



# Lloyd's Certificate

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**This Insurance** is effected with certain Underwriters at Lloyd's, London.

**This Certificate** is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

**The Assured** is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquires regarding this Certificate should be addressed to the following Correspondent:



303 Congressional Boulevard  
Carmel, IN 46032  
1-800-335-0611  
317-575-2652  
317-575-2659 FAX  
[www.sevencorners.com](http://www.sevencorners.com)

SLC-3 (USA) NMA 2868 (24/08/2000)  
From approved by Lloyd's Underwriters' Non-Marine Association Limited  
EASON PRINTING CO., CHICAGO

**CERTIFICATE PROVISIONS**

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
3. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
4. **Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon the firm or person name in item 6 of the attached Declaration Page, and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.  
The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.  
Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.
5. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
6. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.
7. **Short Rate Cancellation.** If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

**Short Rate Cancellation Table for Term of One Year.**

Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium
1.....	5 %	66 - 69.....	29 %	154 .....	156 53	256 .....	260 77
2.....	6	70 - 73.....	30	% .....	%	% .....	%
3 - 4.....	7	74 - 76.....	31	157 .....	160 54	261 .....	264 78
5 - 6.....	8	77 - 80.....	32	161 .....	164 55	265 .....	269 79
7 - 8.....	9	81 - 83.....	33	165 .....	167 56	270 .....	273 (9 mos.) 80
9 - 10.....	10	84 - 87.....	34	168 .....	171 57	274 .....	278 81
11-12.....	11	88 -91 (3 mos.).....	35	172 .....	175 58	279 .....	282 82
13-14.....	12	92 - 94.....	36	176 .....	178 59	283 .....	287 83
15-16.....	13	95 - 98.....	37	179 .....	182 (6 mos.) 60	288 .....	291 84
17-18.....	14	99 -102.....	38	183 .....	187 61	292 .....	296 85
19-20.....	15	103 .....	105 39	188 .....	191 62	297 .....	301 86
21-22.....	16	106 .....	109 40	192 .....	196 63	302 .....	305 (10 mos.) 87
23-25.....	17	110 .....	113 41	197 .....	200 64	306 .....	310 88
26-29.....	18	114 .....	116 42	201 .....	205 65	311 .....	314 89
30-32 (1 mos.).....	19	117 .....	120 43	206 .....	209 66	315 .....	319 90
33-36.....	20	121 .....	124 (4 mos.) 44	210 .....	214 (7 mos.) 67	320 .....	323 91
37-40.....	21	125 .....	127 45	215 .....	218 68	324 .....	328 92
41-43.....	22	128 .....	131 46	219 .....	223 69	329 .....	332 93
44-47.....	23	132 .....	135 47	224 .....	228 70	333 .....	337 (11 mos.) 94
48-51.....	24	136 .....	138 48	229 .....	232 71	338 .....	342 95
52-54.....	25	139 .....	142 49	233 .....	237 72	343 .....	346 96
55-58.....	26	143 .....	146 50	238 .....	241 73	347 .....	351 97
59-62 (2 mos.).....	27	147 .....	149 51	242 .....	246 (8 mos.) 74	352 .....	355 98
63-65.....	28	150 .....	153 (5 mos.) 52	247 .....	250 75	356 .....	360 99
				251 .....	255 76	361 .....	365 (12 mos.)100

Rules applicable to insurance with terms less than or more than one year:

- A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.
- B. If insurance has been in force for more than one year:
  1. Determine full annual premium as for insurance written for a term on one year.
  2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.
  3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

CERTIFICATE OF INSURANCE DECLARATIONS

Liaison Continent

LON08-080515-01TM-Z

This Declaration is attached to and forms part of certificate provisions

**ITEM 1. NAMED INSURED AND MAILING ADDRESS: AS STATED ON THE ID CARD**

Liaison Continent  
Global International Trust  
Washington, DC, USA

**ITEM 2. POLICY PERIOD: AS STATED ON THE ID CARD TERM: AS STATED ON THE ID CARD**

12:01 A.M., Standard Time at your mailing address

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

International Travel Medical Coverage:

**daily rates**

Rates based on a \$250 Deductible Effective January 1, 2010

**TRAVELING TO THE UNITED STATES AND CANADA**

*If the applicant is traveling to, temporarily residing in, or visiting the United States and / or Canada, please use these rates.*

**Plan A: 80/20 to \$2500, 90/10 next \$5000, then 100%** After you pay the deductible, the program pays 80% of the next \$2,500 of eligible expenses, then 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.

