

TheInsuranceNet.com

Instructions for applying for health insurance

- 1) Print out application.**
- 2) Fill out application completely.**
- 3) Send to our office for rate computation and underwriting.**
- 4) Mail to...**

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

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

PILOT'S DISABILITY INSURANCE/THE STODDARD PLAN

Disability Insurance for People Who Fly



Commercial Airline Pilots

Corporation Pilots

Helicopter Pilots

Aerial Applicators

Agricultural Pilots

Firefighter Pilots

Air Show Pilots



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186

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: _____

PILOT'S DISABILITY INSURANCE

Flight Category:

Commercial Airline Pilot Corporate Pilot Firefighting Pilot Agricultural Pilot Aerial Applicator Helicopter Pilot

Aircraft Category:

Fixed wing Rotor Craft

Monthly Benefits are payable while Totally Disabled beginning the first day following the Elimination Period and for as long as the Benefit Period **for each disability**.

	Benefit Schedule	Annual Premium
Monthly benefit amount	\$ _____	\$ _____
Elimination period	days _____	
Benefit period	months _____	
Maximum benefit each claim	\$ _____	

Underwriting requirements:

Application Medical Exam Blood & Urine EKG other: _____

Financial information:

Confidential Financial Statement Tax Returns other: _____

SPECIAL FEATURES

Recovery, Recurrent and Subsequent Disability:

A recurrent disability is one in which the Insured, received monthly benefits from this insurance, then recovers and subsequently suffers a recurrence of a disability, while this policy is in force, and arises out of or is contributed to by the same cause or causes as the original period of disablement.

The Insured is deemed to have made a recovery when he/she is able to engage in his/her regular occupation and perform the major duties thereof, even if he/she chooses not to.

If the period of recovery continues for 60 days or more, the recurrent disability shall be subject to a new elimination period. If the period of recovery is less than 60 days, no elimination period will be imposed.

If the Insured has made a recovery and suffers a subsequent disability which is covered by this insurance and such subsequent disability is entirely unrelated to the cause of any prior disability, a new elimination period will apply.

With regard to any such recurrent or subsequent disability as 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 benefit due to any prior disability.



Air travel:

This policy, subject otherwise to its terms, limitations and conditions covers claims arising out of bodily injury sustained by the Insured Person while flying as a pilot, or crew member, in any aircraft for which the Insured Person holds a current valid license or as a passenger in any aircraft including while boarding and alighting therefrom.

Territorial limits:

This policy covers the Insured Person anywhere in the world.

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

PILOT'S DISABILITY INSURANCE

GENERAL INFORMATION

Administrator:

*Petersen International Underwriters
Valencia, California,
Correspondents to
Lloyd's of London*

Insurer:

*Certain Underwriters at
Lloyd's of London*



DEFINITIONS



- **Bodily Injury** means identifiable physical injury which: a) is caused by an Accident, and b) solely and independently of any other cause, except Sickness directly resulting from, or medical or surgical treatment rendered necessary by such injury, results in a disability which begins within twelve months from the date of the Accident.
 - **Accident** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place. It shall also include exposure resulting from a mishap to a conveyance in which you are traveling.
 - **Sickness** means a sickness or disease which first manifests itself while this policy is in force. It may result (directly and independently of all other causes), in loss covered by this Policy.
 - **Total Disablement** means that the you are wholly and continually prevented from performing the major duties pertaining to your occupation as a Pilot.
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- **Elimination Period** means the number of days at the beginning of a period of total disability, for which no benefit is payable.
 - **Maximum Benefit Period** means the overall maximum number of months as set forth in the schedule for which monthly benefits are payable by the Underwriters.



PILOT'S DISABILITY INSURANCE APPLICATION

REMIT TO: PETERSEN INTERNATIONAL UNDERWRITERS
23929 VALENCIA BLVD., SUITE 215, VALENCIA, CA 91355

Warning to all applicants: All sections of the Application Form must be fully completed, even if it is for renewal of, or for an additional amount to, an existing insurance. All details of your medical history must be declared and should not be omitted because you have been declared fit or told that results of medical investigations have been satisfactory, or because you think, or have been advised, that they are irrelevant or immaterial.

