

SERFF Tracking Number: PLIG-127644389 State: Arkansas  
 Filing Company: Plateau Insurance Company State Tracking Number: 49855  
 Company Tracking Number:  
 TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium  
 Product Name: AR SP GCLD 1011  
 Project Name/Number: AR SP GCLD 1011/AR SP GCLD 1011

## Filing at a Glance

Company: Plateau Insurance Company

Product Name: AR SP GCLD 1011

TOI: CR04G Group Credit - Life

Sub-TOI: CR04G.003 Single Premium

Filing Type: Form

SERFF Tr Num: PLIG-127644389 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 49855

Co Tr Num:

State Status: Approved-Closed

Authors: Deedy Adams, Debbie Elms

Reviewer(s): Linda Bird

Date Submitted: 09/22/2011

Disposition Date: 09/27/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: AR SP GCLD 1011

Project Number: AR SP GCLD 1011

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Filing Status Changed: 09/27/2011

State Status Changed: 09/27/2011

Created By: Debbie Elms

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your consideration is a specimen copy of the listed forms and rates. These forms and rates provide single premium credit life and disability coverage for banks, automobile dealers, furniture & appliance dealers and any other lender offering consumer lending. These forms are new and not intended to replace any forms previously approved for Plateau Insurance Company.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Deedy Adams

As per the telephone conversation between Joe Elms of our Company and Ms. Linda Bird of the Department, the forms and rates are identical to those on file and approved for Southern Pioneer Life Insurance Company in 2010. We have used those forms as a model and changed only the Company name, form numbers and officer signatures. Please note, we have added the 7 day retroactive plan and rates for disability insurance.

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These forms and rates are in compliance with Arkansas Regulation 12. All required certifications and Flesch documents for this filing are included.

We appreciate you working with us on this submission.

## Company and Contact

### Filing Contact Information

Deedy Adams, dadams@plateaugroup.com  
 The Plateau Group, Inc. 800-752-8328 [Phone]  
 P. O. Box 7001 931-484-0692 [FAX]  
 Crossville, TN 38557

### Filing Company Information

Plateau Insurance Company CoCode: 97152 State of Domicile: Tennessee  
 P. O. Box 7001 Group Code: 629 Company Type: Life  
 Crossville, TN 38557 Group Name: Plateau Group Inc. State ID Number:  
 (931) 484-8411 ext. [Phone] FEIN Number: 62-1216897

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$250.00  
 Retaliatory? No  
 Fee Explanation: Fees are calculated at \$50.00 per form X 5 forms = \$250.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Plateau Insurance Company	\$250.00	09/22/2011	52029955

SERFF Tracking Number: *PLIG-127644389* State: *Arkansas*  
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	09/27/2011	09/27/2011

*SERFF Tracking Number:*      *PLIG-127644389*                      *State:*                      *Arkansas*  
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*TOI:*                      *CR04G Group Credit - Life*                      *Sub-TOI:*                      *CR04G.003 Single Premium*  
*Product Name:*              *AR SP GCLD 1011*  
*Project Name/Number:*      *AR SP GCLD 1011/AR SP GCLD 1011*

## **Disposition**

Disposition Date: 09/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PLIG-127644389* State: *Arkansas*  
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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>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Master Policy Applicaton		Yes
<b>Form</b>	Mater Policy		Yes
<b>Form</b>	Debtor Application - Bank		Yes
<b>Form</b>	Debtor Application - Auto		Yes
<b>Form</b>	Certificate		Yes
<b>Rate</b>	Group Credit Life Rates		Yes
<b>Rate</b>	Group Credit Disability Rates		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AR-GCLD- MPA (10/11)	Application/Master Policy Enrollment Applicaton Form	Initial		45.000	AR Master Policy APP.pdf
	AR-GCLD- P-(10/11)	Policy/Cont Mater Policy ract/Fratern al Certificate	Initial		42.000	AR Master Policy.pdf
	AR-GCLD- BA-(10/11)	Application/Debtor Application - Enrollment Bank Form	Initial		40.000	AR Bank APP.pdf
	AR-GCLD- AA-(10/11)	Application/Debtor Application - Enrollment Auto Form	Initial		40.000	AR-AutoApp 10-11.pdf
	AR-GCLD- C-(10/11)	Certificate Certificate	Initial		41.000	AR (10-11) CERT.pdf

APPLICATION is Hereby Made to  
**Plateau Insurance Company**

P.O. Box 7001, Crossville, Tennessee • [800.752.8328]  
(Herein Called the "Company", "We", "Us", or "Our") by

[ABC Account] \_\_\_\_\_ [6789 Lender Road, Any City, Arkansas 00000] \_\_\_\_\_  
(Herein called the Creditor) (Address)

for a group policy (called Policy) to provide insurance for persons who are or who will become indebted to the Creditor.  
**CLASSES TO BE INSURED.** The classes of indebtedness to be insured are as follows:

**INSURANCE PROVIDED.** The Company will provide the type(s) of insurance indicated below, subject to the terms and limitations of the Policy:

Life Insurance (check plans desired)	Premium rates (per 12 months)
<input type="checkbox"/> Single Gross Reducing	\$ [0.65] per \$100
<input type="checkbox"/> Joint Gross Reducing	\$ [1.10] per \$100
<input type="checkbox"/> Single Level	\$ [1.20] per \$100
<input type="checkbox"/> Joint Level	\$ [2.04] per \$100

**Disability Insurance (check plans desired)**

Plan	Premiums Rates
7 day Retroactive	See Attached Rate Sheet
14 day Retroactive	See Attached Rate Sheet
30 Day Retroactive	See Attached Rate Sheet
14 day Non-Retroactive	See Attached Rate Sheet
30 day Non-Retroactive	See Attached Rate Sheet

**LIMITATIONS OF LIFE INSURANCE:** See attached Underwriting guidelines.

**LIMITATIONS OF DISABILITY INSURANCE:** See attached Underwriting guidelines

**COLLECTION OF PREMIUMS:** Premiums are to be collected by the Creditor from the Debtors as a Single Premium collected in advance for the full term of insurance.

**REMITTING OF PREMIUMS.** The Creditor shall remit premiums collected from the Debtors to the Company on a Single Premium basis collected in advance for the full term of insurance.

**ELIGIBILITY & TERMINATION AGE:** See attached Underwriting guidelines.

**REFUNDING:** Refunds will be computed as of the date the insurance stops: (i) by the Rule of 78 for Decreasing Life and Total Disability Insurance; and (ii) by the Pro-rata method for Level Life Insurance. For the purposes of determining months expired, no charge will be made for the first 15 days of a loan. To receive a refund or credit of any unearned premium that may be due, the Insured Debtor must give us written notice of the early termination of his loan. Notice should be mailed to us at P.O. Box 119, Cincinnati, Ohio 45201, or to You as the agent that sold the insurance. We have the right to require proof of the date of termination of the loan. A full month will be charged for 16 days or more of a loan month. Refunds of less than \$2.00 will not be made.

**EFFECTIVE DATE.** If this application is accepted by the Company, the Policy shall be effective from 12:01 AM, Standard Time, at the Creditor's address, on the [1<sup>st</sup>] day of [October], 20[11], for the term of one year and unless discontinued as provided herein, this Policy shall be automatically renewed from year to year upon payment of premiums as provided herein.

