Afghanistan	Albania	Algeria	Andorra	
		High	Limit .	Accident Insurance
Angola	Anguilla	Antarctica	Antigua	Accidental Death Insurance
Argentina	Armenia	Aruba A	ustralia	Provide by: Tom Poblano Independent Agent
Austria	Azerbaijan	Bahama	is Bahrain	1-800-530-9134 tom@highincomeprotection.com
Belarus Be	elgium Bel	ize Beni	n Bermuda	
Bolivia	Botswana	Brazil	Brunei	Personal & Group CoverageWar/Terrorism Coverage
Bulg	AR .		41	Hazardous Activities
			man	• Medically Substandard
Islar			Chir	
Croatia Cu	ıba Cyprus	czech	Denmark	PETERSEN
Djibouti	Dominica	Dominica	an Republic	PETERSEN International Underwriters <i>Lloyd's Coverholder</i> 23929 Valencia Boulevard Suite 215 Valencia, California 91355-2186 Telephone 800.345.8816

East Timor

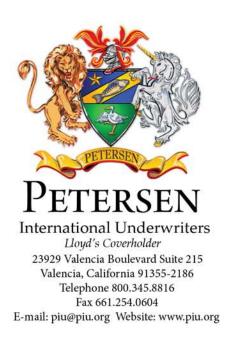
Ecuador

Eritrea

Egypt

Accidental Death Insurance

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





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
Dismemberment	
Loss or loss of use of two limbs	 100% of the Benefit
Loss of sight of both eyes	 100% of the Benefit
Loss or loss of use of one limb	 50% of the Benefit
Loss of hearing of both ears	 50% of the Benefit
Loss of speech	 50% of the Benefit
Sudden Cardiac Arrest	 100% 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.



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.
- War or acts of war and/or terrorism may be covered under this plan by applying for such and paying the additional premium.

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 REQUIREMENTS

- 1. <u>NO</u> 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.

GH LIMIT ACCIDE

	Proposed Insured:	First		Middle		_ Last			
	Personal Statistics:	Date of Birth/		_Height		Weight	G	ender 🗆 M	ale 🛛 Female
	Contact Information:	Email			Telephone (Fax ()	
	Residence Address:	Number & Street							
		City		_ State		Zip Code			
	Employer:								
	Business Address:	Number & Street							
		City		_ State		Zip Code			
Coun	tries to be visiting outside t	the U.S. (if any):							-
	Air Travel:	Will aviation travel be on re	gularly schedu	led airlines? If	no, please provid	e details: 🗖 Yes 🗖 N	lo:		
	Occupation:	Annual Income US\$							
	Period of Insurance:	Effective Date			Expiry Date				
	Sum Insured:	US\$		(Not to exe	ceed 10 times annu	ual income <u>or</u> satisfa	actory justificat	tion must b	e submitted)
Policy C	Owner (If not the insured):				Relationship				
	Address:								
	Beneficiary:	5			Relationship				
-	Address:								
	Benefits (Check one):	24 Hour	or		Common Car	rier or		🗖 Ai	r Travel Only
	Options:	□ Acts of War & Terrorisn	1						
	Coverage (Check one):	Accidental Death (AD)		lental Death smembermen		Accidental Death, Accidental Perma			&D & APTD)
P	ease answer	all the questio	ns and p	provide	dates ar	d details	in the a	rea b	elow
1. 2. 3.	Have you any physical de Is your sight or hearing d Have you ever suffered fi mental condition, fainting	efective? rom any nervous or	□ Yes □ No □ Yes □ No	6. 7.	special terms for illness insurance Do you intend to	o engage in hazardo	us		□ Yes □ No □ Yes □ No
4.	or paralysis of any kind? Have you ever suffered fi pressure, a heart conditio		□ Yes □ No		sports or any oth to extra persona	her pastimes that explicitly that explicitly a set of the set of t	pose you		
5.	diabetes? Have you ever suffered fi other spinal disorder, a he		Yes No	D	ates & Details to a	all "YES" answers t	o questions #1	-7	
	or arthritic condition?		Yes No						

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 recision. I understand that pre-existing conditions are not covered until a period of insurance of 12 months, treatment free, has elapsed.

Proposed Insured	_Signature	Date
Policy Owner Signature (If other than the proposed Insure	ed)	Date

NT