

SERFF Tracking Number: GRJR-126807642 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 46825
Company Tracking Number: CLI1019ELEC
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Form CLI-1019 Application for Life Insurance
Project Name/Number: Electronic Use of CLI-1019 Application/Electronic Use of CLI-1019 Application

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-1019 Application for SERFF Tr Num: GRJR-126807642 State: Arkansas

Life Insurance

TOI: L08 Life - Other

SERFF Status: Closed-Accepted State Tr Num: 46825

For Informational Purposes

Sub-TOI: L08.000 Life - Other

Co Tr Num: CLI1019ELEC

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah

Disposition Date: 09/21/2010

Naegele, Karen Eichler

Date Submitted: 09/17/2010

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Electronic Use of CLI-1019 Application

Status of Filing in Domicile: Authorized

Project Number: Electronic Use of CLI-1019 Application

Date Approved in Domicile: 09/15/2010

Requested Filing Mode: Informational

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: 09/21/2010

Explanation for Other Group Market Type:

State Status Changed: 09/21/2010

Deemer Date:

Created By: Karen Eichler

Submitted By: Jennifer Henley

Corresponding Filing Tracking Number: USPH-
6T2KWB790

Filing Description:

FEIN: 31-1213778

NAIC: 0244-76236

Subject:

The Cincinnati Life Insurance Company

INFORMATIONAL Individual Life Form Submission

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Form CLI-1019 Application for Life Insurance, previously approved by your Department on September 12, 2006, under SERFF Tracking No. USPH-6T2KWB790

The purpose of this submission is notification of our intent to use the previously-approved, referenced application form in electronic format. The implementation date for the electronic use of this form will be the date of your acknowledgement to this notification.

In addition to the traditional paper format as approved, the data gathered on the application may also be transferred to The Cincinnati Life Insurance Company electronically. For electronic submissions, a signature pad will be used for the signature of both the applicant and the agent.

We assure that when the form and information are input to the computer system, such input will not cause any disclosure or fraud warning to be split from the signature section. We confirm that the material and content within this approved form will not change and its form number remains the same.

The Cincinnati Life Insurance Company's electronic signature process, including security measures and consumer consent disclosures, complies with the Uniform Electronic Transactions Act, and to the extent applicable, the federal ESIGN law and the electronic transaction regulations applicable to your state. We further assure that our privacy practices are in compliance with HIPAA requirements.

An informational filing was approved by our domiciliary state, Ohio, on September 15, 2010.

We would appreciate and look forward to your acknowledgement at your earliest convenience.

Company and Contact

Filing Contact Information

Jennifer Henley, Senior 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) 870-2000 ext. 4386[Phone] FEIN Number: 31-1213778

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 filing x \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	09/17/2010	39613657

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	09/21/2010	09/21/2010

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Disposition

Disposition Date: 09/21/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Application

Comments:

Previously approved by your Department, September 12, 2006, attached for your convenience in review.

Attachment:

CLI-1019 Application for Life Insurance.pdf

THE CINCINNATI LIFE INSURANCE COMPANY

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

513-870-2000

Application for Life Insurance

Please print or type all information

1. Proposed Insured (first, middle, last)			2. <input type="checkbox"/> Male <input type="checkbox"/> Female		3. Birth Date	
4. Street Address		Apt. #	City		State	Zip
5. Birthplace (State)						
6. Social Security No.		7. Driver's Lic. No. and State			8. Occupation	
9. Daytime Phone # _____		Evening Phone # _____		Cell Phone # _____		
10. Has the Proposed Insured used any tobacco or nicotine products in the last 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No						
11. Plan		12. Face Amount		13. UL Death Benefit Option <input type="checkbox"/> A <input type="checkbox"/> B		
14. Optional Benefit Riders:						Other Riders
<input type="checkbox"/> Accidental Death	\$ _____	Amount	<input type="checkbox"/> Waiver of Premium/COI	<input type="checkbox"/> _____		
<input type="checkbox"/> Insured Insurability (GPO)	\$ _____	Amount	<input type="checkbox"/> Extension of Maturity Date	<input type="checkbox"/> _____		
<input type="checkbox"/> Children's Term	# _____	Units	<input type="checkbox"/> Accelerated Benefit	<input type="checkbox"/> _____		
15. 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)						
16. Amount Remitted with Application \$ _____			17. Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Owner, if other than the Proposed Insured (first, middle last)			19. Relationship		20. Date of Birth	
21. Street Address		Apt. #	City		State	Zip
22. Social Security No. or EIN						
23. Primary Beneficiary (first, middle, last)				24. Relationship		
25. Contingent Beneficiary (first, middle, last)				26. Relationship		
27. Does the Proposed Insured have any life insurance or annuities in force with The Cincinnati Life Insurance Company or any other company? (Complete any applicable replacement forms).....						Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes," list and indicate if it is to be replaced, changed or borrowed against as a result of this application.						Replaced?
Insurer		Policy Number		Amount		Yes <input type="checkbox"/> No <input type="checkbox"/>
_____		_____		_____		<input type="checkbox"/> <input type="checkbox"/>
_____		_____		_____		<input type="checkbox"/> <input type="checkbox"/>

AGREEMENT: I, the undersigned, have read, or had read to me, this completed Application. To the best of my knowledge and belief, all the answers and statements given are true and complete. I agree that: 1. All parts of the Application will be a part of any policy issued; 2. Insurance shall become effective if: A. a policy is formally approved by The Cincinnati Life Insurance Company; and B. the full first premium has been paid; or C. according to the terms of the Conditional Premium Receipt (a) if it is given and (b) the full first premium is paid when this Application is signed; and 3. No provision of this Application or the policy can be modified or waived except by an endorsement signed by me and by an officer of The Cincinnati Life Insurance Company. I realize that any false statement or misrepresentation may result in loss of coverage under the policy.

I acknowledge receipt of the Conditional Premium Receipt (if one is given) and of the Important Notice to the Proposed Insured.

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.

Signed at: _____ City _____ State On: _____ Month _____ Day _____ Year

Signature of Proposed Insured
(if signing on behalf of a minor, specify relationship)

Signature of Owner
(if other than Proposed Insured)

AGENT'S STATEMENT: I certify that I have truly and accurately recorded on this Application the information supplied by the Proposed Insured and/or applicant. I further certify that the Proposed Insured does does not have existing life insurance or annuities in force with The Cincinnati Life Insurance Company or any other company and that the policy applied for will will not replace or change any other life insurance or annuity presently in force.

Signature of Agent

Agent's Name (please print)

Agent's Code Number

Agency Name (please print)

THE CINCINNATI LIFE INSURANCE COMPANY

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

513-870-2000

In Continuation of Application for Life Insurance

CONDITIONAL PREMIUM RECEIPT - MAXIMUM LIABILITY \$300,000

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

On _____ in the amount of \$ _____ 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 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 paid 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, The Cincinnati Life Insurance Company, must receive the total premium paid 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; b) the date of any supplemental application; or c) the date of the latest medical examination or tests that we require, the Proposed Insured was acceptable to us under our rules, limits and standards. 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; b) any supplemental application; or c) 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 precedent 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 THE 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 PAID.

Signature of Agent

Agency Name (please print)

Agent Name (please print)

Agency Phone No.

Agency Phone No.

Agency Address (please print)