Key Person Failure to Survive

"Providing Unique Solutions For The Corporate World"

FOR

- Key Employees
- Most Third Party Contracts

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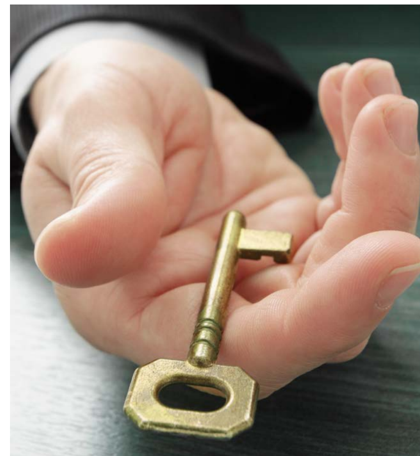
Key Person Failure to Survive

The underwriters will pay the amount shown in the schedule for the direct financial loss suffered by the assured resulting from non-performance of the insured contract due solely to the death or disappearance of the insured person during the period of insurance.



In the event that the insured contract is terminated, this insurance shall automatically and immediately come to an end simultaneously with the effective date of termination of the insured contract, without further notice.

Policy & Underwriting Information

- The term of insurance up to 60 months
- Renewals are considered if continued coverage is needed
- No medical exams or medical records are required for application

Coverage would be appropriate for clients when...

- Coverage is needed quickly
- Completing a medical exam would be an issue
- Proposed insured is temporarily out of the U.S.A.
- Coverage is needed for a short period of time
- Health issues are a concern
- Issue limits are a problem

This is not intended to be a complete outline of coverage. Actual wording may change without notice. Underwriters reserve the right to modify terms and benefits at time of underwriting.

Exclusions

1. Infectious or Contagious Disease during a Public Health Emergency of International Concern as declared by the World Health Organization.
2. Suicide, intentional self-injury or the voluntary disappearance of the insured person.
3. Active participation in terrorism or war.
4. Nuclear, biological or chemical exposure as a result of terrorism or war.
5. While committing or attempting to commit a felony.
6. Any emotional or psychiatric problems, including but not limited to neurotic disorders such as anxiety, phobias, depressions, dissociative disorders and obsessive compulsive disorders; psychotic disorders such as schizophrenia, paranoid psychosis and affective disorders; and personality disorders such as sociopathic personality.
7. Taking of illegal drugs, or addiction or misuse of prescription or non-prescription drugs.
8. Alcohol abuse or addiction, being under the influence of alcohol, as defined by the vehicle code of the state or province in which the offense has occurred.
9. Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually transmitted disease.

Underwriting Guidelines

Notice must be given to the Insurer as soon as reasonably possible of anything which results or may result in a claim under this Insurance. The Insured must keep all records so that the amount of any claim can be determined. All such records must be available for inspection by the Insurer in the event of a claim.

This is not intended to be a complete outline of coverage. Actual wording may change without notice. Underwriters reserve the right to modify terms and benefits at time of underwriting.

Producer #:________________

KEY PERSON FAILURE TO SURVIVE APPLICATION FORM

Policy Owner/Beneficiary (Company): ____________________

Phone Number: ____________________ Email: ____________________

Address of Policy Owner: ____________________

____

Type of Business: ____________________ # of Employees: __________

Requested Benefit Amount: $____________________ Disability Rider: ❑ **Yes** ❑ **No**

Proposed Insured Person Insurability

This section must be completed by the proposed insured person.

Name of Insured Person: ____________________

Date of Birth: _____/_____/__________ Height: ____________ Weight: ____________

Occupation: ____________________ Daily Duties: ____________________

Duration Working at the Firm: ____________________ Period of Insurance: ____________________

If "Yes" is answered for any of the following questions, please provide full details in the space below. If there is not sufficient space, please attach your answers on a separate sheet.

1. Do you have any physical health problems or suffer from, been diagnosed with, received treatment for, or been prescribed treatment for any condition related to, or from a sickness of any kind? ❑ **Yes** ❑ **No**
2. Have you ever been diagnosed with a heart condition, high blood pressure, diabetes or cancer? ❑ **Yes** ❑ **No**
3. Have you at any time been physically or mentally unable to work during the last 12 months? ❑ **Yes** ❑ **No**
4. Have you ever been declined, postponed, or accepted on special terms for life, accident or illness insurance? ❑ **Yes** ❑ **No**
5. Do you intend to engage in hazardous sports or any activities that expose you to personal injury? ❑ **Yes** ❑ **No**
6. Any foreign travel planned during the proposed period of insurance? If "Yes", please include location(s), anticipated length, and frequency of travel. ❑ **Yes** ❑ **No**
7. Do you hold a valid pilot license? If "Yes", please include average piloting hours and type(s) of aircraft to be flown. ❑ **Yes** ❑ **No**
8. Have you ever had any criminal convictions? ❑ **Yes** ❑ **No**

Details to the answers above: ____________________

____

FINANCIAL INSURABILITY

	Current Year	Last Year	Two Years Ago
Total income (gross salary, bonus, commissions):	__________	__________	__________
Net Revenue of the firm:	__________	__________	__________
Net profit/loss of the firm:	__________	__________	__________

1. **Is the Key Person an owner of the firm:** ❑ **Yes** ❑ **No** **What is the % of ownership?** __________
2. **What existing coverage is currently in force on the Insured Person in which the firm is the beneficiary of any benefits of insurance? Death (face amount) $**____________________ **Disability $**____________________
3. **What does this person do that another person cannot do?** ____________________
4. **What financial loss would the firm suffer as a result of the death or disability of the Insured Person? $**____________________

Declaration **(The Applicant must read this before signing)** I am aware that the policy wording contains exclusions in coverage in respect of AIDS, HIV, suicide, alcohol and drugs. To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material fact. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void this insurance. (A material fact is one likely to influence acceptance or assessment of this application by underwriters.

Insured's Name: ____________________ Signature: ____________________ Date: ____________________

Policy Owner's Name: ____________________ Title: ____________________

Signature: ____________________ Date: ____________________