



# Lloyd's Certificate

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**This Insurance** is effected with certain Underwriters at Lloyd's, London.

**This Certificate** is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

**The Assured** is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:



303 Congressional Boulevard  
Carmel, IN 46032  
1-800-335-0611  
317-575-2652  
317-575-2659 FAX  
[www.sevencorners.com](http://www.sevencorners.com)

## CERTIFICATE PROVISIONS

- 1. Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
- 2. Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
- 3. Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
- 4. Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon Mendes and Mount; 750 Seventh Avenue; New York, NY 10019-6829 USA (For California residents, contact Eileen Ridley, FLWA Service Corp., c/o Foley & Lardner LLP, 555 California Street, Suite 1700, San Francisco, CA 94104-1520 USA.), and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.  
The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.  
Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.
- 5. Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
- 6. Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.

**CERTIFICATE OF INSURANCE  
DECLARATIONS**

RoundTrip International  
LON16-160426-01RT

This Declaration is attached to and forms part of certificate provisions

**ITEM 1. NAMED INSURED AND MAILING ADDRESS**

RoundTrip International  
World Commercial Trust  
Tortola, British Virgin Islands

**ITEM 2. POLICY PERIOD** FROM: 04/26/2016 TO: 04/24/2017 TERM: 364 Days

12:01 A.M., Standard Time at your mailing address

Insurance is effective with **CERTAIN UNDERWRITERS AT LLOYD'S, LONDON**. The Binding Authority Reference Number is NA16SC01

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.


Trip Cost <=	Insured Age <=												
	20	25	30	35	40	45	50	55	60	65	70	75	80
\$0	\$40	\$51	\$54	\$57	\$59	\$60	\$62	\$63	\$65	\$68	\$71	\$77	\$84
\$500	\$46	\$59	\$63	\$70	\$72	\$74	\$77	\$79	\$82	\$86	\$91	\$102	\$112
\$1,000	\$56	\$70	\$74	\$84	\$87	\$90	\$93	\$97	\$102	\$110	\$116	\$132	\$148
\$1,500	\$65	\$81	\$85	\$95	\$100	\$104	\$108	\$113	\$120	\$133	\$141	\$162	\$185
\$2,000	\$75	\$92	\$97	\$110	\$115	\$120	\$126	\$132	\$141	\$159	\$169	\$195	\$222
\$2,500	\$87	\$105	\$111	\$124	\$130	\$136	\$143	\$150	\$161	\$183	\$194	\$226	\$260
\$3,000	\$97	\$117	\$123	\$139	\$146	\$153	\$160	\$169	\$182	\$207	\$221	\$260	\$291
\$3,500	\$107	\$128	\$135	\$151	\$159	\$167	\$175	\$185	\$200	\$231	\$246	\$290	\$333
\$4,000	\$118	\$140	\$148	\$164	\$172	\$181	\$191	\$201	\$219	\$256	\$273	\$321	\$382
\$4,500	\$128	\$151	\$160	\$178	\$187	\$197	\$208	\$220	\$240	\$282	\$300	\$355	\$420
\$5,000	\$139	\$163	\$172	\$193	\$203	\$213	\$225	\$238	\$261	\$307	\$327	\$388	\$459
\$5,500	\$152	\$177	\$187	\$211	\$222	\$234	\$247	\$261	\$286	\$338	\$360	\$429	\$499
\$6,000	\$164	\$191	\$202	\$226	\$238	\$251	\$265	\$280	\$305	\$355	\$379	\$452	\$525
\$6,500	\$179	\$207	\$218	\$246	\$259	\$273	\$288	\$304	\$331	\$384	\$409	\$501	\$577
\$7,000	\$189	\$219	\$231	\$256	\$270	\$284	\$301	\$318	\$347	\$404	\$430	\$524	\$601
\$8,000	\$213	\$245	\$259	\$296	\$312	\$328	\$346	\$367	\$403	\$483	\$513	\$606	\$734
\$9,000	\$234	\$269	\$284	\$321	\$338	\$356	\$376	\$399	\$441	\$534	\$567	\$677	\$821
\$10,000	\$258	\$295	\$311	\$345	\$364	\$384	\$406	\$432	\$478	\$584	\$620	\$741	\$909
\$11,000	\$284	\$325	\$342	\$380	\$400	\$422	\$447	\$475	\$526	\$642	\$682	\$815	\$1,000
\$12,000	\$310	\$354	\$373	\$414	\$437	\$461	\$487	\$518	\$574	\$701	\$744	\$889	\$1,091
\$13,000	\$335	\$384	\$404	\$449	\$473	\$499	\$528	\$562	\$621	\$759	\$806	\$963	\$1,182
\$14,000	\$361	\$413	\$435	\$483	\$510	\$538	\$568	\$605	\$669	\$818	\$868	\$1,037	\$1,273
\$15,000	\$387	\$443	\$467	\$518	\$546	\$576	\$609	\$648	\$717	\$876	\$930	\$1,112	\$1,364
\$16,000	\$413	\$472	\$498	\$552	\$582	\$614	\$650	\$691	\$765	\$934	\$992	\$1,186	\$1,454
\$17,000	\$439	\$502	\$529	\$587	\$619	\$653	\$690	\$734	\$813	\$993	\$1,054	\$1,260	\$1,545
\$18,000	\$464	\$531	\$560	\$621	\$655	\$691	\$731	\$778	\$860	\$1,051	\$1,116	\$1,334	\$1,636
\$19,000	\$490	\$561	\$591	\$656	\$692	\$730	\$771	\$821	\$908	\$1,110	\$1,178	\$1,408	\$1,727
\$20,000	\$516	\$590	\$622	\$690	\$728	\$768	\$812	\$864	\$956	\$1,168	\$1,240	\$1,482	\$1,818
\$21,000	\$542	\$620	\$653	\$725	\$764	\$806	\$853	\$907	\$1,004	\$1,226	\$1,302	\$1,556	\$1,909
\$22,000	\$568	\$649	\$684	\$759	\$801	\$845	\$893	\$950	\$1,052	\$1,285	\$1,364	\$1,630	\$2,000
\$23,000	\$593	\$679	\$715	\$794	\$837	\$883	\$934	\$994	\$1,099	\$1,343	\$1,426	\$1,704	\$2,091
\$24,000	\$619	\$708	\$746	\$828	\$874	\$922	\$974	\$1,037	\$1,147	\$1,402	\$1,488	\$1,778	\$2,182
\$25,000	\$645	\$738	\$778	\$863	\$910	\$960	\$1,015	\$1,080	\$1,195	\$1,460	\$1,550	\$1,853	\$2,273
\$26,000	\$671	\$767	\$809	\$897	\$946	\$998	\$1,056	\$1,123	\$1,243	\$1,518	\$1,612	\$1,927	\$2,363
\$27,000	\$697	\$797	\$840	\$932	\$983	\$1,037	\$1,096	\$1,166	\$1,291	\$1,577	\$1,674	\$2,001	\$2,454
\$28,000	\$722	\$826	\$871	\$966	\$1,019	\$1,075	\$1,137	\$1,210	\$1,338	\$1,635	\$1,736	\$2,075	\$2,545
\$29,000	\$748	\$856	\$902	\$1,001	\$1,056	\$1,114	\$1,177	\$1,253	\$1,386	\$1,694	\$1,798	\$2,149	\$2,636
\$30,000	\$774	\$885	\$933	\$1,035	\$1,092	\$1,152	\$1,218	\$1,296	\$1,434	\$1,752	\$1,860	\$2,223	\$2,727

Rates provided above include a 2.0% Trust Fee.  
Rate are for Covered Trips from 1 through 30 days long.  
Coverage must be purchased for the full cost of the trip.

Premium shown above, payable: **Mode**  
**In Advance**

This certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement or conditions as may be endorsed or added here to.

Dated: 04/26/2016

By:   
(Correspondent – James J. Krampen, Jr.)

## RoundTrip International Program Summary

Administered By:  
Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032 USA

### Quick Contacts

**Hospital and Doctor Network:** To locate a network facility, search online at [www.sevencorners.com/help/find-a-doctor](http://www.sevencorners.com/help/find-a-doctor), contact Seven Corners Assist at the numbers shown below, or log onto WellAbroad.com. Seven Corners Assist must be contacted prior to Hospital admission and/or any Inpatient/Outpatient Surgeries.

**Please see the Pre-Notification and Network section for details and requirements regarding notification and use of the network.** Use of the network does not guarantee benefits.

**Claims – It is important to submit Your claims to Seven Corners quickly. To be considered, all claims must be submitted to the Seven Corners Claim Department within 90 days after the date of service.**

**Travel Assistance** - To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with Your ID Number. You are eligible to use any of the assistance services provided. We are open 24 hours/day, 365 days a year, staffed with multilingual personnel. Seven Corners Assist must be contacted for Emergency Medical Evacuation and Medically Necessary Repatriation, Return of Mortal Remains, and Political Evacuation.

**Seven Corners Assist - In the United States, Canada, and the Caribbean (Toll-free): 1-800-690-6295 or Collect Calls: 1-317-818-2808**  
Email: [assist@sevencorners.com](mailto:assist@sevencorners.com)

The Underwriter hereby insures all persons whose application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Underwriter and whose name is identified on the ID Card, subject to all of the exclusions, limitations and provisions as set forth herein and in the Master Policy of Insurance issued by the Underwriter. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the ID Card for the Insurance requested on such application and for which their specified plan costs has been paid to the Administrator.

### ELIGIBILITY

This plan is available to non-US residents planning to travel outside of their Home Country. Each Insured must enroll for his or her own insurance and pay any premium due. If accepted by Us, each person will become an Insured.

**Effective Date and Period of Coverage:** The Effective Date of Your Policy is shown on the ID Card and remains in effect for the stated term shown on the ID Card. The minimum Period of Coverage under RoundTrip International plan is one (1) day, maximum Period of Coverage is thirty (30) days.

#### When Your coverage for Benefits Begins:

Subject to payment of any premium due:

- (a) For Trip Cancellation: Coverage begins at 12:01 A.M. local time, at Your location on the day after the required premium for such coverage is received by Us or Our Administrator as shown on the ID Card. Coverage ends at the point and time of departure on Your Scheduled Departure Date.
- (b) For Trip Delay: Coverage is in force while en route to and from the Covered Trip.
- (c) For all other coverage: Coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or your actual departure for Your Covered Trip.

#### When Your Coverage Ends:

Coverage is effective for the stated term shown on Your ID Card. In addition, Your coverage will end at 11:59 P.M. local time on the date which is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
- (d) if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date;
- (e) the date You cancel Your Covered Trip.

#### Extended Coverage:

All coverage under the Policy will be extended, if:

- (a) Your entire Covered Trip is covered by the Policy; and
- (b) Your return is delayed by covered reasons specified under Trip Cancellation, Trip Interruption or Trip Delay.

If coverage is extended for the above reasons, coverage will end on the earlier of: (a) the date You reach Your return destination; or (b) 7 days after the date the Covered Trip was scheduled to be completed.

#### TEN-DAY FREE LOOK

You may cancel insurance under the Policy by giving Us or Our Administrator written notice within 10 days from the Effective Date. If You do this, We will refund Your premium paid provided You have not filed a claim under the Policy.

## SCHEDULE OF BENEFITS

All Coverages and Plan Costs listed in this Schedule of Benefits are in U.S. Dollar amounts.

<b>TRAVEL</b>	
Trip Cancellation	Trip Cost*
Trip Interruption	100% of Trip Cost* Limit If Trip Cost is \$0, up to \$1,000
Single Occupancy Supplement	Trip Cost*
Trip Delay	Minimum 12 hours delay \$100 per day, maximum of \$500
Missed Connection	Minimum 3 hours delay Maximum of \$500
* Up to the lesser of the trip cost paid or the non-refundable cancellation penalty(ies) imposed by the travel supplier(s). <i>Note: If the Insured purchases the \$0 category- there is no Trip Cancellation. All other benefits apply</i>	
<b>ACCIDENT &amp; HEALTH</b>	
Emergency Accident and Emergency Sickness Medical Expense	\$0 Deductible Maximum of \$100,000 Emergency Dental Treatment maximum of \$750
Accidental Death & Dismemberment	\$25,000 Principle Sum
Coma	Maximum of \$50,000; 1% per month
Felonious Assault	\$10,000
<b>EMERGENCY TRAVEL</b>	
Emergency Medical Evacuation and Medically Necessary Repatriation	Maximum of \$100,000
Bedside Traveling Companion	Included in Emergency Medical Evacuation and Medically Necessary Repatriation
Return Insured Home	Included in Emergency Medical Evacuation and Medically Necessary Repatriation
Return Minor Child(ren)	Included in Emergency Medical Evacuation and Medically Necessary Repatriation
Transportation of Spouse or Domestic Partner	Included in Emergency Medical Evacuation and Medically Necessary Repatriation
Return of Mortal Remains	Maximum of \$50,000
Political Evacuation	Maximum of \$100,000
<b>PROPERTY COVERAGES</b>	
Baggage Delay (Outward Journey Only)	Minimum 12 hour delay \$100 per day, maximum of \$200
Baggage Delivery (Outward Journey Only)	Maximum of \$100
Baggage / Personal Effects	\$0 Deductible Maximum of \$2,500 Per Item Limit: \$250 Described Valuables: \$500
Sports Equipment Rental Coverage	Maximum of \$500
Personal Liability	Maximum of \$100,000

## DESCRIPTION OF BENEFITS

### TRIP CANCELLATION

We will pay a benefit, up to the maximum shown on the SCHEDULE OF BENEFITS, if You are prevented from taking Your Covered Trip due to any of the Unforeseen events listed below and takes place after the Effective Date.

