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 _____

Occupation: _____ Employer:_____

Business Address: Number & Street _____

City _____ State_____ Zip Code _____

Annual Income: US$ _____ Net Worth: US$_____

Requested Sum Insured: US$_____

Period of Insurance: Requested Effective Date _____ Expiry Date _____

Beneficiary: _____ Relationship _____

Address: _____

Policy Owner (If not the insured): _____ Relationship _____

Address: _____

_____

Benefits (Check one): ❑ **24 Hour**

Coverage (Check one): ❑ **Accidental Death (AD)** **or** ❑ **Accidental Death & Dismemberment (AD&D)**

The following questions are to be answered by the proposed insured. If "Yes" is answered for any of the following questions please provide full details in the space below.

1.	Do you have any physical defect or infirmity?	❑ Yes ❑ No
2.	Is your sight or hearing defective?	❑ Yes ❑ No
3.	Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for any condition related to any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind?	❑ Yes ❑ No
4.	Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for high blood pressure, a heart condition, stroke, rheumatic fever or diabetes?	❑ Yes ❑ No
5.	Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for 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 non-commercial, chartered, private or military aircraft?	❑ Yes ❑ No
10.	Is there anything preventing you from working full-time in your occupation?	❑ Yes ❑ No

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

IT IS UNDERSTOOD AND AGREED: 1) That all answers to the questions on this application, to the best of my knowledge and belief, are complete and true, 2) That all answers on this application shall form the basis of the issuance of any coverage hereunder, 3) That in the event that You, the Loss Payee, the Owner or any person on Your behalf commits fraud, a misstatement or concealment either in the application or by any other statement, this Certificate may become void and no benefits will be payable, 4) That except as amended by the answers to the above questions, any answer shown on any prior application for this coverage signed and dated by me are expressly reaffirmed, 5) I have read or had read to me and understand each of the questions and statements on this entire application, and 6) No one has prevented me from spending as much time as I felt was necessary to understand this application.

Proposed Insured _____Signature _____Date_____

Policy Owner Signature (If other than the proposed Insured) _____Date_____