PROFINANCIALSERVICES
High-Limit Disability Underwriters

Authorized Representative

PRO FINANCIAL SERVICES, LLC
500 West Madison St.
Suite 2660
Chicago,
Illinois 60661
♦
(312) 376-4640
Fax: (312) 376-4668
1 (800) 832-8000

LLOYD'S

Athlete's Disability Application

MEDICAL

Part II of II

When completing this application, please note that any questions left unanswered (i.e. boxes not checked, full dates not given) will delay the underwriting process and could result in the withdrawal of an offer of insurance by Underwriters at Lloyd's, London.

COVERED INDIVIDUAL'S NAME:

_____

PRO FINANCIAL SERVICES, LLC LLOYD'S, LONDON

ATHLETE'S DISABILITY APPLICATION - MEDICAL

(All questions must be answered in ink. Please print clearly.)

Failure to answer all questions completely with full details will result in a delay in underwriting.
Wherever 'Yes' or 'No' answers require full details, these should be given in the space provided.
If there is not sufficient space, use space provided on back page or attach your answers on a separate sheet.

ALL of the following sections must be completed by the Medical Examiner upon examination of the Covered Individual.

SECTION 1 GENERAL INFORMATION

1. Name of Covered Individual:

First _____ Middle _____ Last _____

2. Date of Birth: _____

3. Name of Team: _____

- ☐ Professional
- ☐ Collegiate
- ☐ Other (please state) _____

4. Position: _____

5. Have you examined and/or treated the Covered Individual in the past?

- ☐ YES for _____ (number of) years
- ☐ NO

SECTION 2 MEDICAL HISTORY

Covered Individual's:

1. Height _____ **2. Weight** _____

3. Blood Pressure _____ **4. Pulse** _____

5. Please check the appropriate box: *If any of the items are deemed abnormal please provide clinical definition of abnormality as well as details and results of any diagnostic tests performed.*

	Normal	Abnormal	Details
Head, Eyes, Ears, Nose or Throat:	☐	☐	
Bones, Glands or Skin:	☐	☐	
Lungs or other Respiratory Organs:	☐	☐	
Heart, and the cardiovascular system including blood vessels:	☐	☐	
EKG: *(Results of EKG exams taken within the last twelve (12) months may be used)*	☐	☐	
Stomach or other Abdominal Organs:	☐	☐	
Genito-Urinary Organs (including prostate or hernias):	☐	☐	

For administrative purposes, make sure Covered Individual's name and date of birth are filled in at the bottom of **each** of the following pages.

COVERED INDIVIDUAL: Date of Birth:

Failure to answer all questions completely with full details will result in a delay in underwriting.

SECTION 3 MEDICAL HISTORY

For Section 3, Questions 1 through 5:

Please answer YES or NO as to whether or not the Covered Individual has ever suffered any discomfort or injury or required treatment with respect to each body part.

*Please give **full details**. (Include date(s), diagnosis, treatment, duration and results.)*

1. HEAD ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

2. NECK (cervical spine) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

3. RIGHT SHOULDER ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

4. LEFT SHOULDER ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

5. CHEST (including ribs) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

COVERED INDIVIDUAL: Date of Birth:

Failure to answer all questions completely with full details will result in a delay in underwriting.

SECTION 3 MEDICAL HISTORY (continued)

For Section 3, Questions 6 through 10:

Please answer YES or NO as to whether or not the Covered Individual has ever suffered any discomfort or injury or required treatment with respect to each body part.

*Please give **full details**. (Include date(s), diagnosis, treatment, duration and results.)*

6. UPPER BACK (thoracic spine) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

7. LOWER BACK (lumbar spine including coccyx & tail bone) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

8. PELVIS/HIPS (including groin - specify side) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

9. ABDOMEN (including stomach) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

10. RIGHT ARM (including elbow) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

COVERED INDIVIDUAL: Date of Birth:

Failure to answer all questions completely with full details will result in a delay in underwriting.

SECTION 3 MEDICAL HISTORY (continued)

For Section 3, Questions 11 through 15:

Please answer YES or NO as to whether or not the Covered Individual has ever suffered any discomfort or injury or required treatment with respect to each body part.

*Please give **full details**. (Include date(s), diagnosis, treatment, duration and results.)*

11. LEFT ARM (including elbow) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

12. RIGHT HAND (including wrist, fingers & thumb) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

13. LEFT HAND (including wrist, fingers & thumb) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

14. RIGHT THIGH (including hamstring) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

15. LEFT THIGH (including hamstring) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

COVERED INDIVIDUAL: Date of Birth:

Failure to answer all questions completely with full details will result in a delay in underwriting.

SECTION 3 MEDICAL HISTORY (continued)

For Section 3, Questions 16 through 20:

Please answer YES or NO as to whether or not the Covered Individual has ever suffered any discomfort or injury or required treatment with respect to each body part.

*Please give **full details**. (Include date(s), diagnosis, treatment, duration and results.)*

16. RIGHT KNEE ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

17. LEFT KNEE ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

18. RIGHT LOWER LEG (including ankle & Achilles tendon) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

19. LEFT LOWER LEG (including ankle & Achilles tendon) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

20. RIGHT FOOT (including toes) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

COVERED INDIVIDUAL: Date of Birth:

Failure to answer all questions completely with full details will result in a delay in underwriting.

SECTION 3 MEDICAL HISTORY (continued)

For Section 3, Question 21:

Please answer YES or NO as to whether or not the Covered Individual has ever suffered any discomfort or injury or required treatment with respect to each body part.

*Please give **full details**. (Include date(s), diagnosis, treatment, duration and results.)*

21. LEFT FOOT (including toes) ☐ YES ☐ NO **Normal Exam Result?** ☐ YES ☐ NO

Date(s):	Details (discomfort or injury) and treatment):	Details of any Surgery:	Current Prognosis:

SECTION 4

On completion of physical examination, please provide an overall impression with regard to Covered Individual's ability to continue his or her career.

_____

Please indicate your relationship to the Covered Individual by checking the appropriate box:

☐ Personal Physician ☐ Team Physician ☐ Other (please specify): _____

I certify that I made this examination at _____ ☐ a.m. ☐ p.m. on the _____ day of _____, _____.

Examination made at: ☐ My Office ☐ Team Facility ☐ Covered Individual's Home ☐ Other _____

_____ _____ _____ _____

EXAMINER'S SIGNATURE DATE COVERED INDIVIDUAL'S SIGNATURE DATE

_____ _____

Examiner's Name *(please print)* Covered Individual's Full Name *(please print)*

Examiner's Address: _____

_____

_____

Examiner's Telephone No.: _____

COVERED INDIVIDUAL: Date of Birth:

Failure to answer all questions completely with full details will result in a delay in underwriting.

Give complete details (**if not supplied elsewhere in the application**) of any 'YES' or 'NO' answers to questions in the Medical Report (attach separate sheet if necessary)

Sect. #	Quest. #	Date of Injury/Illness	Details - include diagnosis, treatment, duration and results	Name and address of doctor and medical facility

Please return this page even if it is not filled out. Failure to return this page, even if it is left blank, will be considered an incomplete application.

_____ _____ _____ _____

EXAMINER'S INITIALS **DATE** **COVERED INDIVIDUAL'S INITIALS** **DATE**

COVERED INDIVIDUAL: Date of Birth: