

# KEY PERSON FAILURE TO SURVIVE

“Providing Unique  
Solutions For The  
Corporate World”

FOR

- Key Employees
- Most Third Party Contracts



*"Insuring the Globe"®*



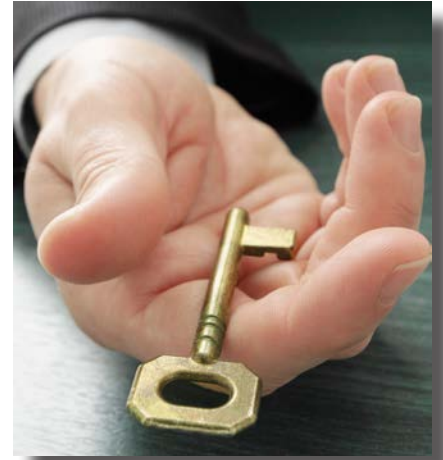
Offered Exclusively by:  
eGlobalHealth Insurers Agency, LLC  
Broker Number: 26356  
Derek Patterson, Broker/Agent  
[www.eGlobalHealth.com](http://www.eGlobalHealth.com)  
[info@eGlobalHealth.com](mailto:info@eGlobalHealth.com)  
Direct: (417) 882-1413  
Fax: (417) 459-4623

# KEY PERSON FAILURE TO SURVIVE

## KEY PERSON FAILURE TO SURVIVE

The underwriters will pay the amount shown in the schedule for the direct financial loss suffered by the assured resulting from non-performance of the insured contract due solely to the death or disappearance of the insured person during the period of insurance.

In the event that the insured contract is terminated, this insurance shall automatically and immediately come to an end simultaneously with the effective date of termination of the insured contract, without further notice.



### Policy & Underwriting Information

- The term of insurance is from 90 days to 12 months
- Renewals are considered if continued coverage is needed
- No medical exams or medical records are required for application

### Coverage would be appropriate for clients when...

- Coverage is needed immediately (underwriting with 48 hours)
- Completing a medical exam would be an issue
- Proposed insured is temporarily out of the U.S.A.
- Coverage is needed for a short period of time
- Health issues are a concern
- Issue limits are a problem

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.

# KEY PERSON FAILURE TO SURVIVE

## Exclusions

1. The insured person is participating in any kind of race or endurance test.
2. The insured person is flying as a pilot.
3. Suicide, intentional self-injury or the voluntary disappearance of the insured person.
4. Any emotional or psychiatric problems, including but not limited to neurotic disorders such as anxiety, phobias, depressions, dissociative disorders and obsessive compulsive disorders; psychotic disorders such as schizophrenia, paranoid psychosis and affective disorders; and personality disorders such as sociopathic personality.
5. A criminal act by the insured person.
6. The insured person abuses or has abused, or is under the influence of alcohol, drugs or controlled substances, other than drugs legally and appropriately prescribed by a qualified medical practitioner and properly used by the insured person.
7. Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually transmitted disease.
8. War, Terrorism and Mass Destruction
9. If the Insurer alleges that by reason of this exclusion any claim is not covered by this insurance the burden of providing the contrary shall be upon the Insured.
10. The insured person engaging in or taking part in armed forces service or operations
11. Nuclear reaction, nuclear radiation or radioactive contamination.
12. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.

## Underwriting Guidelines

Notice must be given to the Insurer as soon as reasonably possible of anything which results or may result in a claim under this Insurance. The Insured must keep all records so that the amount of any claim can be determined. All such records must be available for inspection by the Insurer in the event of a claim.

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.

**KEY PERSON FAILURE TO SURVIVE APPLICATION FORM**

Policy Owner (Not the Insured): \_\_\_\_\_  
 Address of Policy Owner: \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business: \_\_\_\_\_

**PERSONAL INFORMATION**

Name of Insured Person: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Occupation Including Duties: \_\_\_\_\_  
 Period of Insurance: \_\_\_\_\_

**INSURABILITY**

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

- |   |   |
|---|---|
| <p>1. Do you have any physical defect or infirmity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you ever suffered from high blood pressure, a heart condition, rheumatic fever or diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever suffered from cancer of any type? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever been declined or accepted on special terms for life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. Have you at any time been physically or mentally unable to work within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever been declined or accepted on special terms for life, accident or illness insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

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

**FINANCIAL INSURABILITY**

Requested Benefit Amount: \$ \_\_\_\_\_

Please indicate the total financial loss in the event of death of the Key Person. If any other financial documentation is available, please send along with this application.

- |  |          |
|--|----------|
| 1. Loss of revenue due to death of Key Person:         | \$ _____ |
| 2. Costs which will be incurred to find a replacement: | \$ _____ |
| 3. Cost of temporary replacement staff:                | \$ _____ |
| 4. Valuation of ownership:                             | \$ _____ |
| 5. Loss of future accounts:                            | \$ _____ |
| 6. Total loss from death:                              | \$ _____ |

**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 fact. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void this insurance. (A material fact is one likely to influence acceptance or assessment of this application by underwriters.

Insured's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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