

HIGH LIMIT ACCIDENT INSURANCE

Individual or Group AD&D



WORLDWIDE COVERAGE

HIGH LIMITS

COVERS
*Accidental Death &
Dismemberment*

OPTIONAL COVER FOR
*War
Terrorism
Sudden Cardiac Arrest*

**PILOT
INSURANCE
CENTER**



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186

Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604

E-Mail: piu@piu.org Website: www.piu.org

PROPOSAL FOR: _____

AGE: _____ DATE: _____

OCCUPATION: _____

PRESENTED BY: _____



HIGH LIMIT ACCIDENT INSURANCE APPLICATION

To: **PETERSEN INTERNATIONAL UNDERWRITERS**

Lloyd's Coverholder
 23929 Valencia Blvd., Suite 215 • Valencia, CA 91355 • Tel (800) 345-8816 • Fax (661) 254-0604
 E-mail: piu@piu.org • Website: www.piu.org

Proposed Insured: _____
 FIRST MIDDLE LAST

Residence Address: _____
 STREET AND NUMBER

 CITY STATE ZIP () DAYTIME PHONE NUMBER

Personal Information: _____
 DATE OF BIRTH HEIGHT WEIGHT E-MAIL ADDRESS

Name of Employer: _____

Business Address: _____
 STREET AND NUMBER

 CITY STATE ZIP () BUSINESS PHONE NUMBER

Occupation: _____ **Annual Earnings:** _____

Other Insurance: *What is the total amount of other life insurance benefits in force or applying for \$* _____

Geographical Limits: *Please indicate countries to be visited if outside of the U.S.A.:* _____

Air Travel: *Will aviation travel be on regularly scheduled airlines? If "no," please provide details.* YES NO

Name of Beneficiary: _____ **Relationship:** _____

Address: _____

Policy Owner: _____ **Relationship:** _____

Address: _____

Benefit Requested: Sum Insured \$ _____ (Not to exceed 10 times annual income or satisfactory justification must be submitted)

Coverage Requested: All-risk, 24 Hour or Common Carrier or Air Travel Only
 (check one)

Optional Coverages: War or Acts of War and Terrorism

Benefits Requested: Accidental Death (AD) Accidental Death and Dismemberment (AD&D) Accidental Death, Dismemberment and Sudden Cardiac Arrest (AD&D & SCA - Available up to age 65)
 (check one)

Period of Insurance: Number of Weeks: _____ Effective Date: _____

PLEASE ANSWER ALL THE QUESTIONS

- 1) Have you any physical defect or infirmity? YES NO
 - 2) Is your sight or hearing defective? YES NO
 - 3) Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? YES NO
 - 4) Have you ever suffered from:
 - a) high blood pressure, a heart condition, rheumatic fever or diabetes? YES NO
 - b) a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? YES NO
 - 5) Have you ever been declined or accepted on special terms for life, accident or illness insurance? YES NO
 - 6) Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury? YES NO
- Dates and Details to all "YES" answers above _____

DECLARATION

I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health. I agree to the Underwriters obtaining medical information from any doctor who has attended me and authorize such doctor to give this information. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission. I understand that pre-existing conditions are not covered until a period of insurance of 12 months, treatment free, has elapsed.

Date: _____

 Signature of Proposed Insured

Owner: _____
 (if other than proposed insured)

 Signature of Owner or Title and signature of Officer signing for Firm or Corporation

Applicant's Phone: _____ Applicant's Fax: _____ Applicant's email: _____



HIGH LIMIT ACCIDENT INSURANCE

ACCIDENTS – THE UNIQUE HAZARD

Sickness, with its usual warning symptoms allows some lead time to prepare for the emotional and economic consequences that follow.

ACCIDENTS STRIKE WITHOUT WARNING!

Medical and Disability Insurance often fall short of covering the costs inherent with accidental bodily injuries and inadequately compensate for the specific losses of limb, sight, speech and hearing.

Life Insurance proceeds are seldom adequate to cover the financial loss due to death.

THE ACCIDENT HAZARD IS SUFFICIENTLY UNIQUE TO MERIT SPECIFIC INSURANCE.

COVERAGE OPTIONS

SUM INSURED

\$ _____

PREMIUM

\$ _____

COVERAGE PROPOSED

- 24 Hour Cover Common Carrier Air Travel Only

OPTIONAL COVERAGE

- War or Acts of War and Terrorism

BENEFITS PROPOSED

- Accidental Death (AD) Accidental Death & Dismemberment (AD&D) Accidental Death, Dismemberment and Sudden Cardiac Arrest (AD&D + SCA - available up to age 65)

PERIOD OF INSURANCE Number of Days:

GEOGRAPHICAL LIMITS:

BENEFIT SCHEDULE

LOSS COVERED

Accidental Death

Dismemberment

- Loss or loss of use of two limbs
- Loss of sight of both eyes
- Loss or loss of use of one limb
- Loss of hearing of both ears
- Loss of speech

Sudden Cardiac Arrest

AMOUNT PAYABLE

100% of Sum Insured

100% of Sum Insured

100% of Sum Insured

50% of Sum Insured

50% of Sum Insured

50% of Sum Insured

100% of Sum Insured



- 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 may be taken in a single lump sum or in equal annual installments.
- 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.
- War or acts of war and/or terrorism may be covered under this plan by applying for such and paying the additional premium.

