

SERFF Tracking Number: BNLI-126578951 State: Arkansas
Filing Company: Brokers National Life Assurance Company State Tracking Number: 45393
Company Tracking Number: BNL-2010-5
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Term Life
Project Name/Number: Individual Term life/BNL-2010-5

Filing at a Glance

Company: Brokers National Life Assurance Company

Product Name: Individual Term Life

SERFF Tr Num: BNLI-126578951 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 45393

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Co Tr Num: BNL-2010-5

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Amy Irby, Mandi
Rodriguez, Holly Harrison, Robin
Salkowski

Disposition Date: 04/12/2010

Date Submitted: 04/09/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Individual Term life

Status of Filing in Domicile: Pending

Project Number: BNL-2010-5

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/12/2010

Explanation for Other Group Market Type:

State Status Changed: 04/12/2010

Deemer Date:

Created By: Holly Harrison

Submitted By: Holly Harrison

Corresponding Filing Tracking Number:

Filing Description:

Re:Company: Brokers National Life Assurance Company

Individual Term Life

NAIC #: 74900

FEIN #: 63-0483783

Project Number: BNL-2010-5

SERFF Tracking Number: BNL-126578951 State: Arkansas
Filing Company: Brokers National Life Assurance Company State Tracking Number: 45393
Company Tracking Number: BNL-2010-5
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Term Life
Project Name/Number: Individual Term life/BNL-2010-5

The following referenced form is being submitted for your review and approval:

- Individual Term Life Application Form # ITLA(2009)A

Once approved, this form will be used in conjunction with previously approved Individual Term Life Policy form # ITLP(2009)AR, Terminal Illness Accelerated Benefit Rider form # TIABR(2009) and Terminal Illness Accelerated Benefit Rider Disclosure Notice form #TIABR-DN(2009). These forms were approved on 10/09/09 in SERFF filing # BNL-126255691. Per an email from Linda Bird on 3/24/10 a Benefit Payment Notice is required to be used, but not required to be filed per Rule and Regulation 60s8(D).

Please note that the Disclosure form will always be given with the application. A statement was added to comply with Rule and Regulation 60s8(C)(a).

If you have any questions, please contact me at 800-798-1125, extension 1404 or email me at holly@bnlac.com.

Sincerely,

Holly Harrison
Compliance Assistant

Company and Contact

Filing Contact Information

Holly Harrison, Compliance Assistant holly@bnlac.com
7010 Hwy 71 West, Suite 100 512-383-0220 [Phone] 1404 [Ext]
Austin, TX 78735 512-383-8502 [FAX]

Filing Company Information

Brokers National Life Assurance Company CoCode: 74900 State of Domicile: Arkansas
7010 Hwy 71 West Group Code: Company Type:
Suite 100 Group Name: State ID Number:
Austin, TX 78735 FEIN Number: 63-0483783
(800) 798-1125 ext. [Phone]

Filing Fees

SERFF Tracking Number: BNL-126578951 State: Arkansas
Filing Company: Brokers National Life Assurance Company State Tracking Number: 45393
Company Tracking Number: BNL-2010-5
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Term Life
Project Name/Number: Individual Term life/BNL-2010-5

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$ 50.00 per filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Brokers National Life Assurance Company	\$50.00	04/09/2010	35536875

SERFF Tracking Number: BNL-126578951 State: Arkansas
Filing Company: Brokers National Life Assurance Company State Tracking Number: 45393
Company Tracking Number: BNL-2010-5
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Term Life
Project Name/Number: Individual Term life/BNL-2010-5

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/12/2010	04/12/2010

SERFF Tracking Number: *BNLI-126578951* *State:* *Arkansas*
Filing Company: *Brokers National Life Assurance Company* *State Tracking Number:* *45393*
Company Tracking Number: *BNL-2010-5*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: *Individual Term Life*
Project Name/Number: *Individual Term life/BNL-2010-5*

Disposition

Disposition Date: 04/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *BNLI-126578951* State: *Arkansas*
 Filing Company: *Brokers National Life Assurance Company* State Tracking Number: *45393*
 Company Tracking Number: *BNL-2010-5*
 TOI: *L04I Individual Life - Term* Sub-TOI: *L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*

Product Name: *Individual Term Life*
 Project Name/Number: *Individual Term life/BNL-2010-5*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Form	Individula Term Life Application	Yes	Yes

SERFF Tracking Number: *BNLI-126578951* State: *Arkansas*
 Filing Company: *Brokers National Life Assurance Company* State Tracking Number: *45393*
 Company Tracking Number: *BNL-2010-5*
 TOI: *L04I Individual Life - Term* Sub-TOI: *L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
 Product Name: *Individual Term Life*
 Project Name/Number: *Individual Term life/BNL-2010-5*

Form Schedule

Lead Form Number: ITLA(2009)A

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ITLA(2009)A	Application/Indivudla Enrollment Form	Term Life Application	Initial			ITLA(2009)A.pdf

**BROKERS NATIONAL LIFE ASSURANCE COMPANY**

Domiciled in the State of Arkansas

Administrative Office: 7010 Hwy 71 West, Suite 100, Austin, Texas 78735

Phone: 512-383-0220

Term Life Insurance Application

Requested Effective Date: ____ / ____ / ____

Term Period: <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years	Amount of Coverage: Primary Insured \$ _____ Insured Spouse \$ _____ Child Rider (per eligible child listed): <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Payment Frequency: <input checked="" type="checkbox"/> Monthly, unless changed <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	Form of Billing: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Direct Bill CWA \$ _____
--	---	---	--