Age	\$50,000 <i>Daily</i>	\$100,000 <i>Daily</i>	\$500,000 <i>Daily</i>	\$1,000,000 <i>Daily</i>	Deductible:	<u>Option</u>	<u>Factor</u>
19 to 29	\$1.29	\$1.51	\$2.04	\$2.28		\$0	1.62
30 to 39	\$1.73	\$2.03	\$2.72	\$3.02		\$100	1.37
40 to 49	\$2.61	\$2.91	\$3.98	\$4.39		\$250	1.00
50 to 59	\$4.38	\$5.32	\$6.37	\$7.51		\$500	.90
60 to 64	\$5.32	\$6.69	\$8.29	\$9.49		\$1000	.80
65 to 69	\$6.83	N/A	N/A	N/A		\$2500	.70
70 to 79	\$9.76	N/A	N/A	N/A			
80 plus *	\$13.59	N/A	N/A	N/A			
Each Dep. Child	\$0.52	\$0.59	\$0.77	\$0.83			
Each Child Alone	\$1.30	\$1.53	\$1.92	\$2.15			

**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 <i>Daily</i>	\$100,000 <i>Daily</i>	\$500,000 <i>Daily</i>	\$1,000,000 <i>Daily</i>	Deductible:	<u>Option</u>	<u>Factor</u>
19 to 29	\$1.01	\$1.17	\$1.59	\$1.78		\$0	1.62
30 to 39	\$1.35	\$1.58	\$2.12	\$2.35		\$100	1.15
40 to 49	\$2.03	\$2.27	\$3.10	\$3.42		\$250	1.00
50 to 59	\$3.41	\$4.16	\$4.97	\$5.86		\$500	.90
60 to 64	\$4.16	\$5.23	\$6.47	\$7.40		\$1000	.80
65 to 69	\$5.32	N/A	N/A	N/A		\$2500	.70
70 to 79	\$6.70	N/A	N/A	N/A			
80 plus*	\$11.66	N/A	N/A	N/A			
Each Dep. Child	\$0.37	\$0.46	\$0.50	\$0.55			
Each Child Alone	\$0.91	\$1.02	\$1.13	\$1.22			

*\*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. AND CANADA**

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 <i>Daily</i>	\$100,000 <i>Daily</i>	\$500,000 <i>Daily</i>	\$1,000,000 <i>Daily</i>	Deductible:	Option	Factor
						\$0	1.30
19 to 29	\$0.77	\$0.92	\$1.07	\$1.20		\$100	1.10
30 to 39	\$0.92	\$1.06	\$1.43	\$1.63		\$250	1.00
40 to 49	\$1.56	\$1.74	\$1.97	\$2.18		\$500	.90
50 to 59	\$2.69	\$3.07	\$3.28	\$3.47		\$1000	.80
60 to 64	\$3.37	\$4.02	\$4.41	\$4.97		\$2500	.70
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	\$0.38	\$0.44	\$0.57	\$0.62			
Each Child Alone	\$0.97	\$1.13	\$1.43	\$1.60			

**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 <i>Daily</i>	\$100,000 <i>Daily</i>	\$500,000 <i>Daily</i>	\$1,000,000 <i>Daily</i>	Deductible:	Option	Factor
						\$0	1.30
19 to 29	\$0.65	\$0.76	\$0.89	\$1.00		\$100	1.10
30 to 39	\$0.76	\$0.88	\$1.19	\$1.36		\$250	1.00
40 to 49	\$1.29	\$1.44	\$1.62	\$1.81		\$500	.90
50 to 59	\$2.23	\$2.55	\$2.72	\$2.88		\$1000	.80
60 to 64	\$2.79	\$3.33	\$3.66	\$4.12		\$2500	.70
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	\$0.29	\$0.36	\$0.39	\$0.44			
Each Child Alone	\$0.71	\$0.81	\$0.89	\$0.96			

\*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.

Mode

Premium payable, In Advance:

Surplus Lines Agent: James J. Krampen, Jr.  
 Surplus Lines Agent License #: 2845819 (DC)  
 Surplus Lines Agent Address: 303 Congressional Blvd.  
 Carmel, IN 46032

This certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement or conditions as may be endorsed or added here to.

