

TheInsuranceNet.com

Instructions for obtaining quotes for disability insurance

1) Call our office for proposal.

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

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

PRO JOCKEY DISABILITY INSURANCE



FOR
Professional Horse Racing
Jockeys, Drivers or Trainers

FEATURING
Worldwide 24-hr. Coverage
Accident and Sickness Coverages

USES
Loss of Future Earnings
Contract Completion
College to Pro Protection
Loss of Endorsements
Costs of Agents/Managers

OPTIONAL
Loss of Image/Endorsement
Coverage Available



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: _____

AGE: _____ DATE: _____

PRESENTED BY: _____

PRO JOCKEY DISABILITY INSURANCE

PROFESSIONAL ATHLETES MONTHLY DISABILITY BENEFITS

Purpose: Personal Disability Contract Guarantee Loss of Image/Endorsement

Monthly Benefits will be paid to the Insured when Totally Disabled. Total Disability means the Insured's complete and total physical inability to participate in his/her regular occupation. Benefits will begin on the first day following the Elimination Period and pay for each month or portion of a month during the total disability of the Insured, but not for longer than the Maximum Benefit Period.

POLICY PERIOD _____	<input type="checkbox"/> 24 hour Coverage	<input type="checkbox"/> Other _____
	BENEFIT	PREMIUM
MONTHLY BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Days	
MAXIMUM BENEFIT PERIOD	_____ Months	
MAXIMUM BENEFIT	\$ _____	

SUBJECT TO SATISFACTORY: Short Form Application/Exam Financial Justification of Sum to be Insured

INSURING AGREEMENT

If injury or sickness results in the **Total Disability** of the Insured, and such Total Disability commences during the Policy Period and within six (6) months of the date of the accident causing bodily injury, or in the event of sickness within six (6) months of the date such sickness first manifests itself, the Underwriters will pay to the Insured the Monthly Benefit Amount, during the period of Total Disability, but not beyond the maximum benefit period.

SPECIAL FEATURES

RECOVERY, RECURRENT AND SUBSEQUENT DISABILITY:

If the Insured returns to work after a period of Total Disability for which benefits were received, and is able to perform the duties of the insured's occupation, a Total Disability commencing thereafter will be subject to a new Elimination Period. If the Insured suffers a recurrence of Total Disability during the Policy Period as a result of the same Accidental Bodily Injury, Sickness, or Disease, such recurrence will be deemed part of the prior disability for the purposes of satisfying the Elimination Period.

With regard to any such recurrent or subsequent disability of the insured, the Underwriters will pay the Monthly Benefit only for the unused portion of the Maximum Benefit Period not previously exhausted by payment of Monthly Benefits due to any prior disability or disabilities.

No benefits are payable in the event of participation, or attempted participation in the Insured's occupation, after commencement of Total Disability, unless first approved by a sports medicine Physician.

No benefits are payable if the services in the Insured's occupation are terminated, or altered, to decrease compensation and/or the period of the contract, unless the Insurer is notified, and agrees in writing to continue the coverage in force. If the Insured engages in an occupation, or activity of greater risk without obtaining the Insurer's permission in writing, and paying any required additional premium, no claim is payable.

War, attempted suicide or self-destruction, or intentionally self-inflicted injury, the Insured's own criminal or felonious act; deaths being under the influence of alcohol, as defined by the vehicle laws of the state in which the accident occurred; being under the influence of drugs or narcotics that are not lawfully available, unless prescribed for the Insured by a qualified health care practitioner; using drugs or substances in violation of the rules or regulation of the governing body of the sport in which the Insured participates; conditions of Psychotic, Psychoneurotic or Epileptic origin, the operation, learning to operate, or serving as a member of a crew of an aircraft.

*This is a brief description of the insurance provided by this plan.
The Certificate of Insurance is the complete description of coverage.*

PRO JOCKEY DISABILITY INSURANCE

PROFESSIONAL ATHLETES CAREER ENDING DISABILITY

Purpose: Personal Disability Contract Guarantee Loss of Image/Endorsement

The **Capital Sum** is payable after the specified elimination period. The Capital Sum Benefit may be taken in a single lump sum benefit, or in monthly Benefit Amounts as an annuity of the lump sum.

