

Mutual of Detroit
Insurance Company
Application
For Reinstatement of Lapsed Policies

Policy Number(s)

Name of Insured

Payment Mode: EFT Statement PSO

The following questions apply to the Insured

1. Since the date of Issue (or date of last reinstatement, if later), has the Insured:

- | | | |
|--|------------------------------|-----------------------------|
| a. Suffered any ailment, disease or sustained any injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Been rated or rejected for insurance by this or any other company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Has any Insured had medical treatment or been confined in a hospital or sanitarium? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Height _____ Weight _____

3. Occupation _____

If you answered "yes" to any part of question 1 above, give full details including names and addresses of all physicians, below.

I represent that the answers and information in this Application are true, correct and complete and that all persons insured under the policy or policies are now living.

I understand and agree that reinstatement of the policy or policies is not effective unless and until (1) the Company receives full payment of all unpaid premiums during the lifetime of all persons insured by the policy or policies and (2) the Company approves this Application at its Home Office. The Company can contest and void the policy or policies for material misrepresentation of a fact you make in this Application. The Company cannot contest the policy or policies after it or they have been in force during the lifetime of the insured for 2 years from the date the Company approves this Application.

Date

Insured (Parent or Guardian of Insured is under Age 16)

Witness

Owner (if other than Insured)

INSTRUCTIONS

District Agency Acct. No.

1. This form must submitted with all past-due premiums by the date shown on the Late Payment Offer.

2. The payment tendered should be for the exact amount shown on the Late Payment Offer.

3. **If premiums are paid by electronic funds transfer (EFT), a new EFT authorization must be attached.**