

SHORT TERM CONTINGENT LIFE AND/OR DISABILITY PLAN

Offered Exclusively by:
eGlobalHealth Insurers Agency, LLC
Broker # 26356
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*When time is of the essence
and immediate coverage for life
and/or disability is needed for*



Key Person Cover

Escrow Closures

Venture Capital Competition

Contractual Uncertainties

*Traditional life and disability
underwriting often times takes
many weeks to complete.
STC can be accomplished
in a matter of hours.*



PETERSEN INTERNATIONAL UNDERWRITERS

Lloyd's Correspondents

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186

Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604

E-Mail: piu@piu.org Website: www.piu.org

Proposal For: _____

Date: _____ Age: _____

Life Benefit: _____

Disability benefit: _____

Disability Elimination Period: _____

Policy Period: _____



SHORT TERM CONTINGENT LIFE AND/OR DISABILITY

For Key Persons... when time is of the essence!

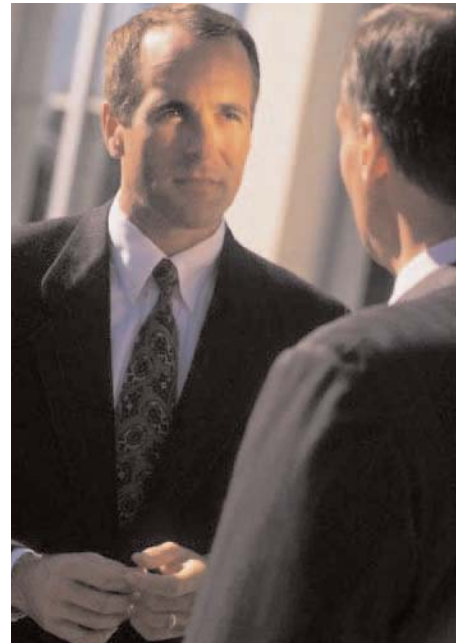


When it takes traditional life and disability carriers on average 60 days to underwrite new applications, this can often times prevent pivotal business deals from concluding in a timely way. Mergers and acquisitions, infusion of venture capital, and close of escrows are often times held up due to this type of underwriting delay.

The STC plan was designed to provide an immediate solution. Within a matter of hours STC coverage can be obtained to cover these types of risks while the traditional plans are being underwritten. The STC plan provides coverage for 30, 60 or 90 days. Once traditional coverage is approved and in force then the STC plan will cease.

UNDERWRITING GUIDELINES

- Available for third party business situations only
- STC is non-convertible and non-renewable
- Premiums are fully earned at inception
- Short Form two page application
- Up to \$20,000,000 (or more) is available
- Must provide financial justification
- Full premium is required to bind the coverage



Underwritten by Lloyd's of London through Petersen International Underwriters

*This is not intended to be a complete outline of coverage.
Actual wording may change without notice.*



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Please Return To:

eGlobalHealth Insurers Agency, LLC

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

Underwritten by Certain Underwriters at Lloyd's

APPLICATION PART I.

Proposed Insured Full Name: _____

Date of Birth: _____ Occupation: _____

Policy Owner: _____

Address of Policy Owner: _____

Beneficiary: _____

Loss Payee: _____

Insurance Applied For: Contingent Life Contingent Permanent Total Disability

Sum Insured: _____ Policy Period: _____

1) Are you now and have you been actively at work for the past 90 Days in your current occupation? If no please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
2) Are you now fit and healthy to the best of your knowledge? If no please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
3) Have you missed more than two weeks of work during the past 12 months due to accident or sickness? If yes please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
4) Do you suffer from any disease or disorder that may impair your Health in any way? If yes please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
5) Are there any circumstances connected with your occupation or Pastimes that would subject you to a greater than normal chance of Being disabled by an accident or illness? If yes please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>
6) Is there any other life or disability insurance in force or applied For on the proposed insured that is intended for the same purpose? If yes please explain.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please use the space below for explanation: _____

The representations and answers to the above questions pertaining to the Proposed Insured are made by the Proposed Insured at the request and on behalf of the proposed Policy Owner. The proposed Policy Owner adopts as part of this application all the statements and answers of the Proposed Insured. It is agreed by the proposed Policy Owner that if this application is accepted by Underwriters, it constitutes the entire contract between the parties concerning the insurance to be provided.

Signature of the Proposed Policy Owner: _____ **Date:** _____

Relationship to the Proposed Insured: _____

Signature of Proposed Insured: _____ **Date:** _____

