

SERFF Tracking Number: AMGN-127139892 State: Arkansas
Filing Company: American General Life Insurance Company of Delaware State Tracking Number: 48578
Company Tracking Number: UW QUEST AGLD
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Questionnaires
Project Name/Number: UW Quest MC/

Filing at a Glance

Company: American General Life Insurance Company of Delaware

Product Name: Questionnaires

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AMGN-127139892 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 48578

Co Tr Num: UW QUEST AGLD

Author: Luis Cardozo

Date Submitted: 04/26/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/28/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: UW Quest MC

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Luis Cardozo

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/28/2011

State Status Changed: 04/28/2011

Created By: Luis Cardozo

Corresponding Filing Tracking Number: UW QUEST AGLD

Filing Description:

PLEASE NOTE: The forms are submitted for the 3 companies listed below. Please review the forms for all 3 companies at the same time for consistency so that any changes required will be the same for all companies.

- (1) American General Life Insurance Company,
- (2) The United States Life Insurance Company in the City of New York
- (3) American General Life Insurance Company of Delaware.

Re: AGLC0014-2011 - Drug/Alcohol Questionnaire

SERFF Tracking Number: AMGN-127139892 State: Arkansas
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AGLC0015-2011 - Short Health Statement
AGLC0016-2011 - Policy Acceptance and Amendment of Application
AGLC0017-2011 - Amendment of Application
AGLC0018-2011 - Financial Questionnaire
AGLC0019-2011 - Aviation Questionnaire
AGLC0020-2011 - Avocation Questionnaire
AGLC100715-2011 - Foreign Travel or Residence Supplement
AGLC103330-2011 - Expanded Financial Questionnaire - Personal
AGLC103331-2011 - Expanded Financial Questionnaire - Business

These underwriting forms are submitted for approval. The forms are new and do not replace any previously approved forms. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

The underwriting staff uses the AGLC0014-2011 Drug/Alcohol Questionnaire, the AGLC0019-2011 Aviation Questionnaire, and the AGLC0020-2011 Avocation Questionnaire when an applicant reveals participation in certain events or reveals certain treatments (or such information is revealed by another source) and the underwriter need additional information to assess the risk.

The AGLC0015-2011 Short Health Statement is a form that is used to confirm that health statements on the application are still true and unchanged. Any changes which have occurred will be noted on such form and reviewed by an underwriter.

The AGLC0016-2011 Policy Acceptance and Amendment of Application is a form that requires the signature of a proposed insured and owner at the time a policy is delivered if such policy was issued other than as applied for. It is also a confirmation that no health changes have occurred and may be used in the event an application was incomplete or information must be corrected.

The AGLC0017-2011 Amendment of Application is a form that requires the signature of a proposed insured and owner at the time a policy is delivered in the event an application was incomplete. It may also be used to correct application information or to record various changes which occur after the application is submitted.

The AGLC0018-2011 Financial Questionnaire when completed provides detailed financial information on the proposed insured. The form is used for both personal insurance and insurance intended for business purposes. Completed questionnaires are reviewed during the underwriting process when large amounts of insurance are applied for.

The AGLC100715-2011 Foreign Travel or Residence Supplement is a supplement to the application. When completed

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the supplement provides information pertaining to the proposed insured's residency and foreign travel habits.

The AGLC103330-2011 Expanded Financial Questionnaire – Personal, and the AGLC103331-2011 Expanded Financial Questionnaire - Business will be used during the underwriting process for larger amounts of life insurance that require additional detailed information not found in the Financial Questionnaire.

These submitted forms may, in some instances, be completed electronically which may also include the use of electronic signatures. Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the questions, provisions, and type font, size (but not less than 10 point) and color.

Company and Contact

Filing Contact Information

Luis Cardozo, luis.cardozo@aglife.com
 2929 Allen Parkway 713-831-2465 [Phone]
 Mail Stop A38-40 713-342-7550 [FAX]
 Houston, TX 77019

Filing Company Information

American General Life Insurance Company of Delaware CoCode: 66842 State of Domicile: Delaware
 600 King Street Group Code: 12 Company Type:
 Wilmington, DE 19801 Group Name: State ID Number:
 (713) 831-3508 ext. [Phone] FEIN Number: 25-1118523

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company of Delaware	\$500.00	04/26/2011	46947012

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/28/2011	04/28/2011

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Disposition

Disposition Date: 04/28/2011

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	Yes
Supporting Document	Application	No	No
Form	Drug/Alcohol Questionnaire	Yes	Yes
Form	Short Health Statement	Yes	Yes
Form	Policy Acceptance and Amendment of Application	Yes	Yes
Form	Amendment of Application	Yes	Yes
Form	Financial Questionnaire	Yes	Yes
Form	Aviation Questionnaire	Yes	Yes
Form	Avocation Questionnaire	Yes	Yes
Form	Foreign Travel or Residence Supplement	Yes	Yes
Form	Expanded Financial Questionnaire - Personal	Yes	Yes
Form	Expanded Financial Questionnaire - Business	Yes	Yes

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Form Schedule

Lead Form Number: AGLC0014-2011

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AGLC0014-2011	Application/Drug/Alcohol Enrollment Questionnaire Form	Initial		0.000	AGLC0014-2011.pdf
	AGLC0015-2011	Application/Short Health Enrollment Statement Form	Initial		0.000	AGLC0015-2011.pdf
	AGLC0016-2011	Application/Policy Acceptance Enrollment and Amendment of Form Application	Initial		0.000	AGLC0016-2011.pdf
	AGLC0017-2011	Application/Amendment of Enrollment Application Form	Initial		0.000	AGLC0017-2011.pdf
	AGLC0018-2011	Application/Financial Enrollment Questionnaire Form	Initial		0.000	AGLC0018-2011.pdf
	AGLC0019-2011	Application/Aviation Enrollment Questionnaire Form	Initial		0.000	AGLC0019-2011.pdf
	AGLC0020-2011	Application/Avocation Enrollment Questionnaire Form	Initial		0.000	AGLC0020-2011.pdf
	AGLC100715-2011	Application/Foreign Travel or Enrollment Residence Form Supplement	Initial		0.000	AGLC100715-2011.pdf
	AGLC103330-2011	Application/Expanded Financial Enrollment Questionnaire - Form Personal	Initial		0.000	AGLC103330-2011.pdf
	AGLC103331-2011	Application/Expanded Financial Enrollment Questionnaire - Form Business	Initial		0.000	AGLC103331-2011.pdf

American General

Life Companies

Drug/Alcohol Questionnaire

- American General Life Insurance Company, Houston, TX
 The United States Life Insurance Company in the City of New York, New York, NY
 American General Life Insurance Company of Delaware, Wilmington, DE

In this questionnaire, the "Company" refers to the insurance company whose name is checked above. The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured Information

John First Name Doe Last Name 12/28/1975 Date of Birth 123-45-6789 Social Security #

1. Do you presently use or have you ever used:
Drug(s): yes no Alcoholic beverage(s): yes no

If yes, indicate which of the following you use (used):

- Amphetamines (Benzedrine, Dexedrine, Methedrine, etc.) Beer
 Cocaine (Cocaine, Crack, etc.) Wine
 Hallucinogens (LSD, DMT, Peyote, etc.) Liquor
 IV Drugs
 Marijuana (Hashish, Cannabis, etc.)
 Opiates (Codeine, Heroin, Methadone, etc.)

2.

