

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 travel 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 residence. For United States citizens, home country is always the United States.*

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, 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 Tramont Insurance Company Limited. For more information regarding Tramont, please visit tramontinsurance.com*

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

SCHEDULE OF BENEFITS

All benefits and plan costs listed in this brochure are in U.S. Dollar amounts and are per person and per period of coverage, unless otherwise stated.

MEDICAL MAXIMUM: \$60,000; \$125,000; \$600,000; \$1,000,000; \$2,000,000; \$5,000,000 Please see the rate table for applicable age limitations.

DEDUCTIBLE: \$0; \$100; \$250; \$500; \$1000; \$2,500; \$5,000. There is a maximum of 3 deductibles per family. The selected deductible and coinsurance amount must be met for each 364-day period of coverage (*see Continuing Coverage*).

COINSURANCE

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

HOSPITAL INDEMNITY: \$250/night to a maximum of 30 days per occurrence, while traveling outside the U.S.

DENTAL EMERGENCY (SUDDEN RELIEF OF PAIN): \$250 (available for periods of coverage longer than one month).

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

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

RETURN OF MORTAL REMAINS*: \$100,000 (includes \$5,000 for local cremation or burial).

POLITICAL EVACUATION AND REPATRIATION*: \$100,000

TERRORISM: Usual, reasonable and customary up to the medical maximum.

EMERGENCY MEDICAL REUNION*: \$100,000

LOCAL AMBULANCE EXPENSE: Up to the medical maximum.

LOSS OF CHECKED BAGGAGE: \$250 per occurrence.

RETURN OF MINOR CHILDREN*: \$100,000

INTERRUPTION OF TRIP*: \$10,000

WHO CAN BUY LIAISON MAJESTIC?

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 364 days.

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 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 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.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): \$25,000 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: \$50,000 per insured or insured spouse, \$12,500 for dependent children; \$250,000 maximum per family.

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

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

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 and customary to the medical maximum.

WAIVER OF PRE-EXISTING CONDITIONS

For U.S. residents traveling outside the U.S.: up to the medical maximum if you are less than age 65 and have a Primary Health Plan; up to \$20,000 if you are less than age 65 and do not have a Primary Health Plan; up to \$2,500 if you are 65 and older, regardless of whether or not you have a Primary Health Plan.

HEART ATTACK & STROKE BENEFIT

For non-U.S. residents 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*).

NATURAL DISASTER: Up to \$250 per day for 5 days.

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

PERSONAL LIABILITY: \$100,000

BENEFIT PERIOD: 180 days - Your benefit period is 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.

PRE-CERTIFICATION REQUIREMENTS: Applies to treatment in the United States. See pre-certification section for details.

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

YOUR BENEFITS

MEDICAL COVERAGE - We cover injuries and illnesses which occur during your period of coverage. Benefits are paid in excess of your deductible & 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 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 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 & 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 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.

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

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.

PERSONAL LIABILITY - We will pay for eligible court-entered judgments or settlements (settlements must be 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.

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.

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. Residents traveling outside the United States

We pay up to the stated 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 (PHP) and you are younger than 65 years. We pay up to \$20,000 if you are younger than age 65 without a PHP. For members over 65 years with or without a PHP, 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 before the start date of your Liaison Majestic plan and continue as long it 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

Non-U.S. Residents traveling in the United States

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

Please note: Incidental trips & extension of benefits are subparts of Home Country Coverage. See your plan document for details.

DAILY RATES

Rates based on a \$250 Deductible

Effective April 18, 2017

Traveling in the United States

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

Plan Maximum Options

Age	\$60,000	\$125,000	\$600,000	\$1,000,000	\$2,000,000	\$5,000,000
	<i>Daily</i>	<i>Daily</i>	<i>Daily</i>	<i>Daily</i>	<i>Daily</i>	<i>Daily</i>
19 to 29	\$2.07	\$3.15	\$3.23	\$3.64	\$4.00	\$4.25
30 to 39	\$2.91	\$3.87	\$4.75	\$5.07	\$5.43	\$5.58
40 to 49	\$4.97	\$5.83	\$6.31	\$6.69	\$7.36	\$8.65
50 to 59	\$8.17	\$10.58	\$11.09	\$11.47	\$12.04	\$12.76
60 to 64	\$9.28	\$12.75	\$13.73	\$13.81	\$14.50	\$15.17
65 to 69	\$12.01	N/A	N/A	N/A	N/A	N/A
70 to 79	\$16.86	N/A	N/A	N/A	N/A	N/A
80+*	\$22.58	N/A	N/A	N/A	N/A	N/A
Dependent Child†	\$1.97	\$3.00	\$3.08	\$3.21	\$3.54	\$3.69
Child Alone††	\$2.07	\$3.15	\$3.23	\$3.31	\$3.64	\$3.87

