

# LIAISON<sup>®</sup>

## CONTINENT



**MEDICAL INSURANCE THAT COVERS YOU OUTSIDE YOUR HOME COUNTRY**

Coverage available for up to 6 months



**SEVEN CORNERS**

# CHOOSING LIAISON® CONTINENT

## WHY CHOOSE LIAISON CONTINENT?

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

*\*Your home country is the country where you have your true, fixed and permanent residence. For United States citizens, your home country is always the United States.*

## WHY SHOULD YOU BUY?

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

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

\*\*In specific scenarios, coverage provided by Tramount Insurance Company Limited. For more information regarding Tramount, please visit [tramountinsurance.com](http://tramountinsurance.com). In California, Seven Corners operates under the name Seven Corners Insurance Services.

## WHO CAN BUY LIAISON CONTINENT?

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

## LENGTH OF COVERAGE

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

**Coverage Start Date** - This is the start date of your plan. Coverage begins at 12:01 AM North American Eastern Time on the later of the following dates: 1) the day after we receive your application and correct premium if you apply online or by fax; or 2) the day after the postmark date of your application and correct premium if you apply by mail; or 3) the moment you depart your home country; or 4) the date request on your application.

**Coverage End Date** - Your coverage ends at 11:59 PM North American Eastern Time on the earlier of the following: your return to your home country (except for Home Country Coverage); the end of the coverage period purchased; when you are no longer eligible for coverage; or when the maximum benefit amount has been paid.

**Continuing Coverage** - If you initially buy less than 187 days of coverage, you may purchase additional time, to a total of 187 days. Your initial coverage start date is used to calculate your deductible and coinsurance and to determine pre-existing conditions. We will send a renewal notice to your email address, giving you the option to extend your plan. A \$5.00 administrative fee will be included for each renewal.

**Once your coverage exceeds 187 days, you must return to your home country for a minimum of 30 days before purchasing a new plan.**

# SCHEDULE OF BENEFITS

All coverages and plan costs are shown in U.S. Dollar amounts and are per person and per period of coverage unless otherwise noted. Coverage period length is a maximum of 187 days.

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

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

### COINSURANCE: (applied per period of coverage) Inside of the United States

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

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

### Outside of the United States

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

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

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

**DENTAL EMERGENCY (SUDDEN RELIEF OF PAIN):** \$100 (available for coverage periods longer than one month).

**DENTAL EMERGENCY (ACCIDENT COVERAGE):** Up to the medical maximum (available for coverage periods longer than one month).

**EMERGENCY MEDICAL EVACUATION/REPATRIATION\*:** \$1,000,000 *in addition to the medical maximum.*

**RETURN OF MORTAL REMAINS\*:** \$50,000 (includes \$5,000 for local cremation or burial).

**POLITICAL EVACUATION\*:** \$10,000

**TERRORISM:** Up to the medical maximum.

**RETURN OF MINOR CHILDREN\*:** \$50,000

**EMERGENCY REUNION\*:** \$50,000

**LOCAL AMBULANCE EXPENSE:** Up to the medical maximum.

**COMA BENEFIT:** \$50,000 *(in addition to the medical maximum).*

**FELONIOUS ASSAULT:** \$10,000 *(in addition to the medical maximum).*

**ACCIDENTAL DEATH & DISMEMBERMENT (AD&D):** \$50,000 for insured or insured spouse, \$5,000 for Dependent Children; \$250,000 maximum per family.  
*Note: In the event of a Common Carrier Accidental Death, this benefit will not be paid.*

**COMMON CARRIER ACCIDENTAL DEATH:** \$100,000 for insured or insured spouse; \$25,000 per child under the age of 19; \$250,000 maximum per family.

**LOSS OF CHECKED LUGGAGE:** \$250 per occurrence.

**INTERRUPTION OF TRIP\*:** \$5,000

**HOME COUNTRY COVERAGE:** Incidental Trips to the home country: \$50,000  
Extension of Benefits: \$5,000

**HOSPITAL ROOM & BOARD, INTENSIVE CARE, & OUTPATIENT MEDICAL EXPENSES:** Usual, reasonable & customary to the medical maximum.

