



EPIC 2 - SPECIAL CONTINGENCY COVERAGE APPLICATION

This Application supplements the EPIC 1 Application
Please be sure to include the complete EPIC 1 Application

PETERSEN INTERNATIONAL UNDERWRITERS

Send to: Jesse Heim III, Authorized Broker, 4150 International Plaza Suite 550 Fort Worth TX USA

I. General

Business Name: _____

Address: NUMBER & STREET _____

CITY & STATE _____ COUNTRY _____ ZIP CODE _____

Annual Income: _____ Value of Business Assets: _____

Type of Business: _____

Please attach a separate sheet of paper with any information that does not fit in the space provided.

II. Please provide the following number of employees in each category:

Total number of Directors: _____ Directors to be insured: _____

Total number of Officers: _____ Officers to be insured: _____

Total number of other Employees: _____ Other Employees to be insured: _____

III. List or attach a census of ALL Persons to be Insured:

Name: _____ Date of birth: _____ City of Residence: _____

IV. List details of non-USA exposure to employees:

V. Please describe the additional coverages you are seeking:

- Detention coverage (if yes, we will need a summary of each persons salary)
- Additional Accidental death coverage \$ _____ each person

VI. Special requests, comments or notes:

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete and that I have not knowingly withheld any information which may be material to Underwriters in their assessment and acceptance of the risk.

Signing this form does not bind the Applicant nor the Underwriters to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy or certificate of insurance be issued.

Signature of Applicant _____ Date _____

Print Name _____