



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

CREDIT LIFE OR DISABILITY APPLICATION CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Ques #
69O-149.021	Compliance with form filing procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-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"/>	
624.428(1)	No insurer shall deliver or issue for delivery a life policy, unless the application for such policy is taken by and delivery of such policy is made through a licensed and appointed agent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413 and 69O-149.021	Required application contents; including unique form number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(4)	All contracts and related forms shall contain a unique form number in the lower left hand corner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-151.005	Replacement question for both the applicant and the agent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(f)	Application authorization may not include a reference to release of information concerning HIV and/or AIDS.	<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 printed name and Florida License ID number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	