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

**ACUTE ONSET OF A PRE-EXISTING CONDITION:** Up to \$45,000 for non-U.S. residents under age 65 traveling in the United States *(age 65-69 up to \$2,000, age 70+ there is no benefit).*

**NATURAL DISASTER:** Up to \$200 per day for 5 days.

**NATURAL DISASTER EVACUATION\*:** \$10,000 *(for travel outside the U.S.)*

**BENEFIT PERIOD:** 180 days

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

*\*Seven Corners Assist must make all arrangements for services.*

# YOUR BENEFITS

## IMPORTANT BENEFIT HIGHLIGHTS

**MEDICAL COVERAGE** - We cover injuries and illnesses which occur during your period of coverage. Benefits are paid in excess of your deductible and coinsurance up to your medical maximum.

**EMERGENCY MEDICAL EVACUATION** - If medically necessary, we will:

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

**POLITICAL EVACUATION** - If a formal recommendation is made for you to leave your 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, and you did not follow it.

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

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

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

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

**ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)** - Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

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

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

## HOME COUNTRY COVERAGE

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

**EXTENSION OF BENEFITS** - Covers expenses incurred in your home country for conditions first diagnosed and treated outside your home country.

**COMA BENEFIT** - 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.

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

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

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

**NATURAL DISASTER EVACUATION** - If you need an emergency evacuation due to a natural disaster which makes your host country location uninhabitable (as deemed by Seven Corners security personnel and as described in the plan document), we will arrange and pay for evacuation from a safe departure point to the nearest safe location. We will arrange and pay up to a maximum of 3 days for accommodations related to lodging if you are delayed at the safe location. We will also arrange and pay for one-way economy airfare to return you to your home country following evacuation.

## PRE-EXISTING CONDITIONS

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

## WAIVER OF PRE-EXISTING CONDITIONS

### U.S. Residents traveling outside the United States

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

## ACUTE ONSET

### Non-U.S. Residents under age 70 traveling in the United States

We pay up to \$45,000 (ages 65-69 limited to \$2,000) for an acute onset of a pre-existing condition *if it occurs during your coverage period while you are in the United States, and if you receive treatment in the United States within 24 hours of the sudden and unexpected recurrence.*

Coverage is available for eligible medical expenses until the condition is no longer acute or you are discharged from the hospital. This benefit covers one acute episode per pre-existing condition. In addition, we provide up to \$25,000 for emergency medical evacuation.

An Acute Onset of a pre-existing condition is a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms. A pre-existing condition that is a congenital condition or that gradually becomes worse over time will not be considered an acute onset. A pre-existing condition will not be considered an acute onset if during the 30 days prior to the acute event you had a change in prescription or treatment for a diagnosis related to the acute event. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to arrival in the United States and prior to the coverage start date.



# DESCRIPTION OF COVERAGE

## PRE-CERTIFICATION

The following expenses must always be pre-certified:

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

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

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

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

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

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

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

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

## PROVIDER NETWORK

You can locate a network provider at [sevencorners.com/help/find-a-doctor](http://sevencorners.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.**

## OPTIONAL COVERAGE - HAZARDOUS SPORTS

Would you like to include some adventure in your travels? You may buy coverage for the following activities: motorcycle/motor scooter riding (passenger or driver), hang gliding, Parachuting, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, and spelunking.

## REFUND OF PREMIUM/CANCELLATION

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

## CLAIMS

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

## IMPORTANT INFORMATION ABOUT YOUR COVERAGE

*Please be aware this is not a general health insurance plan, but an interim, limited benefit period, travel medical program intended for use while away from your home country.*

*This brochure is intended as a brief summary of benefits and services. It is not your 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.*

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

**Attention:** Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The premiums shown include a trust fee.

**State Restrictions:** We cannot accept an address in Maryland, Washington, New York, and South Dakota.

**Country Restrictions:** We cannot accept an address in 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.

## SEVEN CORNERS ASSIST

### WE ARE HERE TO HELP

What happens if you become ill in a remote area without appropriate 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, and pre-trip information including inoculation and 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 and transportation for unaccompanied children, and medical record transfers.

