HIGH LIMIT ACCIDENT INSURANCE APPLICATION

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Name of Insured: _____ First _____ Middle _____ Last

Residence Address: _____ Street and number

_____ City _____ State _____ Zip _____ Country (_____)_____ Day Time Phone Number

Personal Information: _____ Date of Birth _____ Height _____ Weight

Name of Employer: _____

Business Address: _____ Street and Number

_____ City _____ State _____ Zip _____ Country (_____) _____ Business Phone Number

Occupation: _____ Average Annual Earnings: US$ _____

Purpose of Insurance: [__] Business (please describe) _____

[__] Pleasure (please describe) _____

If this coverage is to be used as trip insurance please indicate countries to be visited if outside the USA: _____

Will aviation be on regularly scheduled airlines" If "no" please provide details: _____

Beneficiary: _____ Relationship: _____

Address: _____

Policy Owner: _____ Relationship: _____

Address: _____

Benefits Requested: Principal Sum Benefit US$ _____ (Not to exceed 10 times annual income or satisfactory justification must be submitted)

Coverage Requested: (Check One) [__] All-Risk 24 Hour or [__] Common Carrier or [__] Air Travel Only

Optional Coverage's: [__] War or Acts of War and terrorism [__] 2nd to die [__] Chemical, Nuclear, Biological

Benefits Requested: [__] Accidental Death (AD) [__] Accidental Death (AD)&D) And Dismemberment [__] Accidental Death, Dismemberment and Accidental Permanent Total Disability (AD&D + APTD)

Period of Insurance: Number of Weeks: _____ Effective Date: _____

PLEASE ANSWER ALL THE QUESTIONS

1) Have you any physical defect of infirmity? [__] Yes [__] No
2) Is your sight or hearing defective? [__] Yes [__] No
3) Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? [__] Yes [__] No
4) Have you ever suffered from:
   a) high blood pressure, a heart condition, rheumatic fever or diabetes? [__] Yes [__] No
   b) a 'slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? [__] Yes [__] No
5) Have you ever been declined or accepted on special terms for life, accident or illness insurance [__] Yes [__] No
6) Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury [__] Yes [__] No
7) Have you ever been insured by this plan through Lloyd's of London [__] Yes [__] No

Dates and Details: _____

DECLARATION

I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health, I agree to the Underwriters obtaining medical information from any doctor or hospital who has attended me and authorize such doctor or hospital to provide this information. I agree that this proposal shall form the basis of the contract should the insurance be effected.

Signed at: _____ Date: _____ _____ Signature of Proposed Insured

Owner: _____ (if other than the proposed insured) By: _____ (signature of Owner or Title and signature of Officer signing for Firm or Corporation)