

ROUNDTRIP[®] INTERNATIONAL



COMPREHENSIVE TRIP PROTECTION

For Non-U.S. Residents Traveling Outside Their Home Country



SEVEN CORNERS

ROUNDRIP® INTERNATIONAL

CHOOSING ROUNDRIP INTERNATIONAL

RoundTrip International offers a comprehensive package of benefits to protect non-U.S. residents who are traveling outside their home country for up to 30 days.

What is your home country? It is where you have your true, fixed and permanent residence. For U.S. citizens, your home country is always the United States.

ROUNDRIP INTERNATIONAL PROTECTS



Your Financial Investment in Your Trip — What will happen if you are sick and must cancel your trip? Your travel provider may not refund the money you paid. We will reimburse you for your trip investment if you cancel your trip due to an unforeseen event listed in your plan document.



Your Health and Medical Expenses — Are you certain you will have medical coverage while you are traveling? Don't risk getting stuck with unexpected medical bills if you become sick or hurt during your trip.



Your Belongings — What if your baggage and personal items are lost, stolen, damaged, or delayed? We can help you with an assortment of protective benefits for your belongings.

OUR FOCUS IS SERVICE

As your plan administrator, Seven Corners* will take care of your plan needs from start to finish. We will process your purchase, provide all documents, and handle any claims. Our goal is to provide you with outstanding service every step of your journey with us.

Seven Corners Assist will provide you with 24/7 travel assistance during your trip. Our in-house multilingual team is trained to help you with both emergency and non-emergency travel needs.

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

YOUR COVERAGE START AND END DATES

Effective Date - This is the start date of your plan and is shown on your ID Card.

When Your Coverage Begins

(a) For Trip Cancellation: Coverage begins at 12:01 A.M. local time, at your location on the day after your plan payment is received by us. Trip cancellation coverage ends at the point and time of departure on your scheduled departure date.

(b) For Trip Delay: Coverage is in force while you are en route to and from your trip.

(c) For all other benefits: Coverage begins at the later of the point and time of your departure on your scheduled departure date or your actual departure on your trip.

When Your Coverage Ends

Coverage is effective for the time shown on your ID Card. Your coverage will end at 11:59 P.M. local time on the earliest of the following dates:

- (a) The scheduled return date as stated on the travel tickets;
- (b) The date you return to your origination point if prior to your scheduled return date;
- (c) The date you leave or change your trip (unless due to unforeseen events covered by this plan);
- (d) If you extend the return date, coverage will terminate at 11:59 P.M., local time, at your location on your scheduled return date;
- (e) the date you cancel your trip.

Extended Coverage - All coverage under the plan will be extended, if:

- (a) Your entire trip is covered by the plan; and
- (b) Your return is delayed by covered reasons specified under Trip Cancellation, Trip Interruption or Trip Delay.

If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date you reach your return destination; or (b) 7 days after the date your trip was scheduled to be completed.

SCHEDULE OF BENEFITS

TRAVEL	All benefits are shown in U.S. Dollar amounts.
Trip Cancellation	Trip Cost up to \$30,000*
Trip Interruption	100% of Trip Cost* <i>Limited to \$1,000 if your trip cost is \$0</i>
Single Occupancy Supplement	Trip Cost*
Trip Delay	Minimum 12 hours delay \$100 per day, maximum of \$500
Missed Connection	Minimum 3 hours delay Maximum of \$500
* Up to the lesser of the trip cost paid or the nonrefundable cancellation penalties imposed by the travel suppliers.	
ACCIDENT & HEALTH	
Emergency Accident and Emergency Sickness Medical Expense	\$0 Deductible Maximum of \$100,000 Emergency Dental Treatment maximum of \$750
Accidental Death & Dismemberment	\$25,000 Principle Sum
Coma	Maximum of \$50,000; 1% per month
Felonious Assault	\$10,000
EMERGENCY TRAVEL	
Emergency Medical Evacuation and Medically Necessary Repatriation	Maximum of \$100,000
Bedside Traveling Companion	Included in Emergency Medical Evacuation and Medically Necessary Repatriation
Return Insured Home	Included in Emergency Medical Evacuation and Medically Necessary Repatriation
Return Minor Child(ren)	Included in Emergency Medical Evacuation and Medically Necessary Repatriation
Transportation of Spouse or Domestic Partner	Included in Emergency Medical Evacuation and Medically Necessary Repatriation
Return of Mortal Remains	Maximum of \$50,000
Political Evacuation	Maximum of \$100,000
PROPERTY COVERAGES	
Baggage Delay (Outward Journey Only)	Minimum 12 hour delay \$100 per day, maximum of \$200
Baggage Delivery (Outward Journey Only)	Maximum of \$100
Baggage / Personal Effects	\$0 Deductible Maximum of \$2,500 Per Item Limit: \$250 Described Valuables: \$500
Sports Equipment Rental Coverage	Maximum of \$500
Personal Liability	Maximum of \$100,000

YOUR BENEFITS

TRIP CANCELLATION — If you cannot take your trip due to a stated unforeseen event (shown below), we pay you for:

- The amount of forfeited, nonrefundable, and unused payments or deposits you paid for your trip;
- The additional cost to you if your travel supplier cancels your trip for a covered reason and you choose to replace that travel supplier with a different one;
- The reissue fee (up to \$75.00) charged by the airline for your tickets if your travel supplier cancels your trip (you must have covered the entire cost of your trip including airfare);
- Airfare cancellation charges;
- Fees incurred by you for re-depositing your frequent traveler awards (frequent flyer miles or hotel/motel rewards) into your account if your trip is cancelled for any of the unforeseen events described below.

TRIP INTERRUPTION — If you cannot continue or resume your trip due to a stated unforeseen event (shown below) which occurs after your departure, we will pay you for:

- The unused, nonrefundable trip arrangements you prepaid to your travel suppliers;
- Additional transportation expenses;
- Return air travel up to the lesser of the cost of an economy flight or the amount shown in the Schedule of Benefits

UNFORESEEN EVENTS:

Sickness, injury, or death of you, your traveling companion, family member, or business partner	Mandatory evacuation at your destination due to hurricane or other natural disaster.
Death or hospitalization of your destination host	Your job transfer requires relocation of your principal residence
Adverse weather, natural disasters or terrorist attacks, causing complete cessation of travel services	You or your traveling companion are a victim of felonious assault within 10 days of departure
Primary residence or destination accommodations uninhabitable due to natural or man-made disaster	Vandalism or burglary of your principal residence within 10 days of departure
Strike causing complete cessation of your common carrier's services (for at least 12 consecutive hours)	Traffic accident en route to departure
You or your travel companion are hijacked, quarantined, required to serve on a jury, subpoenaed, or required to appear as a witness in a legal action	You, your traveling companion, or family member, who are military personnel, are called to emergency duty for a natural disaster (not war), or military duty within 30 days of departure
Your job termination or layoff (must have been employed there for 3 consecutive years)	You are active military personnel and have your leave revoked or are redeployed
Terrorist attack within 30 days of your departure	You are unable to participate in scheduled hunting, fishing, or sport expedition due to a delay or your sports equipment for 12 hours or more
Government authorities prohibit hunting and hunting related activities you planned to do at your destination	

This brochure does not contain a complete summary of the description of unforeseen events. Please view your plan document at sevencorners.com/help/plan-documents for details.

SINGLE OCCUPANCY

We will pay the additional cost for your per person occupancy rate if a person booked to share accommodations with you delays, cancels, or interrupts his or her trip for a covered reason and you do not cancel your trip.

TRIP DELAY

Reimburses you on a one-time basis for additional transportation, meals, accommodations, and non-refundable, unused prepaid expenses if you are delayed for 12 hours or more en route to or from your trip due to a hazard. Hazards include: delay of a common carrier, delay by a traffic accident (*if you are en route to a departure*), delay due to lost or stolen passports, travel documents or money; quarantine; hijacking; unannounced strike; natural disaster; civil commotion or riot; a closed roadway causing cessation of travel to the travel supplier or the destination of your trip.

MISSED CONNECTION

Reimburses you for additional transportation expenses needed to join your departed trip if you miss your connection due to cancellation or delay for 3 or more hours of all regularly scheduled flights due to inclement weather or any delay caused by a common carrier. This coverage is secondary to compensation provided by a common carrier.

EMERGENCY ACCIDENT & SICKNESS MEDICAL EXPENSE

Covers medical treatment for an emergency sickness or emergency accidental injury which occurs during your trip. You must receive initial treatment while on your trip. Emergency dental treatment is covered as shown in the schedule of benefits.

