

**Kentucky Department of Insurance
Application Checklist**

Statute/Regulation	Description	Yes	No	N/A
806 KAR 14:005	Compliance with form filing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.12-013	Prohibited unfair or deceptive practices in the writing of insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
806 KAR 12:080	Unfair discrimination prohibited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.14-090	Alteration of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.14-100	Application as evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.14-110	Representations in applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.14-435	English language requirement for forms, policy, and claim-related information; use and effect of translations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.14-440 806 KAR 14:121	Readability; requirement of a 40 on the Flesch reading ease test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.14-450 806 KAR 14:121	Policies to be legible; factors to be considered; type face style; minimum font size 10 points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.15-070	Entire contract includes applications; all statements made in the application are representations and not warranties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.15-702	Permitted questions of life insurance applicant concerning financing of premium payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 304.47-030	Required statements for applications and claim forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KRS 417.050	Prohibits use of arbitration in insurance contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
806 KAR 3:210	Privacy of consumer financial information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
806 KAR 3:220	Privacy of health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
806 KAR 12:070	Life insurance application requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
806 KAR 17:081 Section 11	Requirements for application forms and replacement coverage (this is to apply to long-term care riders attached to life insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
806 KAR 4:010 Section 21	Fees of the Department of Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>