

Brochure and Application

Effective March 15th, 2007

WHY YOU NEED THIS PROGRAM. The United States offers the most comprehensive medical care, but is often complicated as well as very expensive. For a visitor to the United States or a recent immigrant, finding an insurance program that is easy to understand and reasonably priced is often difficult.

As a solution, Inbound USA was developed to provide a simple program to visitors and immigrants.

This is a brief description of the Inbound USA program. Detailed wording is outlined in the Program Summary, which will be mailed to you once you have enrolled in Inbound USA.

ELIGIBILITY. This program is available to non-United States citizens who come to the U.S. for business, pleasure, to study, or to immigrate. The program must become effective within 12 months of arrival in the United States.

PERIOD OF COVERAGE

You may initially enroll in Inbound USA for as little as 5 days and up to maximum of 12 months. If you initially purchase at least 3 months, you may continue to renew coverage for a minimum of 3 months at a time, at the premium rate in force at the time of renewal. Total period of coverage for Inbound USA cannot exceed 12 months (in order to reapply after the 12 months, you must first return to your home country).

Effective Date - Your coverage will begin on the latest of the following:

1. Your departure from your Home Country; or
2. The date your Application and premium are received by Seven Corners; or
3. The date your Application and premium are accepted by Seven Corners; or
4. The date you request on the Application.

Expiration Date - Your coverage will end on the earlier of the following:

1. The date shown on the Insurance Confirmation Card, for which premium has been paid; or
2. The date you return to your Home Country; or
3. 12 months after your original Effective Date; or
4. The day an insured becomes a U.S. citizen or is considered a U.S. resident by the state where they are residing; or
5. The date of entry into active military service.

Upon each renewal, the rates, benefits, and program in general are subject to change.

RENEWAL. If Inbound USA is initially purchased for at least three months, one month before the expiration date, Seven Corners will send a renewal notice to the Address of Correspondence listed on the application. If you renew the coverage for 3 or more months (up to 12 months in total), Seven Corners will continue to send renewal notices to you. If you initially apply online, you will have the option to renew in whatever increment you choose (Minimum 5 day purchase). There is a \$5 admin fee each time you renew. If you renew the coverage for only 1 or 2 months, Seven Corners will assume that you no longer require the coverage and will not send another renewal notice. Again, the total period of coverage for Inbound USA cannot exceed 12 months.

SCHEDULE OF BENEFITS

If your covered Injury or Sickness requires treatment by a physician, this program will provide benefits for the Usual and Customary (U&C) charges scheduled below which exceed the chosen Per Person Deductible (\$0, \$50 or \$100, or a \$200 deductible for age 70 and over) for each Injury and each Sickness and which are incurred within the 26 weeks following the Injury or Sickness. Payment for any covered service will not exceed the Benefit Maximum shown. The maximum amount payable for all benefits will be no more than \$50,000, \$75,000, \$100,000, or \$130,000 for each Injury and each Sickness.

For persons age 70 and over, the maximum benefit limit is \$50,000 or \$70,000 for each injury or sickness. The period in which covered expenses must be incurred is 26 weeks following the Injury or Sickness, and a separate schedule applies.

