

EXECUTIVE 400 HIGH LIMIT DISABILITY

**A Proposal For
Buy Sell Plus Insurance
Specifically Designed For**

James
Age 52

Occupation:
Executive

Proposal Date:
10/19/2018

Presented By
BB&T Life Insurance Services



PETERSEN
International Underwriters
Lloyd's Coverholder



DISABILITY INSURANCE

James

Proposed Use of This Insurance: Buy Sell Plus

Occupation: Executive

Actual Age: 52

Term of Insurance: 5 years

Presented By: BB&T Life Insurance Services

Total Disability means that solely due to an Accident or Sickness, You are not able to perform the substantial and material duties of Your Occupation, even if You are at work in another occupation.

Coverage	Benefit	Annual Premium
Monthly Benefit Amount	\$12,500	
Elimination Period	90 days	
Benefit Period	9 months	
Maximum Benefit, Each Claim	\$112,500	
Optional Riders:		
Partial Disability Rider		\$153
Total Annual Premium (Including Taxes and Fees):		\$1,874

Optional Riders

Partial Disability Rider: Will pay (50%) of the Monthly Benefit Amount should due to Sickness or Injury You be unable to perform one or more of Your duties which accounted for at least fifty percent (50%) of the time You spent at Your Occupation, or You have at least a fifty percent (50%) loss of time spent at Your Occupation.

Included Features

Presumptive Disability: Benefits will be paid for the maximum Benefit Period even if you are able to return to work 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: If You incur a further Total Disability within six months of a prior Total Disability, it will be continued as the same disability. Or if you have returned to your regular occupation, for six months or longer resulting and You incur a further Total Disability from the same or different cause it will be considered a new claim with a new Elimination Period and new Benefit Period.

Transplant Benefit: Total Disability benefits will be paid to you while disabled following surgery in which 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.

Rehabilitation Benefit: We may help for a rehabilitation program if we are paying benefits under the certificate and if we approve the program in advance.

This is a brief description of the insurance provided by this plan. The certificate of insurance is the complete description of coverage. This proposal is non-binding and subject to financial and medical underwriting. This proposal is valid for 30 days.



DISABILITY INSURANCE

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Permanent Total Disability (P.T.D.) means that if solely due to an Accident or Sickness, You are not able to perform the substantial and material duties of Your Occupation and in the opinion of Competent Medical Authority recovery from such disability is not expected, even if You are at work in another occupation.

Coverage	Benefit	Annual Premium
P.T.D. Principal Sum Benefit	\$1,000,000	
Elimination Period	12 Months	
Total Annual Premium (Including Taxes And Fees):		\$4,654

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DISABILITY INSURANCE

Policy Features

True Own Occupation if You are not able to perform the substantial and material duties of Your Occupation, even if you are at work in another occupation.

Waiver of Premium Any premium installments due while the Insured is disabled and receiving benefits will be waived. Premium modes cannot be changed while You are disabled. When You are no longer eligible for benefits, premium installments will resume.

Term of Insurance is the period of time that the policy is non-cancellable. The terms of the policy nor the premium can be altered by the insurance carrier provided you pay your premium on time.

Passive War and/or Terrorism are covered unless the act includes the use of nuclear, biological or chemical weapons.

Standard Policy Exclusions

Not covered by the certificate of insurance include: Suicide or Intentional self inflicted injury or poisoning; committing or attempting to commit a felony; taking illegal or non-prescribed drugs, or addiction or misuse of prescription drugs; 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; mental and/or nervous disorders; conditions not disclosed during underwriting; pregnancy and pregnancy related conditions; nuclear, biological or chemical exposure as a result of terrorism or war; active participation in terrorism or war.

Underwriting Requirements

Medical: Application, Paramed Exam, Full Blood Profile, Urinalysis

Financial: Last two years company tax returns

Supplemental Questionnaires: Buy Sell Questionnaire

Security

Certain Underwriters at Lloyd's, London

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BENEFIT AND PREMIUM SUMMARY

	Level Annual Premium	Level Monthly Premium
Monthly Benefit Amount:	<i>\$12,500</i>	
Elimination Period:	<i>90 days</i>	
Benefit Period:	<i>9 months</i>	
Premium:	\$1,721	\$148.01
Optional Partial Rider:	\$153	\$13.16
Total Premium:	\$1,874	\$161.16
P.T.D. Principal Sum Benefit:	<i>\$1,000,000</i>	
Elimination Period:	<i>12 months</i>	
Total Premium:	\$4,654	\$400.24
Grand Total Premium:	\$6,528	\$0.00

Single Pay Premium: \$26,112.00 equal to 5 annual premiums with a 20% discount for a savings of \$6,528.00.

UNDERWRITING REQUIREMENTS

Medical Underwriting Requirements : Application, Paramed Exam, Full Blood Profile, Urinalysis
Financial Underwriting Requirements : Last two years company tax returns
Supplemental Questionnaires : Buy Sell Questionnaire

SECURITY

Certain Underwriters at Lloyd's, London

PRIVACY POLICY STATEMENT

PETERSEN INTERNATIONAL UNDERWRITERS

Petersen International Underwriters wants you to know how we protect the confidentiality of your non-public personal information which we may collect. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

INFORMATION WE MAY COLLECT

The non-public personal information that we may collect about you includes, but is not limited to:

- * Personal information such as name, date of birth, address and contact information;
- * Financial information including credit history;
- * Health history.

CONFIDENTIALITY AND SECURITY

Only our employees and other third parties, who need or who have the legal right to, the information to service your account have access to your personal information. We have measures in place to secure your data within our paper files and computer systems.

RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of your personal information in our possession.

CONTACTING US

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance, or our offices at: 23929 Valencia Boulevard, Second Floor, Valencia, California 91355, (800)345-8816, e-mail piu@piu.org. We can provide a more detailed statement of our privacy practices upon request.

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