

**APPLICATION FOR HIGH LIMIT
ACCIDENTAL DEATH INSURANCE**

Producer #: 15175 Global Underwriters

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 _____

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

Address: _____

Beneficiary: _____ Relationship _____

Address: _____

Benefits (Check one): 24 Hour

Coverage (Check one): Accidental Death (AD) or Accidental Death & Dismemberment (AD&D) or Accidental Death, Dismemberment & Accidental Permanent Total Disability (AD&D & APTD)

If "Yes" is answered for any of the following questions please provide full details in the space below.

- | | |
|---|--|
| 1. Have you any physical defect or infirmity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is your sight or hearing defective? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever suffered from high blood pressure, a heart condition, rheumatic fever or diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever suffered from a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever been declined or accepted on special terms for life, accident or illness insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will you be travelling outside of the USA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will any of your air travel be on private or chartered aircraft? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 rescission. 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 _____