

Confidential Insurable Interest Life Insurance



Now a third party individual can insure against financial loss as a result of the death of another person, with whom there is an insurable interest without the insured person's knowledge.

USES

- Bank Loans
- Divorce Settlements
- Investors
- Business Managers/Agents
- Movie Productions
- Business Buy Outs/Buy Ins
- Surrogate Mother Contracts

eGlobalHealth Insurers Agency, LLC

Broker # 26356

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Confidential

Insurable Interest

Life Insurance



A New Concept in Life Insurance

- There must be a documented (written agreement) insurable interest between the two parties.
- Insure without the knowledge of the insured.
- Insure without medical examination.
- Will NOT consider blood relatives nor married couples.
- This is an annual policy. Must be renewed annually.

General Conditions and Exceptions

- 1) The policy will pay up to the amount shown in the schedule for the direct financial loss suffered by the insured resulting from non-performance of the insured contract due solely to the death or disappearance of the contracting party during the period of insurance. Any disappearance must continue for a period of more than twelve months, and the insured must undertake to repay underwriters in the event that the contracting party is subsequently found alive.
- 2) 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.
- 3) The insured warrants that they have made all reasonable inquiries to establish that the contracting party does not suffer any physical impairment, mental impairment or medical condition which does or may increase the risk of non-performance of the insured contract, and that the insured has disclosed to the underwriters all such information known by the insured. The insured will immediately disclose to the underwriters all further such information which comes to the attention of the insured at any time either before or after the inception of this insurance which does or may indicate the existence of any such impairment or medical condition.
- 4) This insurance does not cover claims directly or indirectly contributed to or caused by:
 1. The contracting party 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 contracting party.
 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.

APPLICATION FOR **Confidential** *Insurable Interest* **Life Insurance**

eGlobalHealth Insurers Agency, LLC

info@GlobalRiskBroker.com Direct: 417-882-1413 Fax: 417-459-4623

Applicant

FIRST

MIDDLE

LAST

Address of Applicant

STREET AND NUMBER

CITY

STATE

ZIP

Applicant's Business

Insured Person

(All names by which insured person(s) is/are known must be disclosed)

FIRST

MIDDLE

LAST

Date of Birth

Occupation of Insured

(Please give full details)

Coverage Period

(Max 12 months)

Sum Insured

Insurability

Are there any other policies owned by the Applicant on the life of the Insured Person? If so, please supply details:

What is the business relationship of the Applicant and Insured Person: _____

Justification of the sum insured as follows: _____

To the best of your knowledge and belief, does the insured person:

(a) undertake hazardous activities (i.e., parachuting, motor racing, etc.)

YES NO

(b) undertake foreign travel?

YES NO

(c) have any physical or mental condition which would affect this insurance?

YES NO

(d) are there any other factors affecting this insurance of which you are aware?

YES NO

If so, please supply details: _____

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.

Signature of Applicant _____

Date _____

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.

Petersen International Underwriters Privacy Policy Statement

Petersen International Underwriters

Petersen International Underwriters want you to understand how we protect the confidentiality of non-public personal information we collected about you.

Information We Collect

We collect non-public information about you from numerous sources including, but not limited to:

- a) Information we receive from you on applications and other forms;
- b) Information about your transactions with our affiliates, others or us;
- c) Information we receive from consumer-reporting agencies; and
- d) Financial and medical sources.

Information We Disclose

We do not disclose any non-public information about you to anyone except as is necessary in order to provide our products or services to you or otherwise as we are required or permitted by law (e.g. subpoena, fraud investigation, regulatory reporting, etc.).

Confidentiality and Security

We restrict access to non-public personal information about you to our employees, our affiliates' employees or others who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

Contacting Us

If you have any further questions about this privacy statement or would like to learn more about how we protect your privacy, please contact the insurance producer who handled this case, or our offices at: 23929 Valencia Boulevard, Suite 215, Valencia, California 91355, (800)345-8816, e-mail: piu@piu.org