

# RECEIPT AND CONDITIONAL INSURANCE AGREEMENT



1455 West Lake Street  
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Toll Free (800) 945-8851

## IMPORTANT- READ CAREFULLY

THE INSURANCE CERTIFICATE YOU HAVE APPLIED FOR WILL NOT BECOME EFFECTIVE UNLESS AND UNTIL A CERTIFICATE IS DELIVERED TO YOU AND YOU ACCEPT IT. HOWEVER, IF YOU HAVE PAID US THE FIRST PREMIUM ACCORDING TO THE MODE OF PAYMENT SELECTED (TWO MONTHS FOR AWP), WE WILL PROVIDE THE FOLLOWING CONDITIONAL INSURANCE SUBJECT TO THE EXACT TERMS OF THIS RECEIPT. IN NO EVENT WILL ANY CONDITIONAL INSURANCE EVER BE IN FORCE UNLESS THE PROPOSED INSURED IS A STANDARD RISK UNDER OUR UNDERWRITING RULES.

## CONDITIONAL INSURANCE

CONDITIONAL INSURANCE IS PROVIDED FOR EACH PROPOSED INSURED OR COVERED PERSON ON THE TERMS AND CONDITIONS OF THE TYPE OF INSURANCE PLAN APPLIED FOR IF:

1. THE APPLICATION AND ALL MEDICAL EXAMINATIONS REQUIRED BY OUR PUBLISHED UNDERWRITING RULES HAVE BEEN COMPLETED; AND
2. ALL REPRESENTATIONS MADE IN THE APPLICATION ARE TRUE AND COMPLETE AND;
3. THE PROPOSED INSURED IS ACCEPTABLE AS A STANDARD RISK UNDER OUR UNDERWRITING RULES FOR THE PLAN AND AMOUNT OF INSURANCE APPLIED FOR.
4. THE PROPOSED INSURED DIES AS THE RESULT OF ANY CAUSE OTHER THAN SUICIDE; AND
5. THIS AGREEMENT HAS NOT TERMINATED.

THE AMOUNT OF INSURANCE BECOMING EFFECTIVE UNDER THE TERMS AND CONDITIONS OF THIS CONDITIONAL RECEIPT IS LIMITED TO THE LESSER OF:

1. THE AMOUNT APPLIED FOR IN THE APPLICATION; OR
2. \$250,000 OF LIFE INSURANCE (INCLUDING ANY BENEFITS PAYABLE AS A RESULT OF THE ACCIDENTAL DEATH OF THE PROPOSED INSURED).

CONDITIONAL INSURANCE COVERAGE BEGINS ON THE LATEST OF THE FOLLOWING DATES:

1. THE DATE OF THIS APPLICATION.
2. THE DATE OF COMPLETION OF ALL MEDICAL EXAMINATIONS REQUIRED BY OUR PUBLISHED UNDERWRITING RULES; OR
3. ANY OTHER DATE YOU MAY HAVE REQUESTED IN THIS APPLICATION.

## TERMINATION OF CONDITIONAL INSURANCE

THIS AGREEMENT WILL TERMINATE ON THE EARLIEST OF

1. THE DATE WE REFUND YOUR PREMIUM PAYMENT; OR
2. NOTIFY YOU THAT WE HAVE REJECTED YOUR APPLICATION FOR INSURANCE; OR
3. THE DATE WE ISSUE A CERTIFICATE OF INSURANCE; OR
4. 90 DAYS FROM THE DATE OF THIS APPLICATION.

## OTHER CONDITIONS

NO SONS OF NORWAY REPRESENTATIVE CAN DETERMINE THE INSURABILITY OF ANY PROPOSED INSURED OR BIND US BY MAKING ANY PROMISE OR REPRESENTATION OTHER THAN AS CONTAINED IN THIS AGREEMENT. WE MAKE THIS AGREEMENT IN CONSIDERATION OF RECEIVING THE FIRST FULL PREMIUM PAYMENT FOR THE MODE OF PAYMENT SELECTED. WE WILL REFUND YOUR PREMIUM PAYMENT UNLESS YOU ACCEPT DELIVERY OF THE CERTIFICATE WE OFFER OR UNLESS WE PAY A CLAIM UNDER THIS AGREEMENT.

ALL PREMIUM CHECKS MUST BE PAYABLE TO SONS OF NORWAY. DO NOT MAKE CHECKS PAYABLE TO THE REPRESENTATIVE OR LEAVE THE PAYEE BLANK.

## **I UNDERSTAND AND AGREE TO ALL THE TERMS AND CONDITIONS STATED.**

|   |  |                 |
|---|--|-----------------|
| _____   | _____                                    | \$ _____        |
| NAME OF PROPOSED INSURED (PLEASE PRINT)                       | DATE OF RECEIPT                          | AMOUNT RECEIVED |
| <b>X</b> _____  | _____                                    | _____           |
| SIGNATURE OF PROPOSED INSURED                                 | SIGNATURE OF OTHER INSURED (IF REQUIRED) | DATE SIGNED     |
| <b>X</b> _____  | _____                                    | _____           |
| SIGNATURE OF APPLICANT/OWNER (IF OTHER THAN PROPOSED INSURED) | _____                                    | DATE SIGNED     |
| <b>X</b> _____  | (       )                                | _____           |
| SIGNATURE OF REPRESENTATIVE                                   | REPRESENTATIVE'S TELEPHONE               | DATE SIGNED     |