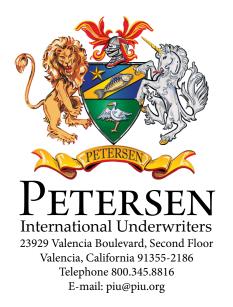
High Limit Accident Insurance

Accidental Death Insurance



- Personal & Group Coverage
- War/Terrorism Coverage
- Hazardous Activities
- Medically Substandard Risks





ACCIDENTAL DEATH & DISMEMBERMENT

Many people do not realize the vast scope of coverage that an Accidental Death and Dismemberment (AD&D) policy can provide. An AD&D policy can provide a benefit in the event of death or dismemberment caused by extreme sports, firearms, fires, plane crashes including private piloting, traffic accidents, and more.

BENEFIT SCHEDULE									
Accidental Death		100% of the Benefit							
Accidental Dismemberment									
Loss of or loss of use of two or more members		100% of the Benefit							
Loss of sight of both eyes		100% of the Benefit							
Loss of or loss of use of one member		50% of the Benefit							
Loss of hearing of both ears		50% of the Benefit							
Loss of speech		50% of the Benefit							
Loss of sight of one eye		50% of the Benefit							

COVERAGE OPTIONS

- **24-Hour Coverage** includes any accidental bodily injury, including air travel and common carrier coverage.
- **Common Carrier Coverage** includes any form of conveyance that is certified as a common carrier of passengers, including Air Travel.
- Air Travel Only Coverage includes traveling as a passenger on a Certified Passenger
 Aircraft provided by a commercial airline on a regularly scheduled or non-scheduled,
 special or chartered flight and operated by a properly certified pilot.

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SPECIAL FEATURES

- Benefits are payable in addition to any other plan.
- Benefits are payable for loss caused by exposure to the weather or in a conveyance that
 results in disappearance or sinking and the body is not found within 365 days of the
 accident.
- Benefits will be paid on the basis of presumption of death.
- Benefits paid in a single lump sum.
- Covers accidental bodily injury sustained while the Certificate is in force and which results in loss within 365 days of the date of the accident.
- Includes losses resulting from war or acts of war and/or terrorism (not including losses from nuclear, biological, or chemical weapons).

BENEFIT OPTIONS

- Accidental Death pays the principal sum benefit to the designated beneficiary in the
 event of death due to accidental bodily injury, or exposure to weather as a result of an
 accident or disappearance or the sinking of a conveyance on which the insured was a
 passenger and the body is not found within 365 days of the accident.
- **Dismemberment** includes the loss of use of both hands or feet, or one hand and one foot, or the loss of sight of both eyes. The principal sum benefit is paid for these losses. One half the principal sum amount will be paid in the event of the loss of sight of one eye, the loss of use of one hand or one foot, the hearing of both ears or the ability to speak.

UNDERWRITING REQUIREMENTS

- 1. NO medical examinations required.
- 2. Application can be sent by fax or email.
- 3. Underwriting time is one to four working days.
- 4. Benefits may not exceed ten times the annual income <u>unless</u> otherwise justified.

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APPLICATION FOR HIGH LIMIT ACCIDENTAL DEATH INSURANCE

	Propos	ed Insured:	First		Middle		Last		
									_ Gender □Male □Female
					_		-		- ()
			Number & Street _						
1	Residen	ice Address.							
	(Occupation:	Employer:						
Business Address:			Number & Street _						
			City		State		Zip Code		
Annual Income: US\$Net Worth: US\$									
Requ	ested Su	ım Insured:	US\$						
P	eriod of	f Insurance:	Requested Effective	Date		Expiry Date			
-									
		Address:							
Policy Owner (If not tl	he insured):				_ Relationship			
		Address:							
	,		☐ 24 Hour						
	-		☐ Accidental Death	, ,					
The followin details in th	~ -		be answered by the	? proposed i	insured. If "Yes"	is answered for a	iny of the followin	ig questio	ns please provide full
	1.	Do you hav	e any physical defect o	r infirmity?					☐ Yes ☐ No
2. Is your sight or hearing defective?						☐ Yes ☐ No			
	3.		you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for any tion related to any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind?						
	4.		u suffered from, been diagnosed with, received treatment for, or been prescribed treatment for high ressure, a heart condition, rheumatic fever or diabetes?						
	5.		uffered from, been diagnosed with, received treatment for, or been prescribed treatment for a						
	6.		isc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? ever been declined or accepted on special terms for life, accident or illness insurance?						☐ Yes ☐ No ☐ Yes ☐ No
	7.	,		1 1	ŕ			y?	☐ Yes ☐ No
	8.	Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury? Will you be travelling outside of the USA?						,	☐ Yes ☐ No
	9.								☐ Yes ☐ No
	10.	Is there any	thing preventing you f	rom working	full-time in your oc	ccupation?			☐ Yes ☐ No
Question #			Pl	lease provide	detailed informati	on for each questi	on answered "Yes"		
good health. I that this propo	agree to sal shal	the Underw I form the ba	riters obtaining medic	al information uld the insurar	n from any doctor wance be effected and	ho has attended me any misstatements	and authorize such	doctor to g	ealth and ordinarily enjoy give this information. I agree sion. I understand that pre-
Proposed Insured			Signature			Dat	.e		

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