Dated at: Any City, Arkansas this [1<sup>st</sup>] day of [October], [2011]

[I.B. Agent] \_\_\_\_\_ [ABC Account, Any City, Arkansas] \_\_\_\_\_  
Witness Creditor

[Agent] \_\_\_\_\_ [/s/ Thomas Jones], Vice President] \_\_\_\_\_  
Title Title

**Any person who knowingly presents a 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.**

## **Plateau Insurance Company**

P.O. Box 7001, Crossville, Tennessee • [800.752.8328]  
(Herein called "the Company", "We", "Us" or "Our")  
in consideration of the application by

[ABC Account, Any City, Arkansas]

(Herein called "Creditor" or "Group Policyholder")

for this Policy, and payment of the premium for each applicable coverage, agrees subject to the provisions and limits stated in this Policy and in each certificate of insurance ("Certificate") issued by the Creditor hereunder to pay benefits provided by the kind or kinds of insurance coverage evidenced by the Certificate and authorized by the Company from among the following:

1. Reducing Life Insurance: Insurance in a uniformly reducing amount on the life of the Insured Debtor, or on the joint lives of the Insured Debtor and Insured Co-Debtor.
2. Level Life Insurance: Insurance in a level stated amount on the life of the Insured Debtor, or on the joint lives of the Insured Debtor and Insured Co-Debtor.
3. Disability Insurance: Insurance on the Total Disability of the Insured Debtor (not available on Insured Co-Debtors).

The Company grants authority to the Creditor to issue the kinds of insurance indicated on the attached Group Policy Application.

The provisions on the following pages are a part of this Policy.

PLATEAU INSURANCE COMPANY has signed this policy to take effect as of the Effective Date.

Secretary

President

**CREDITOR'S POLICY OF GROUP INSURANCE COVERAGE**  
**CREDIT LIFE - CREDIT DISABILITY**  
**Single Premium • Non-Participating**

## DEFINITIONS

**“Actively Employed”** (Applicable to Disability Insurance Only) means that You are actively at work at a full time gainful occupation on the Effective Date of Insurance. “Full Time” means during a regular work week of not less than the number of hours shown in the Schedule for a period of not less than [thirty (30)] consecutive days immediately prior to the Effective Date of Insurance. You shall be deemed to be actively at work if absent due solely to regular day off, holiday, or paid vacation.

**“Balloon Amount”** means the scheduled final payment of the Loan when such final payment is larger than the Scheduled Monthly Payment. This amount may include any residual value in a lease contract. The residual value is insurable only if the lessee is obligated to purchase the leased property at the end of the lease term. If the lessee has the option of purchasing the property or returning it, the residual value is not a Loan and cannot be insured.

**“Creditor”** means the lender of money or vendor or lessor of goods, services or property, for which payment is arranged through a credit transaction.

**“Debtor”** means a natural person (i.e., business entities, corporations, partnerships, associations, etc., are not eligible for this insurance) and includes borrowers of money, purchasers or lessees of goods, services or property for which payment is arranged through a credit transaction.

**“Injury”** means bodily injury caused by or resulting from an accident.

**“Insured Debtor”** means the first signer of the loan and will be referred to as “Insured Debtor,” “Debtor,” or “You.”

**“Insured Co-Debtor”** means the second signer of the loan and will be referred to as “Insured Co-Debtor,” “Co-Debtor,” or “Debtor.” The term “Insured Co-Debtor” means only a spouse, business partner, co-maker, guarantor or an endorser and such person must be jointly and severally liable for repayment of a single indebtedness and must be a joint signer of the instrument of indebtedness.

**“Loan”** means the loan obligation to the Creditor to which the Debtor and any Co-Debtor agree as of the Effective Date.

**“Policy”** means the written statement of a contract effecting insurance, or Certificates thereof, and including all riders, endorsements and papers attached thereto and made part thereof.

**“Premium Charge”** means the premium charge stated in the Certificate Schedule for each selected insurance coverage and computed by use of premium rates provided by the Company.

**“Schedule”** means the Application/Schedule attached to the Certificate, and each reference and heading used in the Schedule carries the same meaning throughout the Certificate as well as this Policy.

**“Sickness”** means an illness or disease.

**“Term of Insurance”** means the time period so identified in the Certificate Schedule and starts on the Effective Date.

**“Total Disability” or “Totally Disabled”** means Disability which begins while the coverage is in force and results from Sickness or Injury. During the first 12 consecutive months of Total Disability, You must be unable to perform the regular duties of the occupation You were engaged in at the time of loss. After the first 12 consecutive months of Total Disability, the definition changes and requires that You be unable to perform the regular duties of any occupation for which You are reasonably qualified by education, training or experience. You must be under the regular care and attendance of a licensed physician other than Yourself or a member of Your immediate family.

## DELIVERY OF CERTIFICATES

The Company will furnish the Creditor with certificate of insurance forms to evidence one or more kinds of insurance coverage under this Policy. The Creditor shall deliver to each Debtor a Certificate to evidence the kind or kinds of insurance coverage for which the Debtor has applied, is eligible, and paid the premium charges.

The Creditor is not authorized to issue any Certificate for any insurance coverage which: (i) exceeds any limitations stated; (ii) the applicant, as known to the Creditor, is not eligible; (iii) the Premium Charges have not been paid; or (iv) no application by the Debtor and any Co-Debtor has been made. An Insured Debtor can void a certificate by giving Us written notice within 30 days of its receipt. The insurance will be deemed void from the start. We will refund all premiums paid for it.

Eligible Debtors will be issued coverage for which they: (i) are qualified; (ii) request the coverage which is designated in the Certificate Schedule; and (iii) have paid premiums for the coverage designated.

**TO BE ELIGIBLE**, each Debtor must (i) owe the Debt; (ii) have truthfully signed in person the Application for insurance; (iii) provide satisfactory proof of insurability and (iv) not exceed the Maximum Eligible Age stated in the Group Policy Application.

**MAXIMUM AGE AND MISSTATEMENT OF AGE:** No Debtor is eligible for this insurance if he will exceed the Maximum Eligible Age stated in the Master Policy Application. If the Debtor misstates his age and his correct age exceeds the age limit, no insurance under a certificate will take effect. We will return all premiums paid. If the Insured Co-Debtor misstates his age and his correct age exceeds the age limit, no Joint Life Insurance under a certificate will take effect. We will refund the difference between the Joint Life premium charge and the amount required to provide the Insured Debtor with Single Life Insurance. Single Life Insurance (and Disability Insurance if applicable) will remain in force on the Insured Debtor. If any Debtor correctly states his age as being over the age limit, We must refund the premiums within [90] days from the Effective Date and prior to a claim, or the insurance will remain in force.

**RENEWAL OR REFINANCING OF THE DEBT:** If Insured Debtor's and the Insured Co-Debtor's (if any) debt results from the renewal or refinancing of another debt that was insured under the Group Policy, We will not use the Limitations, Exclusions, Eligibility or Incontestability provisions in this Group Policy and the Certificate to deny benefits that would have been paid had the renewal or refinancing not happened.

**WHEN INSURANCE TAKES EFFECT:** If the Premium Charge has been paid, each kind of insurance coverage stated in the Certificate Schedule for which the Insured Debtor is eligible, and for which any Co-Debtor is eligible, takes effect on the Effective Date.

### **LIFE INSURANCE**

**AMOUNT OF LIFE INSURANCE** (Subject to the Maximum Amount of Life Insurance stated in the Group Policy Application):

- (i) **Reducing Life Insurance:** If this coverage is in effect, the amount of life insurance in force is the Initial Insurance Amount shown in the Certificate Schedule until the due date of the first scheduled payment on the Loan. On that date and each scheduled payment date thereafter, the life insurance reduces by an equal amount. That amount is the Initial Insurance Amount divided by the number of scheduled payments in the Term of Insurance.
- (ii) **Level Life Insurance:** If this coverage is in effect, the amount of life insurance in force is the Initial Amount of Insurance stated.
- (iii) **Combination:** If both Reducing Life Insurance and Level Life Insurance are in effect, the amount of life insurance in force is the sum of the amounts of life insurance determined in (i) and (ii) above. This sum must not exceed the Maximum Amount of Life Insurance.

