

# HIGH LIMIT ACCIDENT INSURANCE



A Proposal Of  
High Limit Accident  
Specifically Designed For  
Valued Client

Proposal Date:  
12/11/2012

Presented By  
Ed Hinerman



## PETERSEN INTERNATIONAL UNDERWRITERS

*Lloyd's Correspondents*

23929 Valencia Boulevard Second Floor Valencia, California 91355-2186  
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604  
E-Mail: [piu@piu.org](mailto:piu@piu.org) Website: [www.piu.org](http://www.piu.org)

# HIGH LIMIT ACCIDENT INSURANCE

Date: 12/11/2012  
 Presented By: Ed Hinerman

Period of Insurance: 365 DAYS



Insured: Valued Client Principal Sum Benefit: \$ 250,000

## COVERAGE AND IN FULL PREMIUM OPTIONS

Including Limited War/Terrorism**	24 Hour	Common Carrier	Air Travel Only
AD	\$ 1,850	N/A	N/A
AD&D	\$ 2,250	N/A	N/A
AD&D & APTD	\$ 2,850	N/A	N/A

Above indications are non-binding and valid for 7 days  
 \*\* subject to attached endorsement

## SPECIAL COMMENTS REGARDING THIS PROPOSAL

- Geographic area of coverage: Worldwide



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# HIGH LIMIT ACCIDENT INSURANCE

Date: 12/11/2012  
 Presented By: Ed Hinerman  
 Period of Insurance: 365 DAYS



Insured: Valued Client Principal Sum Benefit: \$ 500,000

## COVERAGE AND IN FULL PREMIUM OPTIONS

Including Limited War/Terrorism**	24 Hour	Common Carrier	Air Travel Only
AD	\$ 3,700	N/A	N/A
AD&D	\$ 4,500	N/A	N/A
AD&D & APTD	\$ 5,700	N/A	N/A

Above indications are non-binding and valid for 7 days  
 \*\* subject to attached endorsement

## SPECIAL COMMENTS REGARDING THIS PROPOSAL

- Geographic area of coverage: Worldwide



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# HIGH LIMIT ACCIDENT INSURANCE

Date: 12/11/2012  
 Presented By: Ed Hinerman  
 Period of Insurance: 365 DAYS



Insured: Valued Client Principal Sum Benefit: \$ 750,000

## COVERAGE AND IN FULL PREMIUM OPTIONS

Including Limited War/Terrorism**	24 Hour	Common Carrier	Air Travel Only
AD	\$ 5,550	N/A	N/A
AD&D	\$ 6,750	N/A	N/A
AD&D & APTD	\$ 8,550	N/A	N/A

Above indications are non-binding and valid for 7 days  
 \*\* subject to attached endorsement

## SPECIAL COMMENTS REGARDING THIS PROPOSAL

- Geographic area of coverage: Worldwide



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# HIGH LIMIT ACCIDENT INSURANCE

Date: 12/11/2012  
 Presented By: Ed Hinerman  
 Period of Insurance: 365 DAYS



Insured: Valued Client Principal Sum Benefit: \$ 1,000,000

## COVERAGE AND IN FULL PREMIUM OPTIONS

Including Limited War/Terrorism**	24 Hour	Common Carrier	Air Travel Only
AD	\$ 7,400	N/A	N/A
AD&D	\$ 9,000	N/A	N/A
AD&D & APTD	\$ 11,400	N/A	N/A

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## SPECIAL COMMENTS REGARDING THIS PROPOSAL

- Geographic area of coverage: Worldwide



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## 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 public 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 (AD)** 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. (Benefit limited to 10 times annual income)
- **Dismemberment (AD&D)** 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. (Benefit limited to 10 times annual income)
- **Permanent Disability (AD&D & APTD)** pays the Principal Sum Benefit if the Insured has been totally disabled from an accident for a 365-day Period and at the end of such period it is determined by competent medical authority that the Insured will not recover from the effects of the sustained injuries to the extent of ever being able to resume the material and substantial duties of the Insured's occupation. (Benefit limited to 10 times annual income)

*The Principal Sum is the maximum payable loss resulting from a single accident .  
In the case of multiple losses the largest benefit amount will be paid .*

### EXCLUSIONS

No benefits will be paid due to Injury or death caused by, contributed to by or related to the following and/or their treatments and/or complications thereof: Sickness; Suicide or intentional self-inflicted Injury or poisoning; War, declared or undeclared (unless deleted by endorsement option); Acts of terrorism (unless deleted by endorsement option); While committing or attempting to commit a crime; Taking of illegal or non-prescribed drugs, or addiction or misuse of prescription drugs; Alcohol abuse or addiction, or being under the influence of alcohol, as defined by the vehicle code of the state or province in which the Accident has occurred; Mental or Nervous Disorders; Pre-Existing Conditions; Subjective Pain or other symptoms unless supported by objective medical findings; Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions; Nuclear, biological or chemical exposure as a result of war, declared or undeclared or terrorism.

### UNDERWRITING GUIDELINES

- 1) Do not send money with the application.
- 2) Applications may be originals, photo or facsimile copies. Completed applications may be mailed or faxed, but, the application with the original signatures must be received by our office prior to policy release.
- 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.

**LIMITED WAR AND TERRORISM ENDORSEMENT**

Attached To and Forming  
Part of Certificate Number

Effective Date  
of Endorsement

\_\_\_\_\_  
Certificate Issued To: \_\_\_\_\_

**SPECIMEN  
SPECIMEN**

\_\_\_\_\_  
This certificate of insurance to which this endorsement is attached is amended as follows:

**Notwithstanding anything to the contrary contained herein or otherwise endorsed hereon, this Insurance covers claims caused or contributed to by an act of war or terrorism,**

**HOWEVER, this Endorsement does NOT cover such claims consequent on:**

- (a) war and civil war (whether declared or not) other than passive war. Passive: defined as not taking part, or**
- (b) an act of war or terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).**

In addition to this endorsement, all other terms, conditions and limitations of this contract apply. Executed by Coverholder Petersen International Underwriters, Lloyd's Correspondent on:

12/11/2012  
\_\_\_\_\_  
Date

By           **SPECIMEN**            
W. Harold Petersen, President  
Lloyd's Correspondent

EndLtdWarTerr101508



# HIGH LIMIT ACCIDENT INSURANCE APPLICATION

To: PETERSEN INTERNATIONAL UNDERWRITERS

Correspondents to Lloyd's of London  
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 SEX

Name of Employer:

Business Address:

STREET AND NUMBER

( )

CITY STATE ZIP BUSINESS PHONE NUMBER

Occupation:

Annual Earnings:

Other Insurance:

Please indicate the total amount of life insurance benefits in force or applying for \$

Geographical Limits:

Please indicate countries to be visited if outside the U.S.A.:

Air Travel:

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

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:

(check one)

All-risk, 24 Hour

Optional Coverages:

War or Acts of War and Terrorism

Benefits Requested:

(check one)

Accidental Death (AD)  Accidental Death and Dismemberment (AD&D)  Accidental Death, Dismemberment and Accidental Permanent Total Disability (AD&D + APTD)

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 or arthritic condition?  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)

Phone: \_\_\_\_\_ Applicant's Fax \_\_\_\_\_

Applicant's e-mail \_\_\_\_\_



# **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.).

### **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](mailto:piu@piu.org).

PrivacyPolicy022503