

SERFF Tracking Number: NALF-126392968 State: Arkansas  
Filing Company: National Life Insurance Company State Tracking Number: 44540  
Company Tracking Number: 1480(1109)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Avocation, Aviation & Foreign Travel Supplemental Application  
Project Name/Number: Avocation, Aviation & Foreign Travel Supplemental Application/1480(1109)

## Filing at a Glance

Company: National Life Insurance Company

Product Name: Avocation, Aviation & Foreign Travel Supplemental Application SERFF Tr Num: NALF-126392968 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed State Tr Num: 44540

Sub-TOI: L08.000 Life - Other

Co Tr Num: 1480(1109)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Susan Carey, Laurie

Disposition Date: 01/14/2010

Trombly, Michelle Goodwin

Date Submitted: 01/12/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Avocation, Aviation & Foreign Travel Supplemental Application

Status of Filing in Domicile: Pending

Project Number: 1480(1109)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted to Vermont concurrently.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/14/2010

Explanation for Other Group Market Type:

State Status Changed: 01/14/2010

Deemer Date:

Created By: Laurie Trombly

Submitted By: Laurie Trombly

Corresponding Filing Tracking Number:

Filing Description:

Today we submit for your consideration a revised version of our Avocation, Aviation and Foreign Travel Supplemental Application. We have revised the submitted supplemental application in order to accommodate its use not only with National Life Insurance Company, but also with our subsidiary company, Life Insurance Company of the Southwest. This one new form will replace the previously approved individual forms used by each company. The replaced forms are as follows:

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National Life: 1480AR(1297) which was approved for use on February 3, 1998.  
 Life Insurance Company of the Southwest: 8003AR(0798) which was approved for use on September 1, 1998.

This submission is to secure approval on behalf of National Life Insurance Company. I have submitted a separate SERFF filing (NALF-126392967) of this same form in order to secure approval on behalf of Life Insurance Company of the Southwest.

Form 1480(1109) is a supplement to our Life Insurance Application and is used to solicit additional information on the aviation, avocation and foreign travel activities of a Proposed Insured. Form 1480(1109) scores 53.0 on the Flesch Readability scale.

## Company and Contact

### Filing Contact Information

Laurie Trombly, Senior Policy Forms Analyst LTrombly@nationallife.com  
 One National Life Drive 802-229-3614 [Phone]  
 Montpelier, VT 05604 802-229-3743 [FAX]

### Filing Company Information

National Life Insurance Company	CoCode: 66680	State of Domicile: Vermont
One National Life Drive	Group Code: -99	Company Type:
Montpelier, VT 05604	Group Name:	State ID Number:
(802) 229-3333 ext. [Phone]	FEIN Number: 03-0144090	

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: Vermont charges \$50 for this same filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Life Insurance Company	\$50.00	01/12/2010	33461585

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/14/2010	01/14/2010

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## **Disposition**

Disposition Date: 01/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Form</b>	Avocation, Aviation & Foreign Travel Supplemental Application		Yes

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## Form Schedule

**Lead Form Number: 1480(1109)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1480(1109)	Application/ Enrollment Form	Avocation, Aviation & Initial Foreign Travel Supplemental Application			53.000	1480(1109).pdf

<b>National Life Insurance Company</b> Home / Administrative Office: One National Life Drive, Montpelier, VT 05604	<b>Life Insurance Company of the Southwest</b> Administrative Office: One National Life Drive, Montpelier, VT 05604 Home Office: 1300 West Mockingbird Lane, Dallas, TX 75247-4921
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Full Name of Proposed Insured: \_\_\_\_\_

All questions refer to Proposed Insured

**Part A - Aviation Questionnaire** (For pilots and crew members.)

1. What type of Pilot Certificate do you hold?  
 Student     Private     Commercial     Airline Transport Rating (ATR)     Instrument Flight Rating (IFGR)
2. Are you a member of a Military Reserve or National Guard unit on flying status?     Yes     No    If "Yes", check one?     Active     Inactive
3. What type of aircraft do you fly? \_\_\_\_\_ Crew position \_\_\_\_\_
4. Was your certificate granted subject to physical waiver? .....  Yes     No
5. Have you ever been grounded or restricted for violation of Civil Air Regulations? (If "Yes", give details in Remarks) .....  Yes     No
6. Has your Federal Pilot Certificate ever been cancelled? (If "Yes", give details in Remarks) .....  Yes     No
7. Date of last flight as a Pilot: \_\_\_\_\_ Crew member: \_\_\_\_\_
8. Is it your intention to fly in the future as a: Pilot     Yes     No    Crew member     Yes     No
9. Total flying hours (Give details in Remarks.)     Student     Pilot in Command     Other capacity

Describe your annual flying activity in the chart below.