#### **WHAT WE WILL PAY:**

**Single Life Insurance Benefit:** If the Debtor dies while Single Life Insurance is in effect, We will pay the amount of life insurance in force at the time of his death, upon receipt of due proof of loss.

**Joint Life Insurance Benefit:** If the Insured Debtor and/or Insured Co-Debtor die while Joint Life Insurance is in effect, We will pay, upon receipt of due proof of loss, the amount of life insurance in force at the time of death of the first to die. Only one death benefit is payable under the Debtor's certificate of insurance.

#### **WHAT WE WILL NOT PAY.**

**Suicide:** If the Debtor's death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to all life insurance premium paid plus any unearned disability premium as of the date of death. All coverage under the Debtor's Certificate will stop on the date of death. If Joint Life is elected and the Co-Debtor's death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to the difference between the Joint Life Insurance premium charged and the amount of premium required to provide the Debtor with Single Life Insurance coverage. All coverage on the Debtor will remain in force.

**Flight in Non-Scheduled Aircraft:** We will not pay a life claim if the Insured Debtor or Insured Co-Debtor's death results from flight in a non-scheduled aircraft.

### **TOTAL DISABILITY INSURANCE**

**(On Insured Debtor only - Insured Co-Debtor is not covered)**

**AMOUNT OF DISABILITY INSURANCE** (Subject to the Maximum Amount of Disability Insurance stated in the Group Policy Application):

If this coverage is in effect, the amount of disability insurance in force is the amount equal to the Monthly Benefit times the Term of Insurance, not to exceed the Maximum Amount of Disability Insurance shown in the Schedule.

#### **WHAT WE WILL PAY:**

**Disability Benefit:** If this coverage is in effect, the amount of the Disability Benefit will be the lesser of the Maximum Monthly Disability Benefit or the Monthly Benefit shown in the Certificate Schedule. Upon receipt of notice and due proof of loss, We will pay a Disability Benefit for each calendar month of incurred Disability. Benefits for less than a calendar month will be calculated at 1/30th of the Disability Benefit for each day of covered disability. Total Disability must continue, without interruption, for the number of days shown in the Waiting Period. Benefits are payable as either Retroactive or Non-Retroactive. Retroactive benefits begin on the first day of Total Disability after the scheduled Waiting Period. Non-Retroactive benefits begin on the day after the scheduled Waiting Period. Disability Benefits end when: (i) the Debtor is no longer Totally Disabled; or (ii) benefits are paid to the end of the Term of Insurance; or (iii) a death benefit is paid.

**Balloon Coverage:** If the Insured Debtor's debt includes a balloon payment (a payment that is larger than the others) that is scheduled to be paid during the term of insurance, the balloon payment will only be insured for an amount equal to the Monthly Disability Benefit.

#### **WHAT WE WILL NOT PAY:**

**Total Disability Not Covered:** We will not pay a disability claim if the Insured Debtor's Total Disability is caused by or results from: (i) normal pregnancy; (ii) intentionally self-inflicted injury; (iii) foreign travel or residence; (iv) flight in a non-scheduled aircraft; (v) war or military service; or (vi) pre-existing illness, disease or physical condition for which You

received medical advice, consultation, diagnosis or treatment during the six month period immediately preceding the Effective Date and which caused Your Total Disability to commence within six months after the Effective Date.

## GENERAL PROVISIONS

### Amounts Not Covered:

- (i) **Maximums:** No insurance coverage will be issued to the Insured Debtor, or the Insured Co-Debtor, which exceeds the maximums stated in the Certificate Schedule or which exceeds the amount of the Debt. Such insurance never takes effect and We will refund any premium paid for it. Insurance on any person insured under the Group Policy, whether insured under one or more certificates, shall not exceed the Maximum Amount of Life Insurance or the Maximum Monthly Disability Benefit stated in the Certificate Schedule. The excess insurance shall be void, and any insurance charge to the Debtor for such excess will be refunded.
- (ii) **Partial Life Coverage:** If the Initial Amount of Insurance is less than the Amount Financed, the Life Insurance Benefit may not completely pay off the Debt. See "Amount of Life Insurance".
- (iii) **Partial Disability Coverage:** If the Disability Benefit is less than the Monthly Payment, this insurance will not completely cover the Debt. The Insured Debtor will be responsible for any uninsured portion of his Monthly Payment.
- (iv) **Debt Increases:** This insurance does not cover late charges or any other amount added to the Debt after the Effective Date.

**Incontestability:** The Certificate, the attached Application for Insurance, and the Group Policy are the complete contract of insurance. No statement can be used to void the Certificate unless it is in the signed Application for Insurance. In the absence of fraud, the Certificate shall be incontestable after it has been in force for two years during the lifetime of the Debtor and prior to the time a claim arose. No statement relating to insurability shall be used to contest the insurance after the expiration of such two year period. All statements made by the Debtor shall be deemed representations and not warranties.

**Rules for Filing a Claim:** Written notice of a claim must be furnished within 30 days after the loss occurs or as soon as reasonably possible. We will send a claim form within 15 days. If We do not send it within 15 days, the claimant can: (i) if filing a life claim, send Us a certified copy of the death certificate with a written statement regarding the death; or (ii) if filing a disability claim, send Us written proof signed by a licensed physician of the Total Disability including the date, cause and seriousness. The Insured Debtor is required to give Us written proof of his continuing Total Disability at reasonable intervals.

**Proofs of Loss:** Written proof of loss must be furnished to Us at Our office in case of claim within 90 days after the start of the period for which We are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Who We Will Pay:** Benefits are payable to the Creditor, its successors, or assigns to pay off or reduce the Debt. If benefits exceed the balance of the Debt, the difference will be paid to the Insured Debtor, if living and to the Second Beneficiary if the Insured Debtor is deceased. If Joint Life Insurance is in effect, benefits are payable to the survivor between the Insured Debtor and the Insured Co-Debtor. If both die within 10 days of each other, benefits are payable to the Insured Debtor's Estate.

**When Insurance Stops:** The Insured Debtor has the right to cancel this insurance at any time. He must make His cancellation request in writing to Us in order for it to take effect. If He notifies You rather than Us of His desire to cancel this insurance, then You must provide Us with written notice of the cancellation in order for it to take effect. All insurance under a certificate shall terminate on the earliest of the following: (1) the date of the Insured Debtor's cancellation request; (2) the end of the Term of Insurance shown in the Insured Debtor's Certificate Schedule; (3) the date the insured Debt is paid in full; (4) the date the insured Debt is renewed or refinanced; (5) the date the Creditor repossesses the insured Debt's collateral; (6) the date the insured Debt is legally determined to be in default; (7) upon the death of the Insured Debtor; (8) upon payment of a death benefit; or (9) the date the insured Debt otherwise stops. Termination of coverage shall be without prejudice to any claim incurred prior to termination.

**Refunds:** If the insurance stops before the end of the Term of Insurance, We will on written notice refund any unearned premium. We will pay it to the Creditor to reduce or pay off the Debt. Any remainder will be paid to the Insured Debtor. For the purposes of determining months expired, no charge will be made for the first 15 days of a loan month. A full month will be charged for 16 days or more of a loan month. Refunds of less than \$2.00 will not be made. Refunds will be computed as of the date the insurance stops: (i) by the Rule of 78 method for Decreasing Life and Total Disability Insurance; and (ii) by the Pro-rata method for Level Life. If We pay a Life Insurance benefit, the Life premium is deemed fully earned and any unearned Total Disability premium will be refunded. If during a claim for total disability benefits We elect to pay off the Insured Debtor's loan, the Disability premium shall be fully earned and any unearned Life premium will be refunded. To receive a refund or credit of any unearned premium that may be due, the Insured Debtor must give Us written notice of the early termination of his loan. Notice should be mailed to Us at P.O. Box 7001, Crossville, Tennessee 38557, or to You as the Creditor that sold the insurance. We have the right to require proof of the date of

termination of the loan. If You or the Insured Debtor have a question as to how to obtain a refund, call [(800) 752.8328].

