

TheInsuranceNet.com

Instructions for obtaining quotes for disability 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.**

RACERCOVER HIGH LIMIT INSURANCE

WORLD-WIDE COVERAGE



FOR

- *People in the Field of Professional Racing*
- *People Whose Avocation is Racing*

COVERING

- *Disability*
- *Accidental Death*
- *Major Medical*



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

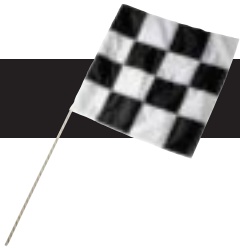
23929 Valencia Boulevard Suite 215 Valencia California 91355
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604
E-Mail: piu@piu.org Website: www.piu.org

PROPOSAL FOR: _____

AGE: _____ DATE: _____

OCCUPATION: _____

PRESENTED BY: _____



RACERCOVER HIGH LIMIT INSURANCE

WORLD-WIDE COVERAGE

TOTAL DISABILITY BENEFITS

■ **Monthly Benefits** are payable while totally disabled. Benefits begin the first day following the Deductible Elimination Period and pay for as long as the Benefit Period, for **each disability**.

Benefits are payable for: 1) Accident Only or Accident and Sickness
2) 24-Hour Coverage or While Practicing and Racing Only

	BENEFIT	ANNUAL PREMIUM
MONTHLY BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Days	
BENEFIT PERIOD, EACH DISABILITY	_____ Months	
MAXIMUM BENEFIT, EACH CLAIM	\$ _____	

PER RACE MISSED INDEMNITY BENEFITS

■ **Per Race Missed Cash Indemnity** Amount is payable for each Scheduled Race missed because of being Totally Disabled during a benefit period.

Benefits are payable for 1) Accident Only or Accident and Sickness
2) 24 Hour Coverage or While Practicing and Racing Only

	BENEFIT	ANNUAL PREMIUM
CASH INDEMNITY AMOUNT, EACH RACE	\$ _____	\$ _____
DEDUCTIBLE	# of _____ Races	
BENEFIT PERIOD, UP TO	# of _____ Races	
MAXIMUM BENEFIT, EACH CLAIM	\$ _____	

■ **Total Disability** means that due to **sickness** or **injury** you cannot perform the material duties of your occupation.

SICKNESS MEANS disease or illness which is first diagnosed while this Certificate is in force and results in a disability within 365 days of the date of diagnosis.

INJURY MEANS accidental bodily injury sustained while the Certificate is in force and which results in disability within 365 days of the date of the accident.

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



RACERCOVER HIGH LIMIT INSURANCE

WORLD-WIDE COVERAGE

PERMANENT TOTAL DISABILITY BENEFITS

■ **Permanent Total Disability Benefit** is payable after the specified number of months of Total Disability has elapsed and it is determined by competent medical authority that you have suffered a Career Ending Disability.

Benefits are payable for 1) Accident Only or Accident and Sickness
2) 24 Hour Coverage or While Practicing and Racing Only

	BENEFIT	ANNUAL PREMIUM
LUMP SUM BENEFIT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Months	

PRINCIPAL SUM ACCIDENT BENEFITS

THE PRINCIPAL SUM AMOUNT \$ _____ ANNUAL PREMIUM \$ _____

24 Hour Coverage or While Practicing and Racing Only

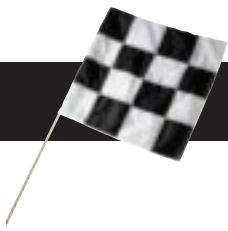
LOSS	BENEFIT
DEATH	PRINCIPAL SUM
TWO LIMBS	PRINCIPAL SUM
BOTH EYES	PRINCIPAL SUM
ONE LIMB	ONE HALF PRINCIPAL SUM
HEARING, BOTH EARS	ONE HALF PRINCIPAL SUM
LOSS OF SPEECH	ONE HALF PRINCIPAL SUM

■ Medical Expenses will be paid that exceed the Deductible Amount and the Co-Insurance Amount, up to the Maximum Benefit Amount for each injury or sickness.

Benefits are payable for 1) Accident Only or Accident and Sickness
2) 24 Hour Coverage or While Practicing and Racing Only

	BENEFIT	ANNUAL PREMIUM
MAXIMUM BENEFIT AMOUNT	\$ _____	\$ _____
DEDUCTIBLE AMOUNT	\$ _____	
CO-INSURANCE ON FIRST \$5,000	_____ %	

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RACERCOVER HIGH LIMIT INSURANCE

WORLD-WIDE COVERAGE

SPECIFIED OCCUPATIONS

- These plans are Specific Occupation Plans. They will terminate automatically if you change from the occupation in which you were engaged in at the time the Plan was issued, unless 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 for the balance of the plan term.

CONDITIONS

- **Total Disability and Missed Race Indemnity**

You must be under the regular care of a legally qualified physician for benefits to be payable. If in the opinion of the physician, future or continued treatment would be of no benefit to you, regular care shall not be required.

- **Permanent Total Disability**

- You must have been totally disabled for the Elimination Period and at the end of such period you are determined by competent medical authority to have suffered a Career Ending Disability to be eligible for the Lump Sum Benefit.
- We reserve the right to have you examined by a physician of our choice. Should your physician and our physician not be able to agree that you are totally disabled, your physician and our physician shall name a third physician to make a decision on the matter which shall be final and binding.

- **Medical Expenses**

- The Underwriters will pay necessary, usual and customary expenses for medical and surgical specialists' fees, hospital, nursing home and nursing attendance charges, cost of physiotherapy, massage and manipulative treatment, surgical and medical requisites, up to, but not exceeding the Maximum Benefit
- Covered expenses must be necessarily incurred and arise from illness manifesting itself or accidental bodily injury occurring during the Period of Insurance

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

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MOTORSPORT DIVISION

Professional Motorsport Questionnaire

Proposed Insured: FIRST _____ MIDDLE _____ LAST _____

Date of Birth: _____

Residence Address: _____

1. Give precise details of the branch of the sport you participate in: _____

2. At what level do you compete (International/National/State/Local Club): _____
3. (A) Confirm you are a professional: _____

(B) Are you employed/self-employed or sponsored & give details: _____

4. If professional, give gross income less business expenses for past 5 years: _____

5. Give your Ranking in your Sport for last 5 years.
(A) Nationally _____

(B) Internationally _____

6. (A) How many events do you compete in each year: _____
(B) What were your best results last 5 years: _____
7. Are you currently free from injury and participating competitively: _____

8. Give details of any periods during the last 3 years when you have been unable to participate competitively due to accident or illness: _____

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