

**First Reliance Standard  
Life Insurance Company**

**PRELIMINARY APPLICATION FOR GROUP OR BLANKET INSURANCE**

1. Prospective policyholder: \_\_\_\_\_  
(Exact Legal Name)
2. Federal Employer Identification Number: \_\_\_\_\_
3. Complete address: \_\_\_\_\_  
(Street address) (City and State) (County) (Zip Code)
- Executive Correspondent \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_
- Routine Correspondent \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_
- Mailing Address (if different) \_\_\_\_\_
4. Nature of business: (If Association: purpose, when formed) \_\_\_\_\_
5. The prospective policyholder is a \_\_\_ corporation, \_\_\_ partnership, \_\_\_ proprietorship, \_\_\_ union, \_\_\_ association, \_\_\_ other (specify) \_\_\_\_\_
6. INDICATE AFFILIATES OR SUBSIDIARIES TO BE COVERED, IF ANY:  
(Include divisions only if all are not to be included)

Name and Location	Nature of Relationship	Nature of Business	No. of Employees by Coverage						
			Life	AD&D	WI	LTD	VAR	OTHER	

7. POLICY TO BE ISSUED IN THE STATE OF NEW YORK 8. Requested Effective Date \_\_\_\_\_  
(If other than state of Applicant's main office, explain in REMARKS) (Month) (Day) (Year)
9. COVERAGES APPLIED FOR: \_\_\_ Life \_\_\_ AD&D \_\_\_ WI \_\_\_ LTD \_\_\_ VAR \_\_\_ OTHER
10. Is any group or blanket insurance now in force or currently being applied for on the Proposed Insureds? \_\_\_ yes \_\_\_ no  
If yes: (A) Indicate in Remarks: name of carrier; type of coverage; effective date; brief benefit description; eligibility; etc.  
(B) Provide prior experience, including premiums and incurred claims (or paid claims and claim reserves at start and end of period).
11. Is it proposed to terminate or change any existing group insurance coverage? \_\_\_ yes \_\_\_ no  
If yes, indicate in Remarks: name of carrier; type of coverage; and date of termination, or date and type of change.
12. Are all Proposed Insureds actively at work? \_\_\_ yes \_\_\_ no If not, please list the following for employees not actively at work:
- | NAME | DATE OF BIRTH | LAST DAY WORKED | FACE AMOUNT | REASON FOR ABSENCE |
|------|---------------|-----------------|-------------|--------------------|
|      |               |                 |             |                    |

**REMARKS:**

This Preliminary Application is subject to the acceptance and approval in writing by First Reliance Standard Life Insurance Company at the Office in New York, New York; and nothing contained herein shall be binding upon said Company until this Preliminary Application is so approved. \$ \_\_\_\_\_ has been paid herewith. It will be applied toward the first premium due on the policy or policies if any be issued. Such issuance is subject to the: terms; conditions; limitations; and exceptions, of the policy or policies if any be issued.

**FRAUD WARNING: (Not applicable to life insurance )**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Name of Agent or Broker of Record (print or type) Share \_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

Print or type name of Broker's firm, if applicable \_\_\_\_\_

by \_\_\_\_\_ (authorized signature) \_\_\_\_\_ (Title)

by \_\_\_\_\_  
(authorized signature)  
\_\_\_\_\_  
(title or position with Applicant)

Dated at \_\_\_\_\_

Date \_\_\_\_\_

Agency \_\_\_\_\_ Group \_\_\_\_\_  
Office \_\_\_\_\_