

TEMPORARY INSURANCE AGREEMENT

The American Home Life Insurance Company

Administrative Office: 1021 Reams Fleming Boulevard, Franklin, TN 37067 – 1-833-504-0334

PLEASE READ THIS CAREFULLY. Subject to the exclusions and limitations listed below, this Agreement provides temporary life insurance coverage. The amount of life insurance, including any amount in force or being applied for, which may become effective prior to the delivery of the policy shall in no event exceed the lesser of the amount applied for or \$25,000.00. This conditional coverage does not supplement and is not in addition to the face amount of your life insurance policy. **No amount shall be paid under the Accidental Death Benefit Rider or other rider.**

Exclusions and limitations:

- 1. There is no coverage if the proposed insured commits suicide.
- 2. Coverage is void if the application contains any material misrepresentation and/or has been fraudulently completed.
- 3. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.
- 4. Coverage is void if the check, draft or electronic funds authorization received in payment of the premium is not honored for payment when presented.

If any of the above conditions are not met, the liability of The American Home Life Insurance Company shall be limited to the return of any amount paid.

Coverage under this agreement ends on the earliest of the following dates:

- 1. The date we issue the contract of life insurance applied for.
- 2. The date we refund the premium paid.
- 3. The date we notify the Proposed Owner that the application is declined or closed as an incomplete application.
- 4. If we do not issue the coverage as applied for and we make you a counter-offer, the date our counter-offer is accepted, rejected or expires.

This premium receipt replaces and supersedes any other premium receipt that may be part of your application for life insurance with The American Home Life Insurance Company.

No coverage will become effective prior to policy delivery unless and until all conditions of the receipt are met. No agent has the authority to alter the terms or conditions of this agreement.

All premium checks must be made payable to The American Home Life Insurance Company. **DO NOT** make any check payable to the agent and **DO NOT** leave the payee blank on the check.

I certify that I have read and reviewed this agreement. **The terms and conditions of this agreement have been fully explained to me by the agent and I understand them. This acknowledges receipt of my application for an insurance policy with The American Home Life Insurance Company.**

	X	
Proposed Insured's name	Proposed Insured's signature	
\$		
Initial payment collected	City and state where signed	Date
Proposed Owner's signature (if not proposed insured)		
X		
Agent's signature	Agent number	