Dated: 09/11/2009

By: \_\_\_\_\_  
 (Correspondent – James J. Krampen, Jr.)

## Liaison® Continent Program Summary

Administered By:  
Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032 USA

### Quick Contacts

**Hospital and Doctor Network in the U.S.** - To locate a network facility in the United States, search online at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) or contact Seven Corners Assist at 800-690-6295. Advise Seven Corners Assist once you have established an appointment. Use of the network does not guarantee benefits. Please see Pre-Notification / Referral section for additional details and requirements.

**Claims** – It is important to submit your claims to Seven Corners quickly. To be considered, all claims must be submitted to the Seven Corners Claim Department within 90 days after the date of service.

The Company hereby insures all persons whose Application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Company and whose name is identified on the ID Card, subject to all of the exclusions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the ID Card for the insurance requested on such Application and for which their specified plan costs has been paid to the Administrator.

Note: All coverage and benefit amounts herein are in United States Dollars.

### Part I - INDIVIDUAL INSURANCE PROVISIONS

#### Eligibility

Liaison® Continent provides coverage as outlined in this brochure for individuals and families (including unmarried dependent children over 14 days and under 19 years of age) while traveling outside of their Home Country. Home Country is defined as - The country where an Insured person(s) has his/her true, fixed and permanent home and principal establishment. In order to repurchase an additional policy, you must return to your Home Country for a minimum of thirty (30) days.

**For persons traveling to the United States, the program must become effective within three (3) months of arrival in the United States.** It is the Insured Person's responsibility to maintain all records regarding travel history, age, student status, and provide any documents to the Administrator, which would verify the Eligibility Requirements.

#### Effective Date of Individual Insurance

Your coverage will begin on the latest of the following: 1) The moment you depart your Home Country; or 2) The date and time the Application and full plan cost is received and accepted by Seven Corners; or 3) The date requested on the Application.

#### Termination Date of Individual Insurance

Individual coverage will end on the earlier of the following: 1) Your return to your Home Country (except as provided under Home Country Coverage); or 2) The date shown on the ID Card, for which plan cost has been paid; 3) The date you are no longer eligible under this plan.

#### Home Country Coverage

**Incidental Trips to Your Home Country:** This benefit covers you for incidental trips taken during your Period of Coverage to your Home Country (30 days per 6 months of purchased coverage or pro rata thereof - example: approximately 5 days per month of purchased coverage). Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to your Home Country. Please note: If you do not use your Home Country Coverage days within your Period of Coverage, they do not extend after your current expiration date. **Follow Me Home Coverage:** This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions that are first diagnosed and treated outside Your Home Country (Does not apply for Emergency Medical Evacuation or Repatriation).

#### Refund of Premium/Cancellation

Refund of total plan cost will only be considered if written request is received by Seven Corners prior to the Effective Date of Coverage. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to Seven Corners for reimbursement.

### PART II - DESCRIPTION OF BENEFITS

#### ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The Company shall pay an indemnity determined from the Table if an Insured Person sustains a Loss stated therein resulting from Injury and subject to the limitations contained in PART IV - EXCLUSIONS, provided that: (a) such Loss occurs within 365 days after the date of Accident causing such Loss; and (b) the indemnity payable for any such Loss shall be the Principal Sum stated on the ID Card, as applicable to such Insured Person and this Insurance; and (c) if more than one Loss stated in said Table of Losses is sustained as the result of one Accident, only one of the amounts, the largest, shall be payable.

<u>For Loss of:</u>	<u>Insured or Spouse</u>	<u>Each Child</u>	
Loss of Life	Principal Sum	\$5,000	
Loss of two Members	Principal Sum	\$5,000	
Loss of one Member	50% of Principal Sum	\$2,500	
Quadriplegia	Principal Sum	\$5,000	(total paralysis of both upper and lower limbs)
Paraplegia	75% of the Principal Sum	\$3,750	(total paralysis of both lower limbs)
Hemiplegia	50% the Principal Sum	\$2,500	(total paralysis of both upper and lower limbs of one side of the body)
Uniplegia	25% of the Principal Sum	\$1,250	(total paralysis of one limb)

The term "Loss", in reference to quadriplegia, paraplegia, hemiplegia and uniplegia, shall mean the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through or above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight. The term "Principal Sum" as used herein shall mean the amount stated on the ID Card.