	Drugs	Alcohol
Date(s) last used:		3/30/2011
Amount usually used:		3 glasses per week
Frequency of use:	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
How long have you used:		13 years

3. Have you ever received medical treatment because of:
A. Drug(s): yes no Alcoholic beverage(s): yes no
B. If yes, name(s) of doctor/facility, address and dates of treatment: _____
C. Was your treatment court ordered? yes no If yes, provide details: _____
4. Have you ever joined or attended a support group (such as AA or NA) because of:
A. Drug(s): yes no Alcoholic beverage(s): yes no
B. If yes, name of support group and dates of attendance: _____
C. If yes, are you still an active member of a support group? yes no
D. Was your attendance court ordered? yes no If yes, provide details: _____
5. Have you ever been arrested, charged or convicted (including DWI, DUI, etc.) in connection with:
A. Drug(s): yes no Alcoholic beverage(s): yes no
B. If yes, list date, state, county, charge and current status: _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Signed at (city, state) Anytown, USA

Proposed Insured Signature X John Doe Date 4/3/2011

American General

Life Companies

Short Health Statement

- American General Life Insurance Company, Houston TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

In this form, the "Company" refers to the insurance company whose name is checked above.

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Proposed Insured

<i>John</i>		<i>Doe</i>	<i>12/28/1975</i>	
First Name	MI	Last Name	Date of Birth	Policy #

I represent, on behalf of myself and any dependent who may have been proposed for insurance, that to the best of my knowledge and belief:

1. There have been no changes since the date of the application in my health or in any other condition; and
2. Neither I nor any other proposed insured has since the date of the application:
 - a. Consulted a licensed health care provider or received medical or surgical advice or treatment; or
 - b. Acquired any knowledge or belief that any statements made in the application are now inaccurate or incomplete.

Exceptions:

None

In the event any exception is noted herein, the policy will not be in force until the Company approves this Short Health Statement.

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Owner Signature **X** *John Doe* Date *3/17/2011*

Signed at (city, state) *Anytown, USA*

Proposed Insured Signature **X** Date

(If under age 15, signature of parent or guardian)

American General

Life Companies

Policy Acceptance and Amendment of Application

- American General Life Insurance Company, Houston TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

In this amendment, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Policy Acceptance Acknowledgement

Proposed Insured: First Name John MI _____ Last Name Doe

Policy Number: A1234

I hereby acknowledge receipt and acceptance of the policy described above. I also accept all matters set forth in the policy which was issued that differ from the policy for which application was made. All differences which I hereby accept are as follows:

Home Phone Number: 281-555-0917

I represent, on behalf of myself and any dependent who may have been proposed for insurance, that to the best of my knowledge and belief:

1. There have been no changes since the date of the application in my health or in any other condition; and
2. Neither I nor any other proposed insured has since the date of the application:
 - a. Consulted a licensed health care provider or received medical or surgical advice or treatment; or
 - b. Acquired any knowledge or belief that any statements made in the application are now inaccurate or incomplete.

Exceptions: _____

In the event any exception is noted herein, the policy will not be in force until the Company approves this Policy Acceptance and Amendment of Application.

Agreement: I hereby represent that I have read and understand the statements made above. I agree that this acknowledgement will be made a part of the policy.

Owner Signature **X** John Doe Date 3/17/2011

Signed at (City, State) _____

Proposed Insured Signature **X** _____ Date _____

(If under age 15, signature of parent or guardian)

Show title of officer if signing for the business.

American General

Life Companies

Amendment of Application

- American General Life Insurance Company of Delaware
 The United States Life Insurance Company in the City of New York, New York, NY
 American General Life Insurance Company of Delaware, Wilmington, DE

In this amendment, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured

<u>John</u>		<u>Doe</u>	<u>12/28/1975</u>	<u>123-45-6789</u>
First Name	MI	Last Name	Date of Birth	Social Security #

The application to the company, dated 3/17/2011, is amended as follows:

Home Phone Number: 281-555-0917

Contingent Beneficiary: Mary Doe Relationship: Sister

I agree that: (1) these changes shall be an amendment to and form a part of the original application and policy; and (2) such changes shall be binding on any person who shall have or claim any interest under such policy.

Owner Signature **X** John Doe Date 4/17/2011

Signed at (City, State) Anytown, USA

Proposed Insured Signature **X** _____ Date _____
(If under age 15, signature of parent or guardian)

Show title of officer if signing for the business.