Type of Flying	Next 12 mos. hours	Past 12 mos. hours	1 to 2 years ago hours
Employer-owned			
Charter flying or instructing			
Non-commercial pilot or student			
Military			
Other (Give details in Remarks)			

10. Do you fly only within the United States? (If "No", give details in Remarks) .....  Yes     No
11. If full coverage at standard rates is not available, do you desire:  
 Full coverage with extra premium, if available?     Restricted aviation coverage without extra premium, if available?

**Part B - Foreign Travel Questionnaire**

1. To what foreign country (or countries) do you intend to travel? \_\_\_\_\_
2. How long do you plan to remain? \_\_\_\_\_
3. For what purpose is the trip made? \_\_\_\_\_
4. Will you be located in one or more of the larger cities, or will you travel about the country? \_\_\_\_\_
5. Have you traveled abroad before? .....  Yes     No
6. If so, when and to what countries? \_\_\_\_\_

**Part C - Avocation Questionnaire**

**C.1. Automobile, motorcycle or motorboat racing**

- a. Are you a member of any of the following racing organizations?  Automobile  Motorcycle  Motorboat  
If so, name of organization? \_\_\_\_\_
- b. Describe the car or cycle you drive or the boat you race  
Make/Type: \_\_\_\_\_ Model or Class: \_\_\_\_\_ Size: \_\_\_\_\_ Horsepower: \_\_\_\_\_
- c. Is your vehicle equipped for racing? (If "Yes", give details in Remarks) .....  Yes  No
- d. Describe racing: Type of course: \_\_\_\_\_ Length of course: \_\_\_\_\_ Duration of races: \_\_\_\_\_  
Location: \_\_\_\_\_ Maximum speed attained: \_\_\_\_\_
- e. Describe your status and experience:  Professional  Amateur  
Number of races: \_\_\_\_\_ Last 12 months: \_\_\_\_\_ Anticipated next 12 months: \_\_\_\_\_

**C.2. Parachuting and Sky Diving**

- a. Are you a member of the United States Parachute Association? .....  Yes  No
- b. Do you hold a parachutist license? .....  Yes  No  
(If "Yes", class) \_\_\_\_\_
- c. Describe your experience in parachuting or sky diving  
Total jumps to date: \_\_\_\_\_ Total jumps last 12 months: \_\_\_\_\_ Total anticipated next 12 months: \_\_\_\_\_  
Do you perform sky diving or delay jumps? (If "Yes", give details in Remarks) .....  Yes  No  
Number of delay jumps: \_\_\_\_\_ Maximum seconds delay: \_\_\_\_\_  
Do you participate in baton passing or other stunts? (If "Yes", give details in Remarks) .....  Yes  No  
Do you participate in local or national competition? (If "Yes", give details in Remarks) .....  Yes  No
- d. Location of jump areas: \_\_\_\_\_

**C.3. Underwater Diving**

- a. Are you a member of a skin or scuba diving organization? .....  Yes  No  
(If "Yes", name of organization) \_\_\_\_\_
- b. Describe diving activity  
Location: \_\_\_\_\_ Purpose: (Recreation, research, rescue team - describe) \_\_\_\_\_  
Equipment used: \_\_\_\_\_ Maximum time submerged: \_\_\_\_\_  
Maximum depth attained: \_\_\_\_\_ Average depth current diving: \_\_\_\_\_
- c. Describe your status and experience:  Professional  Amateur  
Number of yrs diving experience: \_\_\_\_\_ Number of dives last 12 months: \_\_\_\_\_ Number of dives anticipated next 12 months: \_\_\_\_\_

**C.4. Other Hazardous Sports or Avocations**

Provide full details in Remarks describing participation in competition sports, skin or scuba diving, hang gliding, BASE jumping or bungee cord jumping, big game hunting, mountain climbing, cave exploring, rodeos or snowmobiling. BASE is an acronym for building, antenna tower, span (usually bridge), and earth formation (usually cliff).

**Part D - Remarks**

**Part E - Fraud Warnings and Notices**

**AR** - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil fines, criminal penalties and confinement in prison. **DC** - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties may include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **NJ** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Part F - Please Read and Sign**

The statements and answers are, to the best knowledge and belief of the Proposed Insured, complete and true. They, together with the statements and answers on the application to which this is a supplement, shall be a part of the contract if one is issued. The Applicant, if someone other than the Proposed insured, agrees to be bound by all statements and answers in this supplement.

Signed at (City & State) \_\_\_\_\_ this day of (mm/dd/yyyy) \_\_\_\_\_

Applicant (Sign name in full) \_\_\_\_\_

Proposed Insured (If other than the Applicant, sign name in full) \_\_\_\_\_

Agent (Sign name in full) \_\_\_\_\_

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR Readability.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> Application submitted under the Forms Schedule tab.		

## Arkansas Certification

This is to certify that the attached form number 1480(1109) has achieved a Flesch Reading Score of 53.0 and complies in all respects with the requirements of Arkansas Statute Annotated Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**National Life Insurance Company**  
**Life Insurance Company of the Southwest**



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Bennett E. Law  
Vice President  
Designated Representative

January 8, 2010

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Date