We will pay You for the following:

- (a) The amount of forfeited, non-refundable, and unused Payments or Deposits that You paid for the Covered Trip.
- (b) Additional cost incurred if the Travel Supplier cancels Your Covered Trip for a covered reason and You elect to replace that Travel Supplier with a different Travel Supplier.
- (c) If Your Travel Supplier cancels Your Covered Trip, We will pay up to \$75.00 for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Covered Trip including the airfare.
- (d) Airfare cancellation charges for flights in connection with Your Covered Trip.

- (f) If You used frequent traveler awards (frequent flyer miles or Hotel/Motel rewards) for any part of a Covered Trip, We will pay the fees incurred by You for re-depositing those awards in Your account if the Covered Trip is canceled for any of the reasons described below. This does not increase the total benefits payable under this Trip Cancellation benefit as stated in the Schedule of Benefits.

In no event shall the amount We pay exceed the lesser of the amount You prepaid for the Covered Trip or the Maximum Benefit shown on the SCHEDULE OF BENEFITS. Coverage does not include Default of a Travel Supplier or other organization that results in loss of services.

SPECIAL CONDITIONS: You must advise the Travel Supplier and Us as soon as possible in the event of a claim. We will not pay benefits for any additional charges incurred that would not have been charged had You notified the Travel Supplier and Us as soon as reasonably possible.

#### **TRIP INTERRUPTION**

We will pay a benefit, up to the maximum shown on the SCHEDULE OF BENEFITS, if You are prevented from continuing or resuming Your Covered Trip due to any of the Unforeseen events listed below which takes place after departure.

We will pay You:

- (a) for the unused, non-refundable travel arrangements prepaid to the Travel Supplier(s);
- (b) additional Transportation expenses incurred by You;
- (c) return air travel up to the lesser of the cost of an economy flight or the amount shown in the SCHEDULE OF BENEFITS.

In no event shall the amount We pay exceed the lesser of the amount You prepaid for the Covered Trip or the Maximum Benefit shown on the SCHEDULE OF BENEFITS.

#### **For Trip Cancellation or Trip Interruption, Unforeseen Events include:**

- (a) Accidental Injury, Sickness or death of You, Your Traveling Companion, Your Family Member, or Your Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing Your participation or continued participation in the Covered Trip. A Physician must advise cancellation of the Covered Trip on or before the Scheduled Departure Date.
- (b) The death or hospitalization of Your Host at Destination.
- (c) Adverse weather or Natural Disasters or Terrorist Attacks resulting in the complete cessation of travel services.
- (d) Natural Disaster or documented man-made disaster at the point of departure or Your destination which renders Your primary residence or the accommodations at Your destination uninhabitable.
- (e) Strike that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours.
- (f) Your transfer by the employer with whom You are employed on the Effective Date of insurance and which requires Your principal residence to be relocated.
- (g) You are terminated, or laid off from employment, from a place of employment for which You have been employed for the past 3 consecutive years.
- (h) If within 30 days of Your departure, a politically motivated Terrorist Attack occurs within a 50 mile radius of the territorial City limits of the City to be visited as shown in Your itinerary and the United States government issues a travel advisory indicating that Americans should not travel to a City named on the itinerary.
- (i) Mandatory evacuation ordered by local authorities at Your final destination due to hurricane or other Natural Disaster. You must have 50% of Your total Covered Trip length or less remaining on the Covered Trip, at the time the mandatory evacuation ends, in order to cancel the Covered Trip.
- (j) You and/or Your Traveling Companion are hijacked, quarantined, required to serve on a jury, subpoenaed, required to appear as a witness in a legal action, provided You are or Your Traveling Companion are not a party to the legal action or appearing as a law enforcement officer.
- (k) Within 10 days of departure, You and/or Your Traveling Companion are the victim of felonious assault and/or vandalism or burglary of Your principal place of residence.
- (l) You or Your Traveling Companion are directly involved in or indirectly involved in or delayed due to a traffic Accident substantiated by a police report, while en route to departure.
- (m) You, Your Traveling Companion or a Family Member, who are military personnel, are called to emergency duty due to a Natural Disaster other than war, military duty within 30 days of departure, or You have Your leave revoked or You are redeployed.
- (n) You are unable to participate in a scheduled hunting, fishing, or sport expedition due to a delay, for 12 hours or more, of Your personal necessary sports equipment by customs or a Common Carrier.
- (o) The United States government or government authorities at Your destination prohibit the kind of activities You planned to do. Prohibitions include: closing a reserve, banning all hunting, declaring the kind of hunting You were planning to do illegal, any other prohibitions We approve.

#### **SINGLE OCCUPANCY SUPPLEMENT**

We will pay You, up to the maximum shown on the SCHEDULE OF BENEFITS, for the additional cost incurred during the Covered Trip as a result of a change in the per person occupancy rate for prepaid travel arrangements if a person booked to share accommodations with You has his or her Covered Trip delayed, canceled, or interrupted for a covered reason and You do not cancel Your Covered Trip.

#### **TRIP DELAY**

We will pay You for additional expenses on a one-time basis, up to the maximum shown in the SCHEDULE OF BENEFITS, if You are delayed en route to or from the Covered Trip for 12 or more hours due to a defined Hazard.

Additional expenses include:

- (a) any prepaid, unused, non-refundable land, air, or water accommodations;
- (b) any reasonable additional expenses incurred (meals, accommodations, local Transportation, and telephone calls);

- (c) an economy fare from the point where You ended Your Covered Trip to a destination where You can resume Your Covered Trip;
- (d) a one-way economy fare to return You to Your originally scheduled return destination.

We will pay the daily benefit shown in the SCHEDULE OF BENEFITS for up to the maximum number of days shown.

**MISSED CONNECTION**

We will pay the benefit shown in the SCHEDULE OF BENEFITS if You missed Your Covered Trip departure due to cancellation or delay for 3 or more hours of all regularly scheduled airline flights due to Inclement Weather or any delay caused by a Common Carrier. Benefits of up to the amount shown in the SCHEDULE OF BENEFITS are provided to cover additional Transportation expenses needed for You to join the departed Covered Trip. Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to You if You are able to meet Your scheduled departure but cancel Your Covered Trip due to Inclement Weather.

