LIAISON® INTERNATIONAL

medical insurance that covers you outside your home country
5 days up to 187 days of coverage

SEVEN CORNERS

11VLN13

SCHEDULE OF COVERAGE

All coverages and plan costs listed in this brochure are in U.S. Dollar amounts.

medical maximum: $50,000; $100,000; $500,000; $1,000,000 (ages 80+, maximum limited to $15,000) per period of coverage

deductible: $0; $100; $250; $500; $1000; $2500 per person per period of coverage. There is a maximum of 3 deductibles per family per period of coverage. The selected deductible and coinsurance amount must be met for each 187 day period.

coinsurance:
Traveling outside the United States After you pay the deductible, the plan pays 100% to the selected medical maximum.
Traveling to the United States
option 1: After you pay the deductible, the plan pays 80% of the next $5,000 of eligible expenses, then 100% to the selected medical maximum
option 2: After you pay the deductible, the plan pays 100% of the next $2,500 of eligible expenses, then 80% to the selected medical maximum

hospital indemnity: $150 per night, up to a maximum of 30 days, per occurrence

dental (sudden relief of pain): $100 per period of coverage

dental (accident coverage): $500 per period of coverage

emergency medical evacuation/repatriation: $300,000 *(in addition to the medical maximum) per period of coverage*

home country coverage: Incidental Trips to the Home Country: Up to $50,000 per period of coverage; Extension of Benefits: Up to $5,000 per period of coverage

return of mortal remains: $50,000 per period of coverage

emergency reunion: $50,000 per period of coverage

return of minor child(ren): $50,000 per period of coverage

interruption of trip: $5,000 per period of coverage

loss of checked luggage: $250 per occurrence

local ambulance expense: $5,000 per period of coverage

accidental death & dismemberment (ad&d): $25,000 principal sum for insured or insured spouse, $5,000 per dependent child *Note: In the event of a Common Carrier Accidental Death, this benefit will not be paid.*

common carrier accidental death: $50,000 principal sum for insured or insured spouse; $10,000 per dependent child; $250,000 maximum per family

hospital room & board: Usual, reasonable and customary to the selected medical maximum

intensive care: Usual, reasonable and customary to the selected medical maximum

outpatient medical expenses: Usual, reasonable and customary to the selected medical maximum

terrorism: Usual, reasonable and customary to the selected medical maximum

unexpected recurrence of a pre-existing condition: $20,000 per period of coverage for U.S. citizens under age 70 traveling outside the United States and Canada *(Age 70+, up to $5, 000)*

acute onset of a pre-existing condition: $15,000 per period of coverage for non-U.S. citizens under age 70 traveling to the United States (*Age 70+, no benefit*).

benefit period: 180 days

ELIGIBILITY

why liaison international?

Seven Corners'* flagship plan, Liaison® International, provides medical coverage and emergency services when you are traveling outside your home country. As a Seven Corners member, you can feel confident knowing we are here to assist you 24/7. Since 1993, we have met the needs of thousands of insureds, offering the most comprehensive and reliable products in the travel insurance industry.

Liaison International is underwritten by Lloyd's of London, with over 300 years of experience in international insurance. In addition, Lloyd's has the financial strength to provide the security you need in your travel insurance plan.

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

who can buy liaison international?

You may buy coverage for yourself, your legal spouse, and your unmarried dependent children *(if over 14 days old and under 19 years of age)*. You must travel outside of your home country* to qualify for coverage.

*Your home country is defined as the country where you have your true, fixed and permanent home and principal establishment.

It is your responsibility to maintain all records regarding travel history and age and provide necessary documents to Seven Corners to verify eligibility if required.

length of coverage

Your coverage length may vary from 5 days to 187 days.

Effective Date
Your coverage begins at 12:01 AM North American Eastern Time on the latest of the following: the date and time we receive your application and premium, the effective date requested on your application; the moment you depart your home country; or the date we approve your application.

