PETERSEN®
INTERNATIONAL UNDERWRITERS
23929 Valencia Boulevard, Second Floor, Valencia, CA 91355
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Simplified Underwriting Application

Insured: _____ Date of Birth: _____ Gender: _____
Employer's Name: _____
Occupation/Specialty: _____ Loss Payee: _____
Policy Owner Name: _____
Policy Owner Address: _____
Billing Address: _____ Attention: _____
Email Address: _____ Phone Number: _____

1. What was your gross earned income less business expenses, but before taxes from your profession? US$ _____
2. What was "other income" last year? *(dividends, interest, rents, royalties, estates and trusts, etc. - circle items)* US$ _____
3. What was contributed to IRA, HR10, qualified pension or profit-sharing plan? *(Is this included in Question #1?)* US$ _____

4. Have you been approved for a fully underwritten non-cancellable disability policy within the last 90 days? If "Yes" please include a copy of the declaration page. ☐ Yes ☐ No
5. Have you ever had life, health, or accident insurance declined, postponed, cancelled, rated, or modified, or renewal or reinstatement of such insurance refused? If "Yes" please provide details below. ☐ Yes ☐ No

_____

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6. Please list all disability insurance (including group, individual, and salary continuation plans) you have in force, are applying for, or are reinstating.

Monthly Benefit	Issue Date	Insurer

7. Requested Benefits

Monthly Benefit requested: US$_____
Elimination Period requested: ☐ 90 Days ☐ 180 Days
Benefit Period requested: ☐ 24 Months ☐ 60 Months ☐ 120 Months
Optional Riders: ☐ Residual ☐ COLA
Lump Sum Benefit *(if applicable)* US$_____

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 such questions, together with this agreement and any prior underwriting information, shall form the basis of the issuance of any coverage hereunder; 3. 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, and no benefits shall 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.

_____ _____ _____ _____
Signature of Insured Date Signature of Policy Owner (if not Insured) Date