

# BUSINESS LOAN FAILURE TO SURVIVE

“Providing Unique  
Solutions For The  
Corporate World”

FOR

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



**PETERSEN**  
International Underwriters  
*Lloyd's Coverholder*

Please contact me with any questions!

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# BUSINESS LOAN FAILURE TO SURVIVE

## BUSINESS LOAN FAILURE TO SURVIVE

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.



**PETERSEN**<sup>®</sup>  
INTERNATIONAL UNDERWRITERS

## BUSINESS LOAN FAILURE TO SURVIVE APPLICATION FORM

Policy Owner (*Company*): \_\_\_\_\_  
 Address of Policy Owner: \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Assignee (*Lender*): \_\_\_\_\_  
 Address of Assignee: \_\_\_\_\_  
 \_\_\_\_\_

## PROPOSED INSURED PERSON INSURABILITY

**This section must be completed by the proposed insured person.**

Name of Insured Person: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Occupation Including Duties: \_\_\_\_\_  
 Period of Insurance: \_\_\_\_\_

**If “Yes” is answered for any of the following questions please provide full details in the space below. If there is not sufficient space, please attach your answers on a separate sheet.**

- |   |  |
|---|--|
| 1. Do you have any physical health problems or suffer from, been diagnosed with, received treatment for, or been prescribed treatment for any condition related to, or from a sickness of any kind? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been diagnosed with a heart condition, high blood pressure, diabetes or cancer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you at any time been physically or mentally unable to work during the last 12 months?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been declined or accepted on special terms for life, accident or illness insurance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you intend to engage in hazardous sports or any activities that expose you to personal injury?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you planning to undertake any foreign travel during the next 12 months?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you hold a valid pilot license?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dates & Details to all “YES” answers to questions #1-7 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## FINANCIAL INSURABILITY

Requested Benefit Amount: \$ \_\_\_\_\_

**\*\*\* Please include a copy of the Loan Agreement with this application \*\*\***

### Declaration (The Applicant must read this before signing)

I am aware that the policy wording contains exclusions in coverage in respect of AIDS, HIV, suicide, alcohol and drugs. To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material fact. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void this insurance. (A material fact is one likely to influence acceptance or assessment of this application by underwriters.)

Insured's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Policy Owner's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_