

SERFF Tracking Number: BALT-127726336 State: Arkansas  
Filing Company: The Baltimore Life Insurance Company State Tracking Number: 50215  
Company Tracking Number: 3934-1011  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: APPLICATION QUESTIONNAIRES  
Project Name/Number: APPLICATION QUESTIONNAIRES/3934-1011

## Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: APPLICATION QUESTIONNAIRES SERFF Tr Num: BALT-127726336 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- Closed State Tr Num: 50215

Sub-TOI: L08.000 Life - Other Co Tr Num: 3934-1011 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Lesia Braddy Disposition Date: 11/10/2011

Date Submitted: 11/08/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 02/01/2012

Implementation Date:

State Filing Description:

## General Information

Project Name: APPLICATION QUESTIONNAIRES

Status of Filing in Domicile: Pending

Project Number: 3934-1011

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Being filed concurrently

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/10/2011

Deemer Date:

State Status Changed: 11/10/2011

Submitted By: Lesia Braddy

Created By: Lesia Braddy

Corresponding Filing Tracking Number: 3934-1011

Filing Description:

Attached for your review and formal approval are copies of the following underwriting questionnaires:

Form 3934-1011 is a Drug and Alcohol Usage Questionnaire. It was designed to further assess the risk of those who have been impacted by substance abuse. This is new form and does not supersede any previously approved form.

Form 8422 is a Motor Sports Questionnaire. It was designed to properly assess the risk of those who engage in vehicle racing. This is new form and does not supersede any previously approved form.

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Form 8423 is a SCUBA Questionnaire. It was designed to properly access the risk on those who use SCUBA equipment in their diving experience. This is new form and does not supersede any previously approved form.

Form 8439 is an Aviation Questionnaire. It was designed to properly access the risk on private pilots. This is new form and does not supersede any previously approved form.

These forms will be used where appropriate, in conjunction with and attached to our fully underwritten application, Form 7637(AR), which was approved by your Department on 4/1/03.

We certify that this submission meets the provisions of Regulations 19, as well as all of the applicable requirements of the department.

## Company and Contact

### Filing Contact Information

Lesia Braddy, Director Policy Forms Compliance  
 10075 Red Run Boulevard Owings Mills, MD 21117-4871  
 lesia.williams@baltlife.com  
 800-628-5433 [Phone] 7586 [Ext]  
 410-581-6605 [FAX]

### Filing Company Information

The Baltimore Life Insurance Company  
 10075 Red Run Boulevard Owings Mills, MD 21117  
 (443) 681-7586 ext. [Phone]  
 CoCode: 61212 State of Domicile: Maryland  
 Group Code: 4723 Company Type:  
 Group Name: State ID Number:  
 FEIN Number: 52-0236900

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$500.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$500.00	11/08/2011	53572485

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/10/2011	11/10/2011

*SERFF Tracking Number:*      *BALT-127726336*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Baltimore Life Insurance Company*              *State Tracking Number:*      *50215*  
*Company Tracking Number:*      *3934-1011*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *APPLICATION QUESTIONNAIRES*  
*Project Name/Number:*              *APPLICATION QUESTIONNAIRES/3934-1011*

## **Disposition**

Disposition Date: 11/10/2011

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	DRUG AND ALCOHOL USAGE QUESTIONNAIRE		Yes
Form	AVIATION QUESTIONNAIRE		Yes
Form	Motor Sports Questionnaire		Yes
Form	SCUBA Questionnaire		Yes

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## Form Schedule

### Lead Form Number: 3934-1011

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	3934-1011	Application/ DRUG AND Enrollment ALCOHOL USAGE Form QUESTIONNAIRE	Initial		51.400	3934.pdf
	8439	Application/ AVIATION Enrollment QUESTIONNAIRE Form	Initial		50.000	8439.pdf
	8422	Application/ Motor Sports Enrollment Questionnaire Form	Initial		61.000	8422-2.pdf
	8423	Application/ SCUBA Enrollment Questionnaire Form	Initial		69.300	8423-2.pdf



The Baltimore Life  
COMPANIES

The Baltimore Life Companies  
10075 Red Run Boulevard • Owings Mills, Maryland 21117-4871  
800.628.5433 • www.baltlife.com

