## **High Limit Accident Insurance**



## **Accidental Death Insurance**

- Personal & Group Coverage
- War/Terrorism Coverage
- Hazardous Activities
- Medically Substandard Risks



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# Accidental Death & Dismemberment

Many people do not realize the vast scope of coverage that an Accidental Death and Dismemberment (AD&D) policy can provide. An AD&D policy can provide a benefit in the event of death or dismemberment caused by extreme sports, firearms, fires, plane crashes including private piloting, traffic accidents, and more.

#### **BENEFIT SCHEDULE**

Accidental Death	 100% of the Benefit
Dismemberment	
Loss of or loss of use of two or more members	 100% of the Benefit
Loss of sight of both eyes	 100% of the Benefit
Loss of or loss of use of one member	 50% of the Benefit
Loss of hearing of both ears	 50% of the Benefit
Loss of speech	 50% of the Benefit
Loss of sight of one eye	 50% of the Benefit
Accident Permanent Total Disability	 100% of the Benefit

#### **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.



#### **SPECIAL FEATURES**

- 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 paid in a single lump sum.
- 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.

#### **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.
- Accident Permanent Total Disability will provide benefits if a competent medical authority determines you to be permanently totally disabled as to being able to perform the substantial and material duties of your occupation.

#### **UNDERWRITING REQUIREMENTS**

- 1. <u>NO</u> medical examinations required.
- 2. Application can be sent by fax or email.
- 3. Underwriting time is one to four working days.
- 4. Benefits may not exceed ten times the annual income <u>unless</u> otherwise justified.



### **APPLICATION FOR HIGH LIMIT ACCIDENTAL DEATH INSURANCE**

**Producer #: 15175** 

	Proposed Insured:	First	Middle	Last	
	<b>Personal Statistics:</b>	Date of Birth	/ / Height	Weight	Gender 🔲 Male 🗖 Female
(	Contact Information:	Email	Teler	ohone (	Fax () -
	<b>Residence Address:</b>	Number & Street			
		City	State	Zip Co	de
	Occupation:			<b>F</b> 1	
	<b>Business Address:</b>	Number & Street			
		City	State	Zip Co	de
	Annual Income:	US\$			
Req	uested Sum Insured:	US\$			
	Period of Insurance:	<b>Requested Effectiv</b>	e Date	Expiry Date	
	Beneficiary:			Relationship	
	Address:				
Policy Owner	· (If not the insured):			Relationship	
	Address:				
<i>The following qu</i> <i>full details in the</i> 1. 2. 3. 4. 5. 6. 7. 8. 9.	estions are to be and space below. Do you have any phys Is your sight or hearin Have you suffered from condition related to ar Have you suffered from blood pressure, a hear Have you suffered from "slipped disc" or other Have you ever been do Do you intend to enga Will you be travelling Will any of your air travel	swered by the proper- sical defect or infirmity ag defective? m, been diagnosed wir ny nervous or mental c m, been diagnosed wir t condition, stroke, rho m, been diagnosed wir r spinal disorder, a her eclined or accepted on age in hazardous sports outside of the USA? ravel be on non-common venting you from work	-	nswered for any of the follows een prescribed treatment for an ekout, fit or paralysis of any ki een prescribed treatment for hi een prescribed treatment for a ic condition? to rillness insurance? pose you to extra personal inju itary aircraft?	nd? gh Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No
			-	*	

**IT IS UNDERSTOOD AND AGREED:** 1) That all answers to the questions on this application, to the best of my knowledge and belief, are complete and true, 2) That all answers on this application shall form the basis of the issuance of any coverage hereunder, 3) That in the event that You, the Loss Payee, the Owner or any person on Your behalf commits fraud, a misstatement or concealment either in the application or by any other statement, this Certificate may become void and no benefits will be payable, 4) That except as amended by the answers to the above questions, any answer shown on any prior application for this coverage signed and dated by me are expressly reaffirmed, 5) I have read or had read to me and understand each of the questions and statements on this entire application, and 6) No one has prevented me from spending as much time as I felt was necessary to understand this application.

Proposed Insured	Signature	Date	
Policy Owner Signature (If other than the proposed Insured)		Date	
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Please return the completed application to SpecialRisk@globalunderwriters.com