

LIAISON[®]

MAJESTIC



MEDICAL INSURANCE THAT COVERS YOU OUTSIDE YOUR HOME COUNTRY

Coverage available for 5 days to 12 months and renewable up to 3 years



SEVEN CORNERS

CHOOSING LIAISON® MAJESTIC

WHY CHOOSE LIAISON MAJESTIC?

If you are traveling outside of your home country,* you need Liaison Majestic from Seven Corners. Did you know that your health insurance at home does not always follow you when you study abroad? No matter where you go, Liaison Majestic is there to help with 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 home & principal establishment.*

WHY SHOULD YOU BUY?

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

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

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

In California, Seven Corners operates under the name Seven Corners Insurance Services.

1 WHO CAN BUY LIAISON MAJESTIC?

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

LENGTH OF COVERAGE

Your coverage length may vary from 5 to 364 days.

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

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

Continuing Coverage - If you initially buy less than 364 days of coverage, you may purchase additional time, to a total of 364 days. Your initial effective date is used to calculate your deductible & coinsurance & to determine pre-existing conditions.

SCHEDULE OF BENEFITS

All benefits and plan costs listed in this brochure are in U.S. Dollar amounts and are per person.

MEDICAL MAXIMUM: \$60,000; \$125,000; \$600,000; \$1,000,000 Please see the rate table for applicable age limitations.

DEDUCTIBLE: \$0; \$100; \$250; \$500; \$1000; \$2,500 per person per policy period. There is a maximum of 3 deductibles per family. The selected deductible and coinsurance amount must be met for each 364-day policy period (see *Continuing Coverage*).

COINSURANCE

Traveling in the U.S. & Canada: After you pay the deductible, we pay 80% of the next \$5,000 of expenses, then 100% to the medical maximum.

Traveling outside the U.S. & Canada: After you pay the deductible, we pay 100% to the medical maximum.

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

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

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

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

RETURN OF REMAINS: 50,000 per policy period.

POLITICAL EVACUATION AND REPATRIATION: \$50,000 per policy period.

TERRORISM: Usual, reasonable and customary up to \$50,000 lifetime maximum.

EMERGENCY REUNION: \$50,000 per policy period.

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

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): \$25,000 for insured or insured spouse, \$5,000 for dependent children. *Note: In the event of a Common Carrier Accidental Death, this benefit will not be paid.*

COMMON CARRIER ACCIDENTAL DEATH: \$50,000 per insured or insured spouse, \$12,500 for dependent children; \$250,000 maximum per family.

COMA BENEFIT: \$50,000 per policy period.

FELONIOUS ASSAULT BENEFIT: \$10,000 per policy period.

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

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

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

WAIVER OF PRE-EXISTING CONDITIONS

Up to the medical maximum for U.S. citizens traveling outside the United States & Canada with a Primary Health Plan, otherwise up to \$20,000 if less than age 65 (refer to exclusion #1 for details, ages 65+ limited to \$2,500).

HEART ATTACK & STROKE BENEFIT

For foreign nationals visiting the United States, up to \$200 per day for each night spent in the hospital if admitted for a heart attack or stroke. Maximum benefit of \$3,000 (refer to exclusion #1 for details).

BENEFIT PERIOD: 180 days - What is a benefit period? It's the amount of time you have from the date of your injury/illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country. If you have returned home, there is limited coverage under the Follow Me Home benefit.

YOUR BENEFITS

IMPORTANT BENEFIT HIGHLIGHTS

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

EMERGENCY MEDICAL EVACUATION - If medically necessary, we will:

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

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

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

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

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

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

ACCIDENTAL DEATH & 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).

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.

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

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

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.

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.

PROVIDER NETWORK

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

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

PRE-EXISTING CONDITIONS

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

WAIVER OF PRE-EXISTING CONDITIONS

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

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

Coverage is provided up to the medical maximum if you have a Primary Health Plan in place. If not, coverage is provided up to \$20,000 if you are younger than age 65. For members over 65 years, the limit is \$2,500.

What is a Primary Health Plan?

It is a Group Health Benefit Plan, an individual health benefit plan, or a governmental health plan (Medicare is excluded) designed to be the first payor of claims for you. It must be in effect prior to the start date of your Liaison Majestic policy and continue as long as this policy is in effect. Such plans must have coverage limits in excess of \$50,000 per incident or per year.

***PLEASE NOTE: Your Primary Health Plan must be effective at the time of claim. Medicaid, Medicare, and V.A. health plans do not constitute a primary health plan.**

HEART ATTACK AND STROKE BENEFIT

Foreign Nationals traveling in the United States

We pay up to the specified limit for each night spent in the hospital for each night spent in the hospital for a heart attack or stroke.