ACCIDENTAL DEATH & DISMEMBERMENT

Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring on your trip.

COMA

Pays benefits if you become comatose due to an accident.

FELONIOUS ASSAULT

Pays benefits if you are injured as the result of a felonious assault while traveling, if you have a loss which is payable under Accidental Death & Dismemberment or Coma Benefit.

EMERGENCY MEDICAL EVACUATION & REPATRIATION*

The benefits listed below are provided if your attending physician, in coordination with Seven Corners Assist, orders your emergency medical evacuation. Benefits must be pre-approved by Seven Corners Assist, which arranges for all services.

We will transport you to the closest adequate medical facility.

We will pay for an escort if you are disabled during your trip and your physician recommends it.

If you are hospitalized for more than 7 days following an evacuation, we will 1) transport dependent children home (with an escort if necessary) if they are traveling with you and/or 2) bring 1 person of your choice to/ from your bedside if you are alone.

If we previously evacuated you to a medical facility, we will pay your airfare costs from that facility to your residence within 1 year from your original scheduled return date, less refunds from your unused transportation tickets.

We will return your spouse or domestic partner to your primary residence if you are hospitalized for more than 7 days, or if you die on the trip.

*Failure to utilize Seven Corner Assist to arrange for these services will result in the denial of benefits.

YOUR BENEFITS CONTINUED

RETURN OF MORTAL REMAINS*

If you die while traveling, we will return your remains to your primary residence.

POLITICAL EVACUATION*

If a formal recommendation is made for you to leave your host country, or if you are expelled or declared persona non-grata by the host 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 or appropriate authorities recommend travelers avoid a certain country, and you did not follow it.

**Failure to utilize Seven Corner Assist to arrange for these services will result in the denial of benefits.*

BAGGAGE DELAY/BAGGAGE DELIVERY (OUTWARD JOURNEY ONLY)

We will pay you if your checked baggage is delayed or misdirected by your common carrier for more than 12 hours.

If your checked baggage is delayed after you reach your destination and the common carrier charges you for delivery, we will pay the cost up to the amount shown in the schedule.

BAGGAGE/PERSONAL EFFECTS

- Covers loss, theft, and damage to baggage and personal effects.
- We will pay for fees associated with replacement of your passport during your trip.

PLAN COST

Trip Cost Per Person	Plan Rate: per person based on age on the purchase date Rates are for trips from 1 through 30 days in length.												
	0-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80
\$0*	\$40	\$51	\$54	\$57	\$59	\$60	\$62	\$63	\$65	\$68	\$71	\$77	\$84
\$1-\$500	\$46	\$59	\$63	\$70	\$72	\$74	\$77	\$79	\$82	\$86	\$91	\$102	\$112
\$501-\$1,000	\$56	\$70	\$74	\$84	\$87	\$90	\$93	\$97	\$102	\$110	\$116	\$132	\$148
\$1,001-\$1,500	\$65	\$81	\$85	\$95	\$100	\$104	\$108	\$113	\$120	\$133	\$141	\$162	\$185
\$1,501-\$2,000	\$75	\$92	\$97	\$110	\$115	\$120	\$126	\$132	\$141	\$159	\$169	\$195	\$222
\$2,001-\$2,500	\$87	\$105	\$111	\$124	\$130	\$136	\$143	\$150	\$161	\$183	\$194	\$226	\$260
\$2,501-\$3,000	\$97	\$117	\$123	\$139	\$146	\$153	\$160	\$169	\$182	\$207	\$221	\$260	\$291
\$3,001-\$3,500	\$107	\$128	\$135	\$151	\$159	\$167	\$175	\$185	\$200	\$231	\$246	\$290	\$333
\$3,501-\$4,000	\$118	\$140	\$148	\$164	\$172	\$181	\$191	\$201	\$219	\$256	\$273	\$321	\$382
\$4,001-\$4,500	\$128	\$151	\$160	\$178	\$187	\$197	\$208	\$220	\$240	\$282	\$300	\$355	\$420
\$4,501-\$5,000	\$139	\$163	\$172	\$193	\$203	\$213	\$225	\$238	\$261	\$307	\$327	\$388	\$459
\$5,001-\$5,500	\$152	\$177	\$187	\$211	\$222	\$234	\$247	\$261	\$286	\$338	\$360	\$429	\$499
\$5,501-\$6,000	\$164	\$191	\$202	\$226	\$238	\$251	\$265	\$280	\$305	\$355	\$379	\$452	\$525
\$6,001-\$6,500	\$179	\$207	\$218	\$246	\$259	\$273	\$288	\$304	\$331	\$384	\$409	\$501	\$577
\$6,501-\$7,000	\$189	\$219	\$231	\$256	\$270	\$284	\$301	\$318	\$347	\$404	\$430	\$524	\$601
\$7,001-\$8,000	\$213	\$245	\$259	\$296	\$312	\$328	\$346	\$367	\$403	\$483	\$513	\$606	\$734
\$8,001-\$9,000	\$234	\$269	\$284	\$321	\$338	\$356	\$376	\$399	\$441	\$534	\$567	\$677	\$821
\$9,001-\$10,000	\$258	\$295	\$311	\$345	\$364	\$384	\$406	\$432	\$478	\$584	\$620	\$741	\$909