**Legal Action:** An Insured Debtor cannot start any legal action until 60 days after he sends Us proof of loss. He cannot start any legal action more than three years after proof of loss is due.

**Gender Usage:** When a pronoun is used in the male gender (i.e., he, his, him), it should be understood to include the female gender, unless the context clearly indicates otherwise.

**Physical Examination and Autopsy:** We have the right to examine the Insured Debtor's person at Our expense as often as is reasonably required while a disability claim is pending. We also may request an autopsy be made at Our expense if it is not forbidden by law.

**Premiums:** Premium Charges for each kind of insurance coverage provided with respect to each Debt will be computed at the rates shown on the attached Rate Schedule(s) for the full term of such insurance on the initial amount thereof. Each such Premium Rate is based upon the plan of payment of the Debt. The Creditor agrees to furnish the Company with all data necessary to determine each of the Premium Charges payable hereunder and, upon request, to permit the Company to examine the relevant books and records of the Creditor at any time. All Premiums for such insurance will be due and payable in full by the Creditor on the [10<sup>th</sup>]-day of the calendar month immediately following the calendar month in which such insurance became effective. No charge for insurance hereunder will be made by the Creditor to any Insured Debtor in excess of the Premium Charge payable by the Creditor.

**Grace Period:** A grace period of 31 days, without interest charges, will be allowed for the payment of each premium. If any premium is not paid within this grace period, this Policy shall terminate at the end of this grace period, unless earlier terminated as provided under Terms of the Policy.

**Currency:** All money payable under this Policy to or by the Company is payable in the lawful currency of the United States of America.

**Terms of the Policy:** This Policy will take effect on the Effective Date shown on the first page, and will remain in force until terminated by either of the parties as herein stated. In any year the number of insured Debtors newly insured will not be less than the minimum number of persons newly eligible for insurance anticipated each year as shown on the first page. This Policy may be terminated at any time and for any reason by the Creditor by giving 30 days written notice to the Company at its Administrative Office or by the Company giving 30 days written notice to the Creditor at its address last known to the Company. No insurance will be effective with respect to any Debt incurred before the Effective date or on or after any termination of this Policy, but this Policy will remain in effect and all provisions will continue to apply to any Insured Debtor or Insured Co-Debtor with respect to any Debt incurred after the Effective Date and prior to such termination.

**Authority:** No agent has the authority to change or amend the provisions or exceed the maximum limits stated in the Certificate Schedule.

**Changes:** This Policy may be amended at any time, without the consent of any Insured Debtor or Insured Co-Debtor insured hereunder, but no amendment or alteration of the Policy and no waiver of any of its provisions shall be valid unless made in writing and signed by an officer of the Company.

**Conformity with State Statutes:** Any part of the Group Policy which on the Effective Date of the Group Policy conflicts with the statutes of the state where the Group Policy was delivered is changed to conform to the minimum standards of those statutes.

**Non-Participating:** This Policy shall not be entitled to share in any of the Company's profits or surplus.

# Plateau Insurance Company

P.O. Box 7001, Crossville, Tennessee • [800].752.8328 (herein called "Company", "We", "Us", "Our")

SCHEDULE						
Debtor (Called You Or Your) (name & address) [John Doe 1234 Consumer Lane Any City, AR 00000]		DOB (mm/dd/yy) [3-15-75]	Social Sec. # [123-45-6978]	Sex [M]	Loan/Certificate # [AR012345]	Group Policy # [BGP001]
Co-Debtor (If Any) (name & address)		DOB (mm/dd/yy)	Social Sec. #	Sex	Interest Rate [4.50] %	Loan Officer Code [AGB01]
Creditor/First Beneficiary (name & address) [ABC National Bank, 1000 Lender Ave., Any City, AR 00000]				Second Beneficiary (name & address) [Jane Doe]		
Loan Term [36] months	Insurance Term [36] months	First Payment Date [06-01-10]	Payment Frequency [monthly]	Loan Amount \$[11,391.84]		
Life Insurance Effective Date [5-5-2010]	Life Insurance Expiry Date [5-1-2013]	Disability Insurance Effective Date [5-5-2010]		Disability Insurance Expiry Date [5-1-2013]		
Life Coverage				Initial Amt. of Ins.	Life Premium	
[ ] Single Life [ ] Joint Life [ ] Reducing Term				\$[11,391.84]	[\$222.14]	
[ ] Single Life [ ] Joint Life [ ] Level Term [ ] Level Term (balloon)						
Disability Coverage (Single Coverage for First Insured Debtor Only)				Monthly Benefit	Disability Premium	
[[X] 7 Day Retroactive] [[ ] 14 Day Retroactive] [[ ] 30 Day Retroactive] [[ ] 14 Day Non-Retroactive] [[ ] 30 Day Non-Retroactive]				[316.44]	[420.36]	
Monthly Benefits start on the [1 <sup>st</sup> ] day after a waiting period of [14] days.				TOTAL PREMIUM	[\$642.50]	

### CREDIT INSURANCE MAXIMUM TERMS, AMOUNTS, AGES

Credit Life				Disability with Life Coverage		
Age	Amount	Reducing Term	Level Term	Age	Amount	Term
[18-59*]	[\$100,000]	[120 months]	[84 months]	[18-59**]	[\$1,000/month]	[84 months***]
[60-65*]	[\$50,000]	[[84 months]	[60 months]	[60-65**]	[\$1,000/month]	[60 months]
[66-69*]	[\$20,000]	[48 months]	[24 months]	Disability Only****		
[70*]	[\$5,000]	[12 months]	[12 months]	[18-49**]	[\$1,000/month]	[84 months***]
[*Coverage terminates at age 71. **Coverage terminates at age 66.]				[50-65**]	[\$750/month]	[84 months***]
[Health questionnaire required on all certificates where applicant is over 60 years of age AND amount exceeds \$25,000.]				[***Maximum disability benefit shall not exceed \$50,000 as to term and monthly benefit amount. ****Health questionnaire required on all disability only certificates when applicant is age 50 or above.]		

Any person who knowingly presents a 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 the event of pre-payment of your loan, refer to the "REFUNDS" section of this certificate.

### APPLICATION FOR INSURANCE AS SHOWN IN THE ABOVE SCHEDULE

INSTRUCTIONS: Please check appropriate box for each question answered. For Life Insurance, answer question #1. For Disability Insurance, answer questions #1, #2 and #3. Joint Debtor is NOT ELIGIBLE for disability insurance.	Debtor Applicant		Co- Debtor Applicant (Life Coverage Only)	
	YES	NO	YES	NO
1. In the past 36 months have you received medical advice, diagnosis, treatment or prescribed medication for [cancer or tumor], [AIDS, ARC (AIDS Related Complex)], [tested positive for antibodies to the AIDS virus], [insulin dependent diabetes], [stroke], [alcohol/drug addiction or abuse], [heart disease], or any disease or condition of the [lungs], [liver], [kidneys], or [respiratory system], [except asthma or bronchitis]?				
2. In the past 36 months have you received medical advice, diagnosis, treatment (including therapy) or prescribed medication for [carpal tunnel syndrome] [or for any condition of the] [back], [neck], [knee], [or spine], [or any] [mental], [nervous] [or] [emotional disease, disorder] [or] [depression]?			N/A	N/A
3. Are you actively working at least [thirty (30)] hours a week in your job, for wages or remuneration and have you been working for at least [thirty (30)] consecutive days immediately prior to the insurance effective date shown above, except for seasonal lay-offs?			N/A	N/A

If the required questions above are left unanswered, you are not eligible for coverage. If question 1 is answered Yes, Life coverage will not exist. If questions 1 or 2 are answered Yes, or question 3 is answered No, Disability coverage will not exist. I understand that the above statements are representations and not warranties and that no statement made by me will be used in any contest unless it is contained in a written statement signed by me. I further understand that the representations given in this application are used as the basis for granting coverage. I also understand that any incorrect statement I have made may be used to rescind coverage or deny a claim. I understand that the insurance coverage is not required, nor a condition of my loan or credit transaction. I acknowledge that a copy of this application and certificate of insurance was given to me on this date. I have read this statement or had it read to me, before signing it.

