DEAL 9516

CHECK ONE
Retail Installment Contract ☐
Special ☐
Lease ☐

DATE OF FIRST PAYMENT
11/16/94

CERTIFICATE NUMBER
ER59707

Union Fidelity Life Insurance Company

A STOCK COMPANY
HOME OFFICE: 5050 N. BROADWAY
CHICAGO, ILLINOIS 60640
(herein called "the Company" or "we")

CERTIFICATE OF INSURANCE
CREDIT LIFE – CREDIT DISABILITY

SCHEDULE

INSURED DEBTOR (herein called "You")	DATE OF BIRTH	CREDITOR (FIRST BENEFICIARY)	GROUP POLICY NO.
CHRIS M. HALLGREN	27		
STREET ADDRESS: 510 E. EXTENSION RD. #3091			
CITY: MESA STATE: AZ ZIP CODE:	DATE OF DEBT (OR EFFECTIVE DATE) MONTH: OCT DAY: 02 YEAR: 94		TERM OF INS. (Mos.) DECR. 60 LEVEL DISAB. 60
INSURED CO-DEBTOR (herein called "Co-Debtor") NONE (Joint life insurance with you)	DATE OF BIRTH 85210		

SECOND BENEFICIARY FOR SINGLE LIFE INSURANCE: your spouse if living; otherwise, your estate.
FOR JOINT LIFE INSURANCE: the survivor between you and your Co-Debtor; but if both die within 10 days of each other, to your estate.
TO DESIGNATE A SECOND BENEFICIARY **OTHER** THAN AS ABOVE, CHECK BOX ☐ AND STATE.

NAME: RELATIONSHIP:

LIFE INSURANCE			TOTAL DISABILITY INSURANCE		
COVERAGE (ELECT)	PREMIUM CHARGE	INITIAL AMOUNT	PREMIUM CHARGE	MONTHLY BENEFIT	WAITING PERIOD 14
☒ SINGLE DECR. LIFE ☐ JOINT DECR. LIFE	$ 451.41	$ 20618.80	$ 878.20	$ 341.98	You Must Be Disabled More Than Days. Benefits start with 1ST Day.
☐ SINGLE LEVEL LIFE ☐ JOINT LEVEL LIFE	NONE	NONE	MAXIMUM AMOUNTS OF INSURANCE: TOTAL LIFE INSURANCE $45,000.00	DISABILITY INSURANCE $45,000.00	MAXIMUM MONTHLY BENEFIT (TOTAL DISABILITY) $625.00

LIENHOLDER (If different from Creditor)

13.09

The amount of insurance, and the length of the term of disability insurance, written in the boxes above must not exceed the maximums printed in this Schedule. (Also see "What we will not pay: Surplus Insurance".)

MAXIMUM AGE (SEE "WHO IS ELIGIBLE".)

MAXIMUM LENGTH OF TERM FOR DISABILITY INSURANCE 72 MONTHS

APPLICATION FOR INSURANCE

I hereby certify that I am in good health and am not under treatment for, or receiving medical advice for any illness, disease, or physical or mental impairment. In addition, I have not been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex, or tested positive for antibodies to the AIDS virus. If applying for disability coverage, I also certify that I am gainfully employed and working at least 30 hours per week for the past month. My date of birth is correctly stated above.

I make the above certifications with the intent of inducing Union Fidelity Life Insurance Company to issue this certificate of insurance. I understand that: (a) no person has the right to waive or change this application or the certificate of insurance; and (b) any untruthful answer or misrepresentation may be a basis for a denial of benefits or the voiding of this certificate of insurance.

Signed _____ Date: _____ Signed _____ Date: _____