

SERFF Tracking Number: MTL-126141051 State: Arkansas
 Filing Company: MTL Insurance Company State Tracking Number: 42772
 Company Tracking Number: 4265 ET AL
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Underwriting Questionnaires
 Project Name/Number: Underwriting Questionnaires/Form 4295 et al

Filing at a Glance

Company: MTL Insurance Company

Product Name: Underwriting Questionnaires

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: MTL-126141051 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42772

Co Tr Num: 4265 ET AL

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Laura Callahan

Disposition Date: 06/29/2009

Date Submitted: 06/25/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Underwriting Questionnaires

Project Number: Form 4295 et al

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/29/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/29/2009

Created By: Laura Callahan

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Laura Callahan

Filing Description:

These forms are new and are being submitted for approval. They are underwriting questionnaires and will be used to determine if the risk is acceptable and if so, whether an additional rating is required. The questionnaires will become part of the policy.

-Form 4295 is a Foreign travel questionnaire.

-Form 4501 is a Racing questionnaire.

-Form 4502 is a Scuba Diving questionnaire.

-Form 4504 is a Sky Diving questionnaire.

-Form 4503 is a Drug Alcohol Usage questionnaire.

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-Form 4505 is a Military questionnaire.
 -Form 4506 is a Rock/Mountain/Ice Climbing questionnaire.

Illinois is the domicile state for MTL Insurance Company. We thank you in advance for your immediate attention.

Company and Contact

Filing Contact Information

Laura Callahan, Product Filing Coordinator CallahanL@mutualtrust.com
 1200 Jorie Blvd. 630-684-5319 [Phone]
 Oak Brook, IL 60522 630-684-5487 [FAX]

Filing Company Information

MTL Insurance Company CoCode: 66427 State of Domicile: Illinois
 1200 Jorie Blvd. Group Code: -99 Company Type: Life
 Oak Brook, IL 60522 Group Name: State ID Number:
 (800) 323-7320 ext. [Phone] FEIN Number: 36-1516780

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? Yes
 Fee Explanation: 7 forms x 50.00 = 350.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MTL Insurance Company	\$350.00	06/25/2009	28814964

SERFF Tracking Number: *MTLC-126141051* State: *Arkansas*
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Product Name: *Underwriting Questionnaires*
Project Name/Number: *Underwriting Questionnaires/Form 4295 et al*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/29/2009	06/29/2009

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Disposition

Disposition Date: 06/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Foreign Travel Questionnaire		Yes
Form	Racing Questionnaire		Yes
Form	Scuba Diving Questionnaire		Yes
Form	Drug Alcohol Usage Questionnaire		Yes
Form	Sky Diving Questionnaire		Yes
Form	Military Questionnaire		Yes
Form	Rock Climbing Questionnaire		Yes

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Form Schedule

Lead Form Number: 4265

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 4295	Certificate	Foreign Travel Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.050	4295 Foreign Travel Questionnaire .pdf
	Form 4501	Certificate	Racing Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.050	4501 Racing Questionnaire .pdf
	Form 4502	Certificate	Scuba Diving Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.050	4502 Scuba Diving Questionnaire .pdf
	Form 4503	Certificate	Drug Alcohol Usage Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.050	4503 Drug Alcohol Usage Questionnaire .pdf
	Form 4504	Certificate	Sky Diving Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.050	4504 Sky Diving Questionnaire .pdf
	Form 4505	Certificate	Military	Initial		60.050	4505 Military

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	Amendmen Questionnaire			Questionnaire
	t, Insert			.pdf
	Page,			
	Endorseme			
	nt or Rider			
Form 4506	Certificate Rock Climbing	Initial	60.050	4506 Rock
	Amendmen Questionnaire			Climbing
	t, Insert			Questionnaire
	Page,			.pdf
	Endorseme			
	nt or Rider			



MTL INSURANCE COMPANY

A member of the MUTUAL TRUST FINANCIAL GROUP

1200 Jorie Boulevard • Oak Brook, Illinois 60523-2269

Toll Free: 1-800-323-7320

FOREIGN TRAVEL QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Country of origin _____ Currently Citizen of what Country _____

2. Non US Citizens: Do you have a U.S. Green Card? _____

If no green card, U.S. Visa type, letter, number and expiration date _____

3. Please complete the following regarding any travel or residence outside of the USA or Canada within the last two years.

Country Visited (& City)	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visit, etc.)

4. Please list travel or residence outside of the USA or Canada planned or expected in the next 12 months.

Country to be Visited (& City)	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visit, etc.)

5. If any of the travel or residency under #4 is for business, please describe your duties.

6. Assets (broken down between U.S. and International)

I HEREBY REPRESENT THAT ALL THE ABOVE STATEMENTS AND ANSWERS TO ALL THE ABOVE QUESTIONS ARE COMPLETE, TRUE, AND MADE BY ME IN CONTINUATION OF AND AS A PART OF MY APPLICATION FOR INSURANCE. I INTEND THAT THE COMPANY SHALL RELY ON THE ANSWERS IN MY APPLICATION AND IN THIS SUPPLEMENT IN ITS CONSIDERATION OF MY APPLICATION FOR LIFE INSURANCE.

