

SERFF Tracking Number: MANU-126265421 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 43382
Company Tracking Number: NB5124US (08/2009) & NB5125US (08/2009) FINANCIAL SUPPLEMENTS
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: NB5124US (08/2009) & NB5125US (08/2009) Financial Supplements
Project Name/Number: NB5124US (08/2009) & NB5125US (08/2009) Financial Supplements/NB5124US (08/2009) & NB5125US (08/2009) Financial Supplements

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: NB5124US (08/2009) & NB5125US (08/2009) Financial Supplements SERFF Tr Num: MANU-126265421 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed State Tr Num: 43382

Sub-TOI: L08.000 Life - Other

Co Tr Num: NB5124US (08/2009) & NB5125US (08/2009) FINANCIAL SUPPLEMENTS State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Helene Landow, Karren Phair, Debbie Tom, Jacqueline Lau

Date Submitted: 09/01/2009

Disposition Date: 09/03/2009
Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: NB5124US (08/2009) & NB5125US (08/2009) Financial Supplements Status of Filing in Domicile: Authorized Supplements

Project Number: NB5124US (08/2009) & NB5125US (08/2009)

Date Approved in Domicile:

Financial Supplements

Requested Filing Mode: Review & Approval

Domicile Status Comments: Exempt in Michigan

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/03/2009

Explanation for Other Group Market Type:

State Status Changed: 09/03/2009

Deemer Date:

Created By: Jacqueline Lau

Submitted By: Jacqueline Lau

Corresponding Filing Tracking Number:

SERFF Tracking Number: MANU-126265421 State: Arkansas
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Filing Description:

INDIVIDUAL LIFE

Application Form NB5124US (08/2009) – Financial Supplement for Business Insurance

Application Form NB5125US (08/2009) – Financial Supplement for Personal Insurance

We are submitting the above new supplemental application forms for your approval. These forms will be used with state approved Individual life policies. The forms do not replace any currently approved forms and will be available electronically (print only) without any change in the pre-formatted content.

No part of this filing contains any unusual or controversial items that deviate from normal company or industry standards.

NB5124US (08/2009), Financial Supplement for Business Insurance will be used for financial underwriting purposes and will only be completed for face amounts of \$1,000,000+ for business insurance.

NB5125US (08/2009), Financial Supplement for Personal Insurance will be used for financial underwriting purposes and will only be completed when the face amount and the age of Proposed Insured(s) are: Ages 0-65 and face amount is \$7,500,001+, Ages 66-79 and face amount is \$5,000,000+, Ages 80-90 and face amount is \$1,000,000+.

The forms will be used with the main application NB5000US (12/2007) Application for Life Insurance, which was approved by your state on February 11, 2008 under SERFF Tracking # MANU-125381606.

The Service Office Address on the submitted form is shown as variable information in [brackets] in case of future change.

We trust the forms are acceptable to you and look forward to your state's approval in the usual manner. If you have any questions or concerns, please contact me at 416-852-7906 (collect) or via e-mail at jacqueline_lau@jhancock.com.

Enclosures: Statement of Variability

Filing Fee (EFT)

Flesch Score Certificate

Company and Contact

Filing Contact Information

Jacqueline Lau, Contract Analyst
200 Bloor St E

Jacqueline_Lau@jhancock.com
416-852-7906 [Phone]

SERFF Tracking Number: MANU-126265421 State: Arkansas
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Toronto, ON M4W 1E5 416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company (U.S.A.) CoCode: 65838 State of Domicile: Michigan
 P. O. Box 600 Group Code: 904 Company Type: insurance/financial
 Contracts and Compliance Group Name: State ID Number:
 Buffalo, NY 14201-0600 FEIN Number: 01-0233346
 (416) 926-3000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: \$20.00 X 2 forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$40.00	09/01/2009	30246723

SERFF Tracking Number: MANU-126265421 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/03/2009	09/03/2009

SERFF Tracking Number: MANU-126265421 *State:* Arkansas
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Disposition

Disposition Date: 09/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MANU-126265421 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Financial Supplement for Business Insurance		Yes
Form	Financial Supplement for Personal Insurance		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NB5124US (08/2009)	Application/ Financial Enrollment Form Supplement for Business Insurance	Initial		0.000	NB5124US.pdf
	NB5125US (08/2009)	Application/ Financial Enrollment Form Supplement for Personal Insurance	Initial		0.000	NB5125US.pdf



Service Office:
Life New Business
197 Clarendon Street
Boston MA 02116-5010

Financial Supplement for Business Insurance
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Print and use black ink.

