

INTERNATIONAL AND SPECIAL USE TERM LIFE INSURANCE



FOR

U.S. Dollar Term Life Insurance for use when there is an international insurable interest involved.

USES

*Employees of Foreign National Firms
International Asset Protection
International Business Travel
Short Term Needs
Special Assignments*

INTERNATIONAL AND SPECIAL USE TERM LIFE INSURANCE

PROPOSAL FOR: _____

AGE: _____ SEX: _____ SMOKER: _____ DATE: _____ COUNTRY: _____

POLICY PERIOD: A) _____ B) _____ C) _____

FACE AMOUNT: A) \$ _____ B) \$ _____ C) \$ _____

ANNUAL PREMIUM: A) \$ _____ B) \$ _____ C) \$ _____

UNDERWRITING REQUIREMENTS: Application Exam Blood & Urine EKG Financial Justification
 Other _____

POLICY FEATURES

Policy Periods

International Term life Insurance is available for time periods from 1 month up to a maximum of 10 years, on a level premium basis. During the policy period requalifying is not required and the premiums are payable on an annual basis.

Issue Ages

From ages one year to seventy-five years.

How to Obtain a Rate Indication

Geographical Limitations: Most policies are written for world-wide coverage. There are certain areas in the world where restrictions or limitations may apply. It is important to obtain as much information regarding travel and place of residency as possible. Be specific on city and country.

Financial Justification: Whether the insurance is for business use or personal use, financial justification is critical to successful underwriting. Please be sure there is adequate justification for the amount to be insured.

Occupations: Before assigning a premium to a risk the determination of the insured's occupational duties and the amount of travel related to their work assists us in developing accurate rates.

Avocation: Please advise as to any hazardous sports or recreational activities in which the proposed insured may be involved.

Purpose of Coverage: Developing a clear picture as to the importance of this insurance aids the underwriters in developing the best possible rates.

*This is not intended to be a complete outline of coverage.
Actual wording may change without notice.*



International Term Life Insurance Application

NO insurance is in force until this application has been accepted and approved by underwriters and the first premium has been paid. Before any question is answered, please read carefully the declaration at the end of this application form, which must be signed and dated. Please ensure that all questions are answered fully and correctly by the person to be insured. Any question left unanswered will delay the assessment of the application for insurance.

Personal Information

Proposed Insured: First _____ Middle _____ Last _____
 Date of Birth: ____ / ____ / ____ Sex: Male Female Height: _____ Weight: _____
 Citizenship: _____ Place of Birth: _____ Nationality: _____
 Marital Status: _____ Number of Dependents: _____
 SS# or Passport#: _____ Country Issued: _____
 E-mail: _____ Telephone (____) _____ - _____ Fax (____) _____ - _____
 Address: Number & Street _____
 City _____ State _____ Zip Code _____ Country _____
 Employer: Name _____ Number & Street _____
 City _____ State _____ Zip Code _____ Country _____

Requested Term: Years _____ Requested Sum Insured: \$ _____
 Beneficiary: _____ Relationship: _____
 Contingent Beneficiary: _____ Relationship: _____

Policy Owner: First _____ Middle _____ Last _____
 Address: Number & Street _____
 City _____ State _____ Zip Code _____ Country _____
 Insurable Interest: _____

Occupation Information

Occupation: _____ Annual Income From Occupation: _____
 Net Worth: _____ Any Other Income and Source: _____

Do your occupational duties involve any of the following: (if yes please provide details)

- | | |
|--|--|
| 1. Working at heights? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Working offshore? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Diving or fishing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Military involvement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Any aviation exposure other than on regularly scheduled airlines? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Mining or working underground? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. The use of special safety precautions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Any activity that might be considered hazardous? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Questions # _____
 Questions # _____
 Questions # _____

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- | | |
|---|--|
| 36. Has your weight changed within the last 12 months? | <input type="checkbox"/> None <input type="checkbox"/> Gain <input type="checkbox"/> Loss • Amount _____ |
| 37. Have you used any tobacco within the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. How much alcohol do you consume per week? | <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10 <input type="checkbox"/> 11+ |
| 39. Have you ever been medically advised to reduce your alcohol consumption? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 40. Have you ever used drugs on a recreational basis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41. Have you consulted any doctor, hospital, or clinic within the last 5 years, other than for clearly minor conditions such as colds, flu, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 42. Are you taking any medicine or drugs whether or not prescribed by a physician or receiving any treatments of any kind? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 43. Have any of your parents or any brothers or sisters died from or suffered from heart disease, stroke, diabetes, cancer or a nervous disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 44. Has any application for insurance on your life or health been declined, withdrawn by yourself or accepted with special terms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 45. To the best of your knowledge and belief, are you in good health and free from any mental or physical impairment, except as previously described? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46. Have you or any business owned in whole or in part by you ever been in Bankruptcy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 47. Do you engage in any hazardous sports or pastimes such as a private aviation, motor sports, diving, skiing or boarding, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 48. Do you anticipate travel outside your normal country of residence, Western Europe, North America or Australia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Details: _____

Important Notes – Please note that your answers to the questions on this application form will be used to assess the ability for us to offer you insurance. All material facts must be disclosed since part or all of the benefit that this insurance is to provide might be forfeited if relevant information were to be withheld. A material fact is one that is likely to influence the assessment and acceptance of this application. If you are unsure whether a particular fact is material you should disclose it. **Insurance coverage will not start until we have accepted your application and the first premium has been paid.** If you have a birthday while your application is being underwritten, the terms may differ from those originally quoted. We may ask you to contact your doctor to speed up the completion of reports that we may have requested. Both Petersen International Underwriters and our Life Underwriters have Confidentiality Policies in place. If you require a copy of such please contact our office.

Declarations – It is understood and agreed that all the answers to the above questions, to the best of my knowledge and belief, are true and complete; that all answers to the above questions, together with this application shall form the basis of the issuance of any coverage hereunder; that in the event of any fraud, misstatement, concealment or failure to disclose information in response to any question on this application, whether intentional or inadvertent, any insurance coverage issued based upon this application may become void in part or in whole with benefits not being payable; and the insurance hereunder applied for shall take effect on the date set forth on the certificate of insurance, if issued, provided the first premium and all requirements are received within 31 days of the effective date and there have been no changes to any questions on this application between the date of the application and the effective date of the certificate.

I have read the application, Important Notes and Declarations.

Signature of life to be insured: _____ Date: _____
 Signature of Policy Owner: _____ Date: _____



PETERSEN INTERNATIONAL UNDERWRITERS
23929 Valencia Boulevard, Second Floor, Valencia, California 91355
(661) 254-0006 (800) 345-8816 Facsimile (661) 254-0604
Website: <http://www.piu.org> E-Mail: piu@piu.org

AUTHORIZATION TO RELEASE HEALTH RELATED INFORMATION
This Authorization complies with the HIPAA Privacy Rule

Name of Proposed Insured _____ Date of Birth _____

I authorize all Healthcare Providers that have been involved in my care, diagnosis or treatment including, but not limited to Physicians, Medical Practitioners, Hospitals, Clinics, Medically related facilities, Rehabilitation facilities, Laboratories, Pharmacy, Insurance or Reinsurance Company, Consumer Reporting Agency, to disclose my medical records to Petersen International Underwriter, or its assigned authorized agents/representative including, but not limited to: Secure Image Solutions, for the purpose of insurance underwriting or claims administration.

For purposes of this authorization, medical records shall include all health information pertaining to any medical history or physical condition and treatment received including, but not be limited to patient histories, progress notes, test results, X-ray/laboratory and other reports, psychiatric evaluations, drug and/or Alcohol Treatment, information and/or HIV Tests/Test Results, and any other pertinent medical information.

I understand and agree that Petersen International Underwriters may disclose my medical records and the information contained in those records to third parties such as insurance companies or insurance underwriters, attorneys, or to representatives of such third parties (including reinsurers and information agencies) for the purpose as stated in the above. I also understand that when my medical records are disclosed pursuant to this Authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by Federal Privacy Laws.

I understand that I may refuse to sign this authorization and that such refusal to sign will not be a condition to affect the ability of the Applicant to obtain treatment. I understand that I may revoke this Authorization, except to the extent that any health care provider or Petersen International Underwriters, has acted in reliance upon this Authorization. My revocation of this Authorization must be in writing to:

Petersen International Underwriters
23929 Valencia Boulevard, Suite 215
Valencia, California 91355

A copy of this signed Authorization is valid as the original. I have the right to a copy of this Authorization. This Authorization will expire 2 years after the date the Authorization.

Signature of Proposed Insured/Patient

Date

*Signature of Legal Representative (if other than Proposed Insured/Patient)

Date

Printed Name and Relationship

**If the individual whose information is being disclosed is a minor, a parent or legal guardian must sign.*

Petersen International Underwriters Privacy Policy Statement

Petersen International Underwriters

Petersen International Underwriters want you to understand how we protect the confidentiality of non-public personal information we collected about you.

Information We Collect

We collect non-public information about you from numerous sources including, but not limited to:

- a) Information we receive from you on applications and other forms;
- b) Information about your transactions with our affiliates, others or us;
- c) Information we receive from consumer-reporting agencies; and
- d) Financial and medical sources.

Information We Disclose

We do not disclose any non-public information about you to anyone except as is necessary in order to provide our products or services to you or otherwise as we are required or permitted by law (e.g. subpoena, fraud investigation, regulatory reporting, etc.).

Right to access or correct your personal information

You have a right to request access to or correction of your personal information in our possession.

Confidentiality and Security

We restrict access to non-public personal information about you to our employees, our affiliates' employees or others who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

Contacting Us

If you have any further questions about this privacy statement or would like to learn more about how we protect your privacy, please contact the insurance producer who handled this case, or our offices at: 23929 Valencia Boulevard, Suite 215, Valencia, California 91355, (800)345-8816, e-mail: piu@piu.org