

# CONFIDENTIAL FAILURE TO SURVIVE

“Providing Unique  
& Confidential  
Insurance Solutions”

## Prospective Markets Include:

- Talent Agents
- Business Managers
- Product Sponsors
- Advertisers
- Media Producers
- Venture Capitalist
- Lenders



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## CONFIDENTIAL FAILURE TO SURVIVE



The Confidential Failure to Survive insurance plan was designed to provide insurance benefits which would indemnify contractual obligations between third parties. This unique plan of insurance allows for coverage to remain confidential in that the owner of the policy will acquire the coverage without the need for the insured to conduct a medical exam or sign the application.

### KEY POINTS

In order for coverage to be considered by underwriters the policy owner must provide contractual justification for such insurance. A written agreement between the two parties becomes the essential element of underwriting Confidential Failure to Survive. An annual review of the financial agreement is required for renewal. Coverage is offered on an annual basis, yet shorter terms are also available. Confidentiality is a critical component to the successful underwriting of this plan.

#### Top Coverage Needs:

- Talent Agents who need to protect their income source
- Business Managers who rely on the earning capability of others
- Sponsors who have a great deal of money at risk for promotional purposes
- Advertisers with celebrity spokespersons
- Media Productions with contracted key players
- Venture Capital Investors relying on a key person
- Bank or Personal Loans that depend on the financial health of the borrower

### FREQUENTLY ASKED QUESTIONS

**Question #1:** Are there minimums or maximums that I can purchase on the insured?

**Answer #1:** Benefits can range from \$100,000 to \$20,000,000 or more.

**Question #2:** Can I purchase coverage on my spouse?

**Answer #2:** No, the moral risk of insuring a spouse is too high. We are able to insure an ex-spouse to cover any alimony or child support payments.

**Question #3:** How long does underwriting take?

**Answer #3:** Underwriting normally takes 2-3 days.

**Question #4:** Can I purchase coverage on anyone?

**Answer #4:** No, the coverage can only be purchased where there is clear financial justification such as a contract.

# EXCLUSIONS

This insurance does not cover claims directly or indirectly contributed to or caused by:

1. The insured person abusing or having abused, or being under the influence of, alcohol, drugs or controlled substances, other than drugs legally and appropriately prescribed by a qualified medical practitioner.
2. Suicide or intentional self-injury while sane or insane, or the voluntary disappearance of the insured person.
3. Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually transmitted disease.
4. By radioactive contamination or exposure to radiation.
5. By war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.

This is not intended to be a complete outline of coverage. Actual wording may change without notice. Underwriters reserve the right to modify terms and benefits at time of underwriting.



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**CONFIDENTIAL FAILURE TO SURVIVE APPLICATION FORM**

Policy Owner/Beneficiary: \_\_\_\_\_  
 Address Policy Owner: \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL INFORMATION**

Name of Insured Person: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Requested Benefit Amount: \$ \_\_\_\_\_  
 Occupation Including Duties: \_\_\_\_\_  
 Period of Insurance: \_\_\_\_\_

**INSURABILITY**

Please answer the following questions about the insured to the best of your knowledge and provide details.

1. Is the proposed insured currently or planning to participate in any hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the proposed insured planning to undertake any foreign travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the proposed insured have any medical condition that would affect this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you own any other Life Insurance policies on the life of the Insured Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any other factors affecting this insurance of which you are aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Justification of the sum insured: _____ _____	

Details to the answers above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION**

**(The Applicant must read this before signing)**

You should be aware that the policy wording contains exclusions in coverage in respect of AIDS, HIV, suicide, alcohol and drugs. To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance. (A material fact is one likely to influence acceptance or assessment of this application by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this application does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application and the statements made in it and the information provided in connection with it will be relied on by the underwriters in deciding whether to accept this insurance.

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed application will be available on request provided the insurance is effected. You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

Policy Owner's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_