

APPLICATION

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF TRACKING NO:	

This checklist is not required to be included with a form filing. It should be used as a guide in determining which laws and regulations apply to the contract. The items listed below may paraphrase the law or regulation. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

A. Filing Incomplete or in Unacceptable Format

	Citation	Description	"X" Means Applicable	Form/ Page
A1.	COMAR 31.04.17.03I(2)	If the filing is not being made by the insurer, the filer must submit a signed third party authorization letter from the insurer.		
A2.	COMAR 31.04.17.03C	Listing of Forms		
A3.	COMAR 31.04.17.03D	Form Number - (Form Number must be identical to form number in SERFF Form Schedule)		
A4.	COMAR 31.04.17.03G	Corporate Name		
A5.	COMAR 31.04.17.03H	Unacceptable Modifications		
A6.	COMAR 31.04.17.07	Advertising Prohibited		
A7.	§15-201(d)	Size of Type		
A8.	§2-112(a)(10)	Filing Fee Insufficient		
A9.	COMAR 31.04.17.03F	Language other than English in Forms		
A10.	§12-205(b)(5)	Illegible Form		
A11.	COMAR 31.04.17.06H(2) or COMAR 31.04.17.06I(1)	Separate filing required for each company		
A12.	COMAR 31.04.17.06H(1) or COMAR 31.04.17.06I(3)	Application clearly identify coverages underwritten by each carrier, when more than one carrier uses the same application		

B. Content Problems with Application

	Citation	Description	"X" Means Applicable	Form/ Page
B1.		Questions on Applications:		
	§12-205(b)(9)	a. Seven-Year Limit for Health Questions		
	§27-909(c)	b. May Not Inquire About Genetic Tests or Genetic Information		
	§27-504	c. Domestic Violence		
	COMAR 31.04.17.06E; §12-207	d. Health questions must be asked to the best of the applicant's knowledge and belief or application must include statement that all answers provided are representations and are not warranties		
	COMAR 31.04.17.06C	e. Questions about "hazardous activities" must list activities considered to be "hazardous"		
	COMAR 31.04.17.06D	f. Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming"		
	COMAR 31.04.17.06F and COMAR 31.04.17.06G	g. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications"		
B2.	COMAR 31.04.17.06A	Application shall stipulate the plan and amount of insurance and any added optional benefits applied for		
B3.	§12-202(c)	Application Changes		
B4.	COMAR 31.04.17.08	Proxy		
B5.	COMAR 31.04.17.10B	Good Health Warranty Not Permitted		
B6.	COMAR 31.04.17.06B	Certain States Exception		
B7.	§12-205(b)(2); COMAR 31.04.17.18, COMAR 31.10.28.03D and COMAR 31.11.10.06D	The description of the preexisting conditions limitation is not the same as in the policy		
B8.	COMAR 31.10.28.03D or COMAR 31.11.10.06D(4)	There is a statement that if the applicant answers the questions in a particular manner, coverage will not be provided to the affected person. To use this statement, provide written assurance carrier uses a signed waiver/exclusion rider that must be attached to policy to exclude person from coverage		

	Citation	Description	"X" Means Applicable	Form/ Page
B9.	COMAR 31.04.17.06H(1) or COMAR 31.04.17.06I(2)	Check-off boxes required for carrier name if application is to be used by more than one carrier		
B10.	§15-403.2; COMAR 31.10.35	Expand application to include a selection of Domestic Partner, including Child Dependents of Domestic Partner for applying for coverage		
B11.	COMAR 31.04.17.06J	If application is to be completed by more than one individual, application signature box must clearly indicate that signature applies only to portion of application completed by that individual		
B12.	COMAR 31.04.17.04A(1)	Application contains items in brackets denoting variability. Only specific items allowed for variability. Submit specific description of how each item can vary. If other items are desired, include the item (applicable to individual insurance applications)		
B13.	COMAR 31.04.17.04A(2)	Application contains items in brackets, denoting variability. Submit specific description of how each item can vary. If other text is desired, include specific text		
B14.	§27-805; MIA Bulletin 12-07	Insurance Fraud-Required Disclosure Statement		
B15.	§27-216; MIA Bulletin 17-10	Requirements for Acceptance of Credit Cards for Premium Payment and Charging of Fees for Use of Credit Cards		
B16.	§15-1301(I)(2)(iv)3; 45 CFR §148.220(b)(4)(iv)	Required Notice for Hospital Indemnity/Fixed Indemnity Coverage		