

Lumico Life Insurance Company

Contact Us: 123 Town Square Pl. #798, Jersey City, NJ 07310

Domicile: 2701 W Main St., Suite 201, Jefferson City, MO 65102

1-800-589-0087

www.lumico.com



family of insurance companies

Statement of Insurability

This statement has been completed as a condition of the delivery and acceptance of the application for life insurance, reinstatement or policy change completed on the following policy:

| | | |
|---|--------------------------|--------------------------|
| Policy Number | Insured Name | |
| Since the date of the application for life insurance, reinstatement or policy change completed on: <i>mm/dd/yyyy</i> | | |
| Has any person proposed for coverage, reinstatement of coverage or policy change: | Yes | No |
| 1. had a change in health? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. made an application for insurance which has been declined, postponed, or modified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. made an application for life insurance with any other company? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. consulted or been examined by a member of the medical profession or been referred to another physician for any medical condition, which was not indicated on the original application as mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered YES to any of the above statements, please provide full details below. Regarding #4 above, please provide dates, diagnosis, doctor's complete name, address, and phone number. Use additional space on back page, if needed. | | |

FRAUD NOTICE: 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.

I represent that all statements and answers made above are complete and true to the best of my knowledge and belief. I agree that this statement of insurability shall form a part of my application for insurance.

[Signature line]

Signature of Insured or Proposed Insured

[Date line]

Date

Additional space for comments (optional):