



PETERSEN[®]

INTERNATIONAL UNDERWRITERS

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Simplified Underwriting Application

Insured's Name: First _____ M.I. _____ Last _____ Designation: _____
 Date of Birth: ____/____/____ Height: _____ Weight: _____ Sex: Male Female
 Employer's Name: _____
 Occupation/Specialty: _____ Loss Payee: _____
 Policy Owner's Name: _____
 Policy Owner's 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

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 _____