#### Common Carrier Benefit

Benefits will be paid to you as per the schedule of benefits if you sustain an Accidental Death. Death must occur during the period of coverage while the Insured person is riding as a passenger (but not a pilot, operator or member of the crew) in or on a Common Carrier.

## MEDICAL EXPENSE BENEFITS

### Inside the United States and Canada:

**Plan A:** When a covered Injury or Illness is incurred by the Insured Person, the company will pay **80% of the first \$2,500** of Reasonable and Customary medical charges for Covered Expenses, then **90% of the next \$5,000** of Reasonable and Customary medical charges for Covered Expenses, excess of the Policy Period Deductible as stated on the ID Card. Thereafter, the Company will pay 100% of Reasonable and Customary medical charges for Covered Expenses up to the Medical Maximum as stated on the ID Card.

**Plan B:** When a covered Injury or Illness is incurred by the Insured Person, the company will pay **75% of eligible expenses** to the selected Medical Maximum, excess of the Policy Period Deductible as stated on the ID Card.

### Outside the United States and Canada:

**Plan E:** The Company will pay **100%** of Reasonable and Customary medical charges for Covered Expenses, excess of the Policy Period Deductible as stated on the ID Card, up to the Medical Maximum as stated on the ID Card. In no event shall the Company's maximum liability exceed the Medical Maximum as stated on the ID Card.

**Plan F:** The Company will pay **80%** of Reasonable and Customary medical charges for Covered Expenses, excess of the Policy Period Deductible as stated on the ID Card, up to the Medical Maximum as stated on the ID Card. In no event shall the Company's maximum liability exceed the Medical Maximum as stated on the ID Card.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by each Insured Person. A maximum of 3 Policy Period deductibles per family under the same application will apply.

Only such expenses, incurred as the result of and **within twenty-six (26) weeks** from a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in PART IV - EXCLUSIONS, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance (within the metropolitan area, up to a \$ 5,000 maximum) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area and unreachable by ground ambulance, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
8. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
10. Charges for Home Health Care up to a \$2,500 Maximum per Policy Period.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

Pre-Notification / Referral – Seven Corners Assist must be contacted prior to: (1) any medical treatment being received in the United States; or (2) hospital admissions worldwide; or (3) inpatient or outpatient surgeries worldwide. Additionally, the Company's appointed network provider must be utilized for medical expenses incurred inside the United States (when available – contact Seven Corners Assist with questions). A listing of network facilities can be found at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) on the world wide web. Pre-notification does not guarantee that benefits will be paid. Failure to follow Pre-Notification / Referral will result in a 20% reduction of Eligible Benefits. (For Emergency admissions and situations, Seven Corners Assist must be contacted within 48 hours, or as soon as reasonably possible.)

### HOSPITAL INDEMNITY

Should the Insured Person be hospitalized while traveling outside the United States or Canada, and the hospitalization is considered a Covered Expense, the Company will indemnify the Insured \$150 for each night spent in the hospital.

### EMERGENCY MEDICAL EVACUATION/REPATRIATION

The Company shall pay benefits for Covered Expenses incurred up to \$300,000, if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The Emergency Medical Evacuation or Repatriation must be arranged by the Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means: (a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained; or (b) after being treated at a local medical facility as a result of a Emergency Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or (c) both (a) and (b) above. All transportation arrangements must be by the most direct and economical route.

### RETURN OF MORTAL REMAINS

The Company will pay the reasonable Covered Expenses incurred up to \$50,000 to return the Insured Person's remains to his/her Home Country, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

### EMERGENCY MEDICAL REUNION

When Emergency Medical Evacuation or Repatriation occurs, the Company will arrange and pay, up to \$50,000, for round-trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country. Emergency Medical Reunion must be recommended by the attending Physician. The benefits payable will include: (1) The cost of a round trip economy air fare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum of \$50,000. (3) The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

### RETURN OF MINOR CHILDREN(REN)

Should the Insured Person be traveling alone with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age 19, is left unattended, the Company will arrange and pay, up to \$50,000, for one-way economy fares to their Home Country. These arrangements will be made at no cost to the Insured Person. Meals and lodging are the responsibility of the Insured Person. If an attendant/escort is necessary to ensure the safety and welfare of Minor Child(ren), the Company will arrange and pay for these services to the limit stated in the Schedule of Benefits.

### INTERRUPTION OF TRIP

If the Insured is unable to continue the Trip due to the death of a parent, spouse, sibling or child; or due to serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the program will reimburse (up to \$5,000), the Insured for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence.