COVERED SERVICES INJURY AND SICKNESS BENEFIT MAXIMUMS

Age 14 days to Age 69 years old

Age 14 days to Age 69	Plan A	Plan B	Plan C	Plan D
INPATIENT	\$50,000 Max per Injury/Sickness	\$75,000 Max per Injury/Sickness	\$100,000 Max per Injury/Sickness	\$130,000 Max per Injury/Sickness
Hospital Room & Board including miscellaneous	Up to \$1400/day, 30 day max	Up to \$1675/day, 30 day max	Up to \$1950/day, 30 day max	Up to \$2535/day, 30 day max
Hospital Intensive Care Unit	Additional \$660/day, 8 day max	Additional \$755/day, 8 day max	Additional \$850/day, 8 day max	Additional \$1105/day, 8 day max
Surgical Treatment	Up to \$3300	Up to \$4400	Up to \$5500	Up to \$7150
Anesthetist	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Assistant Surgeon	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$70/visit, 1/day, 30 visits max	Up to \$85/visit, 1/day, 30 visits max	Up to \$110/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$450	Up to \$475	Up to \$500	Up to \$650
Private Duty Nurse	Up to \$550	Up to \$550	Up to \$550	Up to \$700
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$1100	Up to \$1100	Up to \$1100	Up to \$1450
OUTPATIENT				
Surgical Treatment	Up to \$3300	Up to \$4400	Up to \$5500	Up to \$7150
Anesthetist	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Assistant Surgeon	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$70/visit, 1/day, 10 visits max	Up to \$85/visit, 1/day, 10 visits max	Up to \$110/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$450 - Additional \$250 - One Cat scan, PET scan or MRI	Up to \$475 - additional \$375 - One Cat scan PET or MRI	Up to \$500 - Additional \$500 - One Cat scan, PET scan or MRI	Up to \$650 - Additional \$600 - One Cat scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	75% of U&C to a maximum of \$330	75% of U&C to a maximum of \$440	75% of U&C to a maximum of \$550	75% of U&C to a maximum of \$700
Prescription Drugs	Up to \$100	Up to \$125	Up to \$150	Up to \$200
Outpatient Surgical Facility	Up to \$1000	Up to \$1050	Up to \$1100	Up to \$1400
OTHER TREATMENT AND SERVICES				
Ambulance Services	Up to \$450	Up to \$450	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$1100	Up to \$1200	Up to \$1300	Up to \$1700
Chemotherapy and/or radiation therapy	Up to \$1100	Up to \$1225	Up to \$1350	Up to \$1750
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550	Up to \$550	Up to \$550	Up to \$550
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max
Emergency Evacuation	\$50,000	\$50,000	\$50,000	\$50,000
Repatriation of Remains	\$7,500	\$7,500	\$7,500	\$7,500
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier

If an insured person turn 70 years old during the purchased coverage period, the 70 and over benefit schedule becomes effective upon the day the insured turns 70. Individuals with the \$100,000 or \$130,000 per injury or sickness policy maximum will receive the \$70,000 per injury or sickness schedule for age 70 and older. Individuals with the \$75,000 or \$50,000 per injury or sickness policy maximum will receive the \$50,000 per injury or sickness schedule for age 70 and older.

COVERED SERVICES INJURY AND SICKNESS BENEFIT MAXIMUMS
Age 70 to Age 99

Age 70 to Age 99	Plan J	Plan K
	\$50,000 Max per Injury/Sickness	\$70,000 Max per Injury/Sickness
INPATIENT		
Hospital Room & Board including miscellaneous	Up to \$1050/day, 30 day max	Up to \$1470/day, 30 day max
Hospital Intensive Care Unit	Additional \$460/day, 8 day max	Additional \$640/day, 8 day max
Surgical Treatment	Up to \$2750	Up to \$3850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$75/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$400	Up to \$560
Private Duty Nurse	Up to \$450	Up to \$450
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$775	Up to \$1085
OUTPATIENT		
Surgical Treatment	Up to \$2750	Up to \$3850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$75/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$400 - Additional \$250 - One Cat scan, PET scan or MRI	Up to \$560 – additional \$300 – One Cat scan PET or MRI
Hospital Emergency Room (all expenses incurred therein)	75% of U&C to a maximum of \$250	75% of U&C to a maximum of \$350
Prescription Drugs	Up to \$80	Up to \$110
Outpatient Surgical Facility	Up to \$850	Up to \$1190
OTHER TREATMENT AND SERVICES		
Ambulance Services	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$850	Up to \$1190
Chemotherapy and/or radiation therapy	Up to \$850	Up to \$1190
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550	Up to \$550
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max
Emergency Evacuation	\$50,000	\$50,000
Repatriation of Remains	\$7,500	\$7,500
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier

Emergency Medical Evacuation Expenses

The program will pay up to \$50,000 in Covered Expenses incurred if any covered Injury or Sickness originating during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person (the Insured Person's medical condition warrants immediate transportation from the medical facility where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained). The benefit must be ordered by the Assistance Company in consultation with the Insured Person's local attending Physician. *

Repatriation of Mortal Remains Expenses

The program will pay the reasonable Covered Expenses incurred, up to a maximum of \$7,500, to return the Insured Person's remains to his/her Home Country if he or she dies.*

Common Carrier Accidental Death and Dismemberment (AD&D)

Accidental Death and Dismemberment shall apply to covered accidents sustained by an insured person while riding as a passenger in or on any land, water or air conveyance operated under a license for the transportation of passengers for hire. A loss must occur within 365 days after the date of accident causing the loss:

For Loss of:	Indemnity
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye.....	Principal Sum
Either Hand or Foot	One-Half the Principal Sum
Sight of One Eye	One-Half the Principal Sum

* NOTE: If event of an Emergency Medical Evacuation or Repatriation of Mortal Remains benefit is needed or utilized, arrangements must be made by the Assistance Service Provider.

