



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

MASTER GROUP APPLICATION CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Ques #
690-149.021	Compliance with form filing procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-149.023(4)	Cover letter includes a description of the distribution system (e.g. internet filing, direct marketing, agents, financial institutions) and intended target population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413 and 690-149.021	Required application contents; including unique form number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.5686	Premium waiver/total disability. Must be made available at time of application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-151.005	Replacement questions for applicant and agent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
817.234(1)(b)	Fraud Statement: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4085	Insurer's name and place for agent's name and Florida License ID number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	