



UNITED HOME LIFE INSURANCE COMPANY
 P.O. Box 7192
 Indianapolis, IN 46207-7192
 Phone: (317) 692-7979 Fax: (317) 692-7711

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both the proposed new policy and your existing insurance. New policies may contain provisions which limit benefits during the initial period of the contract, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 30 requires that the insurer advising or recommending replacement:

Provide the consumer, not later than the date the policy or contract is delivered, a concise summary of the policy or contract to be issued.

Allow a twenty day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund.

Advise the present insurance company(s) of the pending replacement.

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it using the form below.

INFORMATION ON PRESENT POLICIES

Company Name	Policy Number	Name of Insured	Summary Requested Mark Yes or No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

I have read this notice and received a copy of it.

 Applicant's Signature _____
Date

 Agent's Signature _____
Date

Agent's Name and Address (printed) Company Name