Expiration Date
Your coverage ends at 12:01 AM North American Eastern Time on the earlier of the following: your return to your home country *(except for the Home Country Coverage benefit)*; 187 days from your effective date of coverage; the end of the period for which premium was paid; the date you are no longer an eligible person; or the point when the maximum benefit amount has been paid.

medical coverage

We pay for expenses *(excess of your deductible and coinsurance up to your medical maximum)*, which are due to an accidental injury or illness which occurred during your period of coverage. Your initial treatment must occur within 30 days of the date of injury or onset of illness.

pre-existing conditions

Pre-existing conditions are not covered except as an unexpected recurrence or an acute onset. A pre-existing condition is defined as any injury or illness meeting the following criteria: 1) a condition that would have caused you to seek medical advice, diagnosis, care, or treatment during the 36* months prior to your coverage; or 2) a condition for which manifestation, medical advice, diagnosis, care, or treatment was recommended, received, or noticed during the 36* months prior to your coverage.

**For members traveling outside the U.S. & Canada, the period is 12 months instead of 36 months.*

unexpected recurrence of a pre-existing condition

U.S. Citizens traveling outside the United States

We pay up to $20,000 *(age 70 and older, up to $5,000)* for expenses due to a sudden, unexpected recurrence of a pre-existing condition for U.S. citizens while traveling outside the U.S. and Canada. This benefit does not cover known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to your period of coverage.

acute onset of a pre-existing condition

Non U.S. Citizens traveling to the United States

If you are under age 70, you are covered for an acute onset of a pre-existing condition as defined below. Coverage is available up to $15,000 for medical expenses and $25,000 for an emergency medical evacuation. The acute onset of the pre-existing condition must occur during your period of coverage. *Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.* A pre-existing condition that is a chronic or congenital condition or that gradually becomes worse over time is not covered. Also, this benefit does not cover known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to your coverage.

optional coverage - hazardous sports

If you are planning to include a little adventure in your travels, you may purchase coverage for these activities: motorcycle/motor scooter riding *(whether as a driver or passenger)*, hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, snorkeling and spelunking.

pre-notification/referral

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

claims

Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments are automatically converted from local currencies to U.S. dollars. You're only responsible for your deductible, coinsurance and any non-eligible expenses.

exclusions

The list below is a summary of the exclusions in your policy. This brochure is intended as a brief summary of benefits and services and is not your policy. A complete description of the provisions, benefits, and exclusions are contained in the certificate of coverage which will be provided to you after your coverage has been issued. A sample of the certificate is provided online. If there is any difference between this brochure and your certificate of coverage, the provisions of the certificate will prevail.

1. Pre-existing conditions;
2. Claims not presented to us for payment within 90 days of treatment;
3. Treatment which is not medically necessary, provided at no cost or by your relative; exceeds reasonable & customary charges, is experimental/investigational, non-medical; mental & nervous disorders or rest cures, congenital conditions; human organ tissue transplants; sex change operations; treatment for sexual dysfunction/inadequacy; weight reduction program, surgical treatment of obesity; expenses from an emergency hospital visit not of an emergency nature;
4. Suicide or any attempt; self-inflicted injury/illness; expenses related to commission of a felony;
5. Any consequence arising in connection with war, invasion, act of foreign enemy, warlike operations, civil war; mutiny, riot, strike, military/popular uprising, insurrection, rebellion, revolution, military or usurped power; any act of a person acting on behalf of/in connection with an organization with activities directed toward overthrow by force of the government du jure or de facto; martial law or state of siege or any events/causes which determine the proclamation or maintenance of marital law or state of siege *(see Lloyd's program summary for variation in this exclusion)*;
6. Injury while participating in professional, amateur, or interscholastic athletics;
7. Routine physicals & immunizations; vocational, speech, or music therapy; temporomandibular joint treatment; cosmetic/plastic surgery *(unless due to an accident);* elective surgery;
8. False teeth, dentures, routine dental care; normal ear tests, hearing aids, eye refractions or eye exams to prescribe corrective lenses unless due to accidental bodily injury;
9. Treatment for alcoholism, drug addiction or drug use; injury due to intoxication or drug use;

DESCRIPTION OF COVERAGE

10. Pregnancy & illness due to pregnancy, childbirth or miscarriage, miscarriage due to accident, any form of treatment to promote or prevent conception or childbirth;
11. Expenses incurred in your home country *(except for the Home Country Coverage benefit)*; expenses incurred if the trip was taken to seek medical treatment; expenses incurred on a trip after your doctor has limited or restricted travel;
12. This plan does not cover any expense directly related to the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force or chemical, biological, radiological or similar agents;
13. Injury while involved in mountaineering; hang gliding; parachuting; bungee jumping; horse, motor vehicle, or motorcycle racing, water skiing; snowmobiling, motorcycle/ motor scooter riding *(whether as a driver or passenger)*, scuba diving with underwater breathing apparatus *(unless PADI or NAUI certified)*; snorkeling, snow skiing; spelunking; parasailing, snowboarding *(see optional sports rider to cover some of these activities)*.
14. Treatment paid for or furnished under any other individual or group policy, service or medical pre-payment plan or under any mandatory government plan or facility providing treatment at no cost to you.

