

LIAISON[®] CONTINENT



MEDICAL INSURANCE THAT COVERS YOU OUTSIDE YOUR HOME COUNTRY

Coverage available for up to 6 months



SEVEN CORNERS

SCHEDULE OF COVERAGE

All coverages & plan costs shown are in U.S. Dollar amounts and are per person. Policy period length is a maximum of 187 days.

MEDICAL MAXIMUM PER PERSON: \$50,000; \$100,000; \$500,000; \$1,000,000 per person per policy period. *Please see rate table for age limitations applied to medical maximums.*

DEDUCTIBLE: \$0; \$100; \$250; \$500; \$1,000; \$2,500 per person per policy period. There is a maximum of 3 policy period deductibles per family.

COINSURANCE: (applied per policy period)

Inside of the United States

Plan A: After you pay the deductible, we pay 80% of the next \$5,000 of expenses, then 100% to the medical maximum.

Plan B: After you pay the deductible, we pay 75% of expenses to the medical maximum.

Outside of the United States

Plan E: After you pay the deductible, we pay 100% of expenses to the medical maximum.

Plan F: After you pay the deductible, we pay 80% of expenses to the medical maximum.

HOSPITAL INDEMNITY: \$150/night to a maximum of 30 days per occurrence, while traveling outside the U.S. & Canada.

DENTAL EMERGENCY (SUDDEN RELIEF OF PAIN): \$100 per policy period (available for policy periods longer than one month)

DENTAL EMERGENCY (ACCIDENT COVERAGE): \$500 per policy period (available for policy periods longer than one month)

EMERGENCY MEDICAL EVACUATION/REPATRIATION: \$300,000 per policy period (*in addition to the medical maximum*)

RETURN OF MORTAL REMAINS: \$50,000 per policy period

POLITICAL EVACUATION: \$10,000 per policy period

TERRORISM: \$50,000 per policy period

RETURN OF MINOR CHILDREN: \$50,000 per policy period

EMERGENCY REUNION: \$50,000 per policy period

LOCAL AMBULANCE EXPENSE: \$5,000 per policy period

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): \$50,000 for insured or insured spouse, \$5,000 for Dependent Children.

COMMON CARRIER ACCIDENTAL DEATH: \$100,000 per adult, \$25,000 per child under the age of 19; \$250,000 maximum per family

LOSS OF CHECKED LUGGAGE: \$250 per occurrence

INTERRUPTION OF TRIP: \$5,000 per policy period

HOME COUNTRY COVERAGE: Incidental Trips to the Home Country: \$50,000 per policy period. Follow Me Home Coverage: \$5,000 per policy period

HOSPITAL ROOM & BOARD, INTENSIVE CARE, & OUTPATIENT MEDICAL EXPENSES: Usual, reasonable & customary to the medical maximum per policy period

WAIVER OF PRE-EXISTING CONDITIONS: Up to \$25,000 per policy period for U.S. citizens under age 70 traveling outside the United States & Canada (*age 70+, up to \$5,000*)

ACUTE ONSET OF A PRE-EXISTING CONDITION: Up to \$150,000 per policy period (*varies per chosen medical maximum*) for non-U.S. citizens under age 70 traveling in the United States (*age 70+, no benefit*)

NATURAL DISASTER: Up to \$200 per day for 5 days per policy period

BENEFIT PERIOD: 180 days

What is a benefit period? It's the amount of time you have from the date of your injury/illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country. If you have returned home, there is limited coverage under the Follow Me Home benefit.

CHOOSING LIAISON® CONTINENT

WHY SHOULD YOU BUY?

If you are traveling outside of your home country, you need Liaison Continent from Seven Corners. Did you know that your health insurance at home does not always follow you when you travel abroad? No matter where you go, Liaison Continent is there with comprehensive medical coverage, an extensive network of providers, & 24-hour travel assistance. Make sure you receive the same level of care abroad that you have at home, & let us take the worry out of your travel!

WHY CHOOSE LIAISON CONTINENT?

You can feel confident with Liaison Continent's strong financial backing through Certain Underwriters at Lloyd's, London* an established organization with an AM Best rating of A (*Excellent*). Your coverage will be there when you need it.

