

THE EXECUTIVE 400 PLAN

Disability Insurance



FOR

Personal Estate Plans

*Income Replacement • Excess Disability
High Limit Disability*

Business Estate Plans

*Salary Continuation • Buy-Sell Agreements
Business Overhead Expense • Key Person
Contract Agreement
Bank Loan Indemnification*



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

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PROPOSAL FOR: _____

AGE: _____ DATE: _____

OCCUPATION: _____

PRESENTED BY: _____

THE EXECUTIVE 400 PLAN

MONTHLY DISABILITY BENEFITS

Proposed Use of This Insurance:

- Personal Disability Buy-Sell Salary Continuation Key Person
 Overhead Expenses Contract Guarantee Loan Indemnification

Monthly Benefits are payable while Totally Disabled or Residually Disabled, if applicable, beginning the first day following the Elimination Period and for as long as the Benefit Period **for each disability**.

	BENEFIT SCHEDULE	ANNUAL PREMIUM
MONTHLY BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Days	
BENEFIT PERIOD	_____ Months	
MAXIMUM BENEFIT EACH CLAIM	\$ _____	
OPTIONAL RESIDUAL DISABILITY RIDER		\$ _____
OPTIONAL COLA RIDER (CPI) 10%		\$ _____
TOTAL ANNUAL PREMIUM		\$ _____
TERM OF INSURANCE _____ YEARS		

UNDERWRITING REQUIREMENTS: Application Medical Exam Blood & Urine EKG _____

FINANCIAL INFORMATION: Confidential Financial Statement Tax Returns _____

SUPPLEMENTAL QUESTIONNAIRE: BOE Key Person Buyout _____

SPECIAL FEATURES

- **TOTAL DISABILITY MONTHLY BENEFITS** are payable when, due to **sickness or injury**, you cannot perform the **substantial and material duties of your regular occupation** and you are under the regular care of a legally qualified physician.
- **PRESUMPTIVE DISABILITY** benefits will be paid for the maximum benefit period **even if you are able to return to your own or any other occupation**. Benefits will be paid 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** resulting from the same cause or causes 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** means that Total Disability benefits will be paid for disability following surgery **if you donate an organ from your body** to another person. Benefits will be paid as a sickness benefit. This benefit is applicable after the certificate has been in force for six months or longer.
- **OPTIONAL RESIDUAL DISABILITY RIDER BENEFITS** are payable when you are **engaged in your regular occupation, or another occupation, and you experience reduced income of 20% or more, due to a disability**. The benefit amounts will be calculated by multiplying the Monthly Benefit Amount provided by this Certificate by the percentage of reduced income compared to the average monthly earned income received during the twelve month period preceding the onset date of the disability.
- **OPTIONAL COST OF LIVING ADJUSTMENT (COLA)** will 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.*

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LUMP SUM DISABILITY BENEFITS

Proposed Use of This Insurance:

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

The **Principal Lump Sum Benefit** is payable at the expiry of the specified elimination period.

	BENEFIT SCHEDULE	ANNUAL PREMIUM
LUMP SUM 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 _____

SUPPLEMENTAL QUESTIONNAIRE: BOE Key Person Buyout _____

SPECIAL FEATURES

- The **Principle Sum Benefit** will be paid to you or to a designated loss payee, trust or annuity carrier. You may elect to receive the Benefit in any one of the following ways:
 1. Single payment
 2. Monthly benefits for a certain period of time or to a prescribed age.
 3. Monthly benefits for life.
 4. Interest only for life with Principal Sum paid to beneficiaries at the time of your death.
- **Simple Arbitration** is utilized 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.
- Disability must result from an injury or sickness which is first diagnosed or incurred and which results in a loss beginning while the certificate is in force.
- You must have been totally disabled for the elimination period and at the end of such period you are determined by competent medical authority to be unable to resume the material duties of your regular occupation and that you have suffered a career-ending disability.

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DEFINITIONS

Sickness means disease or illness which is first diagnosed and results in a disability beginning while the Certificate is in force.

Injury means accidental bodily injury sustained and which results in a disability beginning while the Certificate is in force.

SPECIFIED OCCUPATIONS

This is a Specified Occupation Plan. It will terminate automatically if you change from the occupation in which you were engaged in at the time the plan was issued, unless an agreement has been obtained in writing from the underwriters and any additional premium required by the underwriters has been paid. 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 paid for the balance of the plan term.

TERM OF INSURANCE

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 refuse renewal or to offer renewal with different terms or rates.

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 of 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. Pre-Existing Conditions;
8. Subjective Pain or other symptoms unless supported by objective medical findings;
9. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
10. Nuclear, biological or chemical exposure as a result of war, declared or undeclared terrorism.

**This brochure along with all of our other products and application
are available to download from our website: www.piu.org**

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