

SERFF Tracking Number: GRJR-125678351 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 39342
Company Tracking Number: CLI1030
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Form CLI-1030, Application for Life Insurance
Project Name/Number: Form CLI-1030, Application for Life Insurance/Form CLI-1030, Application for Life Insurance

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-1030, Application for Life Insurance SERFF Tr Num: GRJR-125678351 State: ArkansasLH
Life Insurance

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 39342

Sub-TOI: L08.000 Life - Other

Co Tr Num: CLI1030

State Status: Approved-Closed

Filing Type: Form

Co Status: Submitted

Reviewer(s): Linda Bird

Author: Jennifer Henley

Disposition Date: 06/20/2008

Date Submitted: 06/18/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Form CLI-1030, Application for Life Insurance

Status of Filing in Domicile: Authorized

Project Number: Form CLI-1030, Application for Life Insurance

Date Approved in Domicile: 06/06/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments: Ohio is our domiciliary state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/20/2008

State Status Changed: 06/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FEIN: 31-1213778

NAIC: 0244-76236

Subject:

The Cincinnati Life Insurance Company

Individual Life Forms

SERFF Tracking Number: GRJR-125678351 *State:* Arkansas
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Form CLI-1030, Application for Life Insurance

For Use With:

All applicable, approved individual Universal Life, Term Life and Whole Life policy forms

Dear Sir or Madam:

We are submitting the subject application form for your review and approval. This form is new and does not replace any previously approved form. This form will be implemented as quickly as possible after the date of your approval.

This form will be used by an independent agency force when submitting applications for Universal Life, Term Life and Whole Life insurance. It will be used in both simplified and full underwriting situations. There are no marketing or use restrictions from our normal sales practices. This form will not be used in connection with the sale of variable products.

Nothing in this form has been previously disapproved by your Department. It does not contain any provision, condition, feature or concept that departs from those generally used by the industry and that could be construed as new, innovative, uncommon or unusual.

At some point, we anticipate utilizing electronic completion and signatures in a format compliant to your laws and regulations.

This form was approved by our domiciliary state, Ohio, on June 6, 2008. A Flesch Score Readability Analysis was done and the test score is 50.4.

In light of the above, your review and approval of this filing is greatly appreciated. Thank you for your usual courtesy and cooperation.

Sincerely,

Jennifer Henley

Analyst, Life Forms and Filing

Phone: 513-870-2251 Fax: 513-870-2099

SERFF Tracking Number: GRJR-125678351 State: Arkansas
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 E-mail: jenny_henley@cinfin.com

Company and Contact

Filing Contact Information

Jennifer Henley, Analyst jenny_henley@cinfin.com
 P.O. Box 145496 (513) 870-2251 [Phone]
 Cincinnati, OH 45250-5496 (513) 870-2099[FAX]

Filing Company Information

The Cincinnati Life Insurance Company CoCode: 76236 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 870-2654 ext. [Phone] FEIN Number: 31-1213778

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form X \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	06/18/2008	20968154

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/20/2008	06/20/2008

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Disposition

Disposition Date: 06/20/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: Form CLI-1030

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-1030	Application/Enrollment Form	Application for Life Insurance	Initial		50	CLI-1030, Application for Life Insurance.pdf