[/s/ John Doe] \_\_\_\_\_ [10-1-11] \_\_\_\_\_  
Debtor (First Signer of Contract) Date Co-Debtor (Life Insurance Only) Date

If the life insurance you have is LEVEL TERM LIFE, the amount of life insurance we agree to pay shall be equal to the original initial amount of insurance, until the term of coverage ends. I ELECT TO PURCHASE LEVEL TERM LIFE INSURANCE COVERAGE.

Debtor (First Signer of Contract) \_\_\_\_\_ Date \_\_\_\_\_ Co-Debtor (Life Insurance Only) \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION TO:

**Plateau Insurance Company**

Home Office: P.O. Box 7001  
 Crossville, Tennessee • (800) 752-8328

AGENT NUMBER  
**[ARD010]**

CERTIFICATE NUMBER  
**[ARS 345600]**

INDIVIDUAL  JOINT

ACCOUNT NO. \_\_\_\_\_

DEBTOR (CALLED YOU OR YOUR) <b>[John Doe]</b> CO – DEBTOR (IF ANY)	AGE(S) <b>[35]</b>	ISSUE DATE <b>[05-05-2011]</b>
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ADDRESSES  
**[1234 Consumer Lane, Any City, AR 00000]**

PRIMARY BENEFICIARY (CREDITOR) <b>[Auto Dealer Financial 6789 Auto Dealer Road Any City, AR 00000]</b>	LIFE INSURANCE	*SUM INSURED	PREMIUM
	LEVEL TERM	\$	\$
	REDUCING TERM	<b>[\$11,391.84]</b>	<b>[\$222.14]</b>
SECOND BENEFICIARY (IF OTHER THAN ESTATE) NAME AND ADDRESS	DISABILITY INSURANCE PER MONTH (FIRST INSURED ONLY)	<b>[\$316.44]</b>	<b>[\$420.36]</b>
	<input type="checkbox"/> RETROACTIVE BENEFIT <input type="checkbox"/> NON RETROACTIVE BENEFIT	TOTAL PREMIUM	<b>[\$642.50]</b>
	<b>[14] WAITING PERIOD (DAYS)</b>	TERM IN MONTHS <b>[36]</b>	*NOT TO EXCEED AMOUNT OF INDEBTEDNESS

SS # \_\_\_\_\_

SS# \_\_\_\_\_

DEALER: **[ABC Chevrolet, Any City, AR 00000]**

This certificate issued under master policy # \_\_\_\_\_

Any person who knowingly presents a 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 the event of pre-payment of your loan, refer to the "REFUNDS" section of this certificate.

**APPLICATION FOR INSURANCE AS SHOWN IN THE ABOVE SCHEDULE**

INSTRUCTIONS: Please check ("x") appropriate box for each question answered. For Life Insurance, answer question #1. For Disability Insurance, answer questions #1, #2 and #3. Joint Debtor IS NOT ELIGIBLE for disability insurance.	Debtor Applicant		Co-Debtor Applicant (Life Coverage Only)	
	YES	NO	YES	NO
1. In the <b>past 36 months</b> have you received medical advice, diagnosis, treatment or prescribed medication for <b>[cancer or tumor]</b> , <b>[AIDS, ARC (AIDS Related Complex)]</b> , <b>[tested positive for antibodies to the AIDS virus]</b> , <b>[insulin dependent diabetes]</b> , <b>[stroke]</b> , <b>[alcohol/drug addiction or abuse]</b> , <b>[heart disease]</b> , or any other disease or condition relating to the <b>[lungs]</b> , <b>[liver]</b> , <b>[kidneys]</b> , or <b>[respiratory system]</b> , <b>[except asthma or bronchitis]</b> ?				
2. In the <b>past 36 months</b> have you received medical advice, diagnosis, treatment (including therapy) or prescribed medication for <b>[carpal tunnel syndrome]</b> or for any condition of the <b>[back]</b> , <b>[neck]</b> , <b>[knee]</b> , or <b>[spine]</b> , or any <b>[mental]</b> , <b>[nervous]</b> or <b>[emotional disease, disorder]</b> or <b>[depression]</b> ?				
3. Are you actively working <b>at least [thirty (30)] hours a week</b> in your job, for wages or remuneration and have you been working <b>for at least [thirty (30)] consecutive days immediately prior to the insurance effective date</b> shown above, except for seasonal lay-offs?				
If the required questions above are left unanswered, you are not eligible for coverage. If question 1 is answered Yes, Life coverage will not exist. If questions 1 or 2 are answered Yes, or question 3 is answered No, Disability coverage will not exist. I understand that the above statements are representations and not warranties and that no statement made by me will be used in any contest unless it is contained in a written statement signed by me. I further understand that the representations given in this application are used as the basis for granting coverage. I also understand that any incorrect statement I have made may be used to rescind coverage or deny a claim. I understand that the insurance coverage is not required, nor a condition of my loan or credit transaction. I acknowledge that a copy of this application and certificate of insurance was given to me on this date. I have read this statement or had it read to me, before signing it.				

**[/s/ John Doe]** **[123-45-5678]** **[5-10-11]**  
 Debtor (First Signer of Contract) SS# Date

\_\_\_\_\_  
 Co-Debtor (Life Insurance Only) SS# Date

If the life insurance you have is LEVEL TERM LIFE, the amount of life insurance we agree to pay shall be equal to the original initial amount of insurance, until the term of coverage ends. I ELECT TO PURCHASE LEVEL TERM LIFE INSURANCE COVERAGE.

\_\_\_\_\_  
 Debtor (First Signer of Contract) Date

\_\_\_\_\_  
 Co-Debtor (Life Insurance Only) Date

# Plateau Insurance Company

Home Office: P.O. Box 7001, Crossville, Tennessee 38557-7001 (800) 752-8328  
(Herein Called the "Company", "We", "Us", or "Our")

CERTIFICATE OF INSURANCE – Subject to the Terms and Conditions of the Group Policy  
READ CAREFULLY - THIS INSURANCE MAY NOT COMPLETELY COVER YOUR LOAN

**30-DAY FREE LOOK:** You can void this Certificate by giving Us written notice within 30 days after You receive it. We will refund all premiums paid for it.

**THIS IS TO CERTIFY** that eligible Debtors will be issued coverage as designated in the Schedule, effective on the Effective Date, for which they: (i) have requested; (ii) are qualified; and (iii) have paid premiums.

**TO BE ELIGIBLE**, each Debtor must: (i) owe the Debt; (ii) have truthfully signed in person the Application for insurance; (iii) provide satisfactory proof of insurability and (iv) not exceed the Maximum Eligible Age stated in the Schedule.

