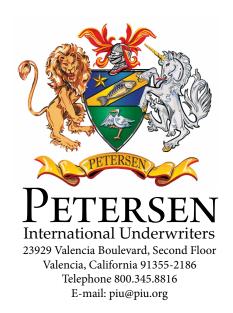
High Limit Accident Insurance

Accidental Death Insurance



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





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.



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 <u>unless</u> otherwise justified.



APPLICATION FOR HIGH LIMIT ACCIDENTAL DEATH INSURANCE

	Proposed I	nsured:	First Middle Last			
	Personal Sta	itistics:	Date of Birth/HeightWeight	Gender □Male □Female		
Со	ntact Inform	nation:	Email	Fax ()		
1	Residence A	ddress:	Number & Street			
			CityStateZip Cod	le		
	Occu	pation:	Employer:			
Business Address: Number & Street						
			CityStateZip Cod	le		
Annual Income: US\$ Net Worth: US\$						
Requested Sum Insured:		nsured:	US\$			
Period of Insurance: Request		ırance:	Requested Effective Date Expiry Date			
Beneficiary: Relationship						
Policy Owner (If not the insured): Relationship						
	A	aaress:				
Ве	enefits (Chec	ck one):	□ 24 Hour			
Cov	verage (Chec	ck one):	☐ Accidental Death (AD) or ☐ Accidental Death & Dismemberment (AD&D))		
The followin details in the	e space bel	ow.	be answered by the proposed insured. If "Yes" is answered for any of the fo any physical defect or infirmity?	llowing questions please provide full		
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				for any		
4. Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for high				•		
	5. Ha	ve you su	fered from, been diagnosed with, received treatment for, or been prescribed treatment or other spinal disorder, a hernia or any rheumatic or arthritic condition?			
			er been declined or accepted on special terms for life, accident or illness insurance?	☐ Yes ☐ No		
		,	nd to engage in hazardous sports or any other pastimes that expose you to extra persona			
			ravelling outside of the USA?	☐ Yes ☐ No		
	9. Wi	ll any of y	our air travel be on private or chartered aircraft?	☐ Yes ☐ No		
	10. Is t	here anyt	hing preventing you from working full-time in your occupation?	☐ Yes ☐ No		
Question #			Please provide detailed information for each question answered "Yes"			
good health. I that this propo	agree to the sal shall for	Underwi m the bas	above statements are true and complete, and that, apart from the matters declared above iters obtaining medical information from any doctor who has attended me and authorize is of the contract should the insurance be effected and any misstatements above may be until a period of insurance of 12 months, treatment free, has elapsed.	ze such doctor to give this information. I agree		
Proposed In	sured		Signature	Date		
Policy Owner Signature (If othe			-	Date		