Coverage must be purchased for the nonrefundable cost of the trip.

For a trip cost between \$10,001 and \$30,000, contact your agent or Seven Corners for the rate.

*If you purchase the \$0 category, there is no Trip Cancellation, and Trip Interruption will cover up to \$1,000. All other benefits apply.

Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The rates above include a 2% trust fee.

SPORTS EQUIPMENT RENTAL

We will reimburse you on a one-time basis for the cost of renting replacement sports equipment, if your sports equipment is stolen or is damaged, lost, or delayed by your common carrier for 12 hours or more.

PERSONAL LIABILITY

We will pay for eligible court-entered judgments or settlements approved by us) that are related to the personal liability you incur for acts, omissions, and other occurrences for losses or damages caused by your negligent acts or omissions that result in: 1) injury to a third person; 2) damage or loss to a third person's personal property; 3) damage or loss to a related third person's personal property. We will also pay you for associated reasonable legal fees and out-of-pocket costs incurred by you with respect to the determination and/or settlement of such legal liability. See your plan document for conditions which apply to this benefit.

PRE-EXISTING MEDICAL CONDITIONS

Pre-existing conditions are not covered by RoundTrip International.

A pre-existing condition is any accidental injury, sickness or condition of you, your traveling companion, or your family member booked to travel with you for which medical advice, diagnosis, care or treatment was recommended or received within the 60 day period ending on the effective date of this plan. Sicknesses or conditions are not considered pre-existing if the sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

IMPORTANT INFORMATION

When paying for your trip, save all documents, as this information will be required to process any claim.

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

Please be aware that this is not a general health insurance plan but an interim travel insurance plan intended for use while away from your home country or country of residence.

Travel assistance services are not insurance and are provided by Seven Corners Assist.

Your Underwriter: Insurance benefits are underwritten by Certain Underwriters at Lloyd's, London,* an established organization with an AM Best rating of "A" (Excellent).

**In specific scenarios, coverage is provided by Tramont Insurance company Limited. Please visit tramontinsurance.com for more details.*

COUNTRY RESTRICTIONS

Address Restrictions: We cannot accept an address in the United States, Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

Destination Restrictions: We cannot cover trips to Islamic Republic of Iran and Syrian Arab Republic.

EXCESS INSURANCE LIMITATION

The insurance provided by RoundTrip International (except for the AD&D benefit) is in excess of all other valid and collectible insurance and applies only when such benefits are exhausted.

OUR PROMISE TO YOU

If you are not completely satisfied, you can cancel your coverage within 10 days of the date you purchased this plan, if you have not incurred any claims during that time. Your plan cost is not refundable after 10 days.

PLAN DOCUMENTS

After your purchase, you will receive your ID card and plan document, which will describe your coverage in detail. You will also receive contact details explaining how to notify us in case of an emergency or claim.

PRE-NOTIFICATION

You or your medical provider must notify Seven Corners Assist before receiving any medical treatment in the U.S. and prior to hospital admissions and inpatient/outpatient surgeries worldwide. For emergency admissions, we require contact within 48 hours or as soon as reasonably possible. Pre-notification does not guarantee benefits will be paid.

PROVIDER NETWORK

A network provider can be located at sevendcorners.com/help/find-a-doctor 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.

CLAIMS

Claim submissions must be made within 90 days after the date of service. Visit sevendcorners.com/claims to learn more.

SEVEN CORNERS ASSIST

What happens if you become ill in a remote area without specialized medical care? We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

24/7 Travel Assistance – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, & pre-trip information including inoculation & visa requirements.