**MAXIMUM AGE AND MISSTATEMENT OF AGE:** No Debtor is eligible for this insurance if he will attain his 71st birthday for life coverage or 66<sup>th</sup> birthday for disability coverage, prior to the end of the Term of Insurance. If You misstated Your age and Your correct age exceeds the age limit, no insurance under this Certificate will take effect. We will return all premiums paid. If Your Insured Co-Debtor misstated his age and his correct age exceeds the age limit, no Joint Life Insurance under this Certificate will take effect. We will refund the difference between the Joint Life premium charge and the amount required to provide You with Single Life Insurance. Single Life Insurance (and Disability Insurance if applicable) will remain in force on You. If any Debtor correctly states his age as being over the age limit, We must refund the premiums within 90 days from the Effective Date and prior to a claim, or the insurance will remain in force.

**RENEWAL OR REFINANCING OF THE DEBT:** If Your debt results from the renewal or refinancing of another debt that was insured under the Group Policy, We will not use the Limitations, Exclusions, Eligibility or Incontestability provisions in this Certificate to deny benefits that would have been paid had the renewal or refinancing not happened.

## DEFINITIONS

**"Actively Employed"** (Applicable to Disability Insurance Only) means that You are actively at work at a full time gainful occupation on the Effective Date of Insurance. "Full Time" means during a regular work week of not less than the number of hours shown in the Schedule for a period of not less than thirty (30) consecutive days immediately prior to the Effective Date of Insurance. You shall be deemed to be actively at work if absent due solely to regular day off, holiday, or paid vacation.

**"Balloon Amount"** means the scheduled final payment of the Loan when such final payment is larger than the Scheduled Monthly Payment.

**"Creditor"** means the lender of money or vendor or lessor of goods, services or property, for which payment is arranged through a credit transaction.

**"Debtor"** means a natural person (i.e., business entities, corporations, partnerships, associations, etc., are not eligible for this insurance) and includes borrowers of money, purchasers or lessees of goods, services or property for which payment is arranged through a credit transaction.

**"Injury"** means bodily injury caused by or resulting from an accident.

**"Insured Debtor"** means the first signer of the loan and will be referred to as "Insured Debtor," "Debtor," or "You."

**"Insured Co-Debtor"** means the second signer of the loan and will be referred to as "Insured Co-Debtor," "Co-Debtor," or "Debtor." The term "Insured Co-Debtor" means only a spouse, business partner, co-maker, guarantor or an endorser and such person must be jointly and severally liable for repayment of a single indebtedness and must be a joint signer of the instrument of indebtedness.

**"Loan"**. The loan obligation to the Creditor to which You and any Co-Debtor agree as of the Effective Date.

**"Policy"** means the written statement of a contract effecting insurance, or Certificates thereof, and including all endorsements attached thereto and made part thereof.

**"Schedule"** means the Application/Schedule attached to this Certificate, and each reference and heading used in the Schedule carries the same meaning throughout this Certificate.

**"Sickness"** means an illness or disease.

**"Total Disability" or "Totally Disabled"** means Disability which begins while the coverage is in force and results from Sickness or Injury. During the first 12 consecutive months of Total Disability, You must be unable to perform the regular duties of the occupation You were engaged in at the time of loss. After the first 12 consecutive months of Total Disability, the definition changes and requires that You be unable to perform the regular duties of any occupation for which You are reasonably qualified by education, training or experience. You must be under the regular care and attendance of a licensed physician other than Yourself or a member of Your immediate family.

## LIFE INSURANCE

**AMOUNT OF LIFE INSURANCE** (Subject to the Maximum Amount of Life Insurance):

(i) **Reducing Life Insurance:** If this coverage is in effect, the amount of life insurance in force is the Initial Insurance Amount shown in the Schedule until the due date of the first scheduled payment on the Loan. On that date and each scheduled payment date thereafter, the life insurance reduces by an equal amount. That amount is the Initial Insurance Amount divided by the number of scheduled payments in the Term of Insurance. (ii) **Level Life Insurance:** If this coverage is in effect, the amount of life insurance in force is the Initial Amount of Insurance stated. (iii) **Combination:** If both Reducing Life Insurance and Level Life Insurance are in effect, the amount of life insurance in force is the sum of the amounts of life insurance determined in (i) and (ii) above. This sum must not exceed the Maximum Amount of Life Insurance.

**WHAT WE WILL PAY:**

**Single Life Insurance Benefit:** If You die while Single Life Insurance is in effect, We will pay the amount of life insurance in force at the time of Your death, upon receipt of due proof of loss. **Joint Life Insurance Benefit:** If You and/or Your Insured Co-Debtor die while Joint Life Insurance is in effect, We will pay, upon receipt of due proof of loss, the amount of life insurance in force at the time of death of the first to die. Only one death benefit is payable under this Certificate.

**WHAT WE WILL NOT PAY.**

**Suicide:** If Your death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to all life insurance premium paid plus any unearned disability premium as of the date of death. All coverage under this Certificate will stop on the date of death. If Joint Life is elected and the Co-Debtor's death results from suicide, while sane or insane, within two years of the Effective Date, Our liability will be limited to an amount equal to the difference between the Joint Life Insurance premium charged and the amount of premium required to provide You with Single Life Insurance coverage. All coverage on You will remain in force.

**Flight in Non-Scheduled Aircraft:** We will not pay a life claim if Your death results from flight in a non-scheduled aircraft.

**TOTAL DISABILITY INSURANCE** (On Insured Debtor only - Insured Co-Debtor is not covered)

**AMOUNT OF DISABILITY INSURANCE** (Subject to the Maximum Amount of Disability Insurance):

If this coverage is in effect, the amount of disability insurance in force is the amount equal to the Monthly Benefit times the Term of Insurance, not to exceed the Maximum Amount of Disability Insurance shown in the Schedule.

**WHAT WE WILL PAY:**

**Disability Benefit:** If this coverage is in effect, the amount of the Disability Benefit will be the lesser of the Maximum Monthly Disability Benefit or the Monthly Benefit shown in Your Schedule. Upon receipt of notice and due proof of loss, We will pay a Disability Benefit for each calendar month of incurred Disability. Benefits for less than a calendar month will be calculated at 1/30th of the Disability Benefit for each day of covered disability. Total Disability must continue, without interruption, for the number of days shown in the Waiting Period. Benefits are payable as either Retroactive or Non-Retroactive. Retroactive benefits begin on the first day of Total Disability after the

scheduled Waiting Period. Non-Retroactive benefits begin on the day after the scheduled Waiting Period. Disability Benefits end when: (i) You are no longer Totally Disabled; or (ii) benefits are paid to the end of the Term of Insurance; or (iii) a death benefit is paid.

**Balloon Coverage:** If Your debt includes a balloon payment (a payment that is larger than the others) that is scheduled to be paid during the term of insurance, the balloon payment will only be insured for an amount equal to the Monthly Disability Benefit.

#### WHAT WE WILL NOT PAY:

**Total Disability Not Covered:** We will not pay a disability claim if Your Total Disability is caused by or results from: (i) normal pregnancy; (ii) intentionally self-inflicted injury; (iii) foreign travel or residence; (iv) flight in a non-scheduled aircraft; (v) war or military service; or (vi) pre-existing illness, disease or physical condition for which You received medical advice, consultation, diagnosis or treatment during the six month period immediately preceding the Effective Date and which caused Your Total Disability to commence within six months after the Effective Date.

#### GENERAL PROVISIONS

##### Amounts Not Covered:

(i) **Maximums:** No insurance coverage will be issued to You, or Your Co-Debtor, which exceeds the maximums stated in the Schedule or which exceeds the amount of the Debt. Such insurance never takes effect and We will refund any premium paid for it. Insurance on any person insured under the Group Policy, whether insured under one or more Certificates, shall not exceed the Maximum Amount of Life Insurance or the Maximum Monthly Disability Benefit stated in the Schedule. The excess insurance shall be void, and any insurance charge to the Debtor for such excess will be refunded.

