

SERFF Tracking Number: AMGN-128208148 State: Arkansas  
Filing Company: American General Life Insurance Company of Delaware State Tracking Number:  
Delaware  
Company Tracking Number: GROUP UWQ AGLD  
TOI: ML02 Multi-Line - Other Sub-TOI: ML02.000 Multi-Line - Other  
Product Name: Group UWQ 2012  
Project Name/Number: /

## Filing at a Glance

Company: American General Life Insurance Company of Delaware

Product Name: Group UWQ 2012

SERFF Tr Num: AMGN-128208148 State: Arkansas

TOI: ML02 Multi-Line - Other

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

Sub-TOI: ML02.000 Multi-Line - Other

Co Tr Num: GROUP UWQ AGLD State Status: Approved-Closed

Filing Type: Form

Author: Luis Cardozo

Reviewer(s): Rosalind Minor

Date Submitted: 03/27/2012

Disposition Date: 03/28/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Trust

Overall Rate Impact:

Filing Status Changed: 03/28/2012

State Status Changed: 03/28/2012

Deemer Date:

Created By: Luis Cardozo

Submitted By: Luis Cardozo

Corresponding Filing Tracking Number:

Filing Description:

PLEASE NOTE: The forms are submitted for the 2 companies listed below. Please review the forms for the 2 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) American General Life Insurance Company of Delaware

Re: AGLC0014G-2012 - Drug/Alcohol Questionnaire

AGLC0015G-2012 - Short Health Statement

SERFF Tracking Number: AMGN-128208148 State: Arkansas  
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AGLC0017G-2012 - Amendment of Application  
AGLC0018G-2012 - Financial Questionnaire  
AGLC0019G-2012 - Aviation Questionnaire  
AGLC0020G-2012 - Avocation Questionnaire  
AGLC100715G-2012 - Foreign Travel or Residence Supplement  
AGLC103330G-2012 - Expanded Financial Questionnaire - Personal  
AGLC103331G-2012 - Expanded Financial Questionnaire - Business

These group 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 group underwriting staff uses the AGLC0014G-2012 Drug/Alcohol Questionnaire, the AGLC0019G-2012 Aviation Questionnaire, and the AGLC0020G-2012 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 AGLC0015G-2012 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 AGLC0017G-2012 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 AGLC0018G-2012 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 AGLC100715G-2011 Foreign Travel or Residence Supplement is a supplement to the application. When completed the supplement provides information pertaining to the proposed insured's residency and foreign travel habits.

The AGLC103330G-2012 Expanded Financial Questionnaire – Personal, and the AGLC103331G-2012 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.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering

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 Product Name: Group UWQ 2012  
 Project Name/Number: /

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  
 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  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$450.00  
 Retaliatory? Yes  
 Fee Explanation: 9 x 50 = 450  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company of Delaware	\$450.00	03/27/2012	57510164

SERFF Tracking Number: AMGN-128208148 State: Arkansas  
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Product Name: Group UWQ 2012  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/28/2012	03/28/2012

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Product Name: Group UWQ 2012  
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## Disposition

Disposition Date: 03/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-128208148 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Name Change Endorsement	Approved-Closed	Yes
Supporting Document	Address Change Endorsement	Approved-Closed	Yes
Form	Drug/Alcohol Questionnaire	Approved-Closed	Yes
Form	Short Health Statement	Approved-Closed	Yes
Form	Amendment of Application	Approved-Closed	Yes
Form	Financial Questionnaire	Approved-Closed	Yes
Form	Aviation Questionnaire	Approved-Closed	Yes
Form	Avocation Questionnaire	Approved-Closed	Yes
Form	Foreign Travel or Residence Supplement	Approved-Closed	Yes
Form	Expanded Financial Questionnaire - Personal	Approved-Closed	Yes
Form	Expanded Financial Questionnaire - Business	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: AGLC0014G-2012