24/7 Medical Assistance – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts & transportation for unaccompanied children, and medical record transfers.

GENERAL EXCLUSIONS & LIMITATIONS

The following exclusions apply to Trip Cancellation, Trip Interruption, Single Occupancy Supplement, Trip Delay, Missed Connection, Emergency Accident and Sickness Medical Expense, Coma, Felonious Assault, Emergency Medical Evacuation and Medically Necessary Repatriation, Return of Mortal Remains, Baggage Delay/Baggage Delivery, and Baggage and Personal Effects.

Loss caused by or resulting from:

1. Pre-Existing Conditions (this exclusion does not apply to Emergency Medical Evacuation and Medically Necessary Repatriation, and Return of Mortal Remains);
2. Commission or the attempt to commit a criminal act by You, Your Traveling Companion, or Your Family Member, whether insured or not;
3. Claims not received by Seven Corners within ninety (90) days of the date of service;
4. Charges for Treatment which exceed Usual, Reasonable and Customary charges; or Charges incurred for Surgeries or Treatments which are Investigational, Experimental, or for research purposes; expenses which are nonmedical in nature;
5. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
6. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
7. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
8. Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent; Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor, chemicals, or drugs or narcotic agent, unless administered under the advice of a Physician and said narcotic agent was taken in accordance with the proper dosing as directed by the Physician;
9. Mental or emotional disorders, unless hospitalized;
10. Participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics;
11. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country. Orders to active military service for training purposes of 2 months or less will not constitute service in the armed forces. Upon notice to Us of entering the armed forces, We will return to You pro-rata any premium paid, less any benefits paid, for any period during which You are in such service;
12. 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. For the purpose of this Exclusion;
 - i. 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.

EXCLUSIONS CONTINUED

- ii. 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.
 - iii. 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;
13. Terrorist Activity. For the purpose of this Exclusion, 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). The Company shall not be liable for and will not provide coverage or benefits for any claim or charges, Sickness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism; and provided, further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, charges, Sickness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following: a) The Insured Person's direct or indirect involvement in the Terrorist Activity. b) The Terrorist Activity takes place in a country or location where the United States government has issued a travel warning that has been in effect within the six (6) months prior to the Insured Person's date of arrival. c) The Insured Person unreasonably fails or refuses to depart a country or location following the date a warning to leave that country or location is issued by the United States government. (This exclusion does not apply to Trip Interruption or Trip Cancellation.)
 14. Participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
 15. Injury sustained while taking part in bodily contact sports; Mountaineering, hang gliding, paragliding, Parachuting, paragliding, zip lining, parasailing, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, skydiving; spelunking or caving; helicopter skiing; extreme skiing; rock climbing; windsurfing, snow skiing and snowboarding (except for recreational downhill and/or cross country snow skiing or snowboarding. No cover provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and market in-bound territories; and/or against the advice of the local ski school or local authoritative body); and any sport or athletic activity which is undertaken for thrill seeking and exposes the Plan Participant to abnormal or extreme risk of Injury;
 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. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
 18. Services not shown as covered;
 19. Curtailment or delayed return for other than covered Unforeseen reasons;
 20. Any failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due You;
 21. Suicide, attempted suicide or any intentionally self-inflicted Injury while sane or insane committed by You, Your Traveling Companion or Your Family Member, whether or not insured;
 22. Services, supplies, or Treatment prescribed, performed or provided by a Relative of the Insured Person or any family member of the Insured Person or anyone who lives with the Insured Person. This includes but is not limited to prescription medication and any diagnostic testing;
 23. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
 24. Expenses incurred for which travel was undertaken to seek Medical Treatment for a condition;
 25. Expenses for Custodial Care, whether recommended by a Physician or not;
 26. Expenses incurred after the Insured Person's Physician has limited or restricted travel;
 27. Medical expenses incurred while the Insured Person is in their Home Country;
 28. Diagnosis and or Treatment of venereal disease, including all sexually transmitted diseases and conditions and any and all consequences thereof;
 29. Tuberculosis, severe acute respiratory syndrome or other chronic airborne pathogen;

30. Your participation in civil disorder, riot or a felony;
31. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician; or
32. Any non-emergency Treatment or Surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
33. Treatment, services or supplies that are not administered by or under the supervision of a Physician and products that can be purchased without a doctor's prescription;
34. Care or Treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation.