## DRUG AND ALCOHOL USAGE QUESTIONNAIRE

To be completed by the applicant

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### DRUG USAGE

#### Other than as prescribed by a physician, in the past 10 years have you used:

1. Amphetamines (benzedrine, dexedrine, ecstasy, ice, MDMA, speed, uppers, bennies, meth, crystal, etc.)?.....  Yes  No
2. Barbiturates (downers, amytal, phenobarbital, tuinal, etc.)? .....  Yes  No
3. Cannabis (marijuana, hashish, THC-Delta-9, pot, weed, etc.)? .....  Yes  No
4. Cocaine (“coke,” “crack,” “snow,” “candy,” etc.)?.....  Yes  No
6. Hallucinogens (acid, angel dust, haze, LSD-25, peyote, psilocin, microdots, etc.)?.....  Yes  No
7. Herbs (catnip, poppy, kavakava, lobelia, spice, etc.)?.....  Yes  No
8. Opiates (Codeine, heroin, methadone, morphine, opium, smack, etc.)? .....  Yes  No
9. Sedatives (Diazepam, downers, Nitrazepam, tranks, etc.)?.....  Yes  No
10. Solvents (aerosols, glue, etc.)? .....  Yes  No
11. Others?.....  Yes  No

*If yes, please provide details under Additional Remarks:*

Type	How Often Used	Dosage or Amount Used	Dates Used	
			From	To

12. Are you active in N.A. or other recovery groups? .....  Yes  No  
How long? \_\_\_\_\_
- . Because of your drug use, have you ever consulted a doctor or received treatment? .....  Yes  No  
Give date, physician and hospital in Remarks \_\_\_\_\_
13. Have you ever been arrested for driving under the influence or while impaired? .....  Yes  No  
If “yes” give details and drivers license number \_\_\_\_\_

Additional Remarks: (Include details of any medical treatment, names of physicians, side effects, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPECIMEN**

**ALCOHOL USAGE**

1. Do you presently use alcoholic beverages? .....  Yes  No  
 If no, approximate date of last drink: \_\_\_\_\_

Quantity	Beer	Wine	Liquor
Daily			
Weekly			
Monthly			

2. Did you ever drink substantially more than at present? .....  Yes  No  
 If yes, when: from \_\_\_\_\_ to \_\_\_\_\_

Quantity	Beer	Wine	Liquor
Daily			
Weekly			
Monthly			

Why did you change your drinking habits? \_\_\_\_\_  
 \_\_\_\_\_

4. Are you active in A.A. or other recovery groups? .....  Yes  No  
 How long? \_\_\_\_\_

5. Because of your alcohol use, have you ever consulted a doctor or received treatment? .....  Yes  No  
 Give date, physician and hospital in Remarks

6. Have you ever been arrested for driving under the influence of alcohol or while impaired? .....  Yes  No  
 If "yes" give details and drivers license number \_\_\_\_\_  
 \_\_\_\_\_

7. Have you ever had:
- a. Blackouts? .....  Yes  No
  - b. Convulsions? .....  Yes  No
  - c. Delirium Tremens? .....  Yes  No
  - d. Liver disorder? .....  Yes  No
  - e. Esophageal varices? .....  Yes  No
  - f. Depression or emotional disorder? .....  Yes  No

*If yes, please provide details under Additional Remarks:*

Additional Remarks: (Include details of any medical treatment, dates, names of physicians and/or hospitals, side effects, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ **SPECIMEN** \_\_\_\_\_ Date \_\_\_\_\_



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AVIATION QUESTIONNAIRE
FOR STUDENTS AND PRIVATE PILOTS AND CREW MEMBERS IN GENERAL AVIATION

- 1. Total hours flown as pilot or crew member: Total hours flown in past 12 months: Estimated hours flying in next 12 months:
2. Pilot Certificate currently held: Student, Recreational, Private, Commercial, Airline Transport Rating (ATR), Flight Instructor, Instrumental Flight Rating (IFR)
3. Have you ever been grounded or had your license revoked? Yes No
4. Medical Certificate currently held: III, II, I Date of last renewal: Was it denied by the Aviation Medical Examiner but eventually issued? Was it necessary to appeal before Certificate was eventually issued? Was Medical Certificate granted subject to limitation(s) or physical waivers(s)?
5. Are you currently, have you within the past 12 months or do you contemplate future flying in the Civil Air Patrol?
6. Do you contemplate a change from your present flying to commercial or military flying?
7. Should you not qualify for full coverage at standard rates, do you desire full coverage with extra premium if available?