Complete this form for all business insurance for face amounts of \$1,000,000+.

PROPOSED LIFE INSURED(S)

LIFE ONE

1. a) Name **JOHN D. DOE**
First Middle Last
 b) Date of Birth **06 03 1961**
month day year
 c) Title **PRESIDENT**

LIFE TWO

2. a) Name _____
First Middle Last
 b) Date of Birth _____
month day year
 c) Title _____

BUSINESS INFORMATION

3. a) Name of Business **YUMMY IN MY TUMMY, INC.** b) Type of Business **CATERING**
 c) Address **1999 MARCH STREET ANYTOWN ANYSTATE 12345**
Address - Street No. & Name Apt. No. City State Zip Code
 d) Other Locations **NONE**
 e) State of Registration **ANYSTATE** f) Other States Registered **NONE**
 g) Date Established **APRIL 13, 2002** h) Description of Business Engaged In **CATERING FOR CORPORATE EVENTS**
 i) No. of Employees **20** j) Main Company Web Address **www.yummytummy.com**

4. Please list name of all active partners including ownership percentage and all other business insurance in force or applied for.

If more space is required attach additional page.

Name	Title	Percentage Ownership	Amount of Insurance In Force or Applied For	Purpose of Insurance
JOHN DOE	PRESIDENT	100 %	\$ 2,000,000	KEY PERSON
		%	\$	
		%	\$	
		%	\$	
		%	\$	

BUSINESS FINANCIAL CONFIRMATION

Figures based on most recent complete business year.

We retain the right to require additional documentation and/or financial statements for verification as needed.

	Amount		Amount
5. Assets	\$ 1,250,000	Liabilities	\$ 320,000
Owners Equity	\$ 930,000	Net Worth	\$ 930,000
Gross Sales	\$ 3,000,000	Earning before EBITDA	\$ 1,400,000
Fair Market Value	\$ 6,000,000	How determined?	2 X SALES

6. Proposed Life Insured(s) Financial Confirmation
 a) Percentage of Equity Owned **100 %** b) Duration of Ownership **7 YEARS** c) Value of Ownership Percentage **\$ 4,000,000**

BUSINESS FINANCIAL CONFIRMATION continued

7. The Proposed Life Insured(s) personal compensation for the year as related to this business

Source of Earnings	Amount (most recent year)	Amount (2 years ago)
Salary	\$ 400,000	\$ 350,000
Bonuses or Commissions	\$ 250,000	\$ 200,000
Retained Earnings	\$	\$
Undistributed Profits	\$	\$
Stock Options	\$	\$
Other	\$	\$
Total	\$ 650,000	\$ 550,000

8. a) Purpose of this insurance? Key Person/Buy Sell - Stock Redemption Business Loan Executive Benefit Plan
 Other (Provide details) _____
- b) If Buy Sell - Stock Redemption, is formal agreement inforce or being drafted? Yes No

SIGNATURES

I/We have read the completed Financial Supplement for Business Insurance before signing below. All statements and answers in the Financial Supplement are correctly recorded and are complete and true to the best of my/our knowledge and belief as of the date of application for life insurance. I/We agree that this Financial Supplement constitutes a part of the insurance application and these statements and answers shall become part of the life insurance policy when issued. I/We understand that John Hancock Life Insurance Company (U.S.A.) will rely on the above statements in determining the need and justification for the insurance applied for. I/We understand that any false statements or material misrepresentations may result in loss of coverage under the policy.

I/We understand that any person who knowingly and with intent to defraud any insurer, files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.

Signed at _____ City _____ State _____ This _____ Day of _____ Year _____

Signature of Proposed Life Insured One

X

Signature of Proposed Life Insured Two

X

Signature of Agent/Registered Representative

X



Service Office:
Life New Business
197 Clarendon Street
Boston MA 02116-5010

Financial Supplement for Personal Insurance
John Hancock Life Insurance Company (U.S.A.)
(hereinafter referred to as The Company)

Print and use black ink.

Complete this form based on the following Proposed Life Insured(s) age and face amount.

Ages 0-65: \$7,500,001+

Ages 66-79: \$5,000,000+

Ages 80-90: \$1,000,000+

PROPOSED LIFE INSURED(S)

LIFE ONE

1. a) Name **JOHN** **D.** **DOE**
First Middle Last

b) Date of Birth **06** **03** **1961**
month day year

LIFE TWO

2. a) Name _____
First Middle Last

b) Date of Birth _____
month day year

INCOME INFORMATION

If total line applied for with John Hancock is \$10,000,000 or more, we require documentation of asset values.