Contact information for Seven Corners Assist is shown on your ID card.

# DAILY RATES

## Rates based on a \$250 Deductible

Effective from April 5, 2016

### TRAVELING IN THE UNITED STATES

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

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

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

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.20	\$1.49	\$1.92	\$2.30
30 to 39	\$1.58	\$2.02	\$2.50	\$2.93
40 to 49	\$2.35	\$2.88	\$3.84	\$4.27
50 to 59	\$3.46	\$4.42	\$5.42	\$6.24
60 to 64	\$4.32	\$5.62	\$6.67	\$8.02
65 to 69	\$4.94	\$6.72	\$7.30	\$8.69
70 to 79	\$6.67	N/A	N/A	N/A
80+*	\$11.62	N/A	N/A	N/A
Dependent Child†	\$1.10	\$1.34	\$1.73	\$1.92
Child Alone††	\$1.20	\$1.49	\$1.92	\$2.16

\*Ages 80+ limited to \$15,000.

†Dependent 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.

#### Plan B: 75/25 to max

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

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.02	\$1.18	\$1.61	\$1.80
30 to 39	\$1.36	\$1.60	\$2.14	\$2.38
40 to 49	\$1.91	\$2.13	\$2.91	\$3.21
50 to 59	\$3.20	\$3.91	\$4.67	\$5.50
60 to 64	\$3.91	\$4.91	\$6.08	\$6.95
65 to 69	\$4.60	\$5.43	\$6.76	\$7.72
70 to 79	\$6.29	N/A	N/A	N/A
80+*	\$10.95	N/A	N/A	N/A
Dependent Child†	\$0.97	\$1.12	\$1.53	\$1.71
Child Alone††	\$1.02	\$1.18	\$1.61	\$1.80

\*Ages 80+ limited to \$15,000.

†Dependent 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.

### IMPORTANT COVERAGE INFORMATION

Coverage does not begin until you depart your home country and Seven Corners receives and accepts your application and correct payment.

### TRAVELING OUTSIDE THE U.S.

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

#### Plan E: 100% after the deductible to maximum

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

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.76	\$0.91	\$1.06	\$1.13
30 to 39	\$0.90	\$1.06	\$1.37	\$1.43
40 to 49	\$1.52	\$1.73	\$1.97	\$2.04
50 to 59	\$2.32	\$2.56	\$2.72	\$2.77
60 to 64	\$3.12	\$3.51	\$3.80	\$3.84
65 to 69	\$3.81	\$3.98	\$4.61	\$5.13
70 to 79	\$5.47	\$6.79	N/A	N/A
80+*	\$10.00	N/A	N/A	N/A
Dependent Child†	\$0.67	\$0.77	\$0.81	\$0.83
Child Alone††	\$0.69	\$0.77	\$0.81	\$0.83

\*Ages 80+ limited to \$15,000.

†Dependent 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.

#### Plan F: 80/20 to max

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

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.66	\$0.77	\$0.90	\$1.01
30 to 39	\$0.77	\$0.89	\$1.20	\$1.37
40 to 49	\$1.21	\$1.35	\$1.52	\$1.70
50 to 59	\$2.09	\$2.40	\$2.55	\$2.71
60 to 64	\$2.62	\$3.13	\$3.44	\$3.87
65 to 69	\$3.07	\$3.34	\$3.52	\$4.01
70 to 79	\$4.58	\$6.45	N/A	N/A
80+*	\$8.02	N/A	N/A	N/A
Dependent Child†	\$0.62	\$0.73	\$0.86	\$0.96
Child Alone††	\$0.66	\$0.77	\$0.90	\$1.01

\*Ages 80+ limited to \$15,000.

†Dependent Child rate is applicable when at least one parent will also be covered under Liaison® Continent.

††Child Alone rate is used when a child will be insured by themselves.