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Proposed Insured

<u>John</u>		<u>Doe</u>	<u>12/28/1975</u>	<u>123-45-6789</u>
First Name	MI	Last Name	Date of Birth	Social Security #

1. Your income (before Income Tax):

	Current fiscal year (Date / / thru / /)	Previous fiscal year
Salary or wages	<u>\$100,000</u>	
Bonuses and/or commissions		
Net business or professional income (i.e., Gross income less business expenses, but not before personal income)		
Other earned income (give details in "Remarks" below)		
Unearned income (interest and dividends, net real estate income, etc.) give details in "Remarks" below		
TOTAL	<u>\$100,000</u>	

2. What is your approximate net worth, i.e., assets minus liabilities? (if necessary, give details in "Remarks" below)

	Current fiscal year (Date / / thru / /)	Previous fiscal year
Personal Assets	<u>\$150,000</u>	
Business Assets	<u>\$200,000</u>	
Liabilities	<u>\$50,000</u>	
Net worth	<u>\$300,000</u>	

3. Estimated tax liabilities at death (include potential estate taxes, inheritance taxes and capital gains taxes, both federal and state)

4. How was the need for this new amount of coverage determined?

Remarks (questions 1-4)

If applying for personal insurance, please complete the Signature and Agreement section on the following page. If applying for business insurance, please complete questions 5-11 and the Signature and Agreement section on the following page.

If applying for personal insurance, please skip questions 5 - 11 and complete the Signature and Agreement section at the bottom of this page.
If applying for business insurance, please complete questions 5 -11 and the Signature and Agreement section on this page.

5. Purpose of business insurance

- Key Person Deferred Compensation Buy-Sell Agreement/Stock Repurchase Other

Other purpose — explain: _____

6. Is there a written buy/sell agreement in effect? (if yes, attach copy) yes no

Is there a buy/sell agreement contemplated? yes no

7. Creditor: Name of lender _____

Is insurance requested by lender? yes no

Coverage amount required by creditor: _____

Purpose of loan: _____

(Use "Remarks" below for further details.)

8. Are other corporate officers or partners being insured? yes no

If yes, provide amount of inforce and/or applied for coverage with us or another insurance company. If no, explain: _____

9. What percentage of the business do you own? _____%

10. Estimated fair market value of business: _____

(In "Remarks" state how this value was determined)

11. Financial details of business: Current fiscal year Previous fiscal year
(Date / / thru / /)

A. Total assets _____

B. Total liabilities _____

C. Gross sales or revenue _____

D. Net income (before taxes) _____

Please submit a copy of the most recent balance sheet and income statement (year or quarter).

Remarks (questions 5 - 11) _____

Signature and Agreement:

All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Owner Signature **X** *John Doe* Date *3/17/2011*

Signed at (city, state) *Anytown, USA*

Proposed Insured Signature **X** Date _____

(If under age 15, signature of parent or guardian)

Military

Type of flying as a pilot	Hours: Total all flights	Hours: Last 12 months	Hours: 1-2 years ago	Hours: 2-3 years ago	Estimate of future hours next 12 months
Regular					
MAC (transports)					
FLOGS (Fleet Logistic Air Wing)					
National Guard or Reserve					
Other (explain)					

3. Have you ever done, or do you contemplate:

- a. Instruction of students yes no
- b. Stunt Flying yes no
- c. Racing yes no
- d. Helicopter Flying yes no
- e. Glider Flying yes no
- f. Test Flying yes no
- g. Ultra Light Flying yes no
- h. Other yes no

If any questions answered yes, please provide complete details _____

4. In the past five years, have you participated in, or do you intend to participate in flying: an experimental, home built, or an antique aircraft? yes no

If yes, please provide details _____

5. If available in your state, would you prefer an aviation exclusion rider instead of being rated for your aviation related activities? yes no

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Signed at (City, State) Anytown, USA

Proposed Insured Signature X John Doe Date 3/30/2011
(If under age 15, signature of parent or guardian)