(ii) **Partial Life Coverage:** If the Initial Amount of Insurance is less than the Amount Financed, the Life Insurance Benefit may not completely pay off the Debt. See "Amount of Life Insurance". (iii) **Partial Disability Coverage:** If the Disability Benefit is less than the Monthly Payment, this insurance will not completely cover the Debt. You will be responsible for any uninsured portion of your Monthly Payment. (iv) **Debt Increases:** This insurance does not cover late charges or any other amount added to the Debt after the Effective Date.

**Incontestability:** This Certificate, the attached Application for Insurance, and the Group Policy are the complete contract of insurance. No statement can be used to void this Certificate unless it is in the signed Application. In the absence of fraud, this Certificate shall be incontestable after it has been in force for two years during the lifetime of the Debtor and prior to the time a claim arose. No statement relating to insurability shall be used to contest the insurance after the expiration of such two year period. All statements made by the Debtor shall be deemed representations and not warranties.

**Rules for Filing a Claim:** Written notice of Your claim must be furnished within 30 days after Your loss occurs or as soon as reasonably possible. We will send a claim form within 15 days. If We do not send it within 15 days, the claimant can: (i) if filing a life claim, send Us due proof which must include a certified copy of the death certificate with a written statement regarding the death; or (ii) if filing a disability claim, send Us written proof signed by a licensed physician of Your Total Disability including the date, cause and seriousness. You will be required to provide Us with written proof of Your continuing Total Disability at reasonable intervals.

**Proof of Loss:** Written proof of loss must be furnished to Us at Our office in case of claim within 90 days after the start of the period for which We are liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as is reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Who We Will Pay:** Benefits are payable to the Creditor to pay off or reduce the Debt. If benefits exceed the balance of the Debt, the difference will be paid to You, if living, and to the Second Beneficiary if You are deceased. If Joint Life Insurance is in effect, benefits are payable to the survivor between You and Your Co-Debtor. If both die within 10 days of each other, benefits are payable to Your Estate.

**When Insurance Stops:** You have the right to cancel this insurance at any time. You must make Your cancellation request in writing to Us in order for it to take effect. If You notify the Creditor rather than Us of Your desire to cancel this insurance, then the Creditor must provide Us with written notice of Your cancellation in order for it to take effect. All insurance under this Certificate shall terminate on the earliest of the following: (1) the date You request cancellation; (2) at the end of the Term of Insurance; (3) the date Your Debt is paid in full; (4) the date Your Debt is renewed or refinanced; (5) the date the Creditor repossesses Your Debt's collateral; (6) the date the Debt is legally determined to be in default; (7) upon the death of the Insured Debtor; (8) upon payment of a death benefit; or (9) the date Your Debt otherwise stops. Termination of coverage shall be without prejudice to any claim incurred prior to termination.

**Refunds:** If the insurance stops before the end of the Term of Insurance, We will on written notice refund any unearned premium. We will pay it to the Creditor to reduce or pay off the Debt. Any remainder will be paid to You. For the purposes of determining months expired, no charge will be made for the first 15 days of a loan month. A full month will be charged for 16 days or more of a loan month. Refunds of less than \$2.00 will not be made. Refunds will be computed as of the date the insurance stops: (i) by the Rule of 78 for Decreasing Life and Total Disability Insurance; and (ii) by the Pro-rata method for Level Life Insurance. If We pay a Life Insurance benefit, the Life premium is deemed fully earned and any unearned Total Disability premium will be refunded. If during a claim for total disability benefits We elect to pay off Your loan, the Disability premium shall be fully earned and any unearned Life premium will be refunded. To receive a refund or credit of any unearned premium that may be due, you must give us written notice of the early termination of your loan. Notice should be mailed to us at P.O. Box 7001, Crossville, Tennessee 38557-7001, or to the agent that sold you this insurance. We have the right to require proof of the date of termination of the loan. If you have a question as to how to obtain a refund, call [(800) 752-8328].

**Legal Action:** You cannot start any legal action until 60 days after You send Us proof of loss or more than three years after proof of loss is due.

**Gender Usage:** When a pronoun is used in the male gender (i.e., he, his, him), it is understood to include the female gender, unless indicated otherwise.

**Physical Examination and Autopsy:** We have the right to examine Your person at Our expense as often as is reasonably required while a disability claim is pending. We also may request an autopsy be made at Our expense if it is not forbidden by law.

**Authority:** No agent has the authority to change or amend the provisions or exceed the maximum limits stated in this Certificate.

**Conformity With State Statutes:** Any part of the Group Policy which on the Effective Date of the Group Policy conflicts with the statutes of the state where the Group Policy was delivered is changed to conform with the minimum standards of those statutes.

Secretary

President

#### COMPLAINT NOTICE

If you have any questions regarding your insurance or should a problem or complaint arise, please contact our Credit Insurance Claims Dept. at P.O. Box 7001, Crossville, Tennessee 38557-7001. Our toll free telephone number is 800-752-8328. You may also obtain assistance from the Arkansas Insurance Department, Consumer Services Division, 1200 West Third Street, Little Rock, AR 72201-1904. Their local telephone number is 501-371-2640. Their toll free number is 800-852-5494.

SERFF Tracking Number: PLIG-127644389 State: Arkansas  
 Filing Company: Plateau Insurance Company State Tracking Number: 49855  
 Company Tracking Number:  
 TOI: CR04G Group Credit - Life Sub-TOI: CR04G.003 Single Premium  
 Product Name: AR SP GCLD 1011  
 Project Name/Number: AR SP GCLD 1011/AR SP GCLD 1011

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Group Credit Life Rates	AR-GCLD-MPA (10/11); AR-GCLD-P-(10/11); AR-GCLD-AA-(10/11); AR-GCLA-BA-(10/11); AR-GCLD-C-(10/11)	New		CL Rates.pdf
	Group Credit Disability Rates	AR-GCLD-MPA (10/11); AR-GCLD-P-(10/11); AR-GCLD-AA-(10/11); AR-GCLA-BA-(10/11); AR-GCLD-C-(10/11)	New		CD Rates.pdf

Plateau Insurance Company  
Arkansas  
Credit Life

Credit Life Rates-Per \$100 per year

Single Decreasing Life	\$0.65
Joint Decreasing Life	\$1.10
Single Level Life	\$1.20
Joint Level Life	\$2.04

**Plateau Insurance Company**  
**Arkansas**  
**Disability**

Disability Per \$100 of Insured Indebtedness

Number of Monthly Installments	Non-retroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
1	\$.13	\$-	\$.58	\$.40	\$-
2	.42	.13	1.01	.81	.56
3	.68	.35	1.34	1.12	.91
4	.90	.53	1.60	1.36	1.17
5	1.08	.70	1.82	1.55	1.38
6	1.24	.85	2.01	1.71	1.54
7	1.37	.98	2.18	1.86	1.69
8	1.50	1.09	2.32	1.98	1.82
9	1.61	1.20	2.46	2.10	1.94
10	1.71	1.30	2.58	2.20	2.04
11	1.81	1.39	2.69	2.30	2.14
12	1.89	1.48	2.79	2.39	2.23
13	1.97	1.56	2.89	2.47	2.32
14	2.05	1.63	2.98	2.55	2.40
15	2.12	1.70	3.06	2.62	2.47
16	2.19	1.77	3.14	2.69	2.55
17	2.26	1.83	3.22	2.76	2.61
18	2.32	1.89	3.29	2.82	2.68
19	2.38	1.95	3.36	2.88	2.74
20	2.44	2.01	3.43	2.94	2.80
21	2.49	2.07	3.50	3.00	2.85
22	2.55	2.12	3.56	3.05	2.91
23	2.60	2.17	3.62	3.11	2.96
24	2.65	2.22	3.68	3.16	3.02
25	2.70	2.27	3.74	3.21	3.06
26	2.75	2.32	3.79	3.26	3.12
27	2.80	2.37	3.85	3.31	3.16
28	2.84	2.41	3.90	3.35	3.21
29	2.89	2.46	3.95	3.40	3.26
30	2.93	2.50	4.01	3.44	3.30
31	2.97	2.54	4.06	3.49	3.35
32	3.02	2.59	4.11	3.53	3.39
33	3.06	2.63	4.16	3.57	3.43
34	3.10	2.67	4.21	3.61	3.47
35	3.14	2.71	4.25	3.65	3.51
36	3.18	2.75	4.30	3.69	3.55
37	3.22	2.79	4.35	3.73	3.59
38	3.26	2.83	4.39	3.77	3.63
39	3.30	2.86	4.44	3.81	3.67
40	3.34	2.90	4.48	3.85	3.71