Date Signature of Proposed Insured

Signature of Owner Witness Signature



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RACING QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Have you engaged in or do you contemplate engaging in any of the following types of racing?

Automobile Motorcycle Motorboat Hydroplane Other _____

Specific Name of Competition entered:	1-2 Years Ago		Last 12 Months		Average Speed of Fastest Race	Fastest Speed Attained	Contemplated in the Next 12 Months	
	Number of Races	Miles Raced	Number of Races	Total Miles Raced			Number of Races	Miles

2. Do you own a competitive vehicle(s)? Yes No If yes, give type(s): _____

3. Over what period of the year do you race? (e.g., month, six months, entire year) _____

4. Have you ever competed or do you contemplate competing outside the USA? Yes No

If yes, give details: _____

5. Over what type of track do you race? (oval, simulated road etc.?) _____

6. Do you race professionally or for cash prizes? _____

7. Additional remarks clarifying answers to above questions: _____

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Date

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Signature of Owner

Witness Signature



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SCUBA DIVING QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Have you engaged in or do you contemplate engaging in any form of scuba diving? Yes No
If yes, give details below:

Depth of Dives (Ft.)	PLEASURE				COMMERCIAL			
	Last 12 Months		Contemplated Next 12 Months		Last 12 Months		Contemplated Next 12 Months	
	Number of Dives	Average Time Underwater Per Dive	Number of Dives	Average Time Underwater Per Dive	Number of Dives	Average Time Underwater Per Dive	Number of Dives	Average Time Underwater Per Dive
To 75 Feet								
75 to 100 Feet								
101 to 130 Feet								
131 to 150 Feet								

2. Are you a certified diver? Yes No — If yes, please check one of the below:
 Basic Certification
 Open Water Certification
 Advanced Open Water Certification
 Other: _____

3. Are you a member of an organized club? Yes No — If yes, give details: _____

4. What are the locations of diving activities? Lakes and rivers Ocean beaches Deep sea

5. What is the maximum depth obtained? _____

6. Do you dive alone, for salvage, exploration, in caves, quarries, or ice? Yes No — If yes, give details:

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Date

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DRUG USAGE QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Are you now using or have you, within the past 10 years, used the following drugs:

- | | YES | NO |
|---|--------------------------|--------------------------|
| a) Opium derivatives: heroin, morphine, Demerol, methadone | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Marijuana: hashish, cannabis | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Amphetamines: Benzedrine, Dexedrine, Methedrine..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Cocaine..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Hallucinogens: LSD, DMT, Mescaline, Peyote, Psilocybin | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Other | <input type="checkbox"/> | <input type="checkbox"/> |

2. If yes, please give details:

Type	Usual Quantity	Frequency of Use	Dates	
			From	To

3. Within the past 10 years have you sought medical treatment because of drug usage? Yes No

If yes, state dates and names of doctors and institutions consulted: _____

4. Are you currently active in any support groups? Yes No, If yes, give details:

5. Please indicate any additional relevant information: _____

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_____ Date

_____ Signature of Proposed Insured

_____ Signature of Owner

_____ Witness Signature



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ALCOHOL USAGE QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Do you presently use alcoholic beverages? _____

Quantity	Beer	Wine	Liquor
Daily			
Weekly			
Monthly			

2. Did you ever drink substantially more than at present? Yes No

If yes, give details: Dates from _____ to _____

Quantity	Beer	Wine	Liquor
Daily			
Weekly			
Monthly			

3. Within the past 10 years have you consulted a doctor or received treatment because of your alcohol use? Yes No

If yes, indicate name and address of any doctor, hospital or treatment center: _____

Dates from _____ to _____

4. Have you ever been arrested for driving while under the influence of alcohol? Yes No

If yes, give details and dates: _____

5. Are you currently active in any support groups? Yes No, if yes, give details: _____

6. Please add any additional information that you feel is important: _____

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Date

Signature of Proposed Insured

Signature of Owner

Witness Signature



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SKY DIVING QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Do you belong to a club affiliated with the United States Parachute Association? Yes No

2. Do you follow the regulations and safety standards established by the United States Parachute Association? Yes No

If "No", explain: _____

3. How long have you been sky diving? _____

4. Number of jumps:
a. last 12 months _____
b. one to two years ago _____
c. contemplated next 12 months _____

5. Do you take part in exhibitions or competition? Yes No

If "Yes", describe the nature of these events: _____

6. Do you do **BASE** jumping? Yes No

7. Do you receive remuneration for sky diving activity? Yes No

If "Yes", give full details _____

8. Are you an airplane pilot or do you intend to become one? Yes No

If "Yes", complete Aviation Questionnaire Form 52-94 or 52-94NH

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Date

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Signature of Owner

Witness Signature



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MILITARY SERVICE QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Are you a member of any active military organization? Yes No

