

TheInsuranceNet.com

Instructions for applying for health insurance

- 1) Print out application.**
- 2) Fill out application completely.**
- 3) If paying by check or money order, make it payable to “Petersen International” and mail to....**

**TheInsuranceNet.com
5965 Sandy Ridge
Elkridge, MD 21075**

- 4) Call with questions 410-796-7497 or toll free 877-634-1256.**



Confidential

Insurable Interest

Life Insurance

Now a third party individual can insure against financial loss as a result of the death of another person, with whom there is an insurable interest.

Unpaid Loans

- Business
- Personal

Ongoing Obligations

- Divorce Settlements
- Child Support
- Pledges

Performance Agreements

- Business Agents or Managers
- Investors

PROPOSAL FOR _____

AGE _____ DATE _____

TO BE OWNED BY _____

AMOUNT OF INSURANCE \$ _____

ANNUAL PREMIUM \$ _____

PRESENTED BY _____

PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186

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

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



Confidential

Insurable Interest

Life Insurance



A New Concept in Life Insurance

- There must be a documented (written agreement) insurable interest between the two parties.
- Insure without the knowledge of the insured.
- Insure without medical examination.
- \$50,000 minimum – \$3,000,000 maximum.
- Will NOT consider blood relatives nor married couples.
- This is an annual policy. Must be renewed annually.

Rate Indications *(Subject to Change Without Notice)*

Age	Per \$1,000	Age	Per \$1,000	Age	Per \$1,000
18-39	4.00	47	8.70	55	14.50
40	4.25	48	9.50	56	16.70
41	4.75	49	10.50	57	19.00
42	5.25	50	11.25	58	21.25
43	5.80	51	11.70	59	23.50
44	6.50	52	12.25	60	25.50
45	7.20	53	12.80	Over Age 60	
46	7.80	54	13.50	Please Inquire	

Annual Premiums Only

\$100 policy fee

Minimum Premium—\$750 before policy fee

APPLICATION FOR **Confidential** *Insurable Interest* **Life Insurance**

TO: Petersen International Underwriters

Lloyd's Correspondent

23929 Valencia Boulevard, Suite 215 • Valencia, California 91355 • (800) 345-8816

Applicant

FIRST MIDDLE LAST

Address of Applicant

STREET AND NUMBER

CITY STATE ZIP

Applicant's Business

Insured Person

(All names by which insured person(s) is/are known must be disclosed)

FIRST MIDDLE LAST

Date of Birth

Occupation of Insured

(Please give full details)

Coverage Period

(Max 12 months)

Sum Insured

Insurability

Are there any other policies owned by the Applicant on the life of the Insured Person? If so, please supply details:

What is the business relationship of the Applicant and Insured Person:

Justification of the sum insured as follows:

To the best of your knowledge and belief, does the insured person:

- (a) undertake hazardous activities (i.e., parachuting, motor racing, etc.) YES NO
- (b) undertake foreign travel? YES NO
- (c) have any physical or mental condition which would affect this insurance? YES NO
- (d) are there any other factors affecting this insurance of which you are aware? YES NO

If so, please supply details:

Declaration (The Applicant must read this before signing)

You should be 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 facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this application by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this application does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application and the statements made in it and the information provided in connection with it will be relied on by the underwriters in deciding whether to accept this insurance.

Binding Arbitration—waiver of Right to Trial by Jury: I understand and agree that any disputes concerning this insurance must be submitted to binding arbitration if the amounts in dispute exceed the jurisdictional limits of small claims court and is not resolved with a formal review by Underwriters. I understand and agree that this is a waiver of my and Underwriters rights to a trial by jury.

Signature of Applicant

Date

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed application will be available on request provided the insurance is effected. You must inform us of any change in circumstances which will materially affect this insurance. if you are in any doubt you should consult your insurance agent.

General Conditions and Exceptions

- 1) The definition of death shall mean death from any cause including Insured Persons being "presumed dead" (with appropriate certificate).
- 2) In the event that the insurable interest between the Applicant and the Insured Person is terminated, Underwriters' liability will cease hereunder from the date of the termination of the insurable interest.
- 3) It is a condition precedent to liability that the Applicant does not know of any physical and/or medical impairment(s) which would affect the insurability of the Insured Person.
- 4) Notification of any circumstances known to the Applicant which are likely to result in a loss must be made within 7 days to the insurer's representative.
- 5) This insurance does not cover death directly or indirectly resulting from or consequent upon:
 1. War, invasion, acts of foreign enemies, hostilities (whether declared or not), civil war, rebellion, revolution, insurrection or military usurped power.
 2. The life assured engaging in or taking part in Naval, military or Air Force service operations.
- 6) This policy excludes claims or liability arising from and condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (HTVL III) or Lymphadenopathy Associated Virus (LAV) or the mutants, derivatives or variations thereof or in any way related to Acquired Immune Deficiency Syndrome or any syndrome or condition of a similar kind howsoever it may be named.
- 7) This policy does not cover losses directly or indirectly caused or contributed to by the Insured person being under a state of intoxication from alcoholism or being under the influence of drugs or narcotics that are not lawfully available unless prescribed by a qualified medical practitioner.