DEFINITIONS

The term "Injury" shall mean bodily Injury listed in the most recent edition of the International Classification of Diseases and caused solely and directly by Accidental, external, and visible means occurring while this Certificate is in force and resulting directly and independently of all other causes resulting in a Covered Event under this Program.

The term "Sickness" shall mean Illness or Disease of any kind listed in the most recent edition of the International Classification of Diseases. All related conditions and recurrent symptoms of the same or a similar condition will be considered one Sickness.

The term "Pre-Existing Condition" shall mean 1) A condition that would have caused a person to seek medical advice, diagnosis, care or Treatment within the 6 months (or 12 months for persons 70 and older) prior to the Individual Effective Date of Coverage under this program; 2) A condition for which medical advice, diagnosis, care or Treatment, including Medication, was sought, recommended or received within the 6 months (or 12 months for persons age 70 and older) prior to the Individual Effective Date of Coverage under this program; 3) the symptoms which occurred within the 6 months (or 12 months for persons 70 and older) prior to the Individual Effective Date of the Coverage under this Certificate would have allowed a person trained in medicine to make a diagnosis of the condition producing the symptoms; 4) a condition which manifested itself within the 6 months (or 12 months for persons 70 and older) prior to the Individual Effective Date of Coverage under this Certificate;

EXCLUSIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Pre-existing Conditions;
2. Any expenses incurred when travel was undertaken solely for the purpose of obtaining medical treatment or while traveling against the advice of a Physician;
3. Expense incurred within the Insured Person's Home Country or country of regular domicile;
4. Routine physicals, inoculations, or other examinations where there are no objective indications of impairment of normal health, or well baby care, new-born baby care; well-baby nursery and related Physician charges;
5. Prescriptions or fitting of eyeglasses and contact lenses; eye examinations; or other treatment for visual defects and problems. "Visual defects: means any physical defect of the eye which does or can impair normal vision;
6. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects: means any physical defect of the ear which does or can impair normal hearing;
7. Dental treatment, except as the result of injury to sound, natural teeth;
8. Services or supplies performed or provided by a Member of the Insured Person's family, or anyone who lives with the Insured Person;
9. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
10. Weak, strained or flat feet, corns, calluses, or toenails;
11. Cosmetic surgery, or treatment for congenital anomalies (except as specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or covered Sickness;
12. Elective Surgery and Elective Treatment;
13. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth;
14. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics;
15. Organ transplants;
16. 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; terrorist activity; nuclear, chemical, biological; (details in program summary)
17. Participation in a riot or civil disorder, commission of or attempt to commit a felony in the country in which it was attempted or committed;
18. Suicide or attempted suicide (including drug overdose), while sane or insane (while sane in Missouri), or an intentionally self-inflicted Injury;

19. Expenses of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
20. Treatment of nervous or mental disorders, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as provided for treatment of mental or nervous disorders, according to the Schedule of Benefits;
21. Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
22. Treatment services, supplies or facilities in a hospital owned or operated by: a) The Veteran's Administration; or b) A national government or any of its agencies. (This exclusion does not apply to treatment when a charge is made which the Insured is required by law to pay);
23. Duplicate services actually provided by both a certified nurse-midwife and Physician;
24. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
25. Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
26. Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing, snow boarding and snowmobiling;
27. Treatment paid for or furnished under any other individual, government, or group policy; previous policy; payable under any Worker's Compensation or Occupational Disease Law or Act; or charges provided at no cost to the Insured Person;
28. Expense incurred after the Expiration Date for an Insured Person except as may be specifically provided;
29. Expenses for treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent or for Injury or Sickness due wholly or partly to the effects of intoxicating liquor or drugs, unless prescribed by a Physician;
30. Sexually transmitted diseases, including AIDS.
31. Pregnancy expenses or Sickness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from Injury; or voluntary or elective abortion;
32. Treatment while confined primarily to receive custodial care, educational or rehabilitative care and nursing services in a long term facility, spa, hydroclinic, weight loss clinic, sanatorium, nursing home or similar facilities;
33. Expenses for Speech therapy, Occupational therapy or Vocational Rehabilitation.