**EMERGENCY ACCIDENT AND EMERGENCY SICKNESS MEDICAL EXPENSE**

We will pay Reasonable and Customary Charges up to the limit shown on the SCHEDULE OF BENEFITS, if You incur necessary Covered Medical Expenses as a result of an Emergency Accidental Injury or Emergency Sickness which occurs during the Covered Trip. You must receive initial treatment for Accidental Injuries or Sickness while on the Covered Trip.

**Covered Medical Expenses** are Medically Necessary services and supplies which are recommended by the attending Physician. They include but are not limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms, Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a Hospital room for recovery from an Accidental Injury);
- (c) charge for anesthetics (including administration); x-ray examinations or Treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, prosthetics and therapeutic services and supplies;
- (f) Emergency Dental Treatment for the relief of pain.

We will not pay benefits in excess of the Reasonable and Customary Charges. We will not cover any expenses incurred by another party at no cost to You or already included within the cost of the Covered Trip.

We will advance payment to a Hospital, up to the maximum shown on the SCHEDULE OF BENEFITS, if needed to secure Your admission to a Hospital because of Accidental Injury or Sickness.

Emergency Dental Treatment: We will pay benefits, up to the amount shown on the SCHEDULE OF BENEFITS, for Emergency Dental Treatment for Accidental Injury to Sound Natural Teeth.

**ACCIDENTAL DEATH & DISMEMBERMENT** – The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a Loss stated therein resulting from Injury and subject to the limitations contained in EXCLUSIONS AND LIMITATIONS, provided that: (a) such Loss occurs within 365 days after the date of Accident causing such Loss; and (b) the indemnity payable for any such Loss shall be the Principal Sum stated on the ID Card, as applicable to such Insured Person and this Insurance; and (c) if more than one Loss stated in said Table of Losses is sustained as the result of one Accident, only one of the amounts, the largest, shall be payable.

TABLE OF LOSSES

<u>For Loss of:</u>	<u>Amount</u>	
Loss of Life	Principal Sum	
Loss of two Members	Principal Sum	
Loss of one Member	50% of Principal Sum	
Quadriplegia	Principal Sum	(total paralysis of both upper and lower limbs)
Paraplegia	75% of the Principal Sum	(total paralysis of both lower limbs)
Hemiplegia	50% the Principal Sum	(total paralysis of both upper & lower limbs of one side of the body)
Uniplegia	25% of the Principal Sum	(total paralysis of one limb)

The term "Principal Sum" as used herein shall mean the amount stated on the ID Card. "Member" means hand, foot or eye. No benefit is payable for loss resulting from or due to stroke, cerebral vascular, or cardiovascular Accident or event; myocardial infarction (heart attack); coronary thrombosis, or aneurysm.

**COMA**

If Injury renders an Insured Comatose within 90 days of the date of the Accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit equal to 1% of the maximum benefit. No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured ceases to be Comatose due to that Injury; (2) the date the Insured dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals the maximum benefit. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.



## FELONIOUS ASSAULT

The Company will pay up to the maximum stated in the SCHEDULE OF BENEFITS when the Insured suffers one or more losses for which benefits are payable under the Accidental Death Benefit, Accidental Dismemberment Benefit or Coma Benefit provided by the Policy as a result of a Felonious Assault:

1. That is not a moving violation as defined under the applicable government motor vehicle laws; and
2. That is not an act of an Immediate Family Member, another Insured or an individual who resides with the Insured on a permanent basis.

Only one benefit is payable for all losses as a result of the same Felonious Assault.

## EMERGENCY MEDICAL EVACUATION & MEDICALLY NECESSARY REPATRIATION

We will pay, subject to the limitations set out herein, for Covered Emergency Medical Evacuation expenses reasonably incurred if You suffer an Accidental Injury or Emergency Sickness that warrants Your Emergency Medical Evacuation while You are on a Covered Trip. Benefits payable are subject to the Maximum Benefit per Insured shown on the Schedule of Benefits for all Emergency Medical Evacuations due to all injuries from the same Accident or all Emergency Sickness from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Medical Evacuation and must certify that the severity of Your Accidental Injury or Emergency Sickness warrants Your Emergency Medical Evacuation to the closest adequate medical facility. The Assistance Company or We must review and approve the necessity of the Emergency Medical Evacuation based on the inadequacy of local medical facilities. The Emergency Medical Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Medical Evacuation expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with Your Emergency Medical Evacuation. Expenses for Transportation must be:

- (a) recommended by the attending Physician; and
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) reviewed and pre-approved by the Assistance Company.

We will also pay Reasonable and Customary expenses, for escort expenses required by You, if You are disabled during a Covered Trip and an escort is recommended in writing by an attending Physician and such expenses are pre-approved by the Assistance Company.

If You are hospitalized for more than 7 days following a Covered Emergency Medical Evacuation, We will pay, subject to the limitations set out herein, for expenses:

- (a) **Return Minor Child(ren):** to return where You reside, with an attendant if necessary, any of Your Dependent Children who were accompanying You when the Accidental Injury or Emergency Sickness occurred and were left alone. Our payment will not exceed the cost of a single one-way economy airfare ticket, less the value of applied credit from any unused return travel tickets per person;
- (b) **Bedside Traveling Companion:** to bring 1 person chosen by You to and from the Hospital or other medical facility where You are confined if You are alone, but not to exceed the cost of 1 round-trip economy airfare ticket.

**Return Insured Home:** In addition to the above Covered Expenses, if We have previously evacuated You to a medical facility, We will pay Your airfare costs from that facility to Your primary residence, within 1 year from Your original Scheduled Return Date, less refunds from Your unused Transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.

**Transportation of Spouse or Domestic Partner:** If You are confined to the Hospital for more than 7 days or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than 7 consecutive days, or if You die on the Covered Trip and require Repatriation of Remains, We will return Your spouse or Domestic Partner to Your primary residence. Our payment will not exceed the cost of a single one-way economy airfare ticket, less the value of applied credit from any unused return travel ticket.

**Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

## RETURN OF MORTAL REMAINS

We will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Covered Trip. No payment will exceed the maximum shown on the SCHEDULE OF BENEFITS.