As your plan administrator, Seven Corners** will handle all of your insurance needs from start to finish. We will process your purchase, provide all documents, & handle any claims. In addition, our own 24/7 in-house travel assistance team, Seven Corners Assist, will handle your emergency or travel needs. We have 20 years of experience with travel insurance, and we are here to help.

*In specific scenarios, coverage provided by Tramount Insurance Company Limited. For more information regarding Tramount, please visit www.tramountinsurance.com

**In California, operating under the name Seven Corners Insurance Services.

WHO CAN BUY LIAISON CONTINENT?

You may buy coverage for yourself, your legal spouse, & your unmarried dependent children over 14 days old & under 19 years. All applicants must be traveling outside of their home country.

Your home country is the country where you have your true, fixed and permanent home & principal establishment.

LENGTH OF COVERAGE

Your coverage length may vary from 5 days to 187 days. For persons traveling to the United States, the program must become effective within 3 months of arrival in the United States.

Effective Date - This is the start date of your policy. Coverage begins on the date of your choice, once you have left your home country & we have received & approved your application & payment.

Expiration Date - Your coverage ends on the earlier of the following: your return to your home country (*except for Home Country Coverage*); the end of the coverage period purchased; when you are no longer eligible for coverage; or when the maximum benefit amount has been paid.

Continuing Coverage - If you initially buy less than 187 days of coverage, you may purchase additional time, to a total of 187 days. Your initial effective date is used to calculate your deductible & coinsurance & to determine pre-existing conditions.

Before purchasing additional coverage, you must return to your Home Country for a minimum of 30 days.

It is your responsibility to maintain all records regarding travel history, age, & student status & provide necessary documents to Seven Corners to verify your eligibility for coverage.

YOUR BENEFITS

IMPORTANT BENEFIT HIGHLIGHTS

MEDICAL COVERAGE - We cover injuries & illnesses which occur during your policy period. Benefits are paid in excess of your deductible & coinsurance up to your medical maximum. Initial treatment must occur within 30 days of injury or onset of illness.

EMERGENCY MEDICAL EVACUATION - If medically necessary, we will:

1. Transport you to adequate medical facilities.
2. Transport you home after receiving medical treatment related to a medical evacuation.

POLITICAL EVACUATION - If a formal recommendation is made for you to leave the country, we will transport you to your home country. This benefit will not apply if a formal Travel Warning was issued by the State Department, and you did not follow it.

EMERGENCY REUNION - If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

RETURN OF MINOR CHILDREN - If you are traveling alone with minor children & are hospitalized because of a covered illness/injury, we will transport the children home with an escort.

INTERRUPTION OF TRIP - If you cannot continue your trip due to an immediate family member's death or because of damage to your residence (fire, flood, tornado, or similar natural disaster), we will reimburse you for the cost of economy travel to your home.

RETURN OF REMAINS - We will return your remains to your home country if you should die while traveling.

AD&D - Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

COMMON CARRIER AD&D - Pays benefits for death occurring while riding as a passenger on a common carrier (motorized land, sea, or air conveyance operating to transport passengers for hire).

HOME COUNTRY COVERAGE

INCIDENTAL TRIPS - Covers an illness/injury which occurs on an incidental trip in your home country. You earn covered days at home at approximately 5 days per month of purchased coverage.

FOLLOW ME HOME - Covers expenses incurred in your home country for conditions first diagnosed & treated outside your home country.

HOSPITAL INDEMNITY - If you are hospitalized while traveling outside of the United States or Canada, we will pay you for each night you spend in the hospital, up to 30 days. This benefit is in addition to other covered expenses, & you may use these incidental funds as you wish.

TERRORISM - If you are injured as a result of terrorist activity, we will provide benefits if the following conditions are met:

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the United States government has issued a travel warning within 6 months prior to your date of arrival.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the United States government.

NATURAL DISASTER - We will pay for replacement accommodations needed because of a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

PRE-EXISTING CONDITIONS

Pre-existing conditions are normally not covered on travel medical plans. Liaison Continent provides this coverage in two separate benefits explained below.