Additional Comments (If any of the above questions is answered "Yes" please provide full details.)

Multiple horizontal lines for providing additional comments.

I hereby declare that all statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.

Applicant's Signature Date

Witness Date



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## MOTOR SPORTS QUESTIONNAIRE

Proposed Insured \_\_\_\_\_

1. Type of vehicle or vehicles that you race including make and model: \_\_\_\_\_
2. What is your engine displacement and horsepower? \_\_\_\_\_
3. What type of racing do you participate in and do you plan on changing classes in the future? \_\_\_\_\_
4. What type of license do you hold? \_\_\_\_\_
5. How long have you been competing? \_\_\_\_\_
6. Do you have any affiliation with any racing organizations? \_\_\_\_\_
7. Are you an amateur or professional driver/rider? \_\_\_\_\_
8. What are the number of events you participate in per year and the average length of the events (laps/miles or kilometers/time)?
  - a) Current year? \_\_\_\_\_
  - b) Previous year? \_\_\_\_\_
  - c) Planned for next year? \_\_\_\_\_
9. Do you participate, or intend to participate in any of the following;
  - a) Testing of prototypes?  Yes  No
  - b) Record attempts  Yes  NoIf yes, please provide full detail \_\_\_\_\_
10. What is your average speed and top speed attained? \_\_\_\_\_
11. Have you been involved in any accident causing injury to yourself or 3<sup>rd</sup> party?  Yes  No  
If yes, please provide full detail \_\_\_\_\_

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life insurance and failure to disclose any material fact known to me may invalidate the contract.

Proposed Insured Signature \_\_\_\_\_ **SPECIMEN** \_\_\_\_\_ Date \_\_\_\_\_



## SCUBA QUESTIONNAIRE

Proposed Insured \_\_\_\_\_

1. Diving experience and qualifications
  - a. When and where did you learn to dive? \_\_\_\_\_
  - b. Are you an active member of a diving club? *i.e. PADI, etc.* .....  Yes  No
  - c. What diving qualifications do you hold? \_\_\_\_\_
  - d. What is the average number of dives per year you have undertaken in the last 3 years? \_\_\_\_\_
  - e. What is the maximum depth that you have dived? \_\_\_\_\_
  
2. Intended future diving
  - a. How many dives do you plan to make each year? \_\_\_\_\_
  - b. To what depth do you usually dive? \_\_\_\_\_
  - c. Will you use mixed gas equipment? *i.e. Nitrox, Trimix, Heliox* \_\_\_\_\_  Yes  No
  - d. Do you ever dive to a depth of 165 ft (50 meters) or more?.....  Yes  No  
If **YES**, how often and under what conditions? \_\_\_\_\_  
\_\_\_\_\_
  - e. Do you ever dive unaccompanied?.....  Yes  No  
If **YES**, how often and under what conditions? \_\_\_\_\_  
\_\_\_\_\_
  
3. Please give details of the location of your diving, including countries and whether deep sea, coastal waters, lakes, rivers etc. \_\_\_\_\_  
\_\_\_\_\_
  
4. Purpose of dives
  - a. For what purpose do you dive? *i.e. photography, marine biology, etc.* \_\_\_\_\_  
\_\_\_\_\_
  - b. Do you participate in any of the following?
    - i. Wreck diving (observation, salvage, photography or exploration).....  Yes  No
    - ii. Cave or pot hole diving.....  Yes  No
    - iii. Treasure trove diving .....  Yes  No
    - iv. Ice diving .....  Yes  No
    - v. Diving at high altitudes *i.e. mountain lakes*.....  Yes  No
    - vi. Depth record attempts .....  Yes  No  
If **YES**, please give full details, including how often. \_\_\_\_\_  
\_\_\_\_\_



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> ar-read 3934-1011 et al.pdf		

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

**THE BALTIMORE LIFE INSURANCE COMPANY**  
10075 Red Run Boulevard • P.O. Box 1060 • Owings Mills, Maryland 21117-6050  
(410) 581-6600

## CERTIFICATION OF READABILITY

This is to certify that Form listed below meet the minimum reading ease score for the state of Arkansas on the Flesch reading ease test.

<u>Form #</u>	<u>Flesch Score</u>
Form 3934-1011	51.4
Form 8439	50.0
Form 8422	61.0
Form 8423	69.3

  
\_\_\_\_\_  
Sr. Vice President

11/8/11  
\_\_\_\_\_

Date