Inbound® is a registered trademark of Seven Corners, Inc.

ENROLLING IN INBOUND USA

1. Complete entire application
2. Select method of payment.
3. If paying by check or money order, make payable to: "Seven Corners" and enclose it together with completed Application.
4. If paying by credit card, complete Application and mail or fax to Seven Corners. Be sure to sign Method of Payment section.

Complete and return the Application with your payment for the total premium to:
 Seven Corners, Inc.
 303 Congressional Boulevard
 Carmel, IN 46032
 Fax: 317-575-2659

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

Monthly Rates (Effective March 15, 2007)

\$0 Per Injury / Sickness Deductible Per Person

	Plan A \$50,000 Maximum Monthly Rate / Daily Rate	Plan B \$75,000 Maximum Monthly Rate / Daily Rate	Plan C \$100,000 Maximum Monthly Rate / Daily Rate	Plan D \$130,000 Maximum Monthly Rate / Daily Rate
Age 2 weeks - 49	\$47.00 / \$1.56	\$55.00 / \$1.83	\$63.00 / \$2.10	\$82.00 / \$2.73
Age 50 – 59	\$64.00 / \$2.12	\$74.00 / \$2.46	\$84.00 / \$2.81	\$110.00 / \$3.65
Age 60 – 69	\$71.00 / \$2.36	\$82.00 / \$2.74	\$94.00 / \$3.12	\$122.00 / \$4.06
Dependent Child (Age 2 weeks - 18)*	\$36.00 / \$1.20	\$45.00 / \$1.49	\$53.00 / \$1.77	\$69.00 / \$2.30

\$50 Per Injury / Sickness Deductible Per Person

	Plan A \$50,000 Maximum Monthly Rate / Daily Rate	Plan B \$75,000 Maximum Monthly Rate / Daily Rate	Plan C \$100,000 Maximum Monthly Rate / Daily Rate	Plan D \$130,000 Maximum Monthly Rate / Daily Rate
Age 2 weeks - 49	\$39.00 / \$1.30	\$46.00 / \$1.52	\$52.00 / \$1.74	\$68.00 / \$2.26
Age 50 – 59	\$53.00 / \$1.77	\$62.00 / \$2.06	\$70.00 / \$2.35	\$92.00 / \$3.05
Age 60 – 69	\$59.00 / \$1.97	\$69.00 / \$2.29	\$78.00 / \$2.61	\$102.00 / \$3.39
Dependent Child (Age 2 weeks - 18)*	\$30.00 / \$1.00	\$37.00 / \$1.23	\$44.00 / \$1.47	\$57.00 / \$1.91

\$100 Per Injury / Sickness Deductible Per Person

	Plan A \$50,000 Maximum Monthly Rate / Daily Rate	Plan B \$75,000 Maximum Monthly Rate / Daily Rate	Plan C \$100,000 Maximum Monthly Rate / Daily Rate	Plan D \$130,000 Maximum Monthly Rate / Daily Rate
Age 2 weeks – 49	\$36.00 / \$1.20	\$42.00 / \$1.41	\$49.00 / \$1.62	\$63.00 / \$2.11
Age 50 – 59	\$49.00 / \$1.64	\$59.00 / \$1.96	\$69.00 / \$2.29	\$89.00 / \$2.97
Age 60 – 69	\$55.00 / \$1.83	\$66.00 / \$2.19	\$77.00 / \$2.55	\$99.00 / \$3.31
Dependent Child (Age 2 weeks - 18)*	\$28.00 / \$0.93	\$34.00 / \$1.14	\$40.00 / \$1.35	\$53.00 / \$1.76

\$200 Per Injury / Sickness Deductible Per Person

	Plan J \$50,000 Maximum Monthly Rate / Daily Rate	Plan K \$70,000 Maximum Monthly Rate / Daily Rate
Age 70 – 74	\$74.00 / \$2.48	\$104.00 / \$3.47
Age 75 – 79	\$82.00 / \$2.73	\$115.00 / \$3.82
Age 80 – 84	\$110.00 / \$3.67	\$154.00 / \$5.14
Age 85 – 89	\$125.00 / \$4.15	\$174.00 / \$5.81
Age 90 – 94	\$143.00 / \$4.77	\$200.00 / \$6.68
Age 95 – 99	\$164.00 / \$5.48	\$230.00 / \$7.67

* Dependent Child rate is applicable when at least one parent will also be covered under Inbound USA.