DESCRIPTION OF COVERAGE

OPTIONAL COVERAGE - HAZARDOUS SPORTS

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

MEDICAL BENEFIT EXCLUSIONS

Below is a summary of items excluded from coverage. Please see your Certificate of Coverage for a complete listing.

1. Pre-existing Conditions. These are defined as any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder, including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that existed with reasonable medical certainty at the time of application or during the 36* months prior to the coverage start date of this policy, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed.
*If you are traveling outside the U.S. and Canada, the period is 12 months instead of 36 months.

If you are a U.S. citizen, and the United States is your home country, this exclusion is waived, and pre-existing conditions are covered as shown in the schedule of benefits for Waiver of Pre-existing Conditions if you are traveling outside of the U.S. and Canada.

If you are a non-U.S. citizen visiting the United States and have a heart attack or stroke and are hospitalized for it, this exclusion is waived and coverage is provided as shown in the schedule of benefits.
2. Treatment of the following illnesses or surgeries during the first 180 days of coverage: any breast condition; any form of cancer/neoplasm; any prostate condition; reproductive system disorders; hysterectomy; gall stones or urologic stones (kidney, ureteral, bladder or urethral stones) & complications; any acne diagnosis or acne related condition; asthma; allergies; tonsillectomy; back conditions; adenoidectomy; hemorrhoids; hemorrhoidectomy; hernia, any non-emergency surgery; (*This exclusion does not apply to U.S. citizens traveling outside of the United States & Canada.*)
3. Claims not received within 90 days of the date of service;
4. Treatment which is investigational, experimental, or for research purposes, exceeds reasonable and customary charges; non-medical expenses; expenses not approved as medically necessary;
5. Expenses for vocational, speech, recreational or music therapy;
6. Suicide or any attempt thereof, self destruction or any attempt thereof, intentionally self-inflicted Injury or Illness;
7. Expenses related to a felony or any other criminal or illegal activity;
8. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; nuclear, chemical, biological;
9. Terrorist activity in excess of \$50,000;
10. Injury related to participation in professional athletics;
11. Injury related to participation in amateur or interscholastic athletics;
12. Routine physicals, inoculations, or other exams with no objective indications or impairment in normal health;
13. Treatment of the temporomandibular joint;
14. Services or supplies performed or provided by your relative or anyone who lives with you;
15. False teeth, dentures, normal ear tests, hearing aids, cosmetic or plastic surgery (*including deviated nasal septum*), routine dental expenses, eye refractions & examinations to prescribe or fit corrective lenses, unless caused by accidental bodily injury occurring while insured on this policy;
16. Treatment for alcohol, drug or chemical abuse, misuse, illegal use, overuse, dependency or use of any drug or narcotic agent; injury while under the influence of or due to the effects of intoxicating liquor, chemicals, drugs or narcotic agent, unless administered under the advice of a physician and taken according to proper dosing as directed by the physician;

17. Mental and nervous disorders or rest cures;
18. Congenital abnormalities and related conditions;
19. Learning disabilities, attitudinal disorders, disciplinary problems;
20. Weight reduction programs & the surgical treatment of obesity;
21. Hospital emergency room expenses for a visit not related to an emergency;
22. Injury occurring while participating in mountaineering, hang gliding, parachuting, bungee jumping, zip lining, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (*as a passenger or driver*), scuba diving with underwater breathing apparatus (*unless PADI or NAUI certified*), water skiing, snow skiing, snow boarding, luge, motocross, Moto X, skateboarding, and any other sport or athletic activity undertaken for thrill seeking which exposes you to abnormal or extreme risk of injury and/or is in violation of applicable laws, rules, or regulation; (*Please see Optional Hazardous Sports Coverage to include some of these sports*)
23. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the insured person;
24. Treatment of venereal or sexually transmitted disease;
25. Sex change operations, treatment of sexual dysfunction or inadequacy;
26. Expenses for Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
27. Pregnancy expenses or illness resulting from pregnancy, childbirth, or miscarriage or for miscarriage resulting from an accident;
28. Any form of treatment that promotes or prevents conception or childbirth;
29. Expenses incurred while you are in your home country (except after approved Emergency Medical Evacuation/Repatriation or if covered under the Home Country Coverage benefit);
30. Expenses incurred when travel was undertaken to seek medical treatment for a condition or after your physician has limited or restricted travel;
31. Expenses incurred due to your failure to follow a physician's advice & treatment;
32. Occupational Diseases, including those related to asbestos exposure & complications.

DESCRIPTION OF COVERAGE

SEVEN CORNERS ASSIST

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

PRE-NOTIFICATION

You or your medical provider must notify Seven Corners Assist before receiving any medical treatment in the U.S. and prior to all 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 that benefits will be paid.

REFUND OF PREMIUM/CANCELLATION

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

CLAIMS

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

IMPORTANT INFORMATION REGARDING YOUR COVERAGE

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

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

It is your responsibility to maintain all records regarding travel history, age, & 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 listed above include a trust fee.