POLICY PERIOD _____	<input type="checkbox"/> 24 hour Coverage	<input type="checkbox"/> Other _____
	BENEFIT	PREMIUM
CAPITAL SUM BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD _____	_____ Months	

SUBJECT TO SATISFACTORY: Short Form Application/Exam Financial Justification of Sum to be Insured

CAPITAL SUM

Eligibility for the Capital Sum Benefit is conditional upon the Insured having been Totally Disabled for the entire Elimination Period and is then determined by competent medical authority to be Permanently Totally Disabled. Total Disability must result from a bodily injury caused by an accident occurring while this Certificate is in force and results in disablement within 365 days from the date of the accident, or sickness that first manifests itself while this Certificate is in force and results in disablement within 365 days from the date of such manifestation.

SPECIAL FEATURES

- **This is not an integrated policy!** This benefit is payable, **in addition to and not reduced by**, any other disability benefits provided by this or any other plan.
- The **Capital Sum Benefit** may be taken in a **single lump sum benefit or** designed to **PAY LONG-TERM MONTHLY BENEFITS** as an annuity of the lump sum amount.

Payment of the Capital Sum Benefit must be approved by two independent referees; one a legally qualified physician or surgeon, and the other an independent expert of recognized standing in the occupation of the Insured person. If the two referees fail to agree that the Insured person is permanently and totally disabled they will appoint an umpire to decide the matter. These decisions will be final and binding on the Insured and the Underwriters.

War, attempted suicide or self-destruction, or intentionally self-inflicted injury, the Insured's own criminal or felonious act; deaths being under the influence of alcohol, as defined by the vehicle laws of the state in which the accident occurred; being under the influence of drugs or narcotics that are not lawfully available, unless prescribed for the Insured by a qualified health care practitioner; using drugs or substances in violation of the rules or regulation of the governing body of the sport in which the Insured participates; conditions of Psychotic, Psychoneurotic or Epileptic origin, the operation, learning to operate, or serving as a member of a crew of an aircraft.

*This is a brief description of the insurance provided by this plan.
The Certificate of Insurance is the complete description of coverage.*

PRO JOCKEY DISABILITY INSURANCE

SPECIFIED OCCUPATIONS

This plan is a Specified Occupation Plan. It will terminate automatically if the Insured changes from the occupation in which he/she was engaged at the time the Plan was issued, unless an agreement has been obtained in writing from the underwriters, and any additional premium required by the underwriters has been paid. The sole liability of the underwriters in the event of an occupation change shall be to return any unearned premiums paid for the balance of the Plan term.

TERM OF COVERAGE

This Plan is annually renewable, or for negotiated longer periods of time. It is contemplated that the Plan will be renewed, however, the underwriters reserve the right to refuse to renew or to change the premium rate on renewal. A renewal application, or a statement of good health may be required by the underwriters for consideration of renewal.

OPTIONAL PLANS OR PLAN DESIGNS

These plans are used in a number of ways to insure the professional athlete either personally or to insure third parties with whom the athlete is affiliated, as to the financial losses that result from a disabling accidental bodily injury, or sickness. Career length varies by the individual athlete. Exceptionally high earnings are often generated in a short time span making the adequate insuring of the earning potential a primary financial planning process. Here are some of the uses of these plans:

■ **Loss of Future Earnings**

A professional athlete can anticipate income levels and probable playing time. A disability can affect the level of income to be earned in the future, and a disability can shorten the career period. As an example, an athlete has no income assurance beyond the term period of the present contract. This plan can insure an income should disability shorten the expected career period.

■ **Contract Completion**

The loss of an athlete by disability puts the owner in double jeopardy . Revenue may slip, and the owner must continue to pay the non-performing athlete. These plans can insure the contracted compensation to the athlete, thus relieving the owner of that financial burden.

■ **Loss of Image/Endorsements**

Endorsement income, and fees, continue to flow as long as the public remains fans of the athlete. A political statement, a drug involvement, a drunk arrest, a public relations goof, and the advertiser/endorsers pull back from sponsorship. This loss is also insurable.

■ **Cost of Agents/Managers**

During periods of disability it is in the athletes best interest to continue the use of agents and managers to sustain the athlete's value as an athlete, and as a product spokesperson, keenly in the minds of those who contract for their services. These costs can be insured.