

PHYSICIANS & SURGEONS HIGH LIMIT

Disability Insurance



Personal Estate Plans

*Income Replacement
Supplemental Disability
High Limit Disability*

Business Estate Plans

*Buy/Sell Agreements
Business Overhead Expense
Key Person
Contract Guarantee
Bank Loan Indemnification*

Now
With Own
Occupation
Definition



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Coverholder

23929 Valencia Boulevard Suite 215 Valencia California 91355

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PROPOSAL FOR: _____

AGE: _____ DATE: _____

PRESENTED BY: _____



MONTHLY DISABILITY BENEFITS

Proposed Use of This Insurance:

- Personal Disability
- Overhead Expense
- Buy Sell
- Key Person
- Loan Indemnification
- Contract Guarantee

	BENEFIT	ANNUAL PREMIUM
MONTHLY BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Days	
BENEFIT PERIOD	_____ Months	
MAXIMUM BENEFIT, EACH CLAIM	\$ _____	
TERM OF INSURANCE	_____ Years	
OPTIONAL BENEFITS:		
RESIDUAL DISABILITY RIDER		\$ _____
COST OF LIVING ADJUSTMENT RIDER		\$ _____
TOTAL ANNUAL PREMIUM		\$ _____

UNDERWRITING REQUIREMENTS: Application Medical Exam Blood & Urine EKG

FINANCIAL INFORMATION: Confidential Financial Statement Tax Returns _____

SPECIAL FEATURES

- **TOTAL DISABILITY:** Benefits will be paid to you when due to **sickness or injury** you no longer have the ability to perform the substantial and material duties of your regular occupation.
- **PRESUMPTIVE DISABILITY:** Benefits will be paid for the maximum Benefit Period **even if you are able to return to any other occupation** should you **lose the use of** both hands, both feet, one hand and one foot, the sight in both eyes, hearing in both ears, or the ability to speak. The medical care requirements and the elimination period will be automatically waived.
- **RECURRENT DISABILITIES:** Benefits will be paid for disabilities resulting from the same cause or causes and are considered a **new claim** with a **new benefit period** if you have returned to your regular occupation, full-time, for six months or longer.
- **TRANSPLANT BENEFIT:** Is a Total Disability benefits that will be paid for disability following surgery **if you donate an organ from your body** to another person. This benefit is applicable after the policy has been in force for six months or longer.

OPTIONS

- **RESIDUAL DISABILITY:** Benefits will be paid when you are engaged in your occupation and **your income is reduced** due to a disability by 20% or more. The benefit will be calculated by multiplying the monthly benefit by the percentage of reduced income compared to the average income for the preceding twelve months at the time of disability.
- **OPTIONAL COST OF LIVING ADJUSTMENT (COLA):** will annually **automatically increase** the monthly benefit amount based upon the Consumer Price Index (CPI), but not to exceed 10% per year.

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



LUMP SUM DISABILITY BENEFIT

Proposed Use of This Insurance:

- Personal Disability
- Buy Sell
- Key Person
- Loan Indemnification
- Contract Guarantee

The **Lump Sum Disability Benefit** is payable as a result of a covered injury or sickness resulting in you becoming permanently and totally unable to perform the substantial and material duties of your regular occupation.

BENEFIT		ANNUAL PREMIUM
BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Months	
TERM OF INSURANCE	_____ Year(s)	

UNDERWRITING REQUIREMENTS: Application Medical Exam Blood & Urine EKG

FINANCIAL INFORMATION: Confidential Financial Statement Tax Returns _____

BENEFIT PROVISIONS

- The **Lump Sum Disability Benefit** may stand alone or may be designed to follow the end of the benefit period of the Monthly Disability Benefits.
- The **Lump Sum Benefit** may be taken in a **single lump sum**, in **multiple sum amounts** or **deposited to an annuity plan** to provide long-term or lifetime cash-flow on a monthly basis.

CONDITIONS

- You must be totally disabled and under the regular care of a physician during the elimination period, and at the end of such period your physician must determine that you are permanently totally disabled to qualify 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 permanently 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.



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The Certificate of Insurance is the complete description of coverage.*



GENERAL INFORMATION

DEFINITIONS

TERM OF INSURANCE is the time period during which the terms of the certificate or the rates charged cannot be changed by the Underwriters. On the renewal date following a Term of Insurance the underwriters reserve the right to not renew or to offer renewal with different terms or rates.

THIS IS A SPECIFIC OCCUPATION certificate. The plan will automatically terminate if you change your occupation to something other than was declared on the certificate is issued, unless you get written acceptance from underwriters to agree to cover you in your new occupation. 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 which had been paid.

WAIVER OF PREMIUMS After 90 days of Total and/or Residual Disability, if the Residual Disability option was purchased, we will waive the premium amount due for payment, including any grace period, for as long as You remain Totally or Residually Disabled, but not beyond the expiry date of the certificate. Any premiums paid during that 90 day period will be refunded. The certificate and its benefits will continue as if the premium had been paid. When you are no longer Totally or Residually Disabled You must then pay any premium due on a pro-rata basis from the date of recovery to the next premium payment date. In the event of a Recurrent Disability, premiums will be waived from the first day of the recurrence.

SICKNESS means any sickness, illness or disease which is diagnosed or treated by a physician while this certificate is in force and is not excluded from coverage by name or specific description.

INJURY means accidental bodily injury sustained while the certificate is in force and results in a disability beginning while the certificate is in force.



EXCLUSIONS

No benefits will be paid due to Sickness or Injury caused by, contributed to by or related to the following and/or their treatments and/or complications thereof:

1. Suicide or intentional self-inflicted Injury or poisoning;
2. War, declared or undeclared (Please note that Terrorism or Acts of Terrorism is defined differently than war and is covered under this certificate);
3. While committing or attempting to commit a crime;
4. Taking of illegal or non-prescribed drugs, or addiction or misuse or prescription drugs;
5. Alcohol abuse or addiction, or being under the influence of alcohol, as defined by the vehicle code of the state or province in which the Accident has occurred;
6. Mental or Nervous disorders;
7. Subjective Pain or other symptoms unless supported by objective medical findings;
8. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
9. Nuclear, biological or chemical exposure as a result of war, declared or undeclared and terrorism.

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