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/28/2012	AGLC0014 G-2012	Application/Drug/Alcohol Enrollment Questionnaire Form	Initial		50.000	AGLC0014G-2012.pdf
Approved-Closed 03/28/2012	AGLC0015 G-2012	Application/Short Health Enrollment Statement Form	Initial		50.000	AGLC0015G-2012.pdf
Approved-Closed 03/28/2012	AGLC0017 G-2012	Application/Amendment of Enrollment Application Form	Initial		50.000	AGLC0017G-2012.pdf
Approved-Closed 03/28/2012	AGLC0018 G-2012	Application/Financial Enrollment Questionnaire Form	Initial		50.000	AGLC0018G-2012.pdf
Approved-Closed 03/28/2012	AGLC0019 G-2012	Application/Aviation Enrollment Questionnaire Form	Initial		50.000	AGLC0019G-2012.pdf
Approved-Closed 03/28/2012	AGLC0020 G-2012	Advertising Avocation Questionnaire	Initial		50.000	AGLC0020G-2012.pdf
Approved-Closed 03/28/2012	AGLC1007 15G-2012	Application/Foreign Travel or Enrollment Residence Form Supplement	Initial		50.000	AGLC100715G-2012.pdf
Approved-Closed 03/28/2012	AGLC1033 30G-2012	Application/Expanded Financial Enrollment Questionnaire - Personal	Initial		50.000	AGLC103330G-2012.pdf
Approved-Closed 03/28/2012	AGLC1033 31G-2012	Application/Expanded Financial Enrollment Questionnaire - Business	Initial		50.000	AGLC103331G-2012.pdf

# American General

Life Companies

## Drug/Alcohol Questionnaire

- American General Life Insurance Company, Houston, TX  
 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 certificate that it may issue.  
No other company is responsible for such obligations or payments.

### Proposed Insured Information

John First Name      MI MI      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):

- |  |  |
|--|--|
| <input type="checkbox"/> Amphetamines (Benedrine, Dexedrine, Methedrine, etc.) | <input type="checkbox"/> Beer              |
| <input type="checkbox"/> Cocaine (Cocaine, Crack, etc.)                        | <input checked="" type="checkbox"/> Wine   |
| <input type="checkbox"/> Hallucinogens (LSD, DMT, Peyote, etc.)                | <input checked="" type="checkbox"/> Liquor |
| <input type="checkbox"/> IV Drugs  |  |
| <input type="checkbox"/> Marijuana (Hashish, Cannabis, etc.)                   |  |
| <input type="checkbox"/> Opiates (Codeine, Heroin, Methadone, etc.)            |  |

2.

	Drugs	Alcohol
Date(s) last used:		<u>3/30/2011</u>
Amount usually used:		<u>3 glasses per week</u>
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:		<u>13 years</u>

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
- 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 certificate 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

## Amendment of Group Application

- American General Life Insurance Company, Houston, TX  
 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 certificate 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 group application to the company, dated 3/17/2011, is amended as follows:

*Contingent Beneficiary: Mary Doe Relationship: Sister*

I agree that: (1) these changes shall be an amendment to and form a part of the original group 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  
 American General Life Insurance Company of Delaware, Wilmington, DE

In this questionnaire, 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>	<i>123-45-6789</i>
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	<i>\$100,000</i>	
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		
<b>TOTAL</b>	<b><i>\$100,000</i></b>	

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	<i>\$150,000</i>	
Business Assets	<i>\$200,000</i>	
Liabilities	<i>\$50,000</i>	
Net worth	<i>\$300,000</i>	

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

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

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Remarks (questions 1-4)

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*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)

- American General Life Insurance Company, Houston, TX
- American General Life Insurance Company of Delaware, Wilmington, DE

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### Proposed Insured

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

1. Have you ever been a pilot or received flying instructions?  yes  no

Type and model of aircraft Cessna 150

Type of license(s) and ratings none 10 hours

Date of issue \_\_\_\_\_

Date of last renewal \_\_\_\_\_

Date of last flight as a pilot or crew member \_\_\_\_\_

2. Have you ever been involved in an aircraft accident, had your license revoked or suspended, or been grounded for any reason?  yes  no