Motor Vehicle Racing continued

10. Number of races: _____ Last 12 months: _____

11. Do you anticipate racing in any other type or class of racing? yes no

If yes, specify type and provide above details for each type: _____

Scuba Diving

1. Are you PADI, NAUI or SSI certified or are all dives with a divemaster or instructor? yes no

2. How long have you been diving? 10 years

3. How many months of the year do you dive? 7 days

4. Are you a member of an organized club? No

5. What type of equipment is used? _____

6. What are locations of diving activities? Ocean

	During the past 12 months		Expected next 12 months	
	Number of dives	Average time under water per dive	Number of dives	Average time under water per dive
a. 50 feet or less	<u>10</u>	<u>1 hour</u>	<u>10</u>	<u>1 hour</u>
b. 51 feet to 75 feet				
c. 76 feet to 100 feet				
d. 101 feet to 150 feet				
e. Over 150 feet				

7. Other than recreational diving have you ever or do you plan to participate in the following diving activities: cave, ice, rescue/recovery, commercial, construction, wreck, etc.? yes no

If yes, provide details _____

Other Sports or Activities

Other activities to include Cave Exploration, Sky Diving, Hang Gliding, Parachute Jumping, Mountain Climbing, Rock Climbing, Extreme Sports, Rodeo, etc.

1. Give Details (Equipment used, Training, Certifications, Location of activity, etc.): _____

2. Date of last activity: _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Signed at (City, State) Anytown, USA

Proposed Insured Signature X John Doe Date 3/30/2011

(If under age 15, signature of parent or guardian)

American General

Life Companies

Expanded Financial Questionnaire - Personal

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Complete a Personal or Business Expanded Financial Questionnaire as appropriate. Complete an Expanded Financial Questionnaire - Personal if the purpose of the application is for family protection, income replacement, estate preservation, charitable giving or other personal needs. Complete an Expanded Financial Questionnaire - Business if the purpose is business related such as key person, cross purchase, or creditor insurance.

Please print all answers.

First Name John MI _____ Last Name Doe
 Date of Birth 12/28/1975 Social Security # 123-45-6789
 Occupation/Employer ABC, Inc. # Years _____

- What is the purpose of the coverage? Family Protection
- Who will suffer a financial loss at your death? Family - Dependents
- How did you determine the amount of life insurance you needed? Family Discussion
- How do you expect the life insurance benefits from this policy to be used? Family Protection
- Is there an intention that any party, other than the Owner, will obtain any right, title, or interest in any policy issued on the life of the Proposed Insured as a result of this application? yes no
- Do you intend to finance any of the premium required to pay for this policy through a financing or loan agreement? yes no
 (If yes, submit a copy of the financing or loan agreement) Check all of the following that apply and complete requested information:
 Loan _____ (% of premium) Identify Source of Loan _____ Loan Repayment Schedule _____
 Describe the collateral used: Cash _____ (% of premium) Existing life insurance policy or contract _____ (% of premium)
 Existing Investments _____ (% of premium) Identify Investment Source _____
- Are you, the Owner, Proposed Insured, or any person or entity, being paid (cash, services, etc.) as an incentive to enter into this transaction? yes no (If yes, describe the incentive: _____)

SECTION I: PROPOSED INSURED'S STATEMENT OF ASSETS (List all items individually)

A. Checking/Savings/Money Market Accounts

Type of Account	Name of Institution	Account Balance
<u>Checking</u>	<u>ABC Bank</u>	<u>\$XX.XXX</u>
<u>Savings</u>	<u>ABC Bank</u>	<u>\$XXX.XXX</u>

B. Investments (Stocks, Bonds, Partnerships, etc.)

Type of Account (Bank, Brokerage, etc.)	Name of Institution	Account Balance
<u>Brokerage</u>	<u>ABC Brokerage</u>	<u>\$X.XXX.XXX</u>

C. Business Equity

Name and Address	Tax ID No.	Market Value
Assets \$ _____ Revenues \$ _____ Earnings \$ _____		
Percentage Owned _____ % Year Acquired _____		
List additional businesses separately		

