

# HIGH LIMIT DISABILITY INSURANCE

Disability Insurance  
For Professional  
Athletes

## Benefits Include

- Worldwide Coverage
- 24-Hour Coverage
- Accident & Sickness Coverage



# Professional Athletes

## MONTHLY DISABILITY BENEFITS

Proposed Use of This Insurance:

- 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 _____
	<b>BENEFIT</b>	<b>ANNUAL PREMIUM</b>
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 six (6) months of the date of the accident causing bodily injury, or in the event of sickness within six (6) 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 there after 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.

## 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, Psycho neurotic 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.*

# Professional Athletes

## LUMP SUM DISABILITY BENEFITS

Proposed Use of This Insurance:

- Personal Disability     Contract Guarantee     Team Indemnification     Loss of Endorsement

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

PERIOD OF INSURANCE _____	<input type="checkbox"/> 24 Hour Coverage	<input type="checkbox"/> Other _____
	<b>BENEFIT SCHEDULE</b>	<b>ANNUAL PREMIUM</b>
LUMP SUM BENEFIT AMOUNT	\$ _____	\$ _____
ELIMINATION PERIOD	_____ Months	

## 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, Psycho neurotic 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.

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## 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 INSURANCE

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 go of, 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.

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