

## Disclaimer



Insurance can be effective only after the underwriting department receives and reviews your application. The earliest effective date will be the next day after the review.

Underwriting department is open from Monday through Friday, 7 AM to 4 PM, Pacific Time, excluding holidays.

### **By submitting this paper application, you acknowledge and agree that:**

- Back dated applications are not possible.
- Requested effective date is not always guaranteed.
- It does not matter when you send the application by postal mail, fax or scanned copy in email.
- It does not matter when the postal mail, fax or email was received by us, as the underwriting department can consider the effective date only according to when they review the application.
- If there is any dispute between you and the underwriting department about when the effective date should be, the decision of the underwriting department will be final.
- You hold Insubuy and the writing agent (if any) harmless and relieve us from any liability because of this.

If the above terms are not acceptable to you, please do not submit the application.

If you need to purchase the insurance urgently with a specific effective date, please call our office at (866) INSUBUY or the writing agent to confirm, before sending the application.

## 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.

- |  |  |  |  |
|--|--|--|--|
| 1. Do you have any physical health problems or suffer from a sickness of any kind?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Have you ever been declined or accepted on special terms for life, accident or illness insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been diagnosed with a heart condition, high blood pressure, diabetes or cancer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Do you intend to engage in hazardous sports or any activities that expose you to personal injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you at any time been physically or mentally unable to work during the last 12 months?    | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Are you planning to undertake any foreign travel during the next 12 months?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |  | 7. Do you hold a valid pilot license?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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: \_\_\_\_\_