We retain the right to require additional documentation and/or financial & tax statements for verification as needed.

3. a) Personal Income of Proposed Life Insured(s) (or Household in case of a Joint Life Application)

Earned Income	Past Year	Two Years ago	Unearned Income	Past Year	Two Years ago
Salary	\$ 400,000	\$ 350,000	Dividends	\$	\$
Bonus or Commission	\$ 250,000	\$ 200,000	Interest	\$ 50,000	\$ 45,000
Spouse/Family Earned Income	\$	\$	Rents	\$	\$
Other	\$	\$	Other	\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$
Total	\$ 650,000	\$ 550,000	Total	\$ 50,000	\$ 45,000

ASSETS AND LIABILITIES INFORMATION

4. a) Current net worth of the Proposed Life Insured(s). (Household if applicable)

Life One \$ **6,200,000** Personal Family Life Two \$ _____ Personal Family

If joint assets held, how much life insurance is in force for spouse: \$ _____

b) Please provide breakdown of the assets and liabilities

For any item representing over 25% of your total assets, we require copies of latest statements of values.

Assets	
Description	Amount
Cash in Banks	\$ 1,000,000
Stocks, Bonds, Securities	\$ 2,000,000
Accounts Receivable	\$
Life Insurance (Cash Value)	\$ 500,000
Personal Property	\$ 200,000
Real Estate (Total)	\$ 3,700,000
Other Assets	\$
	\$
Total	\$ 7,400,000

Liabilities	
Description	Amount
Unpaid Interest & Taxes	\$
Notes Payable to Others	\$
Accounts Payable	\$
Life Insurance (Loans)	\$
Mortgages on Real Estate	\$ 1,200,000
Other Long Term Debts	\$
Other Liabilities	\$
	\$
Total	\$ 1,200,000

ASSETS AND LIABILITIES INFORMATION continued

4. c) Real Estate Assets

Description	Address	Market Value	How Value Determined	Ownership	Mortgages
PRIMARY HOME	123 MAIN STREET ANYTOWN, USA 12345	\$ 2,500,000	REAL ESTATE AGENT	100 %	\$ 800,000
		\$		%	\$
CONDO	567 FIRST AVE APT 112 ANYTOWN, USA 84567	\$ 1,200,000	PURCHASE PRICE	100 %	\$ 400,000
		\$		%	\$
		\$		%	\$
		\$		%	\$
	Total	\$ 3,700,000	Total	%	\$ 1,200,000

5. Is the policy applied for being funded by assets held in a trust? Yes No

If "Yes", please identify which assets listed on page 1 or additional assets are held in the trust?

SIGNATURES

I/We have read the completed Financial Supplement for Personal Insurance before signing below. All statements and answers in the Financial Supplement are correctly recorded and are complete and true to the best of my/our knowledge and belief as of the date of application for life insurance. I/We agree that this Financial Supplement constitutes a part of the insurance application and these statements and answers shall become part of the life insurance policy when issued. I/We understand that John Hancock Life Insurance Company (U.S.A.) will rely on the above statements in determining the need and justification for the insurance applied for. I/We understand that any false statements or material misrepresentations may result in loss of coverage under the policy.

I/We understand that any person who knowingly and with intent to defraud any insurer, files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.

Signed at City State This Day of Year

Signature of Proposed Life Insured One

Signature of Proposed Life Insured Two

X

X

Signature of Agent/Registered Representative

X

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: flesch ar.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The forms will be used with the main application NB5000US (12/2007) Application for Life Insurance, which was approved by your state on February 11, 2008 under SERFF Tracking # MANU-125381606.		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: Statement of Variability US.pdf		

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

**FLESCH SCORE CERTIFICATE
FOR THE STATE OF ARKANSAS**

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test, and that this form meets the requirements of your readability legislation.

FORM NUMBER	READABILITY SCORE
NB5124US (08/2009)	46
NB5125US (08/2009)	43

September 01, 2009
Date



Helene Landow, FLMI, ACP
Director, Contracts and Compliance

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

STATEMENT OF VARIABILITY

September 01, 2009

FINANCIAL SUPPLEMENT FOR BUSINESS INSURANCE

FORM NB5024US (08/2009)

Section #	Page Number	Description
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.

FINANCIAL SUPPLEMENT FOR PERSONAL INSURANCE

FORM NB5025US (08/2009)

Section #	Page Number	Description
Service Office at top of page.	Page 1	The address of the Company's Service Office is bracketed as it may be changed in the future. A current Service Office address will always appear on the form.