



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

DEBTOR GROUP APPLICATION CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Ques #
624.428	Requires a space for the signature of Florida licensed agent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4085(1)	All applications shall prominently display the name of the insuring entity on the first page of the application form at the time the application is bound or premium quoted along with agent's name and license number.	<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"/>	