

HIGH LIMIT DISABILITY INSURANCE

Professional Athletes



FOR

- Personal
- Team Indemnification

FEATURING

*Worldwide 24-hr. Coverage
Accident and Sickness Coverages*

USES

*Loss of Future Earnings
Contract Completion
College Draft Protection
Loss of Endorsements
Costs of Agents/Managers*



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

23929 Valencia Boulevard Suite 215 Valencia California 91355
Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604
E-Mail: piu@piu.org Website: www.piu.org

PROPOSAL FOR: _____

AGE: _____ DATE: _____

SPORT: _____

PRESENTED BY: _____

HIGH LIMIT DISABILITY INSURANCE

PROFESSIONAL ATHLETES MONTHLY DISABILITY BENEFITS

Purpose: Personal Disability Contract Guarantee Team Indemnification Loss of Endorsement

Monthly Benefits will be paid to the Insured when Totally Disabled. Total Disablement means the Insured's complete and total physical inability to participate in his/her regular occupation. Benefits will begin on the first day following the Elimination Period and pay for each month or portion of a month, but not for longer than the Maximum Benefit Period.

PERIOD OF INSURANCE _____	<input type="checkbox"/> 24 hour Coverage	<input type="checkbox"/> Other _____
	BENEFIT	PREMIUM
MONTHLY BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Days	
MAXIMUM BENEFIT PERIOD	_____ Months	
MAXIMUM BENEFIT	\$ _____	

SUBJECT TO SATISFACTORY: Application/Exam Long Form Short Form Justification/Contract

INSURING AGREEMENT

If injury or sickness results in the **Total Disablement** of the Insured and such Total Disability commences during the Policy Period and within twelve (12) months of the date of the accident causing bodily injury, or in the event of sickness within twelve (12) months of the date such sickness first manifests itself, the Underwriters will pay to the Insured the Monthly Benefit Amount.

SPECIAL FEATURES

RECOVERY, RECURRENT AND SUBSEQUENT DISABILITY:

If the Insured returns to his/her occupation after a period of Total Disablement for which benefits were received, a Total Disablement commencing thereafter will be subject to a new Elimination Period. If the Insured suffers a recurrence of Total Disablement as a result of the same Accident or Sickness, such recurrence will be deemed part of the prior disability for the purposes of satisfying the Elimination Period, unless the period of recovery shall be continuous for sixty (60) days or more in which case a new Elimination Period will be imposed.

With regard to any such recurrent or subsequent disability as insured, the Underwriters will pay the monthly benefit only for the unused portion of the maximum benefit period not previously exhausted by payment of monthly benefits due to any prior disability or disabilities.

This Policy does not cover losses directly or indirectly caused or contributed to by:

War; Any attempt at suicide or intentional self-injury; The Insured person's own criminal or felonious act; The death of the Insured Person; Conditions of Psychotic, Psychoneurotic or Epileptic origin; The Insured Person being under the influence of alcohol, as defined by the vehicle code of the state or province in which the accident has occurred; The Insured Person being under the influence of drugs or narcotics that are not lawfully available, unless prescribed for the Insured Person by a qualified health care practitioner; The Insured Person using any drugs or substances in violation of the rules or regulations of the governing body of the sport in which the Insured Person plays; The operation, learning to operate or serving as a member of a crew of an aircraft.

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

HIGH LIMIT DISABILITY INSURANCE

PROFESSIONAL ATHLETES CAREER ENDING DISABILITY

Purpose: Personal Disability Contract Guarantee Team Indemnification
 Loss of Endorsement College Draft Protection

The **Principal Sum Benefit** is payable after the specified elimination period.

PERIOD OF INSURANCE _____	<input type="checkbox"/> 24 hour Coverage	<input type="checkbox"/> Other _____
	BENEFIT	PREMIUM
PRINCIPAL SUM BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Months	

SUBJECT TO SATISFACTORY: Application/Exam Long Form Short Form Justification/Contract

PRINCIPAL SUM

Eligibility for the Principal Sum Benefit is conditional upon the Insured having been Totally Disabled for the entire Elimination Period and is then determined by competent medical authority to be Permanently Totally Disabled. Total Disability must result from a bodily injury caused by an accident occurring while this Certificate is in force and results in disablement within twelve months of the date of the accident, or sickness or disease that manifests itself while this Certificate is in force and results in disablement within twelve months of the date of such manifestation.

NOT COVERED

This Policy does not cover losses directly or indirectly caused or contributed to by:

War; Any attempt at suicide or intentional self-injury; The Insured person's own criminal or felonious act; The death of the Insured Person; Conditions of Psychotic, Psychoneurotic or Epileptic origin; The Insured Person being under the influence of alcohol, as defined by the vehicle code of the state or province in which the accident has occurred; The Insured Person being under the influence of drugs or narcotics that are not lawfully available, unless prescribed for the Insured Person by a qualified health care practitioner; The Insured Person using any drugs or substances in violation of the rules or regulations of the governing body of the sport in which the Insured Person plays; The operation, learning to operate or serving as a member of a crew of an aircraft.