### LOSS OF CHECKED LUGGAGE

If the Insured's checked luggage is permanently lost by the airline, the program will reimburse the Insured for the replacement of clothing and personal hygiene items lost to a maximum per article limit of \$50. This benefit is secondary to any other (including airline) coverage available. The Insured must furnish proof to the Company that full reimbursement has been obtained from the airline. This policy will reimburse the Insured up to a maximum benefit of \$250 under this provision.

### DENTAL - EMERGENCY ONLY

Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected inception of pain to sound natural teeth (up to a maximum of \$100) or Dental treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under the program (up to a maximum of \$500). The Deductible and Coinsurance amounts apply to the dental benefit. \*Only available to programs purchased for 1 month or more.

**NOTE:** In the event of an Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, Return of Minor Child(ren), or Interruption of Trip benefit is needed, arrangements must be made by the Assistance Company. **Failure to utilize the Assistance Company (Seven Corners Assist) for these benefits will void any payment by the Company.** Complete details about required notification of the Assistance Company are listed below.

### PART III - DEFINITIONS

The term "Accident" or "Accidental" shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

The term "Airworthiness Certificate" shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the government authority having jurisdiction over civil aviation in the country of its registry.

The term "Company" shall mean Certain Underwriters at Lloyd's, London

The term "Coinsurance" shall mean the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in Section II, Schedule of Benefits, under each stated benefit.

The term "Common Carrier" shall mean any public air conveyance operating under a valid license providing for the transportation of passengers for hire.

The term "Covered Expense" shall mean "Eligible Benefit".

The term "Custodial Care" shall mean Care as provided primarily for maintenance of the covered person or which is designed essentially to assist the covered person in meeting his activities of daily living. Custodial care includes but is limited to: help in walking, bathing, dressing, feeding, preparation of special diets and supervision over self-administration of medications. Such services shall be considered custodial care without regard to the provider by whom or by which they are prescribed, recommended or performed.

The term "Deductible" shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company.

The term "Disablement" as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

The term "Eligible Benefit(s)" shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this program and which do not exceed the maximum benefit.

The term "Emergency" shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

The term "Experimental / Investigational" means all services or supplies associated with: 1) treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available; or if less effective than other available treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.

The term "Hospital" as used in this Policy shall mean, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

The term "Home Country" shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

The term "Home Health Care" shall mean services or supplies needed as the result of a medical condition which is eligible under the Policy. The Insured must be physically unable to obtain needed medical services on an outpatient basis and it must be in lieu of hospitalization or confinement in an extended care facility. The treatment plan must be prescribed by a licensed Physician who is required to provide updates to the insurer at the appropriate intervals. Home Health Care is medically necessary health care provided in the patient's home by health care professionals at the direction of a licensed Physician. Health care professionals may include part-time or intermittent nursing care provided under the supervision of a registered nurse, physical therapy, occupational therapy, medications and laboratory services as well as a home health aide.

The term "Host Country" shall mean any country other than the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

The term "Illness" wherever used in this Policy shall mean sickness or disease of any kind.

The term "Injury" wherever used in this Policy shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

The term "Insured" or "Insured Person" shall mean a person eligible for benefits under the Policy who has applied for coverage and is named on the application and for whom the company has accepted premium.

The term "Intensive Care" shall mean a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

The term "Loss" in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia, shall mean the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight.

The term "Medically Necessary" shall mean services and supplies received while insured that are determined by the Company to be: (1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; (2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; (3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; (4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and (5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

The term "Mental Illness" shall mean any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, with clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning. This disease must not be merely an expectable response to a particular stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.

The term "Mountaineering" shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4,500 meters or above.

The term "Outpatient" shall mean an Insured Person who receives care in a Hospital or another institution, including: ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

The Term "Parachuting" shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

The term "Policy Period or Period of Coverage" shall mean the period of coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the Termination Date or the date coverage is renewed by the Company.

The term "Physician" as used in this Policy shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

The term "Reasonable and Customary" shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: (1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; (2) any usual medical circumstances requiring additional time, skill or experience; and (3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

The term "Relative" shall mean spouse, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

The term "Service Provider" shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

The term "Surgery" shall mean an invasive diagnostic procedure; or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

The term "Traveling Companion" shall mean spouse, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent son, daughter, brother, or sister), aunt, uncle, niece, nephew, legal guardian, ward, or business partner of the Insured Person.

