



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

INDIVIDUAL FRATERNAL VARIABLE LIFE 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"/>	
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"/>	
627.452	Minimum font size 10 points.	<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"/>	
627.413(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"/>	
627.4555	Secondary Addressee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429(4)(e)	Applications that include a question regarding HIV are to comply with this Section, by inquiring whether the applicant: "has been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
690-151.005	Replacement question for both the applicant and the 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 printed name and Florida License ID number.	<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"/>	