- This certificate does not cover injury or death caused or contributed to by war, declared or undeclared, or acts of terrorism (unless such coverage is applied for and the appropriate additional premium has been paid), intentional self-inflicted injury or injury while committing a criminal or felonious act, alcoholism, drug addiction.

HIGH LIMIT ACCIDENT INSURANCE

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. Military Air Transport Service is covered.

(See the Exclusions statement for accidents not covered by this certificate.)

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.
- **Sudden Cardiac Arrest (SCA)** is available only with the 24 hour AD&D benefit (AD&D & SCA). This coverage pays the full benefit if an insured person dies within 72 hours of a sudden cardiac arrest.

UNDERWRITING GUIDELINES

- 1) Do not send money with the application
- 2) Applications may be originals, photos, E-mail or facsimile copies. Completed applications may be mailed, E-mailed or faxed.
- 3) There must be one application completed for each person seeking coverage
- 4) Underwriting time is one to four working days
- 5) The earliest effective date available is the day of the underwriter's approval
- 6) Benefits may not exceed ten times the annual income unless otherwise justified.



**PETERSEN INTERNATIONAL
UNDERWRITERS**

Lloyd's Coverholder
(800) 345-8816

Lloyd's of London is the oldest insurance organization in the world. Approximately 66 underwriting syndicates are sanctioned to do business at Lloyd's. The Certain Underwriters that insure this coverage is a consortium of nine of the sanctioned Underwriting Syndicates. They have entered into a contract with Petersen International Underwriters to serve as their coverholder with the authority to underwrite this coverage and to issue the appropriate Certificate of Insurance.

Petersen International Underwriters Privacy Policy Statement

Petersen International Underwriters

Petersen International Underwriters want you to understand how we protect the confidentiality of non-public personal information we collected about you.

Information We Collect

We collect non-public information about you from numerous sources including, but not limited to:

- a) Information we receive from you on applications and other forms;
- b) Information about your transactions with our affiliates, others or us;
- c) Information we receive from consumer-reporting agencies; and
- d) Financial and medical sources.

Information We Disclose

We do not disclose any non-public information about you to anyone except as is necessary in order to provide our products or services to you or otherwise as we are required or permitted by law (e.g. subpoena, fraud investigation, regulatory reporting, etc.).

Right to access or correct your personal information

You have a right to request access to or correction of your personal information in our possession.

Confidentiality and Security

We restrict access to non-public personal information about you to our employees, our affiliates' employees or others who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

Contacting Us

If you have any further questions about this privacy statement or would like to learn more about how we protect your privacy, please contact the insurance producer who handled this case, or our offices at: 23929 Valencia Boulevard, Suite 215, Valencia, California 91355, (800)345-8816, e-mail: piu@piu.org



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AUTHORIZATION TO RELEASE HEALTH RELATED INFORMATION
This Authorization complies with the HIPAA Privacy Rule

Name of Proposed Insured ("Applicant") _____ Date of Birth _____

I specifically authorize the following Healthcare Provider (name of provider) _____ in addition to all Healthcare Providers that have been involved in my care, diagnosis or treatment including, but not limited to Physicians, Medical Practitioners, Hospitals, Clinics, Medically related facilities, Rehabilitation facilities, Laboratories, Pharmacy, Insurance or Reinsurance Company, Consumer Reporting Agency, to disclose my medical records to Petersen International Underwriter, or its assigned authorized agents/representative including, but not limited to: Secure Image Solutions, for the purpose of insurance underwriting or claims administration.

For purposes of this authorization, medical records shall include all health information pertaining to any medical history or physical condition and treatment received including, but not be limited to patient histories, progress notes, test results, X-ray/laboratory and other reports, psychiatric evaluations, drug and/or Alcohol Treatment, information and/or HIV Tests/Test Results, and any other pertinent medical information.

I understand and agree that Petersen International Underwriters may disclose my medical records and the information contained in those records to third parties such as insurance companies or insurance underwriters, attorneys, or to representatives of such third parties (including reinsurers and information agencies) for the purpose as stated in the above. I also understand that when my medical records are disclosed pursuant to this Authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by Federal Privacy Laws.

I understand that I may refuse to sign this authorization and that such refusal to sign will not be a condition to affect the ability of the Applicant to obtain treatment. I understand that I may revoke this Authorization, except to the extent that any health care provider or Petersen International Underwriters, has acted in reliance upon this Authorization. My revocation of this Authorization must be in writing to:

Petersen International Underwriters
 23929 Valencia Boulevard, Suite 215
 Valencia, California 91355

A copy of this signed Authorization is valid as the original. I have the right to a copy of this Authorization. This Authorization will expire 2 years after the date the Authorization.

 Signature of Proposed Insured/Patient

 Date

 *Signature of Legal Representative (if other than Proposed Insured/Patient)

 Date

 Printed Name and Relationship

**If the individual whose information is being disclosed is a minor, a parent or legal guardian must sign.*