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 Maximum Options

Age	\$60,000	\$125,000	\$600,000	\$1,000,000	\$2,000,000	\$5,000,000
	<i>Daily</i>	<i>Daily</i>	<i>Daily</i>	<i>Daily</i>	<i>Daily</i>	<i>Daily</i>
19 to 29	\$1.00	\$1.19	\$1.37	\$1.48	\$1.56	\$2.32
30 to 39	\$1.19	\$1.47	\$1.82	\$2.05	\$2.17	\$3.01
40 to 49	\$1.98	\$2.22	\$2.50	\$2.68	\$2.84	\$3.90
50 to 59	\$3.43	\$3.86	\$4.19	\$4.25	\$4.50	\$6.47
60 to 64	\$4.35	\$5.13	\$5.63	\$6.09	\$6.46	\$8.57
65 to 69	\$5.05	\$5.42	\$5.76	\$6.31	\$6.69	\$8.97
70 to 79	\$8.31	\$11.07	N/A	N/A	N/A	N/A
80+*	\$14.53	N/A	N/A	N/A	N/A	N/A
Dependent Child†	\$0.95	\$1.13	\$1.30	\$1.41	\$1.44	\$2.10
Child Alone††	\$1.00	\$1.19	\$1.37	\$1.48	\$1.51	\$2.21

†Dependent 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.

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

Rates provided above are based on a \$250 Deductible and include a 2.0% Trust Fee.

Deductible Factors:

Option	Factor
\$0	1.25
\$100	1.10
\$250	1.00
\$500	0.90
\$1,000	0.80
\$2,500	0.70
\$5,000	0.60

Hazardous Sports Coverage Factor: 1.15

SEVEN CORNERS ASSIST

What happens if you become ill in a remote area without appropriate medical care? If medically 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 and arrange second opinions, 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 provided on your ID card.

DESCRIPTION OF COVERAGE

PRE-CERTIFICATION*

The following expenses must always be pre-certified:

- Inpatient stays
- Rehab inpatient stays
- Outpatient surgeries/procedures
- Diagnostic procedures including MRI, MRA, CT and PET Scans.
- Chemo Therapy
- Radiation Therapy
- Physical and Occupational Therapies
- Home Infusion Therapy
- Home Health Care

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:

1. The eligible medical expenses will be reduced by 25%; and
2. The deductible will be subtracted from the remaining amount; and
3. 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 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.

*Pre-certification requirements are applicable for treatment in the United States.

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.

MEDICAL BENEFIT EXCLUSIONS

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 and coinsurance and any non-eligible expenses

IMPORTANT INFORMATION REGARDING YOUR COVERAGE

Please be aware that this coverage 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, South Dakota, and Colorado.*

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 travel to Islamic Republic of Iran and Syrian Arab Republic.*

MEDICAL BENEFIT EXCLUSIONS (CONT)

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 and the United States is your Home Country, this exclusion is waived for Eligible Benefits incurred outside the United States as defined below:
 1. For persons less than age 65 with a Primary Health Plan as defined in the Certificate, Pre-existing Conditions are waived up to the medical maximum selected.
 2. For persons less than age 65 without a Primary Health Plan as defined in the Certificate, Pre-existing Conditions are waived up to the first \$20,000.
 3. For persons age 65 and over, Pre-existing Conditions are waived up to the first \$2,500 regardless of whether there is a Primary Health Plan.

