

# HIGH LIMIT ACCIDENT INSURANCE APPLICATION

Global Underwriters / BusinessTravelAccidentInsurance.com

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Proposed Insured: \_\_\_\_\_  
FIRST MIDDLE LAST

Residence Address: \_\_\_\_\_  
STREET AND NUMBER

\_\_\_\_\_  
CITY STATE ZIP ( ) DAYTIME PHONE NUMBER

Personal Information

\_\_\_\_\_  
DATE OF BIRTH HEIGHT WEIGHT E-MAIL ADDRESS

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_  
STREET AND NUMBER

\_\_\_\_\_  
CITY STATE ZIP ( ) BUSINESS PHONE NUMBER

Occupation: \_\_\_\_\_ Annual Earnings: \_\_\_\_\_

Purpose of Insurance: \_\_\_\_\_

Other Insurance: Please indicate the total amount of life insurance benefits in force or applying for \$ \_\_\_\_\_

Geographical Limits: Please indicate countries to be visited if outside of the U.S.A.: \_\_\_\_\_

Air Travel: Will aviation travel be on regularly scheduled airlines? If "no," please provide details.  YES  NO

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Owner: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Benefit Requested: Principal Sum Benefit \$ \_\_\_\_\_ (Not to exceed 10 times annual income or satisfactory justification must be submitted)

Coverage Requested:  All-risk, 24 Hour or  Common Carrier or  Air Travel Only  
(check one)

Optional Coverages:  War or Acts of War and Terrorism  2nd to Die

Benefits Requested:  Accidental Death (AD)  Accidental Death (AD&D) and Dismemberment  Accidental Death, Dismemberment and Accidental Permanent Total Disability (AD&D + APTD)  
(check one)

Period of Insurance: Number of Weeks: \_\_\_\_\_ Effective Date: \_\_\_\_\_

## PLEASE ANSWER ALL THE QUESTIONS

- 1) Have you any physical defect or infirmity?  YES  NO
- 2) Is your sight or hearing defective?  YES  NO
- 3) Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind?  YES  NO
- 4) Have you ever suffered from:
- a) high blood pressure, a heart condition, rheumatic fever or diabetes?  YES  NO
- b) a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition?  YES  NO
- 5) Have you ever been declined or accepted on special terms for life, accident or illness insurance?  YES  NO
- 6) Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury?  YES  NO
- 7) Have you ever been insured by this plan through Lloyd's of London?  YES  NO
- Dates and Details to all "YES" answers above \_\_\_\_\_

## 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.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Owner: \_\_\_\_\_

(If other than proposed insured)

Signature of Proposed Insured

By: \_\_\_\_\_

(Signature of Owner or Title and signature of Officer signing for Firm or Corporation)