

**PRE-FILING COMPANY QUESTIONNAIRE FOR
COMPACT OFFICE OF INNOVATION
PILOT PROCESS**

COMPANY CONTACT INFORMATION:

1. Contact First and Last Name and Title:
2. Contact Information: (Phone and/or Email):
3. Company Name:
4. NAIC Company Code (Group Code and CoCode) and State of Domicile:
5. Company Website URL:
6. Listing of Compacting States Authorized to Write Business:
7. Name of 3rd Party Filer (if applicable):
8. Provide a link to the innovative product (if available):

GENERAL PRODUCT INFORMATION:

1. Type of Insurance:
 - a. Individual or Group:
 - b. Life, Annuities, Long-Term Care and/or Disability Income:
2. Name of Product Concept (includes new or added product, benefit feature or service):
3. Is this Product Concept currently available in any other state(s)? Yes/No (List states and SERFF tracking number if applicable?).
4. Are there products similar to this Product Concept in the marketplace? Yes / No (If yes, please identify the product name, issuing company, and State(s)).
5. Does the Company have an outline or draft of the proposed product design? Yes / No (If yes, please attach to this Questionnaire).

6. What is the implementation plan for this Product Concept including target date for issuing and which states does the company plan to include in its first roll out?
7. Has the Company filed this new product with any State(s)? Yes / No (If yes, please provide the SERFF Tracking Number and review status, i.e., approved, disapproved, pending review, etc. and what significant changes, if any, were needed to get to disposition).

PRODUCT DESCRIPTION

1. Describe the proposed Product Concept including unique or innovative features:
2. Describe the applicable consumer benefits, benefit triggers, amounts, durations, premium information (including any policy fees), conditions of termination and any other benefit data applicable to this Product Concept:
3. List all type of exclusions and limitations applied to the Product Concept:
4. Is there a separate charge for the Product Concept? Yes / No (If yes, how much is the charge and if applicable, how will it be treated in the nonforfeiture demonstration? Please demonstrate how this charge is equitable as compared to the benefits provided.)
5. What specific needs or problems does this Product Concept address in the marketplace? Please identify any coverage gaps in the market today.
6. Are there any guaranteed elements of this Product Concept? Yes / No (If yes, please describe) How does this Product Concept fit within the Compact's Uniform Standards?
7. What part(s) of the Product Concept is not addressed within the current Uniform Standards?
8. What state laws or regulations permit, impact, prohibit or limit this Product Concept?

UNDERWRITING, MARKETING, THIRD-PARTY DATA, AND PRIVACY

1. Describe the target audience for this Product Concept (e.g., age, income, group type, geographic considerations, etc.):
2. Has the company conducted consumer testing regarding this Product Concept?: Yes / No (If yes, please share a summary of findings).
3. Describe the underwriting guidelines and approach for this Product Concept.
4. Will the applicant / insured be required to provide personal information to the company or a third party (other than during the application or claims process)? Yes / No (If yes, describe the type of information and the company's privacy practices).
5. Will the company partner with a third party to deliver or service the Product Concept? Yes / No (If yes, describe how the company monitors the performance of the third party).
6. Attach any relevant supporting documents for this Product Concept (e.g., business plan, slide deck, promotional materials, consumer disclosures, etc.) that will support regulatory consideration.
7. Do you plan to offer this product to all insureds of the same age, class and gender?
8. Who do you plan to offer this product in terms of existing insureds and/or new insureds?
9. Please explain how this product complies generally with state unfair trade practice laws including, but not limited to, addressing: 1) unfair discrimination; 2) rebates; 3) inducement, and tie-in sales.

CONFIDENTIAL TRADE SECRET

Please indicate whether the company requests this information be treated as confidential insurer trade secret information: Yes ___ No ___. If yes, please state the reason for requesting trade secret protection: