

HIGH LIMIT ACCIDENT INSURANCE

Individual or Group AD&D



WORLDWIDE COVERAGE

HIGH LIMITS

*COVERS
Accidental Death &
Dismemberment*

*OPTIONAL COVER FOR
War
Terrorism
Sudden Cardiac Arrest*

HIGH LIMIT ACCIDENT INSURANCE APPLICATION

Proposed Insured: _____
FIRST MIDDLE LAST

Residence Address: _____
STREET AND NUMBER
CITY STATE ZIP () DAYTIME PHONE NUMBER

Personal Information: _____
DATE OF BIRTH HEIGHT WEIGHT E-MAIL ADDRESS

Name of Employer: _____

Business Address: _____
STREET AND NUMBER
CITY STATE ZIP () BUSINESS PHONE NUMBER

Occupation: _____ **Annual Earnings:** _____

Other Insurance: *What is the total amount of other life insurance benefits in force or applying for \$* _____

Geographical Limits: *Please indicate countries to be visited if outside of the U.S.A.:* _____

Air Travel: *Will aviation travel be on regularly scheduled airlines? If "no," please provide details.* YES NO

Name of Beneficiary: _____ **Relationship:** _____

Address: _____

Policy Owner: _____ **Relationship:** _____

Address: _____

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

Coverage Requested: All-risk, 24 Hour or Common Carrier or Air Travel Only
(check one)

Optional Coverages: War or Acts of War and Terrorism

Benefits Requested: Accidental Death (AD) Accidental Death and Dismemberment (AD&D) Accidental Death, Dismemberment and Sudden Cardiac Arrest (AD&D & SCA - Available up to age 65)
(check one)

Period of Insurance: Number of Weeks: _____ Effective Date: _____

PLEASE ANSWER ALL THE QUESTIONS

- 1) Have you any physical defect or infirmity? YES NO
- 2) Is your sight or hearing defective? YES NO
- 3) Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? YES NO
- 4) Have you ever suffered from:
a) high blood pressure, a heart condition, rheumatic fever or diabetes? YES NO
b) a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? YES NO
- 5) Have you ever been declined or accepted on special terms for life, accident or illness insurance? YES NO
- 6) Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury? YES NO
- Dates and Details to all "YES" answers above _____

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 rescission. I understand that pre-existing conditions are not covered until a period of insurance of 12 months, treatment free, has elapsed.

Date: _____

Signature of Proposed Insured

Owner: _____
(if other than proposed insured)

Signature of Owner or Title and signature of Officer signing for Firm or Corporation

Applicant's Phone: _____ Applicant's Fax: _____ Applicant's email: _____



HIGH LIMIT ACCIDENT INSURANCE

ACCIDENTS – THE UNIQUE HAZARD

Sickness, with its usual warning symptoms allows some lead time to prepare for the emotional and economic consequences that follow.

ACCIDENTS STRIKE WITHOUT WARNING!

Medical and Disability Insurance often fall short of covering the costs inherent with accidental bodily injuries and inadequately compensate for the specific losses of limb, sight, speech and hearing.

Life Insurance proceeds are seldom adequate to cover the financial loss due to death.

THE ACCIDENT HAZARD IS SUFFICIENTLY UNIQUE TO MERIT SPECIFIC INSURANCE.

COVERAGE OPTIONS

SUM INSURED

\$ _____

PREMIUM

\$ _____

COVERAGE PROPOSED

24 Hour Cover Common Carrier Air Travel Only

OPTIONAL COVERAGE

War or Acts of War and Terrorism

BENEFITS PROPOSED

Accidental Death (AD) Accidental Death & Dismemberment (AD&D) Accidental Death, Dismemberment and Sudden Cardiac Arrest (AD&D + SCA - available up to age 65)

PERIOD OF INSURANCE Number of Days:

GEOGRAPHICAL LIMITS:

BENEFIT SCHEDULE

LOSS COVERED

Accidental Death

Dismemberment

- Loss or loss of use of two limbs
- Loss of sight of both eyes
- Loss or loss of use of one limb
- Loss of hearing of both ears
- Loss of speech

Sudden Cardiac Arrest

AMOUNT PAYABLE

100% of Sum Insured

100% of Sum Insured

100% of Sum Insured

50% of Sum Insured

50% of Sum Insured

50% of Sum Insured

100% of Sum Insured



- Benefits are payable in addition to any other plan.
- Benefits are payable for loss caused by exposure to the weather or in a conveyance that results in disappearance or sinking and the body is not found within 365 days of the accident. Benefits will be paid on the basis of presumption of death.
- Benefits may be taken in a single lump sum or in equal annual installments.
- Covers accidental bodily injury sustained while the Certificate is in force and which results in loss within 365 days of the date of the accident.
- War or acts of war and/or terrorism may be covered under this plan by applying for such and paying the additional premium.

- This certificate does not cover injury or death caused or contributed to by war, declared or undeclared, or acts of terrorism (unless such coverage is applied for and the appropriate additional premium has been paid), intentional self-inflicted injury or injury while committing a criminal or felonious act, alcoholism, drug addiction.

HIGH LIMIT ACCIDENT INSURANCE

COVERAGE OPTIONS

- **24-Hour Coverage** includes any accidental bodily injury, including air travel and common carrier coverage.
- **Common Carrier Coverage** includes any form of conveyance that is certified as a common carrier of passengers, including Air Travel.
- **Air Travel Only Coverage** includes traveling as a passenger on a Certified Passenger Aircraft provided by a commercial airline on a regularly scheduled or non-scheduled, special or chartered flight and operated by a properly certified pilot. Military Air Transport Service is covered.

(See the Exclusions statement for accidents not covered by this certificate.)

BENEFIT OPTIONS

- **Accidental Death** pays the Principal Sum Benefit to the designated Beneficiary in the event of death due to accidental bodily injury, or exposure to weather as a result of an accident or disappearance or the sinking of a conveyance on which the insured was a passenger and the body is not found within 365 days of the accident.
- **Dismemberment** includes the loss of use of both hands or feet, or one hand and one foot, or the loss of sight of both eyes. The Principal Sum Benefit is paid for these losses. One half the Principal Sum amount will be paid in the event of the loss of sight of one eye, the loss of use of one hand or one foot, the hearing of both ears or the ability to speak.
- **Sudden Cardiac Arrest (SCA)** is available only with the 24 hour AD&D benefit (AD&D & SCA). This coverage pays the full benefit if an insured person dies within 72 hours of a sudden cardiac arrest.

UNDERWRITING GUIDELINES

- 1) Do not send money with the application
- 2) Applications may be originals, photos, E-mail or facsimile copies. Completed applications may be mailed, E-mailed or faxed.
- 3) There must be one application completed for each person seeking coverage
- 4) Underwriting time is one to four working days
- 5) The earliest effective date available is the day of the underwriter's approval
- 6) Benefits may not exceed ten times the annual income unless otherwise justified.