PETERSEN®
INTERNATIONAL UNDERWRITERS
Producer #: 59961

Application For High Limit Accidental Death Insurance

Proposed Insured: First _____ Middle _____ Last _____

Personal Statistics: Date of Birth _____/_____/_____ Height _____ Weight _____ Gender ❑Male ❑Female

Contact Information: Email _____ Telephone (_____)_____-_____ Fax (_____)_____-_____

Residence Address: Number & Street _____

City _____ State_____ Zip Code _____

Employer: _____

Business Address: Number & Street _____

City _____ State_____ Zip Code _____

Annual Income: US$ _____ Occupation _____

Requested Sum Insured: US$_____ **(Not to exceed 10 times annual income or satisfactory justification must be submitted)**

Period of Insurance: Requested Effective Date _____ Expiry Date _____

Beneficiary: _____ Relationship _____

Address: _____

Policy Owner (If not the insured): _____ Relationship _____

Address: _____

_____

Benefits (Check one): ❑ **24 Hour**

Coverage (Check one): ❑ **Accidental Death (AD)** **or** ❑ **Accidental Death & Dismemberment (AD&D)**

The following questions are to be answered by the proposed insured. If "Yes" is answered for any of the following questions please provide full details in the space below.

1. Do you have any physical defect or infirmity? ❑ Yes ❑ No
2. Is your sight or hearing defective? ❑ Yes ❑ No
3. Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for any condition related to any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? ❑ Yes ❑ No
4. Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for high blood pressure, a heart condition, rheumatic fever or diabetes? ❑ Yes ❑ No
5. Have you suffered from, been diagnosed with, received treatment for, or been prescribed treatment for a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? ❑ Yes ❑ No
6. Have you ever been declined or accepted on special terms for life, accident or illness insurance? ❑ Yes ❑ No
7. Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury? ❑ Yes ❑ No
8. Will you be travelling outside of the USA? ❑ Yes ❑ No
9. Will any of your air travel be on private or chartered aircraft? ❑ Yes ❑ No
10. Is there anything preventing you from working full-time in your occupation? ❑ Yes ❑ No

Question #	Please provide detailed information for each question answered "Yes"

DECLARATION I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health. I agree to the Underwriters obtaining medical information from any doctor who has attended me and authorize such doctor to give this information. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for recision. I understand that pre-existing conditions are not covered until a period of insurance of 12 months, treatment free, has elapsed.

Proposed Insured _____ Signature _____ Date_____

Policy Owner Signature (If other than the proposed Insured) _____ Date_____

Email Completed Form To: FalconADD@falconinsurance.com