

**American General Life Insurance Company of Delaware\***

Wilmington, Delaware

Administrative Office P.O. Box 30083, Tampa, FL 33630-3083

\*This company does not solicit business in New York.

Application is hereby made for a plan of Critical Illness insurance based on the following statements and representations:

**1. Identification of Policyholder:**

**Policy Number:** \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Address of Policyholder: \_\_\_\_\_  
City State Zip

Contact Name and Title \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

SIC Code \_\_\_\_\_ Number of Eligible Persons: \_\_\_\_\_

Name(s) of Affiliates(s) or Subsidiary(ies) to be covered: \_\_\_\_\_

**2. Classification of Eligible Persons:**

**3. Policy Coverage:**

Please include the sold proposal output material.

Group CriticalCare:  Plan A  Plan B  Plan C  Other

Group CancerCare Lump Sum Amount:  \$1,250  \$2,500  \$5,000  Other

**4. Premiums:**

The Policyholder agrees to pay the required premium for these coverages.

**5. Policy Effective Date:** \_\_\_\_\_

**6. Contribution Information:**

Will Eligible Persons contribute to the cost of insurance?  Yes  No

If Yes, please provide percentage of each coverage that the Policyholder will pay. \_\_\_\_\_ %

**7. Replacement Coverage:**

Will this Group Policy replace a Policy providing similar benefits?  Yes  No

\_\_\_\_\_  
Signed for the Policyholder

\_\_\_\_\_  
Title

**8. Producing Agent Declaration**

Producer #:	_____	Tax ID:	_____	% of commission to split with other agent:	_____
Name as licensed:	_____	License Number:	_____		
Address:	_____			Phone Number:	_____
Fax Number:	_____	E-mail Address:	_____		
Signature:	_____			Date:	_____
City and state where signed:	_____				

**FRAUD NOTICE:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.