



**PETERSEN**  
INTERNATIONAL UNDERWRITERS  
Producer #: \_\_\_\_\_

## APPLICATION FOR HIGH LIMIT ACCIDENTAL DEATH INSURANCE

Proposed Insured: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Personal Statistics: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender ☐ Male ☐ Female

Contact Information: Email \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Residence Address: Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Annual Income: US\$ \_\_\_\_\_ Occupation \_\_\_\_\_

Requested Sum Insured: US\$ \_\_\_\_\_ (Not to exceed 10 times annual income or satisfactory justification must be submitted)

Period of Insurance: Requested Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Policy Owner (If not the insured): \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Benefits (Check one): ☐ 24 Hour

Coverage (Check one): ☐ Accidental Death (AD) or ☐ Accidental Death & Dismemberment (AD&D) or ☐ Accidental Death, Dismemberment & Accidental Permanent Total Disability (AD&D & APTD)

***If "Yes" is answered for any of the following questions please provide full details in the space below.***

1. Have you any physical defect or infirmity? ☐ Yes ☐ No
2. Is your sight or hearing defective? ☐ Yes ☐ No
3. Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? ☐ Yes ☐ No
4. Have you ever suffered from high blood pressure, a heart condition, rheumatic fever or diabetes? ☐ Yes ☐ No
5. Have you ever suffered from a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? ☐ Yes ☐ No
6. Have you ever been declined or accepted on special terms for life, accident or illness insurance? ☐ Yes ☐ No
7. Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury? ☐ Yes ☐ No
8. Will you be travelling outside of the USA? ☐ Yes ☐ No
9. Will any of your air travel be on private or chartered aircraft? ☐ Yes ☐ No

Question #	Please provide detailed information for each question answered "Yes"

### DECLARATION

I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health. I agree to the Underwriters obtaining medical information from any doctor who has attended me and authorize such doctor to give this information. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission. I understand that pre-existing conditions are not covered until a period of insurance of 12 months, treatment free, has elapsed.

Proposed Insured \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Policy Owner Signature (If other than the proposed Insured) \_\_\_\_\_ Date \_\_\_\_\_

High Limit Accident - 07/15/2015