High Limit Accident Insurance

Accidental Death Insurance

- Personal & Group Coverage
- War/Terrorism Coverage
- Hazardous Activities
- Medically Substandard Risks

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Accidental Death & Dismemberment

Many people do not realize the vast scope of coverage that an Accidental Death and Dismemberment (AD&D) policy can provide. An AD&D policy can provide a benefit in the event of death or dismemberment caused by extreme sports, firearms, fires, plane crashes including private piloting, traffic accidents, and more.

BENEFIT SCHEDULE

Accidental Death	. . . .	100% of the Benefit
Accidental Dismemberment		
Loss of or loss of use of two or more members	. . . .	100% of the Benefit
Loss of sight of both eyes	. . . .	100% of the Benefit
Loss of or loss of use of one member	. . . .	50% of the Benefit
Loss of hearing of both ears	. . . .	50% of the Benefit
Loss of speech	. . . .	50% of the Benefit
Loss of sight of one eye	. . . .	50% of the Benefit

COVERAGE OPTIONS

- **24-Hour Coverage** includes any accidental bodily injury, including air travel and common carrier coverage.
- **Common Carrier Coverage** includes any form of conveyance that is certified as a common carrier of passengers, including Air Travel.
- **Air Travel Only Coverage** includes traveling as a passenger on a Certified Passenger Aircraft provided by a commercial airline on a regularly scheduled or non-scheduled, special or chartered flight and operated by a properly certified pilot.

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SPECIAL FEATURES

- Benefits are payable in addition to any other plan.
- Benefits are payable for loss caused by exposure to the weather or in a conveyance that results in disappearance or sinking and the body is not found within 365 days of the accident.
- Benefits will be paid on the basis of presumption of death.
- Benefits paid in a single lump sum.
- Covers accidental bodily injury sustained while the Certificate is in force and which results in loss within 365 days of the date of the accident.
- Includes losses resulting from war or acts of war and/or terrorism - *(not including losses from nuclear, biological, or chemical weapons)*.

BENEFIT OPTIONS

- **Accidental Death** pays the principal sum benefit to the designated beneficiary in the event of death due to accidental bodily injury, or exposure to weather as a result of an accident or disappearance or the sinking of a conveyance on which the insured was a passenger and the body is not found within 365 days of the accident.

- **Dismemberment** includes the loss of use of both hands or feet, or one hand and one foot, or the loss of sight of both eyes. The principal sum benefit is paid for these losses. One half the principal sum amount will be paid in the event of the loss of sight of one eye, the loss of use of one hand or one foot, the hearing of both ears or the ability to speak.

UNDERWRITING REQUIREMENTS

1. **NO** medical examinations required.
2. Application can be sent by fax or email.
3. Underwriting time is one to four working days.
4. Benefits may not exceed ten times the annual income unless otherwise justified.

PETERSEN®
INTERNATIONAL UNDERWRITERS
Producer #:_____________

Application For High Limit Accidental Death Insurance

Proposed Insured: First _______________ Middle _______________ Last _______________

Personal Statistics: Date of Birth ____/____/____ Height __________ Weight __________ Gender ❑Male ❑Female

Contact Information: Email _______________ Telephone (____)_____-_____ Fax (____)_____-_____

Residence Address: Number & Street _______________

City _______________ State _______________ Zip Code _______________

Occupation: _______________ Employer:_______________

Business Address: Number & Street _______________

City _______________ State _______________ Zip Code _______________

Annual Income: US$ _______________ Net Worth: US$_______________

Requested Sum Insured: US$_______________

Period of Insurance: Requested Effective Date _______________ Expiry Date _______________

Beneficiary: _______________ Relationship _______________

Address: _______________

Policy Owner (If not the insured): _______________ Relationship _______________

Address: _______________

____

Benefits (Check one): ❑ 24 Hour

Coverage (Check one): ❑ Accidental Death (AD) or ❑ Accidental Death & Dismemberment (AD&D)

The following questions are to be answered by the proposed insured. If "Yes" is answered for any of the following questions please provide full details in the space below.

1. Do you have any physical defect or infirmity? ❑ Yes ❑ No
2. Is your sight or hearing defective? ❑ Yes ❑ No
3. Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for any condition related to any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? ❑ Yes ❑ No
4. Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for high blood pressure, a heart condition, rheumatic fever or diabetes? ❑ Yes ❑ No
5. Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? ❑ Yes ❑ No
6. Have you ever been declined or accepted on special terms for life, accident or illness insurance? ❑ Yes ❑ No
7. Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury? ❑ Yes ❑ No
8. Will you be travelling outside of the USA? ❑ Yes ❑ No
9. Will any of your air travel be on private or chartered aircraft? ❑ Yes ❑ No
10. Is there anything preventing you from working full-time in your occupation? ❑ Yes ❑ No

Question #	Please provide detailed information for each question answered "Yes"

DECLARATION I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health. I agree to the Underwriters obtaining medical information from any doctor who has attended me and authorize such doctor to give this information. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for recision. I understand that pre-existing conditions are not covered until a period of insurance of 12 months, treatment free, has elapsed.

Proposed Insured _______________ Signature _______________ Date_______________

Policy Owner Signature (If other than the proposed Insured) _______________ Date_______________