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

# MEDICAL BENEFIT EXCLUSIONS

For Medical Benefits, this Insurance does not cover:

1. Pre-existing Conditions which are excluded under this Certificate. This means that any claims for Pre-existing Conditions will not be covered for the duration of this Certificate.
  - a. If You are a United States resident under age 70, this exclusion is waived for the first \$25,000 in eligible medical expenses incurred outside the United States (for persons age 70 and over, the amount is \$5,000), minus Your Deductible and selected Coinsurance option (Plan E or F). 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.
  - b. If you are a non-U.S. resident under age 70, this exclusion is waived for eligible medical expenses for an Acute Onset of a Pre-existing Condition(s) (as defined herein) up to \$45,000 (Ages 65-69 limited to \$2,000) for eligible medical expenses incurred in the United States, minus Your Deductible and selected Coinsurance option (Plan A or B). For persons age 70 and over, there is no benefit. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatments existent or necessary prior to arrival in the United States and prior to the effective date of this program.

*If the Pre-existing Conditions exclusion is waived, all of the remaining exclusions still apply.*
2. 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 non-medical in nature;
3. Claims not received by Seven Corners within ninety (90) days of the date of service;
4. Expenses for vocational, occupational, sleep, speech, recreational or music therapy;
5. Durable medical equipment;
6. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
7. Suicide or any attempt thereof, or self-destruction or any attempt thereof; intentionally self-inflicted Injury or Illness;
8. Expenses as a result of, or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body;
9. 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 (including in connection with Terrorist Activity). 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 (including in connection with Terrorist Activity). 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 (including in connection with Terrorist Activity). 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;
10. 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 in excess of the maximum stated in the SCHEDULE OF BENEFITS for any claim or charges, Illness, 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, Illness, 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.
11. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics.
12. Injury sustained while participating in amateur or interscholastic athletics, including but not limited to the event, games, practice, conditioning and any other activity related to amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities. Note: 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.
13. Occupational Diseases, including but not limited to disease(s) related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure;
14. Routine physicals, inoculations, or other examinations including but not limited to laboratory, diagnostic, or x-ray examinations where there are no objective indications or impairment in normal health;
15. Diagnosis or Treatment of the temporomandibular joint;
16. Chiropractic care or acupuncture;
17. 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;
18. Treatment and the provision of false teeth or dentures or dental appliances, normal ear tests and the provision of hearing aids, hearing implants, cosmetic or plastic Surgery (including deviated nasal septum), dental expenses except as specifically provided in the Dental Emergency Treatment benefit, eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye-glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder; eyeglasses, contact lenses; eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism;
19. 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;
20. Mental and Nervous Disorder or Rest Cures;
21. Learning disabilities, attitudinal disorders, or disciplinary problems;
22. Congenital abnormalities and conditions arising out of or resulting therefrom;
23. Expenses incurred during a Hospital emergency room visit which is not of an Emergency nature;
24. Injury sustained while taking part in 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, 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; Hazardous Sports Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, Parachuting, zip lining, parasailing, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, and spelunking.
25. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the Insured Person;
26. Diagnosis and or Treatment of venereal disease, including all sexually transmitted diseases and conditions and any and all consequences thereof;
27. Pregnancy expenses or Illness resulting from Pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident or complications of Pregnancy; or for postnatal care;
28. 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;
29. Expenses incurred while the Insured Person is in their Home Country (except after approved Emergency Medical Evacuation/Repatriation or if covered under the Home Country Coverage Benefit);
30. 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;
31. All charges incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care, or any Medical Treatment in any establishment for the care of the aged;
32. Treatment for human organ or tissue transplants and their related Treatment;
33. Weight reduction programs or the surgical Treatment of obesity, including but not limited to wiring of the teeth and all forms of intestinal bypass Surgery;
34. Modifications of the physical body intended to improve the psychological, mental or emotional well-being of the Insured, including but not limited to sex-change Surgery; any drug, Treatment, or procedure that promotes, enhances or corrects impotency or sexual dysfunction;
35. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
36. Exercise programs, whether or not prescribed or recommended by a Physician;
37. Treatment required as a result of complications or consequences of a Treatment or condition not covered hereunder;
38. Charges for travel accommodations, except as provided for in the Local Ambulance, Emergency Medical or Political Evacuation, Return of Mortal Remains, Return of Minor Child(ren), Emergency Medical Reunion, Natural Disaster, and Interruption of Trip sections of this Insurance;
39. Diagnosis or Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials;
40. Diagnosis or Treatment for acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
41. 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;
42. Treatment of sleep apnea or other sleep disorders.