HIGH LIMIT DISABILITY INSURANCE

SPECIFIED OCCUPATIONS

These plans are Specified Occupation Plans. They will terminate automatically if the Insured changes from the occupation in which he/she was 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 any unearned premiums paid for the balance of the Plan term.

TERM OF COVERAGE

These Plans are annually renewable, or for negotiated longer periods of time. It is contemplated that the Plans will be renewed, however, the underwriters reserve the right to refuse to renew or to change the premium rates on renewal. A renewal application or a statement of good health may be required by the underwriters for consideration of renewal.

GENERAL INFORMATION

These plans are used in a number of ways to insure the professional athlete personally or to insure the team of which the athlete is a member as to the financial losses that result from a disabling accidental bodily injury or sickness. Career length varies by the sport in which the athlete performs. Exceptionally high earnings are generated in a short time span making the adequate insuring of the earning potential a primary financial planning process. Here are some of the uses of these plans:

■ **Loss of Future Earnings**

A professional athlete can anticipate income levels and probable playing time. A disability can affect the level of income to be earned in the future and a disability can shorten the career period. As an example, an athlete has no income assurance beyond the term period of the present contract. This plan can insure an income should disability shorten the expected career period.

■ **Contract Completion**

The loss of an athlete by disability puts the team in double jeopardy . Revenue may slip and the team must continue to pay the non-performing athlete. These plans can insure the contracted compensation to the athlete, thus relieving the team of that financial burden.

■ **Loss of Endorsements**

Endorsement income and fees continue to flow as long as the public remains fans of the athlete. A political statement, a drug involvement, a drunk arrest, a public relations goof, and the advertiser/endorsers pull back from sponsorship. This loss is also insurable.

■ **Cost of Agents/Managers**

During periods of disability it is in the athletes best interest to continue the use of agents and managers to keep the athlete's value as an athlete and as a product spokesperson keenly in the minds of those who contract for their services. These costs can be insured.

■ **College Draft Protection**

Talented athletes may decide to stay in school rather than take early entry into the draft. There is a risk of sustaining a career-ending disability during the final college years. These plans are available to insure the future value of a professional career.

Petersen International Underwriters Privacy Policy Statement

Petersen International Underwriters

Petersen International Underwriters want you to understand how we protect the confidentiality of non-public personal information we collected about you.

Information We Collect

We collect non-public information about you from numerous sources including, but not limited to:

- a) Information we receive from you on applications and other forms;
- b) Information about your transactions with our affiliates, others or us;
- c) Information we receive from consumer-reporting agencies; and
- d) Financial and medical sources.

Information We Disclose

We do not disclose any non-public information about you to anyone except as is necessary in order to provide our products or services to you or otherwise as we are required or permitted by law (e.g. subpoena, fraud investigation, regulatory reporting, etc.).

Confidentiality and Security

We restrict access to non-public personal information about you to our employees, our affiliates' employees or others who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

Contacting Us

If you have any further questions about this privacy statement or would like to learn more about how we protect your privacy, please contact the insurance producer who handled this case, or our offices at: 23929 Valencia Boulevard, Suite 215, Valencia, California 91355, (800)345-8816, e-mail: piu@piu.org

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AUTHORIZATION TO RELEASE PERSONAL INFORMATION HIPAA Compliant

I AUTHORIZE any physician, medical practitioner, hospital, clinic, health care facility, other medical or medically related facility, insurance or reinsuring company, consumer reporting agency, employer having information available as diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children to provide to Petersen International Underwriters, Inc., or to any agency authorized by Petersen International Underwriters, Inc to collect any and all such information by means of U.S. Post , fax or e-mail.

I AUTHORIZE Petersen International Underwriters to communicate with me/us or our representative via mail, phone, fax or electronic mail regarding quotations, underwriting, claims, coverage administration, or additional coverages from Petersen International Underwriters.

I UNDERSTAND the purpose of this Authorization is to allow Petersen International Underwriters, Inc., to determine eligibility for life or health insurance or claim for benefits under a life or health policy. Any information obtained will not be released by Petersen International Underwriters, Inc., to any person or organization EXCEPT to those persons or organizations needing such information in performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

I KNOW that I may request to receive a copy of this Authorization.

I UNDERSTAND that I may revoke this Authorization, except to the extent that Petersen International Underwriters, Inc. has acted in reliance upon this Authorization. My revocation must be submitted in writing to Petersen International Underwriters Inc.. Any such revocation may also have an impact upon my Underwriting or claims processing.

I UNDERSTAND that I can obtain a complete copy of Petersen International Underwriters Inc. Privacy Policy either on Petersen International Underwriters, Inc. website or by contacting them directly and asking for a copy.

I AGREE that a photostatic copy of this Authorization shall be as valid as the original.

I AGREE this Authorization shall be valid for two years from the date shown below.

Signed this _____ day of _____ 20_____

Signature of Proposed Insured