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: *(if other than the Insured)* 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? ❑ Yes ❑ No
2. Working offshore? ❑ Yes ❑ No
3. Diving or fishing? ❑ Yes ❑ No
4. Military involvement? ❑ Yes ❑ No
5. Any aviation exposure other than on regularly scheduled airlines? ❑ Yes ❑ No
6. Mining or working underground? ❑ Yes ❑ No
7. The use of special safety precautions? ❑ Yes ❑ No
8. Any activity that might be considered hazardous? ❑ Yes ❑ No

Questions # _____ _____

Questions # _____ _____

Questions # _____ _____

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Premium Frequency Requested: ❑ Annual ❑ Semi annual ❑ Quarterly
Requested Effective Date: _____
Reasons for this insurance: _____
Is replacement of any insurance involved with this transaction: ❑ Yes ❑ No If Yes please provide details _____
_____
Do you have any other life insurance in force or intending to be put into force: ❑ Yes ❑ No

Insurer	Approximate Date of Issue	Life Insurance Sum Insured

Medical History

Primary Care Physician: Name _____
Date & Reason Last Seen: Address _____
Reason Seen _____ Date _____ Results _____

Have you ever suffered from or been diagnosed with:

9. Cyst? ❑ Yes ❑ No
10. Gout? ❑ Yes ❑ No
11. Lump? ❑ Yes ❑ No
12. Stroke? ❑ Yes ❑ No
13. Cancer? ❑ Yes ❑ No
14. Arthritis? ❑ Yes ❑ No
15. Diabetes? ❑ Yes ❑ No
16. Epilepsy? ❑ Yes ❑ No
17. Chest pain? ❑ Yes ❑ No
18. HIV / AIDS? ❑ Yes ❑ No
19. Heart disease? ❑ Yes ❑ No
20. Any operation? ❑ Yes ❑ No
21. Liver problems? ❑ Yes ❑ No
22. Hepatitis B or C? ❑ Yes ❑ No
23. Kidney problems? ❑ Yes ❑ No
24. Prostate problems? ❑ Yes ❑ No
25. Rheumatic fever? ❑ Yes ❑ No
26. Bladder problems? ❑ Yes ❑ No
27. High Blood Pressure? ❑ Yes ❑ No
28. Any disorder of the blood? ❑ Yes ❑ No
29. Any Chest or Lung disorder? ❑ Yes ❑ No
30. Sexually transmitted disease? ❑ Yes ❑ No
31. X-Ray, MRI or other special tests? ❑ Yes ❑ No
32. Any Stomach or Bowel complaints? ❑ Yes ❑ No
33. Disorder of the brain or spinal cord? ❑ Yes ❑ No
34. Anxiety, Depression, or other Mental or Nervous disorder? ❑ Yes ❑ No
35. Dizziness, convulsions, neurological disorder? ❑ Yes ❑ No

Questions # _____ _____
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Questions # _____ _____

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36. Has your weight changed within the last 12 months? ❑ None ❑ Gain ❑ Loss • Amount _____
37. Have you used any tobacco within the last 12 months? ❑ Yes ❑ No
38. How much alcohol do you consume per week? ❑ None ❑ 1-2 ❑ 3-4 ❑ 5-6 ❑ 7-8 ❑ 9-10 ❑ 11+
39. Have you ever been medically advised to reduce your alcohol consumption? ❑ Yes ❑ No
40. Have you ever used drugs on a recreational basis? ❑ Yes ❑ 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.? ❑ Yes ❑ No
42. Are you taking any medicine or drugs whether or not prescribed by a physician or receiving any treatments of any kind? ❑ Yes ❑ 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? ❑ Yes ❑ No
44. Has any application for insurance on your life or health been declined, withdrawn by yourself or accepted with special terms? ❑ Yes ❑ 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? ❑ Yes ❑ No
46. Do you engage in any hazardous sports or pastimes such as a private aviation, motor sports, diving, skiing or boarding, etc.? ❑ Yes ❑ No
47. Where outside the United States are you residing? _____
48. Do you anticipate travel outside your normal country of residence, Western Europe, North America or Australia? ❑ Yes ❑ 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: _____

Name of the Policy Owner: _____
(if other than the Insured)

Signature of Policy Owner: _____ Date: _____
(if other than the Insured)

Relationship of Policy Owner to the Insured: _____