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

Application for Life Insurance

NEW

CHANGE

Please print or type all information

INSURED	1. Proposed Insured (first, middle, last)	2. Birth Date	3. Gender <input type="checkbox"/> M <input type="checkbox"/> F	4. Height	5. Soc. Sec. No.				
		6. Birthplace (state)		7. Weight	8. Phone Home _____ Work _____				
	9. Street Address	Apt. #	City	State	Zip	10. Driver's Lic. No./State			
	11. Has the Proposed Insured been a permanent resident of the United States or its territories for the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39)								
12. Is the Proposed Insured actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39) Occupation _____ Employer _____ Hours Per Week _____									
BENEFIT	13. Primary Beneficiary		Relationship		14. Contingent Beneficiary		Relationship		
	15. Owner (if other than Proposed Insured)			Address		Relationship		16. Soc. Sec. No./EIN (if business)	
	17. E-mail Address								
	18. Plan			Face Amount			19. UL Death Benefit Option <input type="checkbox"/> A <input type="checkbox"/> B		
	20. Optional Benefit Riders								
	<input type="checkbox"/> Accidental Death Benefit \$ _____ Amount		<input type="checkbox"/> Children's Term (complete #37) _____ Units		<input type="checkbox"/> Insured Insurability (GPO) \$ _____ Amount		<input type="checkbox"/> Waiver of Premium/Cost of Insurance		
						<input type="checkbox"/> Accelerated Benefit (submit disclosure if required)			
						Rider _____ Rider _____			
21. Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> List Bill <input type="checkbox"/> Bank-O-Matic (complete authorization)									
22. Amount Remitted with Application \$ _____					23. Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No				
COND. RECEIPT	CONDITIONAL RECEIPT QUESTIONS								
	If Questions 24, 25 or 26 Are Left Blank or Answered "Yes," a Premium Payment Cannot Be Accepted and Any Conditional Receipt Will Be Void.								
PERSONAL HISTORY	GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #39								

THE CINCINNATI LIFE INSURANCE COMPANY
P.O. Box 145496, Cincinnati, Ohio 45250-5496

In continuation of application for life insurance

DETAILS	<p>39. DETAILS OF "YES" ANSWERS: Identify question number and include diagnosis, dates, duration, treatments and medications prescribed and names and addresses of all medical professionals and hospitals.</p> <p>_____</p>
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AGREEMENT	<p>AGREEMENT: I, the undersigned, agree that, to the best of my knowledge and belief, all the answers and statements given in this Application are true and complete. I agree that: 1. All parts of this Application will be a part of any policy issued; 2. Insurance shall become effective: a) if a policy is formally approved by The Cincinnati Life Insurance Company; and b) the full first premium has been paid while insurability of the Proposed Insured is the same as stated in this Application; OR c) according to the terms of the Conditional Receipt if: (i) it is given; and (ii) the full first premium is paid when this Application is signed; 3. No provision of this Application or the policy can be modified or waived except by an endorsement signed by an officer of The Cincinnati Life Insurance Company. I have read, or had read to me, the completed Application. I realize that any false statement or misrepresentation may result in loss of coverage under the policy.</p> <p>If a Conditional Receipt is given: I, 1. acknowledge receipt; 2. certify that I have read and understand it; 3. agree to its terms, conditions and limits; and 4. acknowledge that the agent has explained it to me.</p> <p>I acknowledge having received and read the Important Notice to the Proposed Insured.</p> <p>Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p> <p>Signed at _____ On _____</p> <p style="text-align: center;">City State Month Day Year</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Signature of Proposed Insured (if signing on behalf of a minor, specify relationship) Signature of Owner (if other than Proposed Insured) </p>
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AGENT	<p>For Agent: I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this application are true and correct. I further certify that to the best of my knowledge and belief, this policy <input type="checkbox"/> Will <input type="checkbox"/> Will Not replace or change any existing life insurance or annuity contract now in force.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Agent Signature Agent Code # Fax Number </p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Agent Name (please print) E-mail Address </p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Agency Name (please print) Agency Code # </p>
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THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

In continuation of application for life insurance

CONDITIONAL PREMIUM RECEIPT - MAXIMUM LIABILITY \$300,000

PLEASE ANSWER CONDITIONAL RECEIPT QUESTIONS ON PAGE ONE OF APPLICATION. If any of the questions are left blank or answered "Yes," a premium payment cannot be accepted and any conditional receipt will be void.

Received from _____ Owner's Social Security or EIN # _____
Proposed Owner (please print)

On _____ the amount of \$ _____
Month Day Year Must be Full Modal Premium

which is paid subject to the conditions of this Receipt as payment of the full first premium of the life insurance policy applied for in a written application to The Cincinnati Life Insurance Company.