Personal information:

1. **Name:** first _____ middle _____ last _____

Address: number & street _____

city _____ state _____ zip code _____

Date of birth: _____ **Place of birth:** _____ **Height:** _____ **Weight:** _____

Telephone: _____ **Fax:** _____ **E-Mail:** _____

Flight category:

Commercial Airline Pilot Corporate Pilot Firefighting Pilot Agricultural Pilot Aerial Applicator Helicopter Pilot

2. **Employer:** a) Flying Occupation _____
b) Non-Flying Occupation _____

3. **Salary or Earned Income:** a) Flying Occupation \$ _____ b) Non-Flying Occupation \$ _____

4. **Insurance for which you are applying:** a) Monthly Benefit Amount: \$ _____
b) Elimination Period _____ days c) Benefit Period _____ months

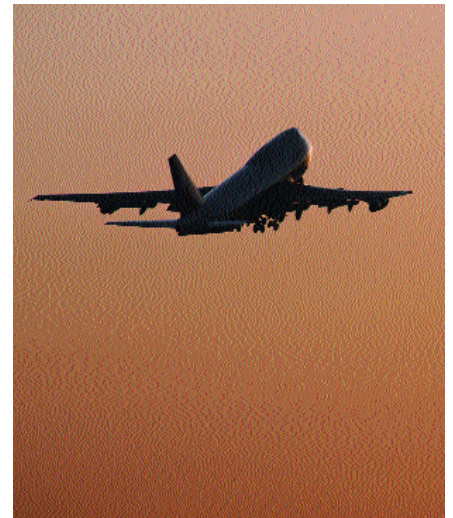
Flying Information:

5. **Current Licenses:** Student Private Flight Instructor Commercial
 Instrument Flight Rating Airline Transport Rating Rotorcraft Multi-Engine

Date of Last FAA Biannual Exam _____ **License Renewal:** _____

6. **Type of flying:** a) performed in over the last two years _____
b) anticipated during the next twelve months _____

7. **Are you a member of any Aircrew Association?** No Yes
If yes, please state which: _____



Insurance Information:

8. a) **Are you entitled to benefits under any accident or sickness insurance arranged by you or your employer? (including Loss of License, permanent health or Aircrew Disability Insurances)** No Yes

b) **Are you covered under a state disability program?** No Yes

9. **Is this application for replacement of existing insurance?** No Yes
If yes, please give full details of any previous policy (i.e. Sum Insured, Name of Insurer, etc.): _____

10. **Have you ever:** a) engaged in hazardous sports or hobbies such as parachuting, auto or motorcycle racing? No Yes
b) had your driver's license suspended or revoked during the past three years? No Yes
If yes, please give details: _____

List below (or on another sheet) all life, medical and disability insurance for which you are presently applying, have in force, or are applying to reinstate. Individual, group, mortgage and credit plans. (If none, please indicate.) _____

PILOT'S DISABILITY INSURANCE

SPECIFIED OCCUPATIONS

This is a Specified Occupation Plan. It will terminate automatically if you change from the occupation in which you were 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 on a pro-rata basis any unearned premiums paid for the balance of the plan term.

TERM OF INSURANCE

The Certificate of Insurance is issued for a one year period. It is contemplated that the plan will be renewed, however, the underwriters reserve the right to refuse to renew the Certificate or to change the premium rates on renewal of the Certificate. A statement of good health may be required by the underwriters for consideration of renewal. Non-renewal by the Insurer will be without prejudice to any claim in connection with a loss commencing while this plan is in force.

EXCLUSIONS

This policy does not cover losses arising from Bodily Injury, Sickness or Disease directly or indirectly caused or contributed by:

- War, Invasion, Acts of Foreign Enemies, Hostilities (whether War be declared or not), Civil War, Rebellion, Insurrection or Military or Usurped Power or the Insured Person engaging in or taking part in Naval, Military or Air Force service or operations.
- Intentional self-injury, attempted suicide (whether felonious or not), assault provoked by the Insured, dueling, fighting (except in bona fide self-defense), venereal or other sexually transmissible diseases.
- Deliberate exposure of the Insured to exceptional danger (except in an attempt to save human life or to prevent loss of or damage to aircraft, aircraft equipment or other property whatsoever) or any criminal act of the Insured for which the Insured shall have been convicted upon indictment.
- Psychotic, Psycho-Neurotic or Epileptic causes, personality and/or character change(s) or mental or emotional disease or disorders of any type.
- Any changes in medical standards imposed by the Licensing Authorities or any other competent authority including Government during the period of this Insurance.
- Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified physician or surgeon.
- Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.
- While riding or driving in any kind of race or endurance test.
- Pregnancy, Childbirth, Miscarriage or Abortion.

