

# PHYSICIANS & SURGEONS HIGH LIMIT

## *Disability Insurance*



### **Personal Estate Plans**

*Income Replacement  
Supplemental Disability  
High Limit Disability*

### **Business Estate Plans**

*Buy/Sell Agreements  
Business Overhead Expense  
Key Person  
Contract Guarantee  
Bank Loan Indemnification*



## **PETERSEN INTERNATIONAL UNDERWRITERS**

*Lloyd's Correspondents*

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PROPOSAL FOR: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESENTED BY: \_\_\_\_\_



# MONTHLY DISABILITY BENEFITS

### Proposed Use of This Insurance:

- Personal Disability
- Overhead Expense
- Buy Sell
- Key Person
- Loan Indemnification
- Contract Guarantee

	BENEFIT	ANNUAL PREMIUM
MONTHLY BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Days	
BENEFIT PERIOD	_____ Months	
MAXIMUM BENEFIT, EACH CLAIM	\$ _____	
TERM OF INSURANCE	_____ Years	
<b>OPTIONAL BENEFITS:</b>		
RESIDUAL DISABILITY RIDER		\$ _____
COST OF LIVING ADJUSTMENT RIDER		\$ _____
<b>TOTAL ANNUAL PREMIUM</b>		\$ _____

**UNDERWRITING REQUIREMENTS:**  Application  Medical Exam  Blood & Urine  EKG

**FINANCIAL INFORMATION:**  Confidential Financial Statement  Tax Returns  \_\_\_\_\_

## SPECIAL FEATURES

- **TOTAL DISABILITY:** Benefits will be paid to you when due to **sickness or injury you no longer have the ability to perform the substantial and material duties of your regular occupation.**
- **PRESUMPTIVE DISABILITY:** Benefits will be paid for the maximum Benefit Period **even if you are able to return to any other occupation** 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:** Benefits will be paid for disabilities resulting from the same cause or causes and 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:** Is a Total Disability benefits that will be paid for disability following surgery **if you donate an organ from your body** to another person. This benefit is applicable after the policy has been in force for six months or longer.
- **RESIDUAL DISABILITY:** Benefits will be paid when you are engaged in your occupation and **your income is reduced** due to a disability by 20% or more. The benefit will be calculated by multiplying the monthly benefit by the percentage of reduced income compared to the average income for the preceding twelve months at the time of disability.
- **OPTIONAL COST OF LIVING ADJUSTMENT (COLA):** will annually **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.*



# LUMP SUM DISABILITY BENEFIT

## Proposed Use of This Insurance:

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

The **Lump Sum Disability Benefit** is payable as a result of a covered injury or sickness resulting in you becoming permanently and totally unable to perform the substantial and material duties of your regular occupation.

BENEFIT		ANNUAL PREMIUM
BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Months	
TERM OF INSURANCE	_____ Year(s)	

**UNDERWRITING REQUIREMENTS:**  Application  Medical Exam  Blood & Urine  EKG

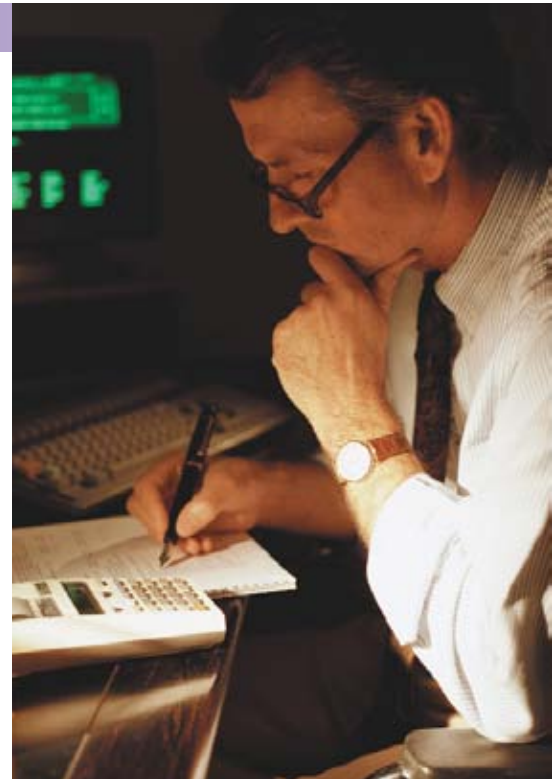
**FINANCIAL INFORMATION:**  Confidential Financial Statement  Tax Returns  \_\_\_\_\_

## BENEFIT PROVISIONS

- The **Lump Sum Disability Benefit** may stand alone or may be designed to follow the end of the benefit period of the Monthly Disability Benefits.
- The **Lump Sum Benefit** may be taken in a **single lump sum**, in **multiple sum amounts** or **deposited to an annuity plan** to provide long-term or lifetime cash-flow on a monthly basis.
- You must be totally disabled and under the regular care of a physician during the elimination period, and at the end of such period your physician must determine that you are permanently totally disabled.



- We reserve the right to have you examined by a physician of our choice. 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.



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## GENERAL INFORMATION

### DEFINITIONS

**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.

**THIS IS A SPECIFIC OCCUPATION** certificate. The plan will automatically terminate if you change your occupation to something other than was declared on the certificate is issued, unless you get written acceptance from underwriters to agree to cover you in your new occupation. 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 which had been paid.

**PHYSICIANS, COMPETENT MEDICAL AUTHORITY** means an individual who is qualified to perform or prescribe surgical or manipulative treatment. A physician must be recognized (licensed or chartered) by the State or County in which he or she is practicing, cannot be a relative, must practice within the scope of his or her license. Treatment of a sickness or accident must be within the knowledge or expertise of the Physician.

**SICKNESS** means any sickness, illness or disease which is diagnosed or treated by a physician while this certificate is in force and is not excluded from coverage by name or specific description.

**INJURY** means accidental bodily injury sustained while the certificate is in force and results in a disability beginning while the certificate is in force.



### 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 or 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.

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