Section I: If the Proposed Insured dies before we, The Cincinnati Life Insurance Company, issue and deliver the policy, this Receipt may create temporary life insurance coverage. Such coverage will not exist unless each of the following conditions is fulfilled exactly:

1. The premium deposit must be a full first premium at the premium mode and plan applied for. The premium must be paid at the time the Application is signed. This Receipt must be issued at the same time.
2. We must receive the total premium deposit at our Home Office.
3. The premium check must be paid the first time it is presented.
4. We must receive the Application and all medical examinations or tests we request or which our underwriting rules require. We must receive these papers not later than 60 days from the date of this Receipt.
5. Our Underwriters must formally determine that on the latest of: a) the date of the Application; or b) the date of the latest medical examination or test that we require, the Proposed Insured was acceptable to us under our rules, limits and standards. The Proposed Insured must qualify for the exact plan and amount of insurance applied for and for all supplemental riders applied for. The Proposed Insured must be insurable at standard premium rates.
6. No temporary insurance will be effective if any incorrect, untrue or incomplete statement of material fact is made on: a) the Application; or b) any report of any examination or medical test submitted to us. Knowledge of the true facts by the agent or medical examiner shall not be imputed to us unless stated in the Application or in a medical report received in our Home Office.

Section II: Temporary insurance under this Receipt is also subject to these limitations:

1. Maximum temporary life and accidental death insurance cannot exceed \$300,000. This amount will be reduced by any other life insurance applied for or in force with us. This amount will also be reduced by any other accidental death insurance applied for or in force with us.
2. Temporary insurance may be in effect for up to 60 days from the date of this Receipt.

Temporary insurance will become effective if each of the six conditions in Section I is fulfilled exactly. This coverage is subject to the limitations in Section II. The effective date of this coverage will be either the date of the last dated Application or the date of the last required medical test, if later.

Temporary insurance shall terminate on the earliest of the following dates:

1. The date a policy becomes effective;
2. The date we determine the Proposed Insured doesn't qualify as a standard risk and elect to terminate the temporary insurance;
3. The date we formally approve a policy: a) on a different plan; b) for a different amount; or c) at a substandard premium rate;
4. The date when we formally determine not to offer any policy; or
5. 60 days from the date of this Receipt.

If we issue and physically deliver to the proposed owner a policy on the Application, we will apply the premium received with the Application to pay the first premium. We will refund the premium received with the Application if: a) we terminate the temporary insurance; b) we issue no policy; or c) the proposed owner doesn't accept the policy as provided in the Right to Examine Policy provision of the policy.

THIS IS NOT A BINDER. NO BROKER, AGENT OR MEDICAL EXAMINER CAN ACCEPT RISKS, APPRAISE INSURABILITY OR BIND US. NO SUCH PERSON IS AUTHORIZED TO WAIVE OR CHANGE ANY TERMS OF THIS RECEIPT OR ANY OTHER RIGHTS OF THE CINCINNATI LIFE INSURANCE COMPANY. WE WILL EITHER ISSUE THE AMOUNT OF INSURANCE APPLIED FOR OR REFUND THE AMOUNT OF THE PREMIUM DEPOSITED.

Signature of Agent Date _____
Month Day Year

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/03/2008

Comments:

Attachments:

AR Certification Of Compliance.pdf

AR Certification of Readability.pdf

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

CERTIFICATION

Re: Form CLI-1030, Application for Life Insurance

I, Roger A. Brown, FSA, MAAA an officer of The Cincinnati Life Insurance Company, certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with Regulation 19 and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.

I also certify that an important notice, as required by Ark. Code Ann. 23-79-138, and the Notice of Arkansas Life and Disability Insurance Guaranty Association, as required by Regulation 49, will be included with all issues of policy forms.



Officer

June 18, 2008

Date

Assistant Secretary

Title

ARKANSAS CERTIFICATION

This is to certify that the attached policy Form CLI-1030, Application for Life Insurance

has achieved a Flesch Reading Ease Score of 50.4
respectively, and complies with the requirements of Ark. Stat. Ann. 66-3251 through
66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

June 18, 2008

Date



Signature of Officer

Roger A. Brown, FSA, MAAA

Name

Assistant Secretary

Title