State Restrictions: Liaison Majestic is not available for purchase in Maryland or Washington.

DAILY RATES

Rates based on a \$250 Deductible

Effective May 1, 2014

Traveling to the United States

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

Policy Maximum Options

Age	\$60,000	\$125,000	\$600,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.97	\$3.00	\$3.08	\$3.32
30 to 39	\$2.77	\$3.69	\$4.52	\$4.83
40 to 49	\$4.73	\$5.55	\$6.01	\$6.37
50 to 59	\$7.78	\$10.08	\$10.56	\$10.92
60 to 64	\$8.84	\$12.14	\$13.08	\$13.15
65 to 69	\$11.44	N/A	N/A	N/A
70 to 79	\$16.06	N/A	N/A	N/A
80 plus*	\$21.50	N/A	N/A	N/A
Child Alone	\$1.97	\$3.00	\$3.08	\$3.32
Dep Child**	\$1.88	\$2.86	\$2.93	\$3.17

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.

Policy Maximum Options

Age	\$60,000	\$125,000	\$600,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.95	\$1.13	\$1.30	\$1.41
30 to 39	\$1.13	\$1.40	\$1.73	\$1.95
40 to 49	\$1.89	\$2.11	\$2.38	\$2.55
50 to 59	\$3.27	\$3.68	\$3.99	\$4.05
60 to 64	\$4.14	\$4.89	\$5.36	\$5.80
65 to 69	\$4.81	\$5.16	\$5.49	\$6.01
70 to 79	\$7.91	\$10.54	N/A	N/A
80 plus*	\$13.84	N/A	N/A	N/A
Child Alone	\$0.95	\$1.13	\$1.30	\$1.41
Dep Child**	\$0.90	\$1.08	\$1.24	\$1.34

* Ages 80+ limited to \$20,000.

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

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, & 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.

LIAISON® MAJESTIC APPLICATION

APPLICANT INFORMATION

Last Name: _____
 First Name: _____ M.I.: _____
 Residence Country: _____
 Destination Countries: _____
 (please list all destinations for your trip)
 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 364 days.
 Previously insured by Seven Corners? Yes No ID #: _____

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

POLICY MAXIMUM:

\$60,000 \$125,000 \$600,000
 \$1,000,000

WHERE ARE YOU TRAVELING?

To the U.S.
 Outside the U.S.

*Use applicable Daily Rates from page 4.

Name of Persons to be Insured:

Name of Persons to be Insured:	Date of Birth MM/DD/YY	Gender	Daily Rate* (USD)
Primary: _____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Spouse: _____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F	_____

- Add the amounts in the Daily Rate column together. Enter the result on line 1. This your Daily Rate Total. 1. _____
 - 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 | 1.5 | <input type="checkbox"/> \$500 | 0.9 |
| <input type="checkbox"/> \$100 | 1.4 | <input type="checkbox"/> \$1,000 | 0.8 |
| <input type="checkbox"/> \$250 | 0.0 | <input type="checkbox"/> \$2500 | 0.7 |
- 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.
 - Add line 2 and 3 together. Enter the result on line 4. This is your Total Factor. 4. _____
 - Multiple line 1 by line 4. Enter the result on line 5. This is your Rate Adjustment Factor. 5. _____
 - Enter your Total Number of Travel Days on line 6 (include all travel days & the start & end dates for your trip). 6. _____
 - 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

Card Number: _____ Expiration Date: _____ Daytime Phone: () _____

Name on Card: _____ Billing Address: _____

Signature (Required) _____

Total payment for the full term of coverage must be paid in U.S. dollars when you apply. I declare that I understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the policy. I understand this program is for persons traveling outside their home country. I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London and the group contract issued by Framont Insurance Company Limited. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud. Whenever coverage provided by this policy would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void.

Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act (PPACA). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. 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.

Seven Corners, Inc., is a U.S. company and under the regulation of the Office of Foreign Assets Control (OFAC), which requires us to search the identity of each individual or company applying for insurance coverage from the country you have selected. If your name or company is published on the OFAC "Specially Designated Nationals" list, we will not be able to offer you coverage and will rescind your policy and return your premium in full. For more information on OFAC, please visit: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Completing Your Application - If paying by check or money order, make payable to World Commercial Trust & 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. Credit card purchase is subject to validation & acceptance by the credit card company. World Commercial Trust - P.O. Box: 56575, Station A - Toronto, ON M5W 4L1. Fax: 317-575-2659

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

Date

ADMINISTERED BY



SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032



FOR ADDITIONAL INFORMATION

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1802 North Alafaya Trail
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Orlando, FL 32826

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www.visitorinsuranceservices.com
T: 1-877-778-4562

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