

TheInsuranceNet.com

Instructions for obtaining quotes for international life insurance

- 1) Print out brochure and questionnaire.**
- 2) Fill out questionnaire completely.**
- 3) Fax back to 410-796-7456 (24 hr fax)**

- 4) or mail to....**

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

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

INTERNATIONAL AND SPECIAL USE TERM LIFE INSURANCE



FOR

U.S. Dollar Term Life Insurance for use when there is an international insurable interest involved.

USES

*Employees of Foreign National Firms
International Asset Protection
International Business Travel
Short Term Needs
Special Assignments*



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

23929 Valencia Boulevard Suite 215 Valencia California 91355
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604
E-Mail: piu@piu.org Website: www.piu.org

PROPOSAL FOR: _____

DATE: _____

PRESENTED BY: _____

INTERNATIONAL AND SPECIAL USE TERM LIFE INSURANCE

PROPOSAL FOR: _____

AGE: _____ SEX: _____ SMOKER: _____ DATE: _____ COUNTRY: _____

POLICY PERIOD: A) _____ B) _____ C) _____

FACE AMOUNT: A) \$ _____ B) \$ _____ C) \$ _____

ANNUAL PREMIUM: A) \$ _____ B) \$ _____ C) \$ _____

UNDERWRITING REQUIREMENTS: Application Exam Blood & Urine EKG Financial Justification
 Other _____

POLICY FEATURES

Policy Periods

International Term life Insurance is available for time periods from 1 month up to a maximum of 10 years, on a level premium basis. During the policy period requalifying is not required and the premiums are payable on an annual basis.

Issue Ages

From ages one year to seventy-five years.

How to Obtain a Rate Indication

Geographical Limitations: Most policies are written for world-wide coverage. There are certain areas in the world where restrictions or limitations may apply. It is important to obtain as much information regarding travel and place of residency as possible. Be specific on city and country.

Financial Justification: Whether the insurance is for business use or personal use, financial justification is critical to successful underwriting. Please be sure there is adequate justification for the amount to be insured.

Occupations: Before assigning a premium to a risk the determination of the insured's occupational duties and the amount of travel related to their work assists us in developing accurate rates.

Avocation: Please advise as to any hazardous sports or recreational activities in which the proposed insured may be involved.

Purpose of Coverage: Developing a clear picture as to the importance of this insurance aids the underwriters in developing the best possible rates.

*This is not intended to be a complete outline of coverage.
Actual wording may change without notice.*



INTERNATIONAL TERM LIFE INSURANCE APPLICATION

Please Return To:

PETERSEN INTERNATIONAL UNDERWRITERS
5965 Sandy Ridge • Elkridge, MD 21075 • Tel (877) 634-1256 • fax 410-796-7456
Underwritten by Certain Underwriters at Lloyd's of London

Proposed Insured:
Residence Address:
Reason for Insurance:
Profession or Occupation:
Personal Statistics:
Name of Beneficiary:
Name of 2ND Beneficiary:
Usual Medical Attendant:

NAME _____ MIDDLE _____ LAST _____
NUMBER & STREET _____
CITY _____ STATE/COUNTRY _____ ZIP CODE _____

AVERAGE ANNUAL INCOME _____
DATE OF BIRTH _____ AGE NEXT BIRTHDAY _____ PLACE OF BIRTH _____
HEIGHT _____ WEIGHT _____ MARITAL STATUS _____

RELATIONSHIP _____
RELATIONSHIP _____
NAME AND ADDRESS _____

NOTE CAREFULLY: Failure to disclose all material facts could render the contract void. Material facts are those which an assurer would regard as likely to influence the assessment and acceptance of an application for assurance. If you are in any doubt as to whether certain facts are material, such facts should be disclosed.

DEATH BENEFIT \$ _____ TERM PERIOD: _____ YEARS

HAVE YOU EVER HAD: (please check appropriate boxes)

- 1. Asthma, bronchitis, pleurisy, tuberculosis or any disease of the lungs? YES NO
- 2. Rheumatic Fever, chest pain, blood pressure or any heart trouble or abnormality? YES NO
- 3. Indigestion, ulcer, colitis, bladder, kidney, prostate or digestive trouble? YES NO
- 4. Diabetes, thyroid, rheumatism, gout or liver complaint? YES NO
- 5. Depression, anxiety, breakdown, blackout, faints, fits or any mental or nervous disorder? YES NO
- 6. Any other ailment, impairment, injury or need for special attention? YES NO
- 7. Any tests, operations, x-rays or special investigations? YES NO
- 8. Any special diet or treatment, including tablets or drugs? YES NO
- 9. Counseling or medical advice in connection with AIDS or any sexually transmitted disease? YES NO
- 10. An AIDS blood test? YES NO
- 11. Have you consulted any doctor in the last five years? YES NO
- 12. Have you smoked any form of tobacco in the last twelve months? YES NO

If so, please state consumption. _____

If any of the above is answered "YES" please give details on next page.

INTERNATIONAL AND SPECIAL USE TERM LIFE INSURANCE

Question No.	Illness, Details and Treatment	Dates and Duration	Doctors, Hospitals, Clinics, etc.
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Are any of your parents, brothers or sisters dead? If so, please give cause and age at death. _____

Give particulars of any likely travel outside your country of residence. _____

Have you any intention of flying (other than as a passenger on recognized airlines), or engaging in any hazardous pursuits such as diving, mountaineering or racing of any kind? If so, give details. _____

Has a proposal on your life ever been declined, deferred or accepted on special terms? _____

Have you effected or applied for cover on your life with any other insurer within the last two years, or is it your intention to do so in the foreseeable future? If so, when and to which insurer? _____

DECLARATION

I, the Life to be Assured, declare that to the best of my knowledge and belief all statements made hereon are true and complete. I consent to the Underwriters seeking medical information from any insurance office to which a proposal has been made for assurance on my life and I authorize the giving of such information.

I/We proposing to effect the assurance agree that the answers are true and complete to the best on my/our knowledge and belief in the terms of the policy to be issued in respect of this proposal shall be dependent upon the answers given and the statements made in this proposal and made by the Life to be Assured to any medical examiner appointed by the Underwriter.

SIGNATURE OF PROPOSED INSURED _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____
(If other than insured)

FULL NAME AND ADDRESS _____
(only required if the owner is other than the Life to be Insured)