The following exclusions apply to Baggage Delay/Baggage Delivery, Baggage/Personal Effects, and Sports Equipment Rental Coverage. We will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers, motors, motorcycles, or aircraft;
5. bicycles (except when checked as Baggage with a Common Carrier);
6. eye glasses, sunglasses or contact lenses;
7. artificial teeth and dental bridges;
8. hearing aids;
9. prosthetic limbs;
10. keys, money, stamps, securities and documents;
11. tickets;
12. art objects and musical instruments;
13. consumables including medicines, perfumes, cosmetics, and perishables
14. professional or occupational equipment or property, whether or not electronic Business Equipment;
15. telephones, computer or software; or
16. property illegally acquired, kept, stored or transported.

The following exclusions apply to Baggage Delay/Baggage Delivery, Baggage/Personal Effects, and Sports Equipment Rental Coverage. Any loss caused by or resulting from the following is excluded:

1. wear and tear or gradual deterioration;
2. insects or vermin;
3. inherent vice or damage while the article is actually being worked upon or processed;
4. confiscation or expropriation by order of any government;
5. radioactive contamination;
6. war or any act of war whether declared or not;
7. property shipped as freight or shipped prior to the Scheduled Departure Date.
8. delay or loss of market value;
9. indirect or consequential loss or damage of any kind;
10. theft or pilferage while left unattended in any vehicle if the vehicle is not property secured;
11. electrical current including electric arcing that damages or destroys electrical devices or appliances;
12. mysterious disappearance;
13. confiscation or expropriation by order of any government.

EXCLUSIONS FOR TRIP INTERRUPTION, POLITICAL EVACUATION, PERSONAL LIABILITY, & ACCIDENTAL DEATH & DISMEMBERMENT

To review the exclusions for Trip Interruption, Political Evacuation, and Personal Liability, please see the RoundTrip International plan document available at sevencorners.com/help/plan-documents.

ROUNDTRIP® INTERNATIONAL GROUP APPLICATION**COMPLETING YOUR ENROLLMENT FORM**

Please complete this application in full. A signature in the method of payment section is required. If paying by check or money order, make payable to Seven Corners & mail with your enrollment form. If paying by credit card, you may mail or fax to us. (Originals are not required if the enrollment form is faxed with credit card payment.)

All enrollees must be non-U.S. residents traveling outside their home country. Please type or print in ink.

AGENT # _____

GROUP INFORMATION

Group Name: _____

Contact Name: _____

Contact Email: _____

TRIP INFORMATION *Covered trips can be from 1 through 30 days in length.*

Trip Start Date (MM/DD/YYYY) _____ / _____ / _____

Trip End Date (MM/DD/YYYY) _____ / _____ / _____

Initial Trip Payment/Deposit Date (MM/DD/YYYY) _____ / _____ / _____

Destination: _____

(Please list all if there is more than one.)

Name of Travel Supplier: _____

(Airline, Tour Operator, Cruise Line, etc.)

TOTAL RATE CALCULATION \$ _____

Seven Corners, Inc.
303 Congressional Boulevard. Carmel, IN 46032 USA
Fax: 317-575-2659 (credit card orders only)
Phone: 800-335-0611 or 317-575-2652
Online: www.sevencorners.com

ROUNDTRIP® INTERNATIONAL RATES

Plan must be purchased prior to departure for the nonrefundable cost of the trip. Please choose the corresponding Plan Rate for each traveler's trip cost from the rates below.

