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APPLICATION FOR INSURANCE * UNITED AMERICAN INSURANCE COMPANY COLORADO A LEGAL RESERVE STOCK COMPANY * ADMINISTRATIVE OFFICE: MCKINNEY, TX O Male **Spouse** Height M.I. First Name O Female (ft. in.) Weiaht Last Name (lbs.) Birth Date of Birth I, the agent, have personally Age (mm-dd-yyyy) State seen this person. O Yes O No Spouse's Occupation O Male Child 1 Height M.I. First Name (ft. in.) O Female Weight Last Name (lbs.) Date of Birth I, the agent, have personally Age seen this person. O Yes (mm-dd-yyyy) O No O Male Child 2 Height M.I. First Name O Female (ft. in.) Weight Last Name (lbs.) I, the agent, have personally Date of Birth Age seen this person. O Yes (mm-dd-yyyy) O_{No} O Male Child 3 Height M.I. O Female (ft. in.) First Name Weight Last Name (lbs.) Date of Birth I, the agent, have personally Age (mm-dd-yyyy) seen this person. O Yes \bigcirc No LIFE & CRITICAL ILLNESS (CONTINGENT GUARANTEE ISSUE) CHECK THIS BOX ONLY IF THE EMPLOYER IS APPROVED FOR CONTINGENT **APPLICANT SPOUSE** CHILD 1 CHILD 2 CHILD 3 GUARANTEE ISSUE. YES/NO YES/NO 1. During the past three (3) months, except for minor illness of one (1) week or less or pregnancy, has any illness, injury or health related problem prohibited any Proposed Insured from working full time at his/her regular occupation or performing the normal \bigcirc 00 0000 00activities of a person of the same age? 2. Has any Proposed Insured been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related 00 00 $\circ\circ$ 0000Complex (ARC) or HIV infection? 3. Has any Proposed Insured ever been diagnosed as having a terminal illness including 00 000000 00kidney failure or Alzheimer's? 4. During the past ten (10) years, has any Proposed Insured been advised to take tests for cancer and not done so, or not received the results, been diagnosed as having, or received treatment for cancer (other than non-melanoma skin cancer or 00 00 00 00 00Carcinoma in Situ)? 5. Within the past five (5) years has the Proposed Insured been advised to take tests and not done so, or not received the results, been diagnosed as having, or received treatment for a disease or disorder of the heart, arteries or circulatory system including heart attack, uncontrolled high blood pressure (unstable readings or frequent medication) or stroke? \circ 00 00 \circ 006. Has the Proposed Insured ever been treated for loss of hearing or loss of sight? 0000000000If any Proposed Insured answered "Yes" to question 6, the critical illness policy may be issued; however, benefits for loss of hearing or loss of sight will be excluded.

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ADDITIONAL QUESTIONS FOR SIMPLIFIED ISSUE LIFE & CRITICAL ILLNESS

	APPLICANT YES/NO	SPOUSE YES/NO	CHILD 1 YES/NO	CHILD 2 YES/NO	CHILD 3 YES/NO
7. During the past three (3) years, has any Proposed Insured been treated for, taken medication for, or been diagnosed as having:					
 a. Cirrhosis of the liver, sickle-cell anemia, hemophilia, bone marrow or major organ transplant, or diabetes requiring treatment with insulin? b. Emphysema, chronic obstructive pulmonary disease (COPD), or chronic lung 	00	00	00	00	00
disease?	00	00	00	00	00
c. Systemic lupus, Parkinson's disease, seizure disorder, epilepsy, or degenerative disease of the muscles, joints or nerves?	00	00	00	00	00
8. During the past three (3) years has any Proposed Insured: a. Had his/her driver's license suspended or revoked because of moving violation or beer arrested for driving under the influence of alcohol or drugs?	n 00	00	00	00	00
b. Received treatment for alcohol abuse or been advised by a physician to reduce	00	00	00	00	00
alcohol consumption?c. Used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug?	00	00	00	00	00
9. Has the Proposed Insured ever been diagnosed as having Down Syndrome, mental retardation or any type of brain disease or disorder?	00	00	00	00	00
If any Proposed Insured answered "Yes" to any of questions 1-5 or 7-9, that person w not be covered under this life or critical illness policy.	vill				
10. During the past twelve (12) months, has any Proposed Insured smoked cigarettes, cigars or used any other tobacco products?	00	00			
CANCER					
CANCER					
11. Has any Proposed Insured ever been medically treated for, or told he/she had cancer?	APPLICANT YES/NO	SPOUSE YES/NO	CHILD 1 YES/NO	CHILD 2 YES/NO	CHILD 3 YES/NO
12. Has any Proposed Insured been diagnosed or treated by a member of the medical					
profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or HIV infection?	00	00	00	00	00
13. During the past two (2) years, has any Proposed Insured been advised to take tests for cancer and not done so, or not received the results?	00	00	00	00	00
If any Proposed Insured answered "Yes" to any of questions 11 - 13, that person will not be covered under the CANB policy.					
14. During the past ten (10) years, has any Proposed Insured ever been medically tested for, or told he/she had cancer (other than non-melanoma skin cancer)?	00	00	00	00	00
If any Proposed Insured answered "Yes" to question 13 and/or 14, that person will not be covered under the CAXC policy.					
15. During the past five (5) years, has the Proposed Insured been medically treated for, or told he/she had non-melanoma skin cancer or pre-malignant lesion? If any Proposed Insured answered "Yes" to question 15, the CAXC policy may be issued: however, no benefits will be paid for non-melanoma skin	00	00	00	00	00
cancer.					