Attention Applicants: *Certain Underwriters at Lloyd's of London, operates as an approved Surplus Lines market in the United States. The premiums listed include a general Surplus Lines Tax. Your State of Residence may warrant an additional Surplus Lines Tax, Stamping Fees and administration fee. Upon receipt and review of your application, Seven Corners will inform you if additional taxes and fees apply. If so, Seven Corners will request the payment of the additional taxes and fees from you prior to issuing coverage. The additional Surplus Lines Taxes and fees will be listed on the declaration page of your policy.*

DAILY RATES

Rates based on a $250 Deductible Effective from March 1, 2013

Traveling Outside the United States

Policy Maximum Options

Age	**$50,000**	**$100,000**	**$500,000**	**$1,000,000**
	Daily	*Daily*	*Daily*	*Daily*
19 to 29	$ 0.77	$ 0.99	$ 1.20	$ 1.66
30 to 39	$ 1.19	$ 1.36	$ 1.79	$ 2.58
40 to 49	$ 1.50	$ 2.06	$ 2.44	$ 3.10
50 to 59	$ 2.59	$ 3.47	$ 3.63	$ 3.99
60 to 64	$ 3.49	$ 4.47	$ 4.99	$ 6.05
65 to 69	$ 4.25	$ 4.99	$ 5.40	$ 8.48
70 to 79	$ 6.25	$ 9.17	N/A	N/A
80 plus*	$ 11.03	N/A	N/A	N/A
Child Alone*	$ 1.25	$ 1.69	$ 2.15	$ 2.40
Dependent Child*	$ 1.19	$ 1.61	$ 2.04	$ 2.28

Traveling to the United States

Option 1 - 80% Coinsurance to $5,000, then 100% to Plan Maximum

Policy Maximum Options

Age	**$50,000**	**$100,000**	**$500,000**	**$1,000,000**
	Daily	*Daily*	*Daily*	*Daily*
19 to 29	$ 1.23	$ 1.79	$ 2.25	$ 2.55
30 to 39	$ 1.69	$ 2.30	$ 3.00	$ 3.24
40 to 49	$ 2.54	$ 3.50	$ 4.45	$ 4.70
50 to 59	$ 3.69	$ 5.58	$ 6.99	$ 6.99
60 to 64	$ 4.80	$ 6.75	$ 8.61	$ 8.55
65 to 69	$ 5.43	N/A	N/A	N/A
70 to 79	$ 7.39	N/A	N/A	N/A
80 plus*	$ 13.56	N/A	N/A	N/A
Child Alone*	$ 1.55	$ 1.99	$ 3.25	$3.57
Dependent Child*	$ 1.47	$ 1.89	$ 3.09	$ 3.39

Traveling to the United States

Option 2 - 100% Coinsurance to $2,500, then 80% to Plan Maximum

Policy Maximum Options

Age	**$50,000**	**$100,000**	**$500,000**	**$1,000,000**
	Daily	*Daily*	*Daily*	*Daily*
19 to 29	$ 2.08	$ 3.41	$ 3.86	$ 4.29
30 to 39	$ 3.23	$ 5.30	$ 6.00	$ 6.67
40 to 49	$ 5.08	$ 8.33	$ 9.42	$ 10.48
50 to 59	$ 6.93	$ 11.37	$ 12.85	$ 14.29
60 to 64	$ 10.40	$ 17.05	$ 19.28	$ 21.43
65 to 69	$ 10.63	N/A	N/A	N/A
70 to 79	$ 14.44	N/A	N/A	N/A
80 plus*	$ 25.29	N/A	N/A	N/A
Child Alone*	$ 3.00	$ 4.92	$ 5.57	$ 6.19
Dependent Child*	$ 2.85	$ 4.67	$ 5.29	$ 5.88

* Ages 80+ limited to $15,000. Dep. Child rate applies when at least one parent will also be covered under Liaison® International. The Child Alone rate is used when a child will be insured by themselves.