If yes, provide details \_\_\_\_\_

### Civilian

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
Scheduled airlines					
Private planes					
Student	<u>10 hours</u>	<u>10 hours</u>			
Crop duster agriculture specific (ag. category)					
Crop duster converted conventional					
Bush pilot					
Other (explain)					

**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)

- American General Life Insurance Company, Houston, TX
- American General Life Insurance Company of Delaware, Wilmington, DE

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

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## Motor Vehicle Racing

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

1. Are you affiliated with any racing organization?  yes  no  
If yes, provide name(s) \_\_\_\_\_
  
2. Have you attended a competition driver's school?  yes  no
3. Do you hold a competition driver's license from any organization?  yes  no  
If yes, specify \_\_\_\_\_
4. Do you own a competitive vehicle?  yes  no  
If yes, indicate type(s) \_\_\_\_\_
5. Check the type of racing in which you participate (check all that apply).
  - ATV, off road
  - Auto Crash/Demolition Derby
  - Boat/Watercraft
  - Championship/Indy Car
  - Drag
  - Dune/Sand Buggy
  - Formula Racing
  - Grand Prix (Formula 1)
  - Go Kart Racer
  - Midget & Sprint
  - Motorcycle & Motorcross
  - Snowmobile
  - Solo Events (Rally, Slalom, etc.)
  - Sports Car (SCCA)
  - Stock (NASCAR, etc.)
  - Other: Specify \_\_\_\_\_
  
- Vehicle make \_\_\_\_\_ Model \_\_\_\_\_  
Class \_\_\_\_\_ Category \_\_\_\_\_ Division \_\_\_\_\_  
Engine displacement \_\_\_\_\_ Horsepower \_\_\_\_\_  
Gas \_\_\_\_\_ Fuel \_\_\_\_\_  
Professional?  yes  no Amateur?  yes  no
6. Type of course:
  - Paved Track
  - Desert/Off Road
  - Drag Strip
  - Oval Track
  - Dirt Track
  - Formula
  - Road Course
  - Ice
  - Other \_\_\_\_\_
7. Length of track \_\_\_\_\_ course \_\_\_\_\_
8. Length of race: miles \_\_\_\_\_ laps \_\_\_\_\_ time \_\_\_\_\_
9. Maximum speed: mph \_\_\_\_\_

**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  
 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 certificate 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 \_\_\_\_\_

1. What is the purpose of the coverage? Family Protection
2. Who will suffer a financial loss at your death? Family - Dependents
3. How did you determine the amount of life insurance you needed? Family Discussion
4. How do you expect the life insurance benefits from this policy to be used? Family Protection
5. 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
6. Do you intend to finance any of the premium required to pay for this certificate 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 \_\_\_\_\_
7. 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)	
<b>Total Income (earned and unearned)</b>		<b>Total Income (earned and unearned)</b>	

**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 certificate if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the certificate 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 Companies

## Expanded Financial Questionnaire - Business

- American General Life Insurance Company, Houston, TX  
 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 certificate 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			
<b>Total Assets</b>	<b>xxx,xxx.xx</b>	<b>Total Liabilities</b>	<b>xxx,xxx.xx</b>
		<b>NET WORTH</b>	

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		
	<b>Total</b> xxx,xxx.xx	<b>Total</b> 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):  
Last Year      xxx,xxx.xx      Gross Sales:  
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 certificate if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the certificate 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-128208148 State: Arkansas  
Filing Company: American General Life Insurance Company of Delaware State Tracking Number:  
Company Tracking Number: GROUP UWQ AGLD  
TOI: ML02 Multi-Line - Other Sub-TOI: ML02.000 Multi-Line - Other  
Product Name: Group UWQ 2012  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Name Change Endorsement	Approved-Closed	03/28/2012
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Address Change Endorsement	Approved-Closed	03/28/2012
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		