

Pilot Disability Insurance

A Disability Financial Planning Tool

INCOME PROTECTION
INCLUDING LOSS OF
MEDICAL CERTIFICATE
FOR:

- Commercial Pilots
- Corporate Pilots
- Cargo Pilots
- Aerial Applicators
- Agricultural Pilots
- Firefighter Pilots
- Air Show Pilots
- Test Pilots
- Air Ambulance Pilots



PETERSEN
International Underwriters
Lloyd's Coverholder

DISABILITY Insurance FOR PEOPLE WHO FLY FOR A LIVING

Income Protection Including Loss of Medical Certificate

Corporate and commercial pilots have always had a tough time securing proper disability insurance. In the past, the majority of disability insurance companies have told pilots that they are “uninsurable” because there are too many factors that could cause them to lose their medical certificate. Due to strict FAA medical qualifications, many health issues that would allow employees in the traditional workplace to continue working would cost a pilot his or her ability to fly for a living.

Take The Case Of...

California is ablaze annually with numerous major wildfires. The television news can look like an adventure movie: tanker planes and water dropping helicopters swooping across the TV screen making daring water drops. Brave and heroic men and women are risking personal injury and possible loss of life in fighting the raging fires. This is not an adventure movie, it is real.

Fortunately for the pilots and crew members, observant and caring Insurance Brokers have tended to their needs with the Pilot's Disability Insurance plan offered by Petersen International Underwriters.



While traditional disability insurance carriers have effectively turned their backs on this occupation, Petersen International Underwriters has designed a disability insurance plan that will cover pilots if they lose their medical certificate and are no longer able to fly.



In addition to corporate pilots, coverage is also available for helicopter pilots, charter operators, fire fighting pilots, commercial pilots, agricultural aviators, stunt pilots and test pilots. The Pilot Disability Plan is available on an individual basis as well as on a guaranteed issue basis for groups.

Pilot Disability



WHY PURCHASE DISABILITY INSURANCE?

A disability insurance policy is one of the most crucial parts of a sound financial plan. A sufficient DI plan makes it possible for a disabled pilot to pay his or her mortgage and utilities bills, buy clothing and cover school costs for his or her children, as well as put food on the table every day. Cash flow is critical when you're unable to work for an extended period of time; Petersen International Underwriters' Pilot Disability Insurance Plan will allow grounded pilots to maintain their standards of living.

- Pilot Disability Insurance provides exceptional benefits at affordable rates
- Provides monthly payments to keep your world intact until your medical certificate is reinstated
- Monthly benefit amounts from \$500 to \$25,000 per month
- Monthly Benefit Periods of 12, 24, 36, 48, and 60 months
- Elimination Periods of 30, 60, 90, 180 days or longer
- True Own Occupation Total Disability definition

Optional Riders Available

- Residual Disability Rider Benefit
- Optional Cost of Living Adjustment (COLA)

Special Features Also Included

- Recurrent Disability
- Presumptive Disability
- Transplant Benefits
- Waiver of Premium
- Survivorship Benefits
- Rehabilitation Benefits





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: Flying Occupation _____ Non-Flying Occupation _____
 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

- Date of Last FAA Medical Exam: _____
- Results of Last FAA Medical Exam: _____
- Any Medical Restrictions?: Yes No _____
- Date of Last Biennial Flight Review: _____
- Any License Restrictions?: Yes No _____
- Monthly Benefit Amount: \$ _____
- Elimination Period: 30 60 90 180 365 Days
- Benefit Period: 12 24 36 48 60 Months
- Optional Coverage: Residual COLA
- Are you covered under a state disability program? Yes No
- Is this application for replacement of existing insurance? Yes No
If yes please provide details: _____
- Have you ever engaged in hazardous sports or hobbies such as parachuting, auto or motorcycle racing? Yes No
If yes please provide details: _____
- Have you ever had your driver's license suspended or revoked during the past three years? Yes No
If yes please provide details: _____
- 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 date 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: _____



PILOT'S DISABILITY INSURANCE

PETERSEN INTERNATIONAL UNDERWRITERS

PART II.

*If "Yes" is answered for any of the following questions please provide full details in the space below.
If there is not sufficient space, please attach your answers on a separate sheet.*

	Question #	Details
15. Have you had investigated, diagnosed or been treated for:		
a. any psychiatric or nervous disorder (including migraine), epilepsy or any other form of convulsions or any loss of consciousness? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
b. any heart, blood pressure, circulatory or respiratory disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
c. any condition involving eyes, nose, throat? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
d. any condition involving the gastrointestinal tract and/or the genitourinary tract? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
e. any disorder of the blood or lymphatic systems? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
f. any condition affecting the bones and / or joints (including spinal conditions)? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
g. any disorders of the skin? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
h. diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
16. After or during a medical examination:		
a. Have you ever been required to take an additional test? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
b. Have you ever been referred to a specialist for an examination? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
c. Have you ever had the issue or renewal of your medical certificate deferred? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
d. Have you ever had to return for examination at less than the normal interval time? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
e. Have you ever been ordered to take drugs or follow any specific diet? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
17. Has any insurance company or underwriter:		
a. declined or deferred an application from you? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
b. charged or quoted more than standard rates? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
c. cancelled or declined to renew your insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
18. Are you aware of any deterioration in your general health, hearing, eyesight or blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
19. Have you ever been grounded or had your license invalidated for medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
20. Has any limitations ever been endorsed on your license? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
21. Are you taking medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
22. Please give the date of your last Electrocardiograph exam approved by the license issuing authority: _____		_____
_____		_____
23. To the best of your knowledge and belief, are you in good health and free from any mental or physical impairment, except as described in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, 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 date 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: _____