LIAISON® INTERNATIONAL APPLICATION

[pull-out application form]

Effective March 1, 2013

(please print or type using black ink)

Official Use Only:

Cert#: Processed: Eff. Date: Agent: 4010

applicant information

Last Name: _____

First Name: _____ M.I.: _____

Country of Permanent, fixed Residence: _____
(Home Country)

Passport Number/Country: _____

Departure Date from your Home Country? *(MM/DD/YY)*__/__/__

AD&D Beneficiary: _____

Relationship: _____
(Accidental Death & Dismemberment)

correspondence address- where id card is to be sent:

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Work Phone: ( ) _____ Home Phone: ( ) _____

Email Address: _____

Previously insured by Seven Corners? ❑ Yes ❑ No ID #: _____

When would you like coverage to begin? *(MM/DD/YY)*__/__/__

Destination?: _____ Length of trip?: _____

What is your expected return date? *(MM/DD/YY)*__/__/__

Please note: The minimum period of coverage is 5 days, the maximum is 187 days (please see Continuing Coverage Option). Coverage must be purchased in increments of no less than 5 days. Coverage cannot begin until you depart your Home Country, nor will coverage begin before Seven Corners receives and accepts your application and correct payment.

calculating your plan cost

(Please complete entire section.)

Name of Person(s) to be Insured:	Date of Birth MM/DD/YY	Daily Rate
Applicant: _____	__/__/__	
Spouse: _____	__/__/__	
Child: _____	__/__/__	
Child: _____	__/__/__	
Child: _____	__/__/__	
	Total:	**$**

minimum period of coverage is 5 days

Multiply Daily Rate Total by number of days:	x $	
	Daily Total: $	
Multiply by Deductible Factor:	x	
	Total: $	
Multiply by Coverage Option Factor: (If applicable)	x	
	Total Payment Enclosed: $	

coverage specifics

Are you traveling: ❑ to the U.S. or ❑ outside the U.S.

Traveling to the U.S: coinsurance options

❑ 80% coinsurance to 1st $5,000, then 100% to Plan max

❑ 100% coinsurance to 1st $2,500, then 80% Plan max

Policy Maximum: ❑ $50,000 ❑ $100,000 ❑ $500,000 ❑ $1,000,000

Deductible Option with Factor

❑ $0 - (1.30)

❑ $100 - (1.10)

❑ $250 - (1.00)

❑ $500 - (.90)

❑ $1000 - (.80)

❑ $2500 - (.70)

optional coverage

Coverage Option: ❑ Hazardous Sport Coverage (1.15)

In Florida, Florida Resident – Agent No. A269211

Complete and return the Application with your payment to:

303 Congressional Boulevard, Carmel, IN 46032

Fax: 317-575-2659 Phone: 800-335-0611 or 317-575-2652

Online: www.sevencorners.com

(You may fax your application only if paying by credit card. Originals are not required if application is faxed to Seven Corners with credit card payment.)

method of payment

❑ Check ❑ Money Order ❑ MasterCard

❑ Visa ❑ Discover ❑ American Express

Card Number: _____

Expiration Date: _____ Daytime Phone: ( ) _____

Name on Card: _____

Billing Address: _____

Signature *(Required)* _____

Make check or money order payable to "Seven Corners". Total payment for the full term of your coverage period must be paid in U.S. dollars (checks must be issued from a U.S. bank) at the time you apply for for coverage. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I declare that I understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the American Consumer Insurance Trust and enroll in the group coverage for which I am eligible under the group contract issued by United States Fire Insurance Company, *(For certain states, it is the Global International Trust by Certain Underwriters at Lloyd's of London).*

_____

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

LIAISON® INTERNATIONAL

ADMINISTERED BY

SEVEN CORNERS

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

BBB ACCREDITED BUSINESS

INSURANCE CARRIER

Underwritten by United States Fire Insurance Company
(States not underwritten by United States Fire Insurance Company are underwritten by Certain Underwriters at Lloyd's of London. Please contact Seven Corners for a listing of these states.)

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.

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v.02.21.2013

FOR ADDITIONAL INFORMATION

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