- Army
- Navy
- Air Force
- Marine Corps
- Coast Guard
- National Guard
- Reserves
- Other: _____

2. Please indicate:
 Career military Serving military obligation

3. If a member of the Reserves or National Guard, are you currently:
 Active Reserve Retired Reserve
 Individual Ready Reserve (IRR) National Guard
 Other : _____

4. Rank: _____
 Officer Warrant Officer Enlisted

5. Designation of Assigned Unit, please include name and location:

6. Military Occupational Specialty (MOS): _____
In addition, please indicate if current duties include:
 Parachuting
 Underwater Diving
 Demolition or Ordnance Disposal
 Aviation, please complete page 2 of the Aviation Supplement (Form No. 52-94)
Details: _____

7. Have you been alerted or have you volunteered for overseas duty? Yes No
If yes, please provide details:

8. If currently on active duty, please provide details of last Permanent Change of Station (PCS), including location:

When is your next PCS expected? _____

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ROCK / MOUNTAIN / ICE CLIMBING QUESTIONNAIRE

Name of Proposed Insured: _____ Date of Birth: _____

1. Indicate each of the sport(s) you participate in:
 - Hikes, treks, trails or scrambles, non-technical climbs, no special equipment required
 - Climbing Towers
 - Rappelling
 - Rock Climbing
 - Mountain Climbing (Alpine Climbing, Mountaineering, technical climbs)
 - Ice Climbing (Glaciated Mountain Climbing)
 - Other (describe): _____

2. How long have you been active in this sport? _____
3. How many hours/days/years of experience do you have? _____
4. Have you participated in the last twelve months? Yes No
How often? _____
5. Do you plan to participate in the next twelve months? Yes No
How often? _____
6. Do you have any formal climbing training? Yes No
7. What licenses or certifications do you hold? _____

8. Do you belong to any clubs or sanctioning organizations?
 - American Alpine Club Alpine Club of Canada Alpine Club (London) Club Alpin Français Club Alpino Italiano Himalayan Club Schweizer Alpen Club
 - Other: _____

9. Do you participate for prize money or compensation? Yes No
10. Do you ever participate in this sport alone, by yourself? Yes No
11. In what countries do you climb? _____
Which states, provinces, or areas? _____
12. What mountains, mountain ranges or areas do you climb? _____

13. Average duration of climb? _____
Maximum duration of climb? _____
14. Any climbs over 8,000 feet elevation? (In the past or planned) Yes No
15. Maximum altitude climbed to date: _____
Maximum altitude planned in the next two years: _____

16. Do any of your climbs require guides, sherpas, or are considered expedition climbs or require altitude acclimatization? Yes No
17. Any night climbing? Yes No
18. Please indicate the equipment you use.
- | | | |
|---|---|--|
| <input type="checkbox"/> Altimeter | <input type="checkbox"/> Etriers or Web Ladders | <input type="checkbox"/> Oxygen Tanks |
| <input type="checkbox"/> Ascenders (jumars) | <input type="checkbox"/> Headlights or Flashlights | <input type="checkbox"/> Perlon Ropes & Carabiners |
| <input type="checkbox"/> Belay Anchors | <input type="checkbox"/> Heavy Winter Clothing (parkas, etc.) | <input type="checkbox"/> Pitons or toucans (beaks) |
| <input type="checkbox"/> Cams, Camalots, SLCD's (spring loaded cam devices) | <input type="checkbox"/> Helmet | <input type="checkbox"/> Portaledge |
| <input type="checkbox"/> Cellular Phone | <input type="checkbox"/> Ice Axe/Adze | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Chocks & Nuts, Hexes | <input type="checkbox"/> Ice Screws | <input type="checkbox"/> Snow Picket |
| <input type="checkbox"/> Climbing Harness | <input type="checkbox"/> Map & Compass or GPS | <input type="checkbox"/> Stoppers |
| <input type="checkbox"/> Crampons | <input type="checkbox"/> Mountaineering Boots (double-plastics) | |
19. Please describe any other the equipment you use:
- _____
- _____
- _____
20. Have you ever had an application for insurance rated, declined or issued other than applied for? Yes No

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Signature of Owner

Witness Signature

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability.pdf

STATE OF ARKANSAS compliance form.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: Form 6300-08 AR - 12/17/08 approval date

Comments:

CERTIFICATION OF READABILITY

State of

Form Number

Flesch Readability Score

I certify that to the best of my knowledge and belief, the above-referenced form(s) meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of

_____.

Company

Signature

Name

Title

Date

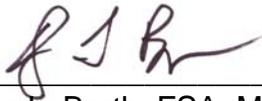
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: MTL Insurance Company

Form Title(s): Underwriting Questionnaires

Form Numbers(s): 4295, 4501, 4502, 4503, 4504, 4505, & 4506

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19 and 49, as well as the other laws and regulations of the State of Arkansas.



Roger L. Barth, FSA, MAAA
Vice President

June 25, 2009
Date