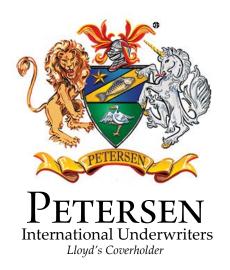
Business Loan Failure to Survive

"Providing Unique Solutions For The Corporate World"



FOR

- Business Bank Loans
- Venture Capital Investments
- Mergers & Acquisitions
- Short Term Coverage



Please contact me with any questions! Simon Loli 619-250-1316 si@simonloli.com WWW.SIMONLOLIINSURANCE.COM

BUSINESS LOAN FAILURE TO SURVIVE

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This unique insurance protection was designed to indemnify a lender for the balance of money at risk given a contractual business loan agreement. A premature death or disablement of the borrower will usually trigger an immediate call on the loan. The protection of other business assets becomes even more essential during this type of situation.

Often times there is a desperate need for urgency when dealing with a loan approval and the funding of the loan. Time is always of the essence and unfortunately insurance protection is often times left unattended until the very end. The speed in which the Bank Loan Failure to Survive plan can be underwritten and bound usually can be measured in hours as opposed to days or weeks. Most applications are ready for issue within a week. A one page application along with a copy of the loan agreement which provides the financial justification is as simple as it gets.

Policy & Underwriting Information

- Term of insurance up to five years
- Renewals are considered if extended coverage is needed
- No medical exam or medical records required to apply
- A copy of the loan agreement is required
- Benefit amount will not exceed the balance of the loan

Coverage would be appropriate for clients when...

- Coverage is needed quickly
- Insurable interests need to remain confidential
- Completing a medical exam would be an issue
- Proposed insured is temporarily out of the country
- Proposed insured must travel to war zones
- Coverage is needed for a short period of time
- Health issues are a concern
- Issue limits are a problem

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Exclusions

- 1. Suicide, intentional self-injury or the voluntary disappearance of the insured person.
- 2. Active participation in terrorism or war.
- 3. Nuclear, biological or chemical exposure as a result of terrorism or war.
- 4. While committing or attempting to commit a felony.
- 5. Any emotional or psychiatric problems, including but not limited to neurotic disorders such as anxiety, phobias, depressions, dissociative disorders and obsessive compulsive disorders; psychotic disorders such as schizophrenia, paranoid psychosis and affective disorders; and personality disorders such as sociopathic personality.
- 6. Taking of illegal drugs, or addiction or misuse of prescription or non-prescription drugs.
- 7. Alcohol abuse or addiction, being under the influence of alcohol, as defined by the vehicle code of the state or province in which the offense has occurred.
- 8. Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any virus, complex or syndrome that is related to the foregoing or any sexually transmitted disease.

This is not intended to be a complete outline of coverage. Actual wording may change without notice. Underwriters reserve the right to modify terms and benefits at time of underwriting.



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Business Loa	an Failure t	o Survive A	APPLICATION I	FORM
Policy Owner (<i>Company</i>): Address of Policy Owner:				
**				
Pro	POSED INSURE	d Person Ins	URABILITY	
This se	ection must be comple	ted by the proposed	insured person.	
Name of Insured Person	1:			
Date of Birth	n:/	Height:	Weight:	
Occupation Including Duties	s:			·
Period of Insurance	e:			
 If "Yes" is answered for any of to suffice Do you have any physical health por been prescribed treatment for an an	rient space, please attace problems or suffer from, being condition related to, or the a heart condition, high be ally or mentally unable to excepted on special terms for our sports or any activities or foreign travel during the destions #1-7	en diagnosed with, receifrom a sickness of any killood pressure, diabetes of work during the last 12 mr life, accident or illness a that expose you to persenext 12 months?	separate sheet. Eved treatment for, ind? or cancer? months? insurance? onal injury?	☐ Yes ☐ No
	Financia	l Insurabili	ГҮ	
*** Please include a	ted Benefit Amount: \$			lication ***
Dec I am aware that the policy wording To the best of my knowledge and I hand or not, is true and I have not misrepresentation of a material fac influence acceptance or assessmen	pelief the information p withheld any material of will entitle underwri	n coverage in respect provided in connection fact. I understand that ters to void this insur	of AIDS, HIV, suicide, al on with this application, at non-disclosure or	whether in my own
Insured's Name:	Signatur	e:	Date:	
Policy Owner's Name:	Signatur	e	Date	