Covered Expenses include: The collection of the body of the deceased; the transfer of the body to a professional funeral home; embalming and preparation of the body or cremation if so desired; standard shipping casket; any required consular proceedings; the transfer of the casket to the airport and boarding of the casket onto the plane; any required permits and corresponding airfare; and the transfer of the deceased to its final destination. All Covered Expenses must be approved in advance by Seven Corners Assist. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

## POLITICAL EVACUATION

If due to political or military events in a Host Country, a formal recommendation from the appropriate authorities is issued for the Insured to leave the Host Country or the Insured is expelled or declared persona non-grata by the Host Country, all reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to the Insured's Home Country or country of residence are covered up to the maximum statement in the SCHEDULE OF BENEFITS. Evacuation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with your health & safety. Evacuation costs will be paid once per Insured per occurrence. In the event this benefit is needed, arrangements must be made by Seven Corners Assist. **Failure to utilize Seven Corners Assist to arrange for these services will result in the denial of benefits.**

***The Political Evacuation benefit will not pay should the Insured not heed Travel Warnings issued by the State Department or the appropriate authorities recommending that travelers avoid a certain country.***

**BAGGAGE DELAY / BAGGAGE DELIVERY (Outward Journey Only)**

We will pay You, up to the maximum shown on the SCHEDULE OF BENEFITS, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than 12 hours, while on a Covered Trip.

If Your checked Baggage is delayed after You have reached Your destination and the Common Carrier makes a charge for delivery, We will pay the reasonable cost up to the Baggage Delivery maximum benefit shown on the SCHEDULE OF BENEFITS to deliver Your checked Baggage to Your destination. A copy of the delivery invoice and verification of the delay or misdirection by the Common Carrier must be submitted with the claim.

You must be a ticketed passenger on a Common Carrier. All claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchase or replacement of necessary personal effects must accompany any claim.

**BAGGAGE/PERSONAL EFFECTS**

We will pay You up to the maximum shown on the SCHEDULE OF BENEFITS, for loss, theft or damage to Baggage and personal effects, provided You, Your Traveling Companion or Your Family Member has taken all reasonable measures to protect, save and/or recover the property at all times. The Baggage and personal effects must be owned by and accompany You during the Covered Trip. If You have checked Your Baggage with a Common Carrier and delivery is delayed, coverage for Baggage will be extended until the Common Carrier delivers the property. Original receipts must be provided for reimbursement.

There is a per article limit of \$250. There is a combined maximum limit of \$500 for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; sports equipment; personal computers; radios; cameras; camcorders and their accessories and related equipment; and other electronic items.

We will pay You for fees associated with the replacement of Your passport during Your Covered Trip. Receipts are required for reimbursement.

We will pay the lesser of the following:

- (a) Actual Cash Value, as determined by Us, at time of loss, theft or damage to Baggage and Personal Effects; or
- (b) the cost of repair or replacement.

**SPORTS EQUIPMENT RENTAL COVERAGE**

If Your sports equipment is damaged, lost or delayed by the Common Carrier for 12 hours or more, or stolen, We will reimburse You on a one-time basis for the reasonable costs of renting replacement sports equipment during Your Covered Trip up to the amount shown in the SCHEDULE OF BENEFITS.

**PERSONAL LIABILITY:** Subject to the Limits set forth in the SCHEDULE OF BENEFITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay or reimburse You for eligible court-entered judgments or Company-approved settlements arising as a result of or in connection with the personal liability You incurred for acts, omissions and other occurrences covered under this insurance for losses or damages solely, directly and proximately caused by Your negligent acts or omissions during the Covered Trip that result in the following:

- 1. Injury to a Third Person occurring during the Covered Trip; and/or
- 2. Damage or loss to a Third Person's personal property during the Covered Trip; and/or
- 3. Damage or loss to a Related Third Person's personal property during the Covered Trip.

The maximum payable under this benefit is up to the maximum stated in the SCHEDULE OF BENEFITS.

With respect to covered and eligible personal liability claims, Underwriters will pay You for associated reasonable legal fees and out-of-pocket costs incurred by You with respect to the determination and/or settlement of such legal liability.

**Conditions and Restrictions:**

- a) You must notify Underwriters within thirty (30) days of any act, omission or occurrence that may create or impose any personal liability upon You, and also within thirty (30) days of the initiation or receipt of service of any actual or threatened lawsuit, notice of claim, or proceeding filed or threatened to be filed against You with respect to same. In addition, such notification(s) to Underwriters shall include a recitation of all circumstances, facts, and known or presumed causes of any loss or damage, and a description of the nature and approximate amount of any damages suffered by any Third Person or Related Third Person. In addition, immediately upon receipt thereof You shall provide to Underwriters copies of any pleadings, complaints, lawsuits, petitions, demand letters, notices, orders, summonses, subpoenas, opinions, briefs, motions, letters from opposing counsel, and any other documents or papers with respect to any such lawsuit or proceeding that are received or issued by, addressed to or from, remitted to or by, or served by or upon You or Your counsel. Any failure to so notify or provide papers or documents to Underwriters in strict accordance with the foregoing shall be deemed to be and will result in a forfeiture and waiver of any and all benefits, claims or coverages otherwise provided by this insurance under this endorsement.
- b) Underwriters shall have the absolute right and authority without Your further consent or approval to intervene in its own name and on its own behalf as a party in interest with respect to any lawsuit, civil action or other proceeding in which You are involved and for which Underwriters may have exposure for coverage or benefits under this Insurance, and shall be entitled to fully participate, receive due and proper notice of all matters, and have an opportunity to be heard with respect to all issues, controversies and other proceedings or hearings of any kind.
- c) With respect to any personal liability of Yours for which You are or may be jointly or severally liable with other Third Persons or Related Third Persons, Underwriters shall be fully subrogated to all rights of contribution, indemnity, recoupment and recovery of proportional shares from other joint tort-feasors whose negligence contributed in whole or in part to the subject injury or loss and who are or may also be liable to You or the injured/damaged person.

