This form can be completed in Adobe Acrobat

HIGH LIMIT ACCIDENT INSURANCE APPLICATION

To: WorldTravelCenter.com

8420 West Dodge Road, 5th Floor, Omaha, NE 68114 Phone 866-979-6753 fax: 703-935-0366
E-Mail: info @worldtravelcenter.com • Website: http://www.worldtravelcenter.com

Proposed Insured: _____ (FIRST / MIDDLE / LAST)

Residence Address: _____ (STREET AND NUMBER)

_____ (CITY / STATE / ZIP) (____) _____ (DAYTIME PHONE NUMBER)

Personal Information _____ (DATE OF BIRTH / HEIGHT / WEIGHT / E-MAIL ADDRESS)

Name of Employer: _____

Business Address: _____ (STREET AND NUMBER)

_____ (CITY / STATE / ZIP) (____) _____ (BUSINESS PHONE NUMBER)

Occupation: _____ Annual Earnings: _____

Purpose of Insurance: _____

Other Insurance: *Please indicate the total amount of life insurance benefits in force or applying for $*_____

Geographical Limits: *Please indicate countries to be visited if outside of the U.S.A.:* _____

Air Travel: *Will aviation travel be on regularly scheduled airlines? If "no," please provide details.* ❑ YES ❑ NO

_____

Name of Beneficiary: _____ Relationship: _____

Address: _____

Policy Owner: _____ Relationship: _____

Address: _____

Benefit Requested: Principal Sum Benefit $ _____ (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 Coverages: ❑ War or Acts of War and Terrorism ❑ 2nd to Die

Benefits Requested: (check one) ❑ Accidental Death (AD) ❑ Accidental Death (AD&D) and Dismemberment ❑ Accidental Death & Dismemberment andSuddenCardiacArrest(AD&D&SCA)

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

PLEASE ANSWER ALL THE QUESTIONS

1) Have you any physical defect or 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 to all "YES" answers above _____

_____

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 who has attended me and authorize such doctor to give this information. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for recision. I understand that pre-existing conditions are not covered until a period of insurance of 12 months, treatment free, has elapsed.

Date _____ _____ Signature of Proposed Insured

Owner: _____ (if other than proposed insured) _____ Signature of Owner or Title and signature of Officer signing for Firm or corporation

Phone: _____ Applicant's Fax _____ Applicant's e-mail _____

Is this a confidential fax? ❑ YES ❑ NO

5/05