This waiver does not include coverage for known, scheduled, required, 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-United States Resident and suffer a Myocardial Infarction or Stroke and are admitted to a Hospital, this exclusion is waived only in order to pay a \$200 per night benefit for each night spent in the Hospital, up to the maximum stated in the SCHEDULE OF BENEFITS. The term "Myocardial Infarction" shall require an acute and emergent onset of the condition. The term "Stroke" shall require an acute and emergent onset of the condition.
2. Charges for Treatment(s) of the following Illness(es) or Surgery(ies), which Manifest(ed) themselves or are recommended, or symptoms occur during the first one hundred and eighty (180) days of Coverage hereunder beginning on the initial Effective Date: any condition of the breast; any Treatment of all forms of cancer/neoplasm; any condition of the prostate; disorders of the reproductive system; hysterectomy; gall stones or urologic stones (kidney, ureteral, bladder or urethral stones) and any associated complications; any acne diagnosis or acne related condition; asthma; allergies; tonsillectomy; back conditions; adenoidectomy; hemorrhoids; hemorrhoidectomy; hernia, or any Surgery(ies) that is(are) not Emergency in nature, as Emergency is defined hereunder. (Does not apply to United States Residents traveling outside of the United States)
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. Expenses for vocational, speech, recreational or music therapy;
6. Durable medical equipment;
7. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide or any attempt thereof; self-destruction or any attempt thereof; intentionally self-inflicted Injury or Illness;
9. Expenses as a result of or in connection with the commission of a felony or any other criminal or illegal activity as defined by the local governing body;
10. 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; ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals (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;
11. 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.
12. 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.
13. 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.
14. 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;
15. 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;
16. Diagnosis or Treatment of the temporomandibular joint;
17. Chiropractic care or acupuncture;
18. 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;
19. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids, cosmetic or plastic Surgery (including deviated nasal septum), routine dental expenses, eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder;
20. 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;
21. Any Mental and Nervous disorders or Rest Cures;
22. Congenital abnormalities and conditions arising out of or resulting therefrom;
23. Learning disabilities, attitudinal disorders, or disciplinary problems;
24. Expenses incurred during a hospital emergency room visit which is not a Medical Emergency;
25. 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.
26. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the Insured Person;
27. Diagnosis and Treatment of venereal or sexually transmitted disease, including all sexually transmitted diseases and conditions and any and all consequences thereof;
28. 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;
29. 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;
30. Expenses incurred while the Insured Person is in their Home Country (except after approved Emergency Medical Evacuation / Repatriation or if treatment is a follow-up to a covered disablement during coverage (see Home Country Coverage Benefit) or if the expenses pertain to the Home Country Coverage Benefit);
31. 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;
32. 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;
33. Treatment for human organ or tissue transplants and their related Treatment;
34. 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;
35. 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;
36. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
37. Exercise programs, whether or not prescribed or recommended by a Physician;
38. Treatment required as a result of complications or consequences of a Treatment or condition not covered hereunder;
39. 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;
40. Diagnosis or Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials;
41. 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;
42. 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;
43. Treatment of sleep apnea or other sleep disorders.

LIAISON® MAJESTIC 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 364 days.
Important: We cannot accept an address in these locations:
 States in the USA: Maryland, Washington, New York, South Dakota, and Colorado.
 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:

\$60,000 \$125,000 \$600,000
 \$1,000,000 \$2,000,000 \$5,000,000

WHERE ARE YOU TRAVELING?

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

*Use applicable Daily Rates from page 6.

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 | 1.25 | <input type="checkbox"/> \$500 | 0.9 |
| <input type="checkbox"/> \$100 | 1.10 | <input type="checkbox"/> \$1,000 | 0.8 |
| <input type="checkbox"/> \$250 | 1.0 | <input type="checkbox"/> \$2500 | 0.7 |
| | | <input type="checkbox"/> \$5,000 | 0.6 |
- Would you like the optional Hazardous Sports Coverage? If one traveler wants this benefit, all insured travelers must purchase.
 Yes No If yes, enter 0.15 on line 3. If no, enter 0 on line 3. 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

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 Tramount 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).

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 OWN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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

Visitors Insurance.com
425 Huehl Road, Suite #22-A
Northbrook, IL 60062

EMAIL: info@visitorsinsurance.com
www.visitorsinsurance.com
T: 1-800-344-9540
P: 1-847-897-5120
FAX: 1-847-897-5130

ADMINISTERED BY



SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032
800-335-0611 • 317-575-2652 • Fax: 317-575-2659
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.