- d) As a condition precedent to any liability or obligation of Underwriters to provide coverages or benefits for personal liability under this insurance, no settlement, compromise, accord, admission of fault or liability, default, default judgment, waiver, release, indemnity, hold harmless, or other concession of any kind shall be given, made, committed, allowed, granted or agreed to by or on behalf of You to any Third Person or Related Third Person without the prior express written approval and consent of Underwriters, and any failure to comply with this condition precedent shall void, waive and forfeit all benefits and coverages for legal assistance, advancement of bail, or coverage for personal liability under this Insurance.
- e) Underwriters shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim, damage or loss under this Insurance for, and no coverage or benefits shall be eligible or available under this Insurance with respect to, any legal fees, legal costs or expenses, advancements of bail, or for any personal injury or property damage claims, liability awards or judgments in the event there exists any other insurance, insurance fund, membership benefits, workers' or workplace compensation coverage program or other similar governmental program, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Primary Coverage") which would, or would but for the existence of this Insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, damage or loss, except in respect of any excess beyond the amount payable or provided under such Primary Coverage had this insurance not been effected. Further, Underwriters shall not be liable or obligated to provide any benefit or to pay or reimburse any claim for injury, loss or damage to the extent coverage for same is furnished or provided by any program or agency funded or controlled by any government or government authority.
- f) No Third Person or Related Third Person is intended to have, shall be deemed or construed to have, or shall have any rights or interest as a "third-party beneficiary" under the Master Policy, and any allegation or assertion of any such status, or any direct claim or other attempt to legally enforce alleged rights by such Third Person or Related Third Person against Underwriters, the Administrator, or the Participating Organization based on any allegation or assertion of any such status, shall be subject to summary dismissal. Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any Member, Third Person or Related Third Person or the situs of any alleged personal injury, property damage or other loss, no transfer or assignment of any of the Participating Organization's rights, benefits or interests under this Policy, and no transfer or assignment of any of Your rights, benefits or interests under this Insurance as a beneficiary thereof, shall be valid, binding on, or enforceable against Underwriters (or the Administrator) unless first expressly agreed and consented to in writing by Underwriters, which agreement and/or consent may be reused and/or withheld for any or no reason at the sole discretion of Underwriters. Any such purported transfer or assignment not in strict compliance with the foregoing provisions of this section shall be void ab initio and without effect as against Underwriters (and the Administrator) and any assertion or claim of same shall be subject to summary dismissal, and Underwriters (and the Administrator) shall have no liability of any kind under this insurance to any such purported transferee or assignee with respect thereto.
- g) Underwriters will consider paying or advancing, but without any obligation or contractual duty to do so, up to \$2,500 to or for Your benefit to settle and compromise an asserted claim against the member arising from personal injury or property damage so long as:
- i. The asserted claim is one that may be eligible for coverage under this Insurance and is not expressly excluded;
  - ii. A lawsuit has not yet been filed, or, if already filed, an answer or other response has not yet been filed thereto;
  - iii. You obtain a full written release and/or covenant-not-to-sue upon such terms and conditions as are satisfactory to Underwriters in their sole discretion
  - iv. A full proof of claim, medical bills, accident form, and such other documentation and/or proof of loss is provided to Underwriters inform and substance satisfactory to Underwriters; and
  - v. The member first pays the deductible, as stated in the SCHEDULE OF BENEFITS and limits, for such injury or loss.

**ASSISTANCE SERVICES** - Upon enrollment, You are eligible to use any of the assistance services provided by Seven Corners Assist. Additional information is contained in the plan summary.

- Open 24 hours/day, 365 days a year
- Multi-lingual personnel
- Physicians / Nurses on staff
- Locate local facilities
- Help with emergency situations

## PLAN DEFINITIONS

**Accident** or **Accidental** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**Accidental Injury** means bodily injury caused by an Accident, directly and independently of all other causes and sustained on or after the Effective Date of this coverage and on or before the Scheduled Return Date. Benefits for Accidental Injury will not be paid for any loss caused by Sickness or other bodily diseases or infirmity.

**Actual Cash Value** means purchase price less depreciation.

**Administrator** means Seven Corners, Inc.

**Airworthy Certificate** shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the government authority having jurisdiction over civil aviation in the country of its registry.

**Baggage** means luggage and personal effects and possessions whether owned, borrowed, or rented, and taken by You on the Covered Trip.

**Bankruptcy** means the filing of a petition for voluntary or involuntary Bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 U.S.C. Subsection 101 et seq.

**Business Equipment** means property used in trade, business, or for the production of income; or offered for sale or trade or components of goods offered for sale or trade.

**Business Partner** means an individual who: (a) is involved in a legal partnership; and (b) is actively involved in the day to day management of the business.

**City** means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas, or airspace.

**Coma/Comatose** means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

**Common Carrier** means any regularly scheduled land, sea, and/or air conveyance operating under a valid license for the Transportation of passengers for hire.

**Complications of Pregnancy** means a condition whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy.

**Covered Expenses** means expenses incurred by You which are: for Medically Necessary services, supplies, care, or treatment; due to Sickness or Accidental Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under the Policy; and which do not exceed the maximum limits shown in the Schedule of benefits, under each stated benefit.

**Covered Trip** means a trip for which You request insurance coverage and pay the required premium, and includes:

- (a) a period of travel away from home to a destination outside Your City of residence;
- (b) the purpose of the trip is business or pleasure; and
- (c) the trip has defined Departure and Return dates.

**Custodial Care** shall mean that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist an Insured in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients. Such services shall be considered Custodial Care without regard to the provider by whom or by which they are prescribed, recommended or performed.

**Deductible** means the dollar amount You must contribute to the loss.

**Default** means a material failure or inability to provide contracted services due to financial insolvency.

**Dependent Child(ren)** means Your children, including an unmarried child, stepchild, legally adopted child or foster child who is: less than age 19 and primarily dependent on You for support and maintenance; or who is at least age 19 but less than age 23 and who regularly attends an accredited school or college; and who is primarily dependent on You for support and maintenance.

**Disablement** as used with respect to medical expenses shall mean an Sickness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

**Domestic Partner** means a person, at least 18 years of age, with whom You have been living in a spousal relationship with evidence of cohabitation for at least 6 continuous months prior to the Effective Date of coverage. "Effective Date" means the date and time Your coverage begins, as outlined in the Eligibility section of the Policy.

**Emergency Accidental Injury** means a serious and acute Accidental Injury requiring immediate necessary medical treatment.

**Emergency Medical Evacuation** means Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained. "Emergency Sickness" means an illness or disease, diagnosed by a legally licensed Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of Your condition or place Your life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while Your coverage is in force and during Your Covered Trip.

**Experimental/Investigational** means all services or supplies associated with: 1) Treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the Treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available; or if less effective than other available treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

**Family Member** means You or Your Traveling Companion's legal or common law spouse, Domestic Partner, Yours or Your Domestic Partner's caregiver, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, foster child, ward, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew.

**Felonious Assault** shall mean any willful or unlawful use of force upon the Insured: (1) with the intent to cause bodily injury to the Insured; and (2) that results in bodily harm to the Insured; and (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

**Hazard** means:

- (a) Any delay of a Common Carrier (including Inclement Weather);
- (b) Any delay by a traffic Accident en route to a departure, in which You are or a Traveling Companion is directly or not directly involved;
- (c) Any delay due to lost or stolen passports, travel documents or money; quarantine; hijacking; unannounced Strike, Natural Disaster, civil commotion or riot;
- (d) A closed roadway causing cessation of travel to the Travel Supplier or destination of the Covered Trip, and substantiated by the department of transportation, state police, or other like authority;

**Home Country** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

**Hospital** means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of 1 or more Physicians available at all times;
- (d) provides 24 hour nursing service and has at least 1 registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the Hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged or similar institution.