GENERAL INFORMATION	Primary Insured (and Owner)	Complete to Apply for Spouse Coverage
Name	_____	_____
Social Security Number, Sex	_____ - _____ - _____ <input type="checkbox"/> M <input type="checkbox"/> F	_____ - _____ - _____ <input type="checkbox"/> M <input type="checkbox"/> F
Birth Date and State, Age	Dt _____ St _____ Age _____	Dt _____ St _____ Age _____
Height and Weight	Hgt _____ ft _____ in Wgt _____ lbs	Hgt _____ ft _____ in Wgt _____ lbs
Employer	_____	_____
Occupation	_____	_____
Home Address _____ City _____ State _____ Zip Code _____		
Email _____ Phone (_____) _____		

CHILD RIDER – Complete if applying for Child(ren) Coverage					
Child's Name (your dependent children only)	Birth Date	Age	Sex	Height	Weight

MEDICAL QUESTIONS			
Complete the following questions for all proposed insured(s)	Primary Insured	Insured Spouse	Child(ren)
1. Have you, in the past 3 years: Engaged in, or do you plan to engage in, any hazardous sports or aviation activities; or, been arrested for driving while intoxicated, or had a drivers license suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
2. Have you smoked any cigarettes in the past twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
3. Have you ever had insurance declined, postponed or modified in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you, in the past 10 years, been positively diagnosed or treated by a member of the medical profession for:			
a) heart trouble, high blood pressure, kidney disease, diabetes, liver disorder, cancer, cyst, tumor, abnormal lymph gland, ulcers, mental or nervous disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) any immune deficiency disorder (AIDS), the AIDS-Related Complex (ARC) or tested positive for antibodies to the AIDS virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been observed, treated, or hospitalized, or had any symptoms of, any disease not covered above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Full name and address of your personal physician. Give date and reason of last consultation with any treatment/medication. If none, state "None".			
Primary Insured _____			
Insured Spouse _____			
Please explain any YES answers for questions 1, 3-5:			

BENEFICIARY/CONTINGENT OWNER			
		<i>Primary Insured's Beneficiary</i>	<i>Insured Spouse's Beneficiary</i>
Beneficiary Name			
Relationship to the Insured and Age		Age	Age
Contingent Beneficiary Name			
Relationship to the Insured and Age		Age	Age
Dependent children's beneficiary will be the primary insured.			
Contingent Owner			Age
Contingent Owner's Relationship to Primary Insured			

It is understood and agreed that: 1. The application includes any other underwriting questionnaires required by the Company. 2. The statements in this application: a) Are to form the basis of any policy issued; and b) Are true and complete to the best of my knowledge and belief. 3. All agreements made by us must be signed by our President, Vice President, Secretary or Assistant Secretary; no agent can accept risks, modify policies or waive any rights or requirements of the Company. 4. The acceptance by the primary insured of a policy issued on this application will constitute ratification of any changes made by the Company. 5. No insurance will be in force: a) Until the policy has been delivered and accepted during the continued insurability of the insured person(s); and b) Unless nothing has happened since the date of the application that would require a different answer to any question; and c) Until the full first premium is paid, at which time the policy will take effect on its date of issue.

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. (Except in Colorado, D.C., Georgia, Kansas, Kentucky, Oregon, Tennessee & Washington) In Colorado, it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. In D.C., any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. In Georgia, Kansas & Oregon, 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 may be guilty of insurance fraud. In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. In Tennessee, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I authorize any licensed physician, medical practitioner, clinic, hospital, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person, that has any records or knowledge of me or members of my family for whom insurance application is made on my health or their health, to give Brokers National Life Assurance Company, or its reinsurers, any such information. A photographic copy of this authorization shall be as valid as the original. This authorization will be valid for 24 months from the date below.

I acknowledge receipt of the Fair Credit Reporting Act Notice and Notice Regarding Medical Information Bureau.

All statements in this application are deemed representations and not warranties.

Will this insurance replace any other insurance? No Yes Give Company Name & Policy # _____

Does the agent have knowledge this insurance will replace any other insurance? No Yes

The undersigned applicant and agent certify that the applicant has received the Terminal Illness Accelerated Benefit Rider Disclosure Notice.

Dated at _____ City _____ State _____ Date _____ X _____ Primary Insured / Owner's Signature

X _____ Witnessed by: Licensed Agent X _____ Insured Spouse's Signature (if applicable)

Writing Agent Name _____ Agent # _____ Agent License ID# _____

Splitting Agent Name (if applicable) _____ Agent # _____

Home Office Use: _____

Application # _____	BID # _____
---------------------	-------------

SERFF Tracking Number: *BNLI-126578951* State: *Arkansas*
 Filing Company: *Brokers National Life Assurance Company* State Tracking Number: *45393*
 Company Tracking Number: *BNL-2010-5*
 TOI: *L04I Individual Life - Term* Sub-TOI: *L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
 Product Name: *Individual Term Life*
 Project Name/Number: *Individual Term life/BNL-2010-5*

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo		
Bypass Reason:	N/A		
Comments:			