



10. **Remarks.** Also, note anything not disclosed in the application that might affect the proposed insured's insurability.

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**I Declare That:** I gave the Disclosure Notice - Information Practices to the proposed insured. This application was read and signed by the proposed insured and owner, if different, after all required questions were asked and answered. I have accurately recorded on this application all information given to me by the proposed insured and owner, if different. Regardless of whether medical questions will be asked of the proposed insured in any telephone or other interview process, I know of nothing affecting the risk that is not recorded on this application or in any accompanying written statement or letter.

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date