# LIAISON® CONTINENT APPLICATION

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Destination Countries: \_\_\_\_\_

*List all destinations for your trip. We cannot cover travel to Islamic Republic of Iran & Syrian Arab Republic.*

Passport Country & Number: \_\_\_\_\_

Departure Date from your Residence Country? (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Coverage Start Date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Coverage End Date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

*The minimum coverage period is 5 days, the maximum is 187 days.*

**Important:** We cannot accept an address in these locations:

States in the USA: Maryland, Washington, New York, and South Dakota.

Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia,

Ghana, Nigeria, and Sierra Leone.

## MAILING ADDRESS:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to receive communications from Seven Corners and/or my agent about products in the future.

## AD&D BENEFICIARY DETAILS

Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

## CALCULATING YOUR PLAN COST

### PLAN MAXIMUM:

\$50,000  \$100,000  \$500,000

\$1,000,000

### WHERE ARE YOU TRAVELING?

To the U.S.  Plan A  Plan B

Outside the U.S.  Plan E  Plan F

\*Use applicable Daily Rates from page 7.

### Name of Persons to be Insured:

Date of Birth  
MM/DD/YY

Gender

Daily Rate\*  
(USD)

Primary: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  M  F \_\_\_\_\_

Spouse: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  M  F \_\_\_\_\_

Child: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  M  F \_\_\_\_\_

Child: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  M  F \_\_\_\_\_

Child: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  M  F \_\_\_\_\_

1. Add the amounts in the Daily Rate column together. Enter the result on line 1. This your Daily Rate Total. 1. \_\_\_\_\_

2. Choose your Deductible from the chart below by placing an x in the appropriate box. Write the corresponding Factor on line 2. 2. \_\_\_\_\_

Deductible	Factor	Deductible	Factor
<input type="checkbox"/> \$0	1.25	<input type="checkbox"/> \$500	0.9
<input type="checkbox"/> \$100	1.1	<input type="checkbox"/> \$1,000	0.8
<input type="checkbox"/> \$250	1.0	<input type="checkbox"/> \$2500	0.7

3. Would you like the optional Hazardous Sports Coverage? If one traveler wants this benefit, all insured travelers must purchase. 3. \_\_\_\_\_

Yes  No If yes, enter 0.15 on line 3. If no, enter 0 on line 3.

4. Add line 2 and 3 together. Enter the result on line 4. This is your Total Factor. 4. \_\_\_\_\_

5. Multiple line 1 by line 4. Enter the result on line 5. This is your Rate Adjustment Factor. 5. \_\_\_\_\_

6. Enter your Total Number of Travel Days on line 6 (include all travel days & the start & end dates for your trip). 6. \_\_\_\_\_

7. Multiply line 5 by line 6. Enter the result on line 7. This is your Total Payment. 7. \_\_\_\_\_

## METHOD OF PAYMENT: Check Money Order MasterCard Visa Discover American Express

If paying by check or money order, make payable to World Commercial Trust and mail with your application to the address below. Checks must be issued from a US bank. If paying by credit card, you may mail or fax to us. World Commercial Trust - P.O. Box: 56575, Station A - Toronto, ON M5W 4L1 Fax: 317-575-2659

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

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 and Tramont Insurance Company Limited. 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).

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

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

Date

## AGENT INFORMATION

Ticking Earth Insurance Services, LLC(SimplyGlobal)

Fremont, California

Email: [support@simplyglobal.com](mailto:support@simplyglobal.com)  
<https://www.simplyglobal.com>

P: 888-736-2436

## ADMINISTERED BY



SEVEN CORNERS

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Carmel, IN 46032  
800-335-0611 • 317-575-2652 • Fax: 317-575-2659  
[sevencorners.com](http://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.