Number of Monthly Installments	Non-retroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
41	3.37	2.94	4.52	3.89	3.75
42	3.41	2.98	4.57	3.92	3.78
43	3.45	3.01	4.61	3.96	3.82
44	3.48	3.05	4.65	3.99	3.85
45	3.52	3.08	4.69	4.03	3.89
46	3.55	3.12	4.73	4.06	3.93
47	3.59	3.15	4.77	4.10	3.96
48	3.62	3.18	4.81	4.13	4.00
49	3.65	3.22	4.85	4.17	4.03
50	3.69	3.25	4.89	4.20	4.06
51	3.72	3.28	4.93	4.23	4.10
52	3.75	3.32	4.97	4.27	4.13
53	3.79	3.35	5.00	4.30	4.16
54	3.82	3.38	5.04	4.33	4.19
55	3.85	3.42	5.08	4.36	4.22
56	3.88	3.44	5.11	4.39	4.25
57	3.91	3.47	5.15	4.42	4.29
58	3.94	3.50	5.18	4.45	4.32
59	3.97	3.54	5.22	4.49	4.35
60	4.00	3.57	5.26	4.52	4.38
61	4.03	3.60	5.30	4.55	4.41
62	4.06	3.63	5.34	4.58	4.44
63	4.09	3.66	5.37	4.61	4.47
64	4.12	3.69	5.41	4.64	4.50
65	4.15	3.72	5.45	4.67	4.53
66	4.19	3.75	5.49	4.71	4.57
67	4.22	3.78	5.52	4.74	4.60
68	4.25	3.81	5.56	4.77	4.63
69	4.28	3.84	5.60	4.80	4.66
70	4.31	3.87	5.64	4.83	4.69
71	4.34	3.90	5.67	4.86	4.72
72	4.37	3.93	5.71	4.89	4.75
73	4.40	3.96	5.75	4.92	4.78
74	4.43	3.99	5.79	4.95	4.81
75	4.46	4.02	5.82	4.98	4.84
76	4.48	4.05	5.86	5.00	4.87
77	4.51	4.08	5.90	5.03	4.90
78	4.54	4.11	5.94	5.06	4.93
79	4.57	4.14	5.97	5.09	4.95
80	4.60	4.17	6.01	5.12	4.98
81	4.63	4.20	6.05	5.15	5.01
82	4.65	4.23	6.09	5.17	5.04
83	4.68	4.26	6.12	5.20	5.07
84	4.71	4.29	6.16	5.23	5.10

Number of Monthly Installments	Non-retroactive Benefits		Retroactive Benefits		
	14 Day	30 Day	7 Day	14 Day	30 Day
85	4.74	4.32	6.20	5.26	5.13
86	4.76	4.35	6.24	5.28	5.15
87	4.79	4.38	6.27	5.31	5.18
88	4.82	4.41	6.31	5.34	5.20
89	4.84	4.44	6.35	5.36	5.23
90	4.87	4.47	6.39	5.39	5.26
91	4.90	4.50	6.42	5.42	5.28
92	4.92	4.53	6.46	5.44	5.31
93	4.95	4.56	6.50	5.47	5.33
94	4.98	4.59	6.54	5.50	5.36
95	5.00	4.62	6.57	5.52	5.38
96	5.03	4.65	6.61	5.55	5.41
97	5.05	4.68	6.65	5.57	5.44
98	5.08	4.71	6.69	5.60	5.46
99	5.10	4.74	6.72	5.62	5.49
100	5.13	4.77	6.76	5.65	5.51
101	5.15	4.80	6.80	5.67	5.54
102	5.18	4.83	6.84	5.70	5.56
103	5.20	4.86	6.87	5.72	5.59
104	5.22	4.89	6.91	5.74	5.61
105	5.25	4.92	6.95	5.77	5.64
106	5.27	4.95	6.99	5.79	5.66
107	5.30	4.98	7.02	5.82	5.69
108	5.32	5.01	7.06	5.84	5.71
109	5.34	5.04	7.10	5.86	5.73
110	5.37	5.07	7.14	5.89	5.76
111	5.39	5.10	7.17	5.91	5.78
112	5.41	5.13	7.21	5.93	5.80
113	5.44	5.16	7.25	5.96	5.83
114	5.46	5.19	7.29	5.98	5.85
115	5.48	5.22	7.32	6.00	5.87
116	5.51	5.25	7.36	6.03	5.90
117	5.53	5.28	7.40	6.05	5.92
118	5.55	5.31	7.44	6.07	5.94
119	5.58	5.34	7.47	6.10	5.97
120	5.60	5.37	7.51	6.12	5.99

SERFF Tracking Number: *PLIG-127644389*      State: *Arkansas*  
 Filing Company: *Plateau Insurance Company*      State Tracking Number: *49855*  
 Company Tracking Number:  
 TOI: *CR04G Group Credit - Life*      Sub-TOI: *CR04G.003 Single Premium*  
 Product Name: *AR SP GCLD 1011*  
 Project Name/Number: *AR SP GCLD 1011/AR SP GCLD 1011*

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b>      Flesch Certification</p> <p><b>Comments:</b> Attached is the Certificate of Compliance.</p> <p><b>Attachment:</b> Cert of Comp.pdf</p>		

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Satisfied - Item:</b>      Application</p> <p><b>Comments:</b> All applications for use with the program are attached on the Form Submission tab.</p>		

	<b>Item Status:</b>	<b>Status Date:</b>
<p><b>Bypassed - Item:</b>      Life &amp; Annuity - Acturial Memo</p> <p><b>Bypass Reason:</b>      Not Applicable</p> <p><b>Comments:</b></p>		

STATE OF ARKANSAS  
PLATEAU INSURANCE COMPANY  
Compliance Certification

This is to certify that AR-GCLD-P-(10/11), et al meets the requirements of Rule and Regulation 19, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that AR-GCLD-P-(10/11), et al meets the requirements of Rule and Regulation 49, as well as all other applicable requirements of the Arkansas Insurance Department.

This is to certify that AR-GCLD-P-(10/11), et al meets the requirements of the Consumer Information Notice, as required under ACA 23-79-138 and Bulletin 15-2009.

This is to further certify that AR-GCLD-P-(10/11), et al meets the requirements for simplified policy forms as required by ACA 23-80-206 with regard to Flesch Scores.

The Flesch Reading Ease Test Score for these forms are as follows:

Form #	Form Description	Flesch Score
AR-GCLD-MPA (10/11)	Group Policy Application	45
AR-GCLD-P-(10/11)	Group Policy	42
AR-GCLD-BA-(10/11)	Schedule of Insurance/Application (bank)	40
AR-GCLD-AA-(10/11)	Schedule of Insurance/Application (auto)	40
AR-GCLD-C-(10/11)	Certificate Insurance	41

The Certificate of Insurance and Group Policy are printed in ten-point type.



Joe R. Elms, Vice President  
Plateau Insurance Company