Please be aware that this is not a general health insurance policy, but an interim program intended for temporary use. Inbound USA does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense.

What You Will Receive

Upon successful enrollment in Inbound USA, you will receive an information packet from Seven Corners. This packet will include your ID Card and Program Summary. The Program Summary describes all the benefits of Inbound USA in complete detail. In addition, the Program Summary tells you the procedure for submitting claims.

Refund of Premium

Refund of premium shall be considered only if written request is received by Seven Corners prior to the Effective Date of Coverage. After the Effective Date of Coverage, the premium is considered fully earned and non-refundable.

The Insurance Company

Inbound USA is underwritten by Certain Underwriters at Lloyd's, London and is rated A "Excellent" by A.M. Best. In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business.

Inbound USA Application – 2007

OFFICIAL USE ONLY: Cert#: _____ Processed: _____ Eff. Date: _____ Agent: 4010
 Effective March 15th, 2007

All sections must be completed. Incomplete applications will be returned to the applicant without coverage.

Applicant Information

Mr. Mrs. Miss Ms. Last Name: _____ First Name: _____

U.S. Correspondence Address: Name : _____

Address: _____ City: _____ State: ____ Zip: _____
(Address must be in the United States)

Phone Number: _____ Email: _____

AD&D Beneficiary: _____ Relationship: _____

Passport & Travel Information

Passport Number: _____ Country Issuing Passport: _____

When did or will you arrive in the United States? ___ / ___ / ___ Date you would like coverage to begin: ___ / ___ / ___

Note: This program is not available to United States citizens. Your coverage must begin within twelve (12) months of your arrival in the United States. The minimum period of coverage is 5 days, maximum is 12. If 3 or more months of premium is sent, an automatic renewal notice will be sent to the address above. Total program length available is 12 months. Coverage cannot begin until you depart from your Home Country and Seven Corners both receives and accepts your application and correct premium.

Coverage Requested

Have you purchased insurance through Seven Corners before? ___No ___Yes If Yes, ID Number: _____

Selected Medical Policy Maximum:

Age 2 weeks to Age 69: Plan A: \$50,000 Plan B: \$75,000 Plan C: \$100,000 Plan D: \$130,000

Age 70 to 99: Plan J: \$50,000 Plan K: \$70,000

Selected Per Injury/Sickness Deductible: \$0 \$50 \$100 (or 70 and over at \$200)

If there are one or more applicants below age 70 and one or more applicants age 70 and above, separate applications must be submitted.

Name of Persons to be Insured

Name of Persons to be Insured	Date of Birth	Monthly Premium	Daily Premium
Applicant: _____	___ / ___ / ___	_____	_____
Spouse: _____	___ / ___ / ___	_____	_____
Child: _____	___ / ___ / ___	_____	_____
Child: _____	___ / ___ / ___	_____	_____
Child: _____	___ / ___ / ___	_____	_____
Totals:		_____	_____

Multiply Monthly Rate Total by number of months:	X	
	Monthly Total [A]:	\$
Multiply Daily Rate Total by number of days:	X	
	Daily Total [B]:	\$
Total Payment Enclosed: (Total of [A] and [B])		\$

Method of Payment

Check Money Order MasterCard Visa Discover
 Card Number: _____ Name on Card: _____

Expiration Date: _____ Daytime Phone: _____

Billing Address: _____

Signature (Required)

Make Check or Money Order Payable to: "Seven Corners". Total Payment for the Full Term of coverage requested on this application must be paid in U.S. Dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I declare that I agree to and have read and understand the terms and conditions of this product as outlined in this brochure and the program summary, including coverage is not available to any U.S. citizen. I understand that pre-existing conditions, as defined in this brochure, are not covered. I understand that this is not a general health insurance product, but a limited benefit program designed to provide basic benefits under certain circumstances. I also understand that Lloyds operates as an approved but non-admitted insurer in most US states and that claims may not be made against any state guarantee fund. I understand and agree that this program does not comply with any US state insurance law. I also understand any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an enrollment form, or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

I hereby subscribe to the Global International Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London. As signatory, I declare that I am affirming all statements for all persons listed on the application (and declare that I have the authority to do so).

Signature of Insured or Proxy (Required)

Date