D. Fixed Assets (Real Estate)

Primary Residence Address - St, City, State	Orig Cost/Yr Acq	Market Value
<u>123 Water Street Anytown, USA 11111</u>	<u>\$XXX.XXX/2009</u>	<u>\$XXX.XXX</u>
Other Property Address - St, City, State	Orig Cost/Yr Acq	Market Value

E. Other Assets (Autos, Personal Property)		
Description	Original Cost	Market Value
<i>Auto</i>	<i>\$xx,xxx</i>	<i>\$xx,xxx</i>
<i>Boat</i>	<i>\$xx,xxx</i>	<i>\$xx,xxx</i>

Total Assets _____

SECTION II: PROPOSED INSURED'S ANNUAL INCOME (Most Recent Year) PROPOSED INSURED'S ANNUAL INCOME (Prior Year)

Type	Amount	Type	Amount
Base Salary	<i>\$xxx,xxx</i>	Base Salary	<i>\$xxx,xxx</i>
Income from Business		Income from Business	
Commissions		Commissions	
Bonuses		Bonuses	
Dividends/Interest		Dividends/Interest	
Net Rental Income		Net Rental Income	
Other (provide Source)		Other (provide Source)	
Total Income (earned and unearned)		Total Income (earned and unearned)	

SECTION III: PROPOSED INSURED'S STATEMENT OF LIABILITIES (List all items individually)

A. Credit Cards/Unsecured Loans/Other Current Obligations

Description	Lender	Account Balance
<i>ABC Credit Card</i>	<i>ABC Corporation</i>	<i>\$xxx</i>

B. Mortgages Payable

Description	Lender	Account Balance
<i>Mortgage - Primary</i>	<i>ABC Bank</i>	<i>\$xxx,xxx</i>

C. Other Secured Loans

Description	Lender	Account Balance

D. Future Obligations/Guarantees/Commitments

Description	Amount

Total Liabilities *\$xxx,xxx*

Net Worth (Assets - Liabilities) *\$x,xxx,xxx*

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of the application for insurance. I understand that any misrepresentation contained in this form and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within the contestable period. The Company will rely on my answers to determine the appropriate amount of insurance.

Proposed Insured Signature X *John Doe* Date *3/30/2011*
 Owner Signature X _____ Date _____
 Accountant/Preparer Signature X *Dan Smith* Date *3/30/2011*
 Accountant/Preparer (please print full name) *Dan Smith*
 Print Accounting Firm Name, Address and Phone Number *ABC Accounting*

- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- American General Life Insurance Company of Delaware, Wilmington, DE

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Complete a Personal or Business Expanded Financial Questionnaire as appropriate. Complete an Expanded Financial Questionnaire - Personal if the purpose of the application is for family protection, income replacement, estate preservation, charitable giving or other personal needs. Complete an Expanded Financial Questionnaire - Business if the purpose is business related such as key person, cross purchase, or creditor insurance.

Answers provided on this questionnaire will be used to determine insurability for life insurance only.

Please print all answers.

First Name John MI _____ Last Name Doe
 Date of Birth 12/28/1975 Social Security # 123-45-6789

1. Name of the business ABC, Corporation
 2. Provide a description of the nature of the business _____
 3. Type of organization Sole Proprietorship Corporation Partnership LLC
 S Corporation Start Up Publicly Traded Corporation
 4. Title and duties of the proposed insured Vice President Sales
 5. Years with the company 10
 6. Years of experience in a similar or the same business, but with a different company 10
 7. How long has the company been established? 25
 8. Percentage of equity owned by the proposed insured _____
 9. Fair market value of the business _____
 10. How was this value determined? _____
 11. What is the purpose of the business insurance? Key Person Stock Redemption Cross Purchase Creditor
 Other (explain) _____
 12. Creditor insurance only - answer A through G:
 A. Did the lender request the insurance? _____ B. Name of the lender _____
 C. Amount of coverage required by the lender _____ D. Amount of the loan _____
 E. Purpose of the loan _____
 F. Origination date of the loan _____
 G. Repayment terms of the loan Monthly amount \$ _____ Number of months payable _____
 13. Cross Purchase insurance only - answer H through J:
 H. Is there a written agreement in effect? yes no If yes, attach a signed copy.
 I. Agreement being currently prepared? yes no Expected finalization date? _____
 J. Is a professional business evaluation being done? yes no If yes, attach a signed copy
 14. Key Person insurance only - answer K and L:
 K. How is the proposed insured financially valuable to the company? _____
 L. What unique skills, knowledge, or abilities does he/she possess which make the life insurance necessary? _____
 15A. Are other members of the company insured in favor of the business, or currently applying for coverage? yes no
 If yes, provide the following details:

