_ Please attach Loss data as detailed as possible

### PART III. About the Employees or Group Participants

Full-Time People: Total in Group: \_\_\_\_\_ Total to be covered under this plan: \_\_\_\_\_

Part-time People: Total in Group: \_\_\_\_\_ Total to be covered under this plan: \_\_\_\_\_

Number of people to be covered by age band: Under 30 \_\_\_\_ 30-39 \_\_\_\_ 40-49 \_\_\_\_ 50-59 \_\_\_\_ 60-64 \_\_\_\_ 65+ \_\_\_\_

Should this proposal include an option for dependents? YES  NO

Should this proposal include cover in the USA? YES  NO

**A census of the group to be covered, including names, addresses, and dates of birth will be needed during final underwriting.**

Will this be:  Voluntary or  Non-voluntary

If you could design your own plan, what benefits would you include?:

Deductible: \$ \_\_\_\_\_ Co-insurance: \_\_\_\_\_ Maximum benefit: \$ \_\_\_\_\_ Target Monthly Premium: \$ \_\_\_\_\_

Other Requests?: \_\_\_\_\_

Other Thoughts or Comments?: \_\_\_\_\_

Rate and plan design guarantees, premium billings, and addition of new employees are subject to change from group to group. These items will be provided with a proposal. Contract disputes are required to go before binding arbitration. If you already have a proposal, please attach a copy of the plan desired for final underwriting approval. Once received, this application and information shall be reviewed and full market support will be sought. Coverage cannot be bound until there is 100% market support. Completion of this Proposal/Application does not constitute an offer or acceptance.

**Signature of Company/Group Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_