#### PART IV - EXCLUSIONS

For **Medical benefits**, this Insurance does not cover:

1. Any Injury or Illness which meets the following criteria: (a) condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment during the 36 months prior to the Effective Date of coverage under this Policy; (b) condition(s) for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the 36 months prior to the Effective Date of coverage under this Policy. Any condition(s) which are regarded as pre-existing will not be covered for the duration of the Policy, except as noted below.  
For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months.  
If you are a United States citizen and the United States is your Home Country, this exclusion is waived for the first \$20,000 in eligible medical expenses incurred outside the United States and Canada (for persons age 65 and over, the amount is \$5,000). This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program. Any exclusion specifically listed in Medical Benefits exclusions, 2 through 22, will not receive benefits from this waiver.
2. Charges for treatment which exceed Reasonable and Customary charges; or charges incurred for Surgeries or treatments which are Investigational, Experimental, or for research purposes; expenses which are non-medical in nature; expenses for Vocational, Speech, Recreational or Music Therapy, or durable medical equipment;
3. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
4. Suicide or any attempt there of, while sane or self destruction or any attempt there of, while insane; intentionally self-inflicted Injury or Illness; or expenses as a result of, or in connection with, the commission of a felony offense;
5. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion: i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals. iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals. iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;

6. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics;  
A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation.
7. Routine physicals, inoculations, or other examinations where there are no objective indications or impairment in normal health;
8. Treatment of the Temporomandibular joint;
9. Chiropractic care or acupuncture
10. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;
11. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids, cosmetic or plastic Surgery (including deviated nasal septum), routine dental expenses, 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;
12. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent; any Mental and Nervous disorders or rest cures; Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs;
13. Congenital abnormalities and conditions arising out of or resulting therefrom;
14. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
15. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, 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, snow skiing and snow boarding (except as provided under the Optional Hazardous Sports Coverage)  
Mountaineering shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either:
  - 1) utilizing harnesses, ropes, crampons or ice axes; or
  - 2) ascending 4500 meters or above.
 Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.
16. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the Insured Person;
17. Treatment of venereal or sexually transmitted disease;
18. Pregnancy expenses or illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident or complications of Pregnancy;
19. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
20. Expenses incurred while the Insured Person is in their Home Country (except as provided under the Home Country Coverage Benefit);
21. Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Insured Person's physician has limited or restricted travel.
22. Expenses for Home Health Care does not include food, housing, homemaker services, or Physician charges which are covered elsewhere in the Policy, Therapy services which are covered elsewhere in the Policy and environmental supplies such as: hand rails, ramps, special telephones, air conditioners, home delivered meals, etc. The caregiver cannot be a relative of the Insured Person and the care must not be provided primarily for therapeutic value and not to assist in activities of daily living or Custodial Care.

With regards to Accidental Death and Dismemberment, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, and Return of Minor Child, this Insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane, or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease or sickness of any kind; (only applicable to AD&D)
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; (only applicable to AD&D)
4. Hernia of any kind; (only applicable to AD&D)
5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft;
6. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with: (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; (b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power. (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence; (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Company shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions;
8. Service in the military, naval or air service of any country;
9. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
10. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified physician or surgeon;
11. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
12. Riding or driving in any kind of competition;
13. Pregnancy, childbirth, miscarriage or abortion;
14. Covered Expenses incurred after the Insured Person's physician has limited or restricted travel; or Covered Expenses incurred as a result of a change in prescribed treatment during, or within the three months prior to the effective date of coverage.

For Interruption of Trip, this insurance does not cover: (1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death; the Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather); prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Insured Person purchased their trip arrangements.

For Lost of Checked Luggage, this insurance does not cover: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye-glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

#### Continuing Coverage (when applicable)

You do not have to pay premium for your entire trip all at once. The minimum Period of Coverage is five (5) days. Prior to the expiration date, Seven Corners will send out a renewal notice to your e-mail address, providing you the opportunity to extend coverage. This can be done as many times as you like up to a maximum Period of Coverage of six (6) months. A \$5.00 Administrative Fee will be included on each notice. If you would like to purchase additional coverage, you must first return to your Home Country for a minimum of thirty (30) days.

**Hazardous Sport Coverage (when applicable)**-To cover motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, parachuting, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing, snowmobiling, and snow boarding.

Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

**Pre-Notification / Referral** – Seven Corners Assist must be contacted prior to: (1) any medical treatment being received in the United States; or (2) hospital admissions worldwide; or (3) inpatient or outpatient surgeries worldwide. Additionally, the Company's appointed network provider must be utilized for medical expenses incurred inside the United States (when available – contact Seven Corners Assist with questions). A listing of network facilities can be found at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) on the worldwide web. Pre-notification does not guarantee that benefits will be paid. Failure to follow Pre-Notification / Referral will result in a 20% reduction of Eligible Benefits. (For Emergency admissions and situations, Seven Corners Assist must be contacted within 48 hours, or as soon as reasonably possible.)

Please be aware that this is not a general health insurance policy, but an interim travel medical program intended for use while away from your Home Country or Country of Residence. Liaison Continent does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense. It is the Insured Person's responsibility to maintain all records regarding travel history and provide any documents to the Administrator which would verify the Eligibility Requirements.

#### **PART V - POLICY PROVISIONS**

1. **Notice of Claim:** Written notice of claim must be given to the Company within 90 (ninety) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
2. **Claim Forms:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.
3. **Proof of Loss:** Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 (ninety) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.
4. **Time of Payment of Claims:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
5. **Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.  
If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.  
Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
6. **Physical Examination and Autopsy:** The Company at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. **Legal Actions:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.

#### **Subrogation**

To the extent the Company pays for a loss suffered by an insured, the Company will take over the rights and remedies the insured had relating to the loss. This is known as subrogation. The insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may require. If the company takes over an insured's rights, the insured must sign an appropriate subrogation form supplied by the Company.

#### **Pre-Notification and Network Information**

Many facilities inside the U.S. are not familiar with travel medical insurance and this creates unnecessary problems for insureds. **Seven Corners Assist must be contacted and Seven Corners' provider network must be utilized for treatment received in the United States.** When contacted properly, Seven Corners Assist is able to notify the network provider of benefits, coverage, and conditions in advance of the insured's arrival. While utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners directly, it saves the insured from many administrative hassles and places the facility in contact with the Seven Corners claims department.

Seven Corners does not have network facilities outside the United States. Outside of the United States, the insured must pre-notify Seven Corners Assist for any hospital admissions or any inpatient / outpatient surgeries.

Contact information for Seven Corners Assist is below and on the back of your ID Card. A listing of network providers can be found at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) on the web. Following these procedures are very important; failure to do so will result in a 20% reduction of eligible benefits.

#### **How to Obtain Travel Assistance**

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with your ID Number.  
For Emergency Medical Evacuation, Return of Remains, Emergency Reunion, Return of Minor Child, Assistance Services, call:  
if in the United States or Canada: 1-800-690-6295, or if outside the United States or Canada: 1-317-818-2808 (collect)

#### **Claims Services**

**Important Note:** Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below. Be certain to include your ID# shown on the ID Card with all correspondences:  
Seven Corners, Inc.

303 Congressional Blvd; Carmel, IN 46032  
800-335-0477 or 317-575-2256 FAX 317-575-2659 email: [info@sevencorners.com](mailto:info@sevencorners.com) [www.SevenCorners.com](http://www.SevenCorners.com)

#### **Insurance Company**

This Insurance, under Policy LON08-080515-01TM-Z, is underwritten by Certain Underwriters at Lloyds, London, rated A "Excellent" by AM Best.

**SEVERABILITY OF INTEREST CLAUSE**

This Policy shall operate in all respects as if a separate Policy had been issued to each party insured hereunder, except that in no event shall the total liability of the Insurers in respect of all parties insured hereunder exceed the Limit of Indemnity stated in this Policy. - LSW1001

**LLOYD'S PRIVACY POLICY STATEMENT**

**UNDERWRITERS AT LLOYD'S, LONDON**

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

**INFORMATION WE COLLECT**

The non-public personal information that we collect about you includes, but is not limited to:  
Information contained in applications or other forms that you submit to us, such as name, address, and social security number  
Information about your transactions with our affiliates or other third-parties, such as balances and payment history  
c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

**INFORMATION WE DISCLOSE**

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so,

**CONFIDENTIALITY AND SECURITY**

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

**RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION**

You have a right to request access to or correction of your personal information that is in our possession.

**CONTACTING US**

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request. - LSW1135b



One Lime Street London EC3M &HA