

CONFIDENTIAL ASSET PROTECTION

“Providing Unique
Insurance Solutions”

USES

- Bank Loans
- Venture Capital
- Business Managers/Agents
- Movie Productions



PETERSEN

International Underwriters

Lloyd's Coverholder

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CONFIDENTIAL ASSEST PROTECTION



The Confidential Asset Protection Insurance plan was developed to provide contingent insurance benefits to individuals who are not able to get a traditional policy on the insured. This unique plan will allow the policy owner to purchase a policy on the insured person without their knowledge. Since the insured person must not know that the insurance has been issued on them they are not required to do a medical examination.

KEY POINTS

In order for a policy to be issued the policy owner must provide a clear justification for the coverage which normally means they need to have a written agreement between the two parties. Since the insurance is linked to a written agreement, underwriters require an annual review of the financial agreement. Since the coverage needs to be reviewed annually the cover is written for a one year term and the coverage must be renewed annually.

The most important aspect of this policy is that the coverage must be issued without the knowledge of the insured.

Top Coverage Needs:

- | | | |
|--------------------|-----------------------|-------------------------|
| 1. Venture Capital | 4. Buy/Sell Agreement | 7. Business Agent |
| 2. Bank Loan | 5. Key Person | 8. Outstanding Invoices |
| 3. Personal Loan | 6. Movie Production | |

FREQUENTLY ASKED QUESTIONS

Question #1: Are there minimums or maximums that I can purchase on the insured?

Answer #1: Benefits can range from \$100,000 to \$20,000,000 or more.

Question #2: Can I purchase coverage on my spouse?

Answer #2: No, the moral risk of insuring a spouse is too high. We are able to insure an ex-spouse to cover any alimony or child support payments.

Question #3: How long does underwriting take?

Answer #3: Underwriting normally takes 2-3 days.

Question #4: Can I purchase coverage on anyone?

Answer #4: No, the coverage can only be purchased where there is clear financial justification such as a contract.

Producer #: _____

CONFIDENTIAL ASSET PROTECTION APPLICATION FORM

Policy Owner/Beneficiary: _____

Address Policy Owner: _____

PERSONAL INFORMATION

Name of Insured Person: _____

Date of Birth: ____/____/____

Requested Benefit Amount: \$ _____

Occupation Including Duties: _____

Period of Insurance: _____

INSURABILITY

Please answer the following questions about the insured to the best of your knowledge and provide details.

1. Is the proposed insured currently or planning to participate in any hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the proposed insured planning to undertake any foreign travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the proposed insured have any medical condition that would affect this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you own any other Life Insurance policies on the life of the Insured Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any other factors affecting this insurance of which you are aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Justification of the sum insured: _____ _____	

Details to the answers above: _____

DECLARATION

(The Applicant must read this before signing)

You should be aware that the policy wording contains exclusions in coverage in respect of AIDS, HIV, suicide, alcohol and drugs. To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance. (A material fact is one likely to influence acceptance or assessment of this application by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this application does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application and the statements made in it and the information provided in connection with it will be relied on by the underwriters in deciding whether to accept this insurance.

Policy Owner's Name: _____ Signature _____ Date _____

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed application will be available on request provided the insurance is effected. You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

EXCLUSIONS

This insurance does not cover claims directly or indirectly contributed to or caused by:

1. The insured person abusing or having abused, or being under the influence of, alcohol, drugs or controlled substances, other than drugs legally and appropriately prescribed by a qualified medical practitioner.
2. Suicide or intentional self-injury while sane or insane, or the voluntary disappearance of the insured person.
3. Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually transmitted disease.
4. By radioactive contamination or exposure to radiation.
5. By war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.



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