	0-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80
\$0*	\$40	\$51	\$54	\$57	\$59	\$60	\$62	\$63	\$65	\$68	\$71	\$77	\$84
\$1-\$500	\$46	\$59	\$63	\$70	\$72	\$74	\$77	\$79	\$82	\$86	\$91	\$102	\$112
\$501-\$1,000	\$56	\$70	\$74	\$84	\$87	\$90	\$93	\$97	\$102	\$110	\$116	\$132	\$148
\$1,001-\$1,500	\$65	\$81	\$85	\$95	\$100	\$104	\$108	\$113	\$120	\$133	\$141	\$162	\$185
\$1,501-\$2,000	\$75	\$92	\$97	\$110	\$115	\$120	\$126	\$132	\$141	\$159	\$169	\$195	\$222
\$2,001-\$2,500	\$87	\$105	\$111	\$124	\$130	\$136	\$143	\$150	\$161	\$183	\$194	\$226	\$260
\$2,501-\$3,000	\$97	\$117	\$123	\$139	\$146	\$153	\$160	\$169	\$182	\$207	\$221	\$260	\$291
\$3,001-\$3,500	\$107	\$128	\$135	\$151	\$159	\$167	\$175	\$185	\$200	\$231	\$246	\$290	\$333
\$3,501-\$4,000	\$118	\$140	\$148	\$164	\$172	\$181	\$191	\$201	\$219	\$256	\$273	\$321	\$382
\$4,001-\$4,500	\$128	\$151	\$160	\$178	\$187	\$197	\$208	\$220	\$240	\$282	\$300	\$355	\$420
\$4,501-\$5,000	\$139	\$163	\$172	\$193	\$203	\$213	\$225	\$238	\$261	\$307	\$327	\$388	\$459
\$5,001-\$5,500	\$152	\$177	\$187	\$211	\$222	\$234	\$247	\$261	\$286	\$338	\$360	\$429	\$499
\$5,501-\$6,000	\$164	\$191	\$202	\$226	\$238	\$251	\$265	\$280	\$305	\$355	\$379	\$452	\$525
\$6,001-\$6,500	\$179	\$207	\$218	\$246	\$259	\$273	\$288	\$304	\$331	\$384	\$409	\$501	\$577
\$6,501-\$7,000	\$189	\$219	\$231	\$256	\$270	\$284	\$301	\$318	\$347	\$404	\$430	\$524	\$601
\$7,001-\$8,000	\$213	\$245	\$259	\$296	\$312	\$328	\$346	\$367	\$403	\$483	\$513	\$606	\$734
\$8,001-\$9,000	\$234	\$269	\$284	\$321	\$338	\$356	\$376	\$399	\$441	\$534	\$567	\$677	\$821
\$9,001-\$10,000	\$258	\$295	\$311	\$345	\$364	\$384	\$406	\$432	\$478	\$584	\$620	\$741	\$909

METHOD OF PAYMENT

- Check/Money Order Payable to Seven Corners
 Visa MasterCard Discover/Novus
 Diners Club American Express

Card Number: _____

Expiration Date: _____ / _____ Phone: (_____) _____

Name on Card: _____

Billing Address: _____

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the Master Policy issued by Certain Underwriters at Lloyd's, London. The premiums listed include a trust fee.

Total payment for the full term of coverage requested must be paid in U.S. dollars at the time of application in order for coverage to be issued. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

I understand that this coverage is not a general health insurance policy, but a limited benefit period, travel medical program intended for use while away from my Home Country.

I understand that the information contained herein, in the program brochures and the Certificate of Insurance (Certificate) is a summary of the benefits to which I may be entitled under the Master Policy and if, there is any difference, the provisions of the Certificate shall prevail. I understand that I may obtain a copy of the Master Policy upon request to Seven Corners.

I declare that I have read and 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 Certificate.

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 understand that wherever coverage provided would be in violation of any law including U.S. or appropriate state law (including U.S. economic or trade sanctions), such coverage will be null and void.

Seven Corners, Inc. and Certain Underwriters at Lloyd's are subject to sanctions, prohibitions or restrictions under UN resolutions or the trade or economic sanctions, laws or regulations of the European Union (EU), United Kingdom or the United States (including those administered by the Office of Foreign Assets Control (OFAC). If your Home Country is subject to US, EU or UN sanctions or you are personally the subject of any sanctions or are a "Designated Person" for EU or OFAC purposes (or any similar regime in any other country), we cannot provide you coverage, and any Certificate sent to you will be null and void from its issuance. For the purposes of this program, "Home Country" is the country where you have your true, fixed and permanent residence. Notwithstanding the foregoing, for United States Citizens, the Home Country is always the United States.

I hereby certify that my Home Country is not currently subject to US, EU or UN sanctions and that I am not a Designated Person (or otherwise personally subject to any sanctions law).

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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Residents of India who are seeking to procure this insurance online while in India are required to obtain permission from the Central Government and Reserve Bank of India prior to purchasing this insurance.

Signature: mandatory for all payment options.

Date

AGENT INFORMATION

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38350 Fremont Blvd, Suite 200
Fremont, CA 94536

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ADMINISTERED BY



SEVEN CORNERS

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sevencorners.com



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