



PROFESSIONAL ATHLETES APPLICATION

JUNIOR FORM

Send completed application to:

PETERSEN INTERNATIONAL UNDERWRITERS

23929 Valencia Boulevard Second Floor, Valencia, CA 91355

Email: piu@piu.org • Fax: (661) 254-0604 • Telephone (800) 345-8816

PROPOSED INSURED INFORMATION

Proposed Insured: First _____ Middle _____ Last _____

Date of Birth: _____ / _____ / _____ Height: _____ Weight: _____

Gender: Male Female

Address: Number & Street _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Sport: _____ Team Name: _____ Position: _____

1. Are you presently applying, have in force, or are applying to reinstate any disability insurance other than this application? Yes No

Insurer	Date of Issue	Monthly Benefit	Lump Sum Benefit

2. Are you actively at work at the inception date of this certificate? Yes No

Actively at work means that the insured is not only present at their place of work on the prescribed day but are mentally and physically capable of carrying out their normal regular duties associated with the job for which they are employed.

It is understood and agreed as follows:

I have read the statements and answers recorded herein. They are to the best of my knowledge and belief, true and complete and correctly recorded. Underwriters will rely on this information in making their determinations. No agent, broker or medical examiner has authority to waive the answers to any questions, to determine insurability, to waive any of the underwriter's rights or requirements, or to make or alter any contract or policy. The insurance applied for will not take effect unless the health of the Proposed Insured remains as stated in the Application on the inception date of the policy. Underwriters do not bind themselves to accept this application for insurance, and reserve the right to decline and/or impose specific exclusions as a result of information disclosed herein. The information obtained will be used to determine if the Proposed Insured is eligible for (a) the insurance requested; or (b) benefits under a policy which is in force. It will also be used for any other business purpose which relates to the insurance requested or the policy which is in force. The form will be valid for 30 months. I know that I may request a copy of it. I agree that a photocopy is as valid as the original.

Proposed Insured: _____ Signature: _____ Date: _____
Please Print

Guardian of Insured: _____ Signature: _____ Date: _____
(If Applicant is under age 18) Please Print