APPLICATION FOR INSURANCE A LEGAL RESERVE STOCK COMPA														COL	OR	AD	0	
ACCIDENT							APP	LICANT S/NO		POU ES/I			IILD S/N	1 C 0 Y	HILD ES/N) 2 NO		LD 3 S/NO
 During the past three (3) years has any Propo a. Had his/her driver's license suspended or re 	evoked b	ecau			ing v	iolation or												
been arrested for driving under the influenc b. Received treatment for alcohol abuse or be					n to r	educe	(00	\subset)()	С	0	($\supset C$)	С	\circ
alcohol consumption?		•						00	\subset)()	С	0	($\supset C$)	С	0
c. Used or received treatment or consultation or narcotic drug?						•		00	\subset)()	С	0	($\supset C$)	С	0
17. During the past 6 months has any Proposed II any of their joints?	nsured h	ad su	ırge	ery on the	eir ba	ick or	(00	\subset)()	С	0	($\supset C$)	С	0
If any Proposed Insured answered "Yes" to que not be covered under this accident policy.	estion 1	6 or 1	17,	that per	son v	will												
 Does the Proposed Insured engage in any had If "Yes", no benefits will be provided for su 					ons?		(00)()	С	0	() C)	С	0
ALL APPLICANTS												_						
19. Have you received an outline of coverage ?20. Is any Proposed Insured covered under a Sta														_	No No			
21. Will the insurance being applied for replace o 22. Will the life insurance being applied for replace	r change	any	ex	isting acc	ciden	t or health	insur	ance?					Yes	C	No No			
If the answer to 21 and/or 22 is "Yes", please li		•	ally	/ existing	III E I	I ISUI AI ICE	or arm	- -	liaul	S!		O	163		, INO			
Company						Benef	it Am	ount _										
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Contingent Beneficiary for Employee/Applicant	\top										zialio	115111			yee/	App	T T	
If spouse or child(ren) coverage is applied for contingent beneficiary is the Estate of the Em AGREEMENT: I hereby apply to United Americar answers are, to the best of my knowledge and bel agent may change this policy or waive any of its p I authorize the Medical Information Bureau, any in diagnosis, treatment and prognosis with respect to Insurance Company for the purpose of determining information obtained will not be released to any performing business or legal service that a copy of this authorization is to be acceptable that I may request a copy of this authorization. Any person who, with intent to defraud or knowing false or deceptive statement may be guilty of insurance To the best of your knowledge as writing ager applied for intended to replace any existing in	ployee/an Insurantief, true as rovisions surance of any phygomy eligerson or access in cooper. This at that he/arance frant, is the	Appliance Control of the control of the company is a company in the company in the control of th	om om or or or on iza tior riza s fa	nt. Ipany for Iplete. I a It is insurantion excention with this acilitating Ince	a pol agree al, ph condit ce ar ept to s app rema a fra	icy to be is the policy nysician or ion and/or nd eligibilit the Medic lication, w in in effect ud against	ssued y shall tother treatr y for b cal Info ith a c t for a t an in pplica	in relian not be a practition ment, to enefits u prmation laim or a period o	ce or effection of the control of th	n m tive hav lose r th eau ay t mo	ing a ing a suci is po i, reir oe otl nths	itten ss it iny in h info licy. nsurin herw from	anso has nform orma I un ng co ise la the	wers to actuanation ation to dersta ompar awfully date s	all of all of avail of United the contraction of all of the contraction of all of available of the contraction of all of available of the contraction of all of available of available of the contraction of all of all of available of available of the contraction of all of available of available of the contraction of available	ques lable ted nat a or of uire d. I	e as to Amer any her pod. I a unde	d. No o my ican erson gree erstan
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