

**INVESTORS HERITAGE** *Life Insurance Company*

PO Box 717

Frankfort Kentucky 40602

**STATEMENT OF HEALTH AND INSURABILITY**

COMPLETED AS A CONDITION TO THE DELIVERY OR CHANGE OF

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
PROPOSED INSURED

Since the date of the original application for the above policy, each person proposed for Life Insurance in such application has continued in good health and no person proposed for Life or Health Insurance or both:

1. has made application to another company for Life or Health Insurance (2) which has been issued, declined, postponed or modified, or (b) which is pending at the present time, or;
2. has consulted or been examined or treated by a physician or practitioner , or;
3. has had any change in health or insurability as a Life or Health Insurance risk because of any event or circumstance.

*If there are any exceptions to any of the above statement, give full details in space provided:*

**EXCEPTIONS**

**The person named as the Insured and the Applicant (if other than such person) represent that the foregoing statements are true and complete and that all exceptions have been stated.**

Dated at: \_\_\_\_\_  
(City and State)

\_\_\_\_\_  
Signature of the Insured

This \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
DAY MONTH YEAR

\_\_\_\_\_  
Signature of Applicant if Other  
Than the Above Person

\_\_\_\_\_  
Signature of Agent