**Host Country** shall mean any country other than the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

**Inclement Weather** means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

**Injury(ies)** wherever used in this Policy shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

**Insured** means a person who has enrolled for insurance under this Policy. You and Your also means the Insured. "Medically Necessary" means that a treatment, service, or supply is: essential for diagnosis, treatment or care of the Accidental Injury or Sickness for which it is prescribed or performed, meets generally accepted standards of medical practice and is ordered by a Physician and performed under his or her care, supervision or order.

**Loss** in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia, means the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight.

**Maximum Benefit** means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as found on the ID card.

**Medically Necessary** shall mean services and supplies received while insured that are determined by the Company to be: (1) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of the Insured Person's medical conditions; (2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; (3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; (4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and (5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

**Medical Treatment** means examination, treatment, and/or consultation by a Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or Treatment.

**Mountaineering** shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4,500 meters or above.

**Natural Disaster(s)** means flood, fire, hurricane, tornado, earthquake, tsunami, volcanic eruption, blizzard or avalanche that is due to natural causes.

**Occupational Disease** means an Sickness or Injury resulting from or in the course of any employment for wage or profit by the Plan Participant. Occupational Disease is not a contagious disease resulting from exposure to fellow employees or from a hazard to which the workman would have been equally exposed outside of his employment. An Occupational Disease is also not an ordinary disease of life to which the general public is equally exposed, unless such disease follows as a complication and a natural incident of an Occupational Disease or unless there is a constant exposure peculiar to the occupation itself that makes such disease a hazard inherent in such occupation.

**Parachuting** shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

**Payments or Deposits** means the cash, check, or credit card amounts actually paid for Your Covered Trip. Certificates; vouchers; frequent traveler rewards, miles or points; discounts and/or credits applied (in part or in full) towards the cost of Your Covered Trip are not Payments or Deposits as defined herein.

**Physician(s)** or **Surgeon** shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed. The treating Physician may not be You, a Traveling Companion or a Family Member.

**Policy** means this individual Policy document, the ID Card, the Schedule of Benefits, and any endorsements, riders or amendments that will attach during the period of coverage.

**Pre-Existing Condition** means any Accidental Injury, Sickness or condition of You, Your Traveling Companion, or Your Family Member booked to travel with You for which medical advice, diagnosis, care or treatment was recommended or received within the 60 day period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

**Reasonable and Customary / Reasonable and Customary Charges** means an expense which:

(a) is charged for treatment, supplies, or medical services Medically Necessary to treat Your condition;

(b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and

(c) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary charges exceed the actual amount charged.

**Relative or Related** means spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-Child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on the Covered Trip. "Scheduled Return Date" means the date on which You are originally scheduled to return to the point of origin or to a different final destination or to Your primary residence from a Covered Trip.

**Scheduled Return Date** means the date on which You are originally scheduled to return to the point of origin or to a different final destination or to Your primary residence from a Covered Trip.

**Sickness** means an illness or disease which is diagnosed or treated by a Physician on or after the Effective Date of insurance and while You are covered under the Policy.

**Sound Natural Tooth or Sound Natural Teeth** is a tooth that is whole or properly restored; is without impairment, periodontal or other conditions; is not more susceptible to Injury than a virgin tooth, and is not in need of the Treatment provided for any reason other than Accidental Injury. A tooth previously restored with a crown, inlay, onlay, or porcelain restoration, or treated by endodontics, is not a Sound Natural Tooth.

**Strike** means a stoppage of work (a) announced, organized and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Included in the definition of Strikes are work slowdowns and sickouts.

**Surgery(ies)** shall mean an invasive diagnostic procedure; or the Treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Terrorist Attack(s)** means an incident deemed an act of terrorism by the U.S. Department of State.

**Third Person** means a person or entity other than the Plan Participant, the Policyholder or the Company.

**Transportation** means any land, sea or air conveyance required to transport You during an Emergency Medical Evacuation. Transportation includes, but is not limited to, Common Carrier, air ambulances, land ambulances and private motor vehicles.

**Traveling Companion(s)** means person(s) named and traveling under the same reservation as You, person(s) booked to accompany You on Your Covered Trip, person(s) sharing travel arrangements with You, or a person or persons with whom You have coordinated travel arrangements and intend to travel with You during the Covered Trip. Note: A group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**Travel Supplier** means any entity involved in providing travel services or travel arrangements.

**Treatment(s)** means a specific in-office or Hospital physical examination of or care rendered to You, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

**Unforeseen** means not anticipated or expected, and occurring on or after the Effective Date of the Policy.

**Underwriter(s) or Company** means Certain Underwriters at Lloyds, London.

**You or Your** means the Primary Insured Person.

## EXCLUSIONS AND LIMITATIONS

The following exclusions apply to **Trip Cancellation, Trip Interruption, Single Occupancy Supplement, Trip Delay, Missed Connection, Emergency Accident and Sickness Medical Expense, Coma, Felonious Assault, Emergency Medical Evacuation and Medically Necessary Repatriation, Return of Mortal Remains, Baggage Delay / Baggage Delivery, and Baggage and Personal Effects.**

Loss caused by or resulting from:

1. Pre-Existing Conditions (this exclusion does not apply to Emergency Medical Evacuation and Medically Necessary Repatriation, and Return of Mortal Remains);
2. Commission or the attempt to commit a criminal act by You, Your Traveling Companion, or Your Family Member, whether insured or not;
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. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
6. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
7. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
8. 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;
9. Mental or emotional disorders, unless hospitalized;
10. Participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics;
11. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country. Orders to active military service for training purposes of 2 months or less will not constitute service in the armed forces. Upon notice to Us of entering the armed forces, We will return to You pro-rata any premium paid, less any benefits paid, for any period during which You are in such service;
12. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not. For the purpose of this Exclusion;
  - i. Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
  - ii. Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
  - iii. Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.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;
13. 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 for any claim or charges, Sickness, 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, Sickness, 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. **(This exclusion does not apply to Trip Interruption or Trip Cancellation.)**
14. Participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
15. Injury sustained while taking part in bodily contact sports; 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, skydiving; spelunking or caving; helicopter skiing; extreme skiing; rock climbing; 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;

16. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the Insured Person;
17. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
18. Services not shown as covered;
19. Curtailment or delayed return for other than covered Unforeseen reasons;
20. Any failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due You;
21. Suicide, attempted suicide or any intentionally self-inflicted Injury while sane or insane committed by You, Your Traveling Companion or Your Family Member, whether or not insured;
22. 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;
23. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
24. Expenses incurred for which travel was undertaken to seek Medical Treatment for a condition;
25. Expenses for Custodial Care, whether recommended by a Physician or not;
26. Expenses incurred after the Insured Person's Physician has limited or restricted travel;
27. Medical expenses incurred while the Insured Person is in their Home Country;
28. Diagnosis and or Treatment of venereal disease, including all sexually transmitted diseases and conditions and any and all consequences thereof;
29. Tuberculosis, severe acute respiratory syndrome or other chronic airborne pathogen;
30. Your participation in civil disorder, riot or a felony;
31. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician; or
32. Any non-emergency Treatment or Surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
33. 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;
34. Care or Treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation.