UNEXPECTED RECURRENCE

U.S. Citizens traveling outside the United States & Canada

We pay up to the specified limit for a sudden, unexpected recurrence of a pre-existing condition. This benefit does not cover known, required, or expected treatment of any kind existent or necessary for 12 months prior to your coverage.

ACUTE ONSET

Non U.S. Citizens under age 70 traveling in the United States

We pay up to the specified limit for an acute onset of a pre-existing condition if it occurs during your coverage period while you are in the United States, & if you receive treatment in the United States within 24 hours of the sudden & unexpected recurrence. A pre-existing condition that is chronic, congenital or gradually worsens over time is not covered.

Coverage is available as shown in the schedule below for eligible medical expenses. In addition, up to \$25,000 for emergency medical evacuation is provided.

Overall Medical Maximum	Acute Onset Medical Maximum
\$50,000	\$50,000
\$100,000	\$100,000
\$500,000	\$125,000
\$1,000,000	\$150,000

An "Acute Onset of a Pre-existing Condition" is a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent care. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to arrival in the United States and prior to the effective date of coverage.

DESCRIPTION OF COVERAGE

SEVEN CORNERS ASSIST

Seven Corners Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies, & individual travelers. Our assistance professionals are experienced in the complexity & importance of receiving international medical care. Contact information for Seven Corners Assist is shown on your ID card.

PRE-CERTIFICATION

The following expenses must always be pre-certified:

- Inpatient care
- Any Surgery or Surgical Procedure
- Computerized Tomography (CAT Scan)
- Magnetic Resonance Imaging (MRI)

To comply with the pre-certification requirements, you must do the following:

1. Contact Seven Corners Assist at the telephone number on your I.D. card as soon as possible before the expense is incurred;
2. Comply with Seven Corners Assist's instructions & submit any information or documents they require;
3. Notify all physicians, hospitals & other providers that this insurance contains pre-certification requirements & ask them to fully cooperate with Seven Corners Assist .

If you comply with the above requirements & the expenses are pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the policy.

If you do not comply with the pre-certification requirements or if the expenses are not pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the policy. If covered, they will then be reduced by 50%, & the deductible will be subtracted from the remaining amount, then the coinsurance will be applied.

Emergency Pre-certification – In the event of an emergency hospital admission, pre-certification must be made within 48 hours, or as soon as reasonably possible.

Pre-certification Does Not Guarantee Benefits – The fact that expenses are pre-certified does not guarantee coverage for, or payment of the service or procedure reviewed. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions in the policy.

Concurrent Review – For inpatient stays of any kind, Seven Corners Assist will pre-certify a limited number of days of confinement. Additional days of inpatient confinement may later be pre-certified if an insured receives prior approval.

PROVIDER NETWORK

A network provider can be located at www.sevendcorners.com/ppo or by contacting Seven Corners Assist. Inside the U.S., the network is not required although there are potential savings with its use. Outside of the U.S., we have an extensive network of providers, many of which have direct pay agreements. We recommend you contact us for a referral, but you may seek treatment at any facility.

Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct. We do not guarantee payment to a facility or individual until we determine that it is an eligible expense.

MEDICAL BENEFIT EXCLUSIONS

Below is a summary of the exclusions. Please see your Certificate of Coverage for a complete listing.

1. Pre-existing Conditions;
a) If you are a U.S. citizen, this exclusion is waived for the first \$25,000 incurred outside the U.S. & Canada (age 70 & over the limit is \$5,000).
b) If you are a non-U.S. citizen under age 70, this exclusion is waived for an Acute Onset of a Pre-existing Condition (varies per medical max). The above exceptions do not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to arrival in the U.S. & prior to the effective date of this program.

Any exclusion specifically listed in exclusions 2 through 40, will not receive benefits from these waivers.

2. Charges for treatment which exceed reasonable & customary charges; surgeries or treatments which are investigational, experimental, or for research purposes; expenses which are non-medical in nature;
3. Claims not received within 90 days of the date of service;
4. Expenses for vocational, occupational, sleep, speech, recreational or music therapy;
5. Durable medical equipment;
6. Expenses which were not recommended, approved & certified as medically necessary & reasonable by a physician;
7. Suicide or any attempt thereof, or self destruction or any attempt thereof, intentionally self-inflicted Injury or Illness;
8. Expenses as a result of, or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body;
9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; nuclear, chemical, biological; (details in program summary);
10. Terrorist Activity in excess of \$50,000;
11. Injury sustained while participating in professional, sponsored and/or organized amateur or interscholastic athletics;
12. Routine physicals, inoculations, or other examinations including but not limited to laboratory, diagnostic, or x-ray examinations where there are no objective indications or impairment in normal health;
13. Diagnosis or treatment of the temporomandibular joint;
14. Chiropractic care or acupuncture;
15. Any services, supplies, or treatment prescribed, performed or provided by a relative or family member of yours or any person who ordinarily resides with you. This includes but is not limited to prescription medication & any diagnostic testing;
16. False teeth, dentures or dental appliances, normal ear tests & hearing aids, hearing implants, cosmetic or plastic surgery (including deviated nasal septum), routine dental expenses, dental expenses except as specifically provided in the Dental Emergency Treatment benefit, eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye-glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder; eyeglasses, contact lenses; eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism;
17. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent; injury occurring while under the influence of or disablement due wholly or partly to liquor, chemicals, or drugs or narcotic agent, unless administered under the advice of a physician & said narcotic agent was taken in accordance with proper dosing as directed by the physician;
18. Mental & nervous disorder or rest cures;
19. Learning disabilities, attitudinal disorders, or disciplinary problems;
20. Congenital abnormalities & conditions arising out of or resulting therefrom;
21. Expenses for a hospital emergency room visit which is not of an emergency nature;
22. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or

DESCRIPTION OF COVERAGE

MEDICAL BENEFIT EXCLUSIONS (CONT.)

- motorcycle, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, snow skiing and snow boarding, & any other sport, recreational, athletic, or adventure activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury &/or is in violation of applicable laws, rules, or regulations; (See Optional Hazardous Sports Coverage to include some of these sports.)
23. Treatment paid for or furnished under any other individual, government, or group policy; charges provided at no cost to you;
 24. Diagnosis & treatment of venereal or sexually transmitted disease;
 25. Pregnancy expenses or illness resulting from pregnancy, childbirth, miscarriage; due to an accident or complications of pregnancy; or postnatal care;
 26. Drug, treatment or procedure that promotes or prevents conception or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
 27. Expenses incurred while you are in your Home Country (except after approved Emergency Medical Evacuation/Repatriation or if covered under the Home Country Coverage benefit);
 28. Expenses incurred when travel was undertaken to seek medical treatment for a condition or after your physician has limited or restricted travel;
 29. Charges incurred while confined primarily to receive custodial care, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged;
 30. Treatment for human organ tissue transplants & related treatment;
 31. Weight reduction programs or the surgical treatment of obesity, including but not limited to wiring of the teeth & any intestinal bypass surgery;
 32. Modifications of the physical body intended to improve your psychological, mental or emotional well-being, including but not limited to sex-change surgery; any drug, treatment, or procedure that promotes, enhances or corrects impotency or sexual dysfunction;
 33. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
 34. Exercise programs;
 35. Treatment required as a result of complications or consequences of a treatment or condition not covered on this plan;
 36. Travel accommodations, except as provided for in the Local Ambulance, Emergency Medical or Political Evacuation, Return of Mortal Remains, Return of Minor Children, Emergency Reunion, Natural Disaster, and Interruption of Trip sections of this insurance;
 37. Diagnosis or treatment incurred as a result of exposure to non-medical nuclear radiation &/or radioactive materials;
 38. Diagnosis or treatment for acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic & atrophic conditions of skin, nevus;
 39. Treatment, services or supplies that are not administered by or under the supervision of a Physician & products that can be purchased without a doctor's prescription;
 40. Sleep apnea or other sleep disorders.

OPTIONAL COVERAGE - HAZARDOUS SPORTS

Would you like to include some adventure in your travels? You may buy coverage for the following activities: motorcycle/motor scooter riding (*driver or passenger*), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, snorkeling, spelunking.

REFUND OF PREMIUM/CANCELLATION

Seven Corners realizes there is uncertainty in international travel. Refund of total plan cost will be considered if written request is received by Seven Corners prior to your effective date of coverage. If your request is received after the effective date, the unused portion of the plan cost may be refunded minus a cancellation fee, if you have not submitted any claims to Seven Corners.

CLAIMS

Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments can be converted to a currency of your choosing. You're only responsible for your deductible & coinsurance & any non-eligible expenses.

IMPORTANT INFORMATION REGARDING YOUR COVERAGE

Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical program intended for use while away from your Home Country.

This brochure is intended as a brief summary of benefits and services. It is not your policy. If there is any difference between this brochure and your policy, the provisions of the policy will prevail. Benefits and premiums are subject to change.

DAILY RATES

Rates based on a \$250 Deductible

Effective from August 15, 2011

TRAVELING TO THE UNITED STATES

If the applicant is traveling to, temporarily residing in, or visiting the United States, please use these rates. If any part of your trip includes travel to the United States, you must use these rates.

Plan A: 80/20 to \$5000, then 100%

After you pay the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.37	\$1.84	\$2.33	\$2.44
30 to 39	\$1.85	\$2.72	\$3.06	\$3.12
40 to 49	\$2.75	\$3.63	\$4.38	\$4.63
50 to 59	\$4.10	\$5.45	\$6.91	\$7.01
60 to 64	\$4.78	\$6.62	\$8.67	\$8.77
65 to 69	\$5.41	\$7.31	\$9.64	\$9.74
70 to 79*	\$7.80	N/A	N/A	N/A
80 plus *	\$12.42	N/A	N/A	N/A
Each Dep. Child**	\$1.30	\$1.75	\$2.21	\$2.32
Each Child Alone**	\$1.37	\$1.84	\$2.33	\$2.44

Plan B: 75/25 to max

After you pay the deductible, the program pays 75% of eligible expenses to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.09	\$1.26	\$1.71	\$1.92
30 to 39	\$1.45	\$1.70	\$2.28	\$2.53
40 to 49	\$2.03	\$2.27	\$3.10	\$3.42
50 to 59	\$3.41	\$4.16	\$4.97	\$5.86
60 to 64	\$4.16	\$5.23	\$6.47	\$7.40
65 to 69	\$5.32	\$5.78	\$7.20	\$8.22
70 to 79*	\$6.70	N/A	N/A	N/A
80 plus*	\$11.66	N/A	N/A	N/A
Each Dep. Child**	\$1.04	\$1.20	\$1.62	\$1.82
Each Child Alone**	\$1.09	\$1.26	\$1.71	\$1.92

*Ages 70-79 limited to \$50,000. Ages 80+ limited to \$15,000.

**Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Continent. Child Alone rate is used when a child will be insured by themselves.

TRAVELING OUTSIDE THE U.S.

If the applicant is traveling outside the United States, use these rates. This includes U.S. citizens traveling overseas as well as persons traveling between countries i.e., a Brazilian traveling to Spain.

Plan E: 100% after the deductible to maximum

After you pay the deductible, the program pays 100% to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.83	\$0.99	\$1.15	\$1.29
30 to 39	\$0.99	\$1.14	\$1.54	\$1.76
40 to 49	\$1.56	\$1.74	\$1.97	\$2.18
50 to 59	\$2.69	\$3.07	\$3.28	\$3.47
60 to 64	\$3.37	\$4.02	\$4.41	\$4.97
65 to 69	\$3.93	\$4.28	\$4.52	\$5.14
70 to 79*	\$5.88	\$8.27	N/A	N/A
80 plus *	\$10.29	N/A	N/A	N/A
Each Dep. Child**	\$0.79	\$0.94	\$1.09	\$1.23
Each Child Alone**	\$0.83	\$0.99	\$1.15	\$1.29

Plan F: 80/20 to max

After you pay the deductible, the program pays 80% of eligible expenses to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.70	\$0.82	\$0.96	\$1.08
30 to 39	\$0.82	\$0.95	\$1.28	\$1.46
40 to 49	\$1.29	\$1.44	\$1.62	\$1.81
50 to 59	\$2.23	\$2.55	\$2.72	\$2.88
60 to 64	\$2.79	\$3.33	\$3.66	\$4.12
65 to 69	\$3.27	\$3.56	\$3.75	\$4.27
70 to 79*	\$4.88	\$6.87	N/A	N/A
80 plus*	\$8.54	N/A	N/A	N/A
Each Dep. Child**	\$0.67	\$0.78	\$0.91	\$1.03
Each Child Alone**	\$0.70	\$0.82	\$0.96	\$1.08

*Ages 70-79 limited to \$100,000. Ages 80+ limited to \$15,000.

**Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Continent. Child Alone rate is used when a child will be insured by themselves.

Attention: Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The premiums listed above include a general surplus lines tax.

LIAISON® CONTINENT APPLICATION

OFFICIAL USE ONLY:

Please type or print in ink.

Cert#: _____ Processed: _____
 Eff. Date: _____ Agent: **11199**

APPLICANT INFORMATION

Last Name: _____
 First Name: _____ M.I.: _____
 Country of Permanent, fixed Residence: _____
(Home Country)
 Passport Number/Country: _____
 Departure Date from your Home Country? (MM/DD/YY) ___/___/___
 AD&D Beneficiary: _____
 Relationship: _____
(Accidental Death & Dismemberment)

CORRESPONDENCE ADDRESS:

Name: _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Work Phone: () _____ Home Phone: () _____
 Email Address: _____ Destination?: _____
 Previously insured by Seven Corners? Yes No ID #: _____
 When would you like coverage to begin? (MM/DD/YY) ___/___/___
 What is your expected return date? (MM/DD/YY) ___/___/___
The minimum coverage period is 5 days, the maximum is 187 days. Coverage must be purchased in increments of 5 days or more & cannot begin until you depart your home country, nor will it begin before Seven Corners receives & accepts your application & correct payment.

METHOD OF PAYMENT

Check Money Order MasterCard
 Visa Discover American Express

Card Number: _____
 Expiration Date: _____ Daytime Phone: () _____
 Name on Card: _____
 Billing Address: _____
 Signature (Required) _____

Make check or money order payable to "Seven Corners." Total payment for the full term of your coverage must be paid in U.S. dollars (checks must be issued from a U.S. bank) at the time you apply. Purchase by credit card is subject to validation & acceptance by the credit card company. I declare that I understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the policy. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the Global International Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's of London and the group contract issued by Tramount Insurance Company Limited.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. I declare that I have read & understand the terms & conditions of this product. Whenever coverage provided by this policy would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void.

Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if the PPACA's requirements are applicable to you.

Signature of Insured or Proxy (Required) *(Proxy is someone acting on behalf of insured)* _____ Date _____

CALCULATING YOUR PLAN COST

COVERAGE SPECIFICS

POLICY MAXIMUM: \$50,000 \$100,000 \$500,000 \$1,000,000
 \$15,000 *(For individuals ages 80+)*

Are you traveling: To the U.S. Plan A Plan B
 Outside the U.S. Plan E Plan F

*DEDUCTIBLE OPTION WITH FACTOR

\$0 - (1.30) \$100 - (1.10)
 \$250 - (1.00) \$500 - (.90)
 \$1000 - (.80) \$2500 - (.70)

**OPTIONAL COVERAGE FACTOR

Coverage Option: Hazardous Sport Coverage (1.15)

PLEASE COMPLETE ENTIRE SECTION.

Name of Persons to be Insured:	Date of Birth MM/DD/YY	Daily Rate
Applicant: _____	___/___/___	
Spouse: _____	___/___/___	
Child: _____	___/___/___	
Child: _____	___/___/___	
Child: _____	___/___/___	
Total: \$		

MINIMUM PERIOD OF COVERAGE IS 5 DAYS

Multiply Daily Rate Total by number of days:	x	\$	
	Daily Total:	\$	
Multiply by Deductible Factor* (See Above):	x	:	
	Total:	\$	
Multiply by Optional Coverage Factor** (If applicable)	x	:	
Total Payment Enclosed: \$			

COMPLETING YOUR APPLICATION

If paying by check or money order, make payable to Seven Corners & mail with your application. If paying by credit card, you may mail or fax to us. *Originals are not required if the application is faxed with credit card payment.*

Seven Corners, Inc.
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Carmel, IN 46032 USA
Fax: 317-575-2659 (credit card orders only)
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