



PILOT'S DISABILITY INSURANCE

PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Coverholder

Producer #: _____ PART I.

PERSONAL INFORMATION

Applicant's Name: First _____ Middle _____ Last _____
 Place of Birth: _____ Date of Birth: _____ Height: _____ Weight: _____
 Residence Address: _____
 City _____ State _____ Zip Code _____
 Telephone: _____ Fax _____ Email _____
 Policy Owner: _____ Loss Payee: _____
 Employer: _____
 Flying Occupation: _____ Non- Flying Occupation _____
 Salary/Earned Income: Annual Flying Income _____ Annual Non-Flying Income _____
 Payment Mode: Multi-Year Prepay Annual Semi-Annual Quarterly Monthly (EFT/CC)

FLYING INFORMATION

Flight Categories: Corporate Pilot Commercial Airline Pilot Cargo Pilot Firefighter Pilot
 Aerial Applicator Powerline Inspection Test Pilot Other: _____
 Aircraft Categories: Fixed Wing Helicopter
 Current Licenses: Flight Instructor Commercial Instrument Flight Rating
 Rotorcraft Multi-Engine Airline Transport Rating

INSURANCE & MEDICAL INFORMATION

1. Date of Last FAA Medical Exam: _____
2. Results of Last FAA Medical Exam: _____
3. Any Medical Restrictions?: Yes No _____
4. Date of Last Biennial Flight Review: _____
5. Any License Restrictions?: Yes No _____
6. Monthly Benefit Amount: \$ _____
7. Elimination Period: 30 60 90 180 365 Days
8. Benefit Period: 12 24 36 48 60 Months
9. Optional Coverage: Residual COLA
10. Are you covered under a state disability program? Yes No
11. Is this application for replacement of existing insurance? Yes No
If yes please provide details: _____
12. Have you ever engaged in hazardous sports or hobbies such as parachuting, auto or motorcycle racing? Yes No
If yes please provide details: _____
13. Have you ever had your driver's license suspended or revoked during the past three years? Yes No
If yes please provide details: _____
14. Are you entitled to benefits under any accident or sickness insurance arranged by you or your employer including loss of license, permanent health or aircrew disability insurances? Yes No
If yes please provide details: _____

IT IS UNDERSTOOD AND AGREED

That all answers to the above questions, to the best of my knowledge and belief, are complete and true. That all answers to the above questions, together with the application, shall form the basis of the insurance of any coverage hereunder. That in the event of any fraud, misstatement, concealment, or failure to disclose information in response to any question on both sides of the application, whether intentional or inadvertent, any insurance coverage issued based upon this application may become void, and no benefits shall be payable. The insurance hereunder applied for shall take effect in the dates set forth on the certificate, 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 application and the effective date of the certificate.

Signature of Applicant Date: _____

Signature of Policy Owner - (if not Applicant) Date: _____

