

## AGENT ATTESTATION AND STATEMENT OF GOOD HEALTH

**Policy Number:** [Enter Policy Number]

**Insured Name:** [Enter Insured Name]

**Date of Birth:** [Enter DOB]

### PART 1: STATEMENT OF GOOD HEALTH (To be completed by Proposed Insured)

I, the undersigned, hereby represent that since the date of the original application for the policy referenced above:

- There has been no change in my health or physical condition.
- I have not consulted any physician, surgeon, or other practitioner for any reason.
- I have not been hospitalized, nor have I been advised to have any medical test, surgery, or treatment that has not yet been completed.

I understand that this statement is an inducement for the company to reinstate the policy and that any misrepresentation may void the coverage.

**Signature of Insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PART 2: AGENT ATTESTATION (To be completed by Licensed Agent)

I, the undersigned agent, hereby certify the following:

- I have personally interviewed the Proposed Insured on this date.
- I have observed the Proposed Insured and they appear to be in good health and free from any physical impairment or deformity.
- To the best of my knowledge, the answers provided in Part 1 are true and complete.
- I recommend the reinstatement of this policy.

**Agent Name:** [Enter Agent Name]

**Agent License Number:** [Enter License Number]

**Agency Name:** [Enter Agency Name]

**Signature of Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_