Name and Title	Insurance in force	Insurance applied for	Business Ownership (Percentage)

15B. If other members are not insured or not applying, please explain _____

Assets		Liabilities	
Current	xxx,xxx.xx	Current	xxx,xxx.xx
Fixed	xxx,xxx.xx	Long Term	xxx,xxx.xx
Other			
Total Assets	xxx,xxx.xx	Total Liabilities	xxx,xxx.xx
		NET WORTH	

Fixed Assets	Book Value	Market Value
Land	xxx,xxx.xx	xxx,xxx.xx
Buildings	xxx,xxx.xx	xxx,xxx.xx
Intangible Assets	xxx,xxx.xx	xxx,xxx.xx
Patents, Trademarks, Goodwill		
	Total xxx,xxx.xx	Total xxx,xxx.xx

Market Value of Fixed Assets:

How was the market value of the assets determined?

Was the value determined by a professional appraiser? yes no

Date of most recent appraisal:

Company Net Profit (before taxes):

Gross Sales:

Last Year xxx,xxx.xx

Last Year xxx,xxx.xx

Previous Year xxx,xxx.xx

Previous Year xxx,xxx.xx

Has any business organization in which you have a financial and/or managing interest declared bankruptcy? yes no

If yes, provide all details being as specific as possible: _____

Have operations of the business changed significantly in the last 3 years? yes no

If yes, provide all details being as specific as possible: _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of the application for insurance. I understand that any misrepresentation contained in this form and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within the contestable period. The Company will rely on my answers to determine the appropriate amount of insurance.

Proposed Insured Signature X John Doe Date 3/30/2011

Owner Signature X _____ Date _____

Accountant/Preparer Signature X Dan Smith Date 3/30/2011

Accountant/Preparer (please print full name) Dan Smith

Print Accounting Firm Name, Address and Phone Number ABC Accounting

SERFF Tracking Number: AMGN-127139892 State: Arkansas
Filing Company: American General Life Insurance Company of Delaware State Tracking Number: 48578
Company Tracking Number: UW QUEST AGLD
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Questionnaires
Project Name/Number: UW Quest MC/

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Read Multi Co UW Quest.pdf

READABILITY
CERTIFICATION

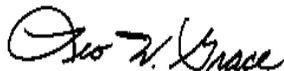
Flesch score

- (1) American General Life Insurance Company,
- (2) The United States Life Insurance Company in the City of New York, and
- (3) American General Life Insurance Company of Delaware.

This is to certify that the attached Form No(s).

Re: AGLC0014-2011 - Drug/Alcohol Questionnaire
AGLC0015-2011 - Short Health Statement
AGLC0016-2011 - Policy Acceptance and Amendment of Application
AGLC0017-2011 - Amendment of Application
AGLC0018-2011 - Financial Questionnaire
AGLC0019-2011 - Aviation Questionnaire
AGLC0020-2011 - Avocation Questionnaire
AGLC100715-2011 - Foreign Travel or Residence Supplement
AGLC103330-2011 - Expanded Financial Questionnaire - Personal
AGLC103331-2011 - Expanded Financial Questionnaire - Business

Have achieved Flesch Reading Score of 50 and comply with the readability requirements regulation.



Leo W. Grace
Vice President, Product Development

4-25-2011
Date