The following exclusions apply to **Accidental Death & Dismemberment**, as the result of:

1. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an Accidental cut or wound;
2. Hernia of any kind;
3. Injury sustained while You are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
4. Injury sustained while You are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
5. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war;
  - (b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power;
  - (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence;
  - (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Underwriter shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions;
6. Service in the military, naval or air service of any country and while on duty as a member of a police force or unit;
7. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
8. Flying in any rocket-propelled aircraft;
9. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
10. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
11. Sickness of any kind;
12. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or Surgeon;
13. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
14. While riding or driving in any kind of competition;
15. Pregnancy, childbirth, miscarriage or abortion;



16. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly from 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, whether in time of peace or war, and regardless of who commits the act.
17. Any expense related to Bankruptcy and/or Default of Your Travel Supplier.

The following exclusions apply to **Baggage Delay / Baggage Delivery, Baggage / Personal Effects, and Sports Equipment Rental Coverage**.

We will not provide benefits for any loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers, motors, motorcycles, or aircraft;
5. bicycles (except when checked as Baggage with a Common Carrier);
6. eye glasses, sunglasses or contact lenses;
7. artificial teeth and dental bridges;
8. hearing aids;
9. prosthetic limbs;
10. keys, money, stamps, securities and documents;
11. tickets;
12. art objects and musical instruments;
13. consumables including medicines, perfumes, cosmetics, and perishables;
14. professional or occupational equipment or property, whether or not electronic Business Equipment;
15. telephones, computer or software; or
16. property illegally acquired, kept, stored or transported.

The following exclusions apply to **Baggage Delay / Baggage Delivery, Baggage / Personal Effects, and Sports Equipment Rental Coverage**.

Any loss caused by or resulting from the following is excluded:

1. wear and tear or gradual deterioration;
2. insects or vermin;
3. inherent vice or damage while the article is actually being worked upon or processed;
4. confiscation or expropriation by order of any government;
5. radioactive contamination;
6. war or any act of war whether declared or not;
7. property shipped as freight or shipped prior to the Scheduled Departure Date.
8. delay or loss of market value;
9. indirect or consequential loss or damage of any kind;
10. theft or pilferage while left unattended in any vehicle if the vehicle is not property secured;
11. electrical current including electric arcing that damages or destroys electrical devices or appliances;
12. mysterious disappearance;
13. confiscation or expropriation by order of any government.

For **Trip Interruption**, this Insurance does not cover: (1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death; the Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather); prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Insured Person purchased their trip arrangements. All costs not arranged by Seven Corners Assist.

For **Political Evacuation**, this Insurance does not cover: 1) Losses recoverable under any other insurance or through an employer; 2) Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by the Insured, b) alleged violation of the laws of the Host Country, unless the Company determines such allegations to be fraudulent, or c) failure to maintain required documents or visas; 3) Losses attributable to a) debt, insolvency, commercial failure, or the repossession of any property, b) Insured's non-compliance with a contract or license or c) implementation of illegally contributed exchange rates; 4) Losses due to liability assumed by the Insured under any contract. 5) All costs not arranged by Seven Corners Assist.

For **Personal Liability**: You shall have no benefits or coverages for, and Underwriters shall have no liability or obligation of any kind to pay or reimburse You or any Third Person or Related Third Person for, any changes, fees (including attorneys' fees), costs, expenses, damages, losses, judgments, claims or other liabilities incurred or sustained by or assessed against You or any Third Person or Related Third Person, if directly or indirectly relating to, arising from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, occurrences or circumstances, all of which are expressly excluded from coverage under this Insurance and all of which Underwriters will provide no benefits or coverages for and shall have no liability or obligation for same, and Underwriters will not pay or reimburse You or any Third Person or Related Third Person for any claims of any kind arising directly or indirectly from, happening through or as a consequence of:

1. Any damages, losses or claims caused in whole or in part by You during any hunt or as a result of hunting.

2. Any criminal, fraudulent, deceptive, willful, reckless, malicious or other unlawful acts or omissions committed by You, or any acts or omissions committed by You in connection with the violation or breach of any laws, statutes, ordinances, legal orders, rules or regulations to which You are subject or by which You are bound.
3. Any loss, damage or claim arising or resulting from the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons or hazardous implements.
4. The pursuit of any trade, business, profession or employment activity.
5. Ownership, possession, control or occupation of any land or building.
6. Ownership, possession, control or use of any automobile, motorcycle, ATV, off-road vehicle, watercraft, aircraft, parachute, parasail, glider or any other motorized, gravity-induced, or self-propelled vehicle or craft of any kind.
7. Resulting from any fire, flood, wind, hail, water leak, gas leak, explosion or other catastrophe or loss occurring in or about the residence or premises of any Related Third Person, or in or about the residence or any other premises of which You are the owner, lessee, invitee, licensee, occupant or resident, or in or about any residence or premises which are contiguous or adjacent to any of the foregoing residences or premises.
8. The consequences of any breach, violation or failure to perform any contractual undertakings or obligations of the Member, whether verbal or in writing.
9. Criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind.
10. Shoplifting, vandalism, theft, conversion, misappropriation, public drunkenness, fighting or brawling, arson, or any malicious or intentional activity resulting in personal injury or destruction of property.
11. Gross negligence, fraud, bad faith, assault and battery, domestic disputes, and all other intentional torts or actions based or sounding in tort without regard to how named or presented.
12. Any collusion, conspiracy, deceit or other fraudulent scheme or artifice to defraud or other fraudulent means or methods.
13. Fines, penalties, assessments or claims by any governmental authorities or regulatory bodies, including traffic fines or traffic violations or parking tickets, and the costs, fees or expenses incurred by You as a witness, custodian, or in any other non-party status in connection with responding to any order to appear in court, subpoena, subpoena duces tecum, notice of deposition, or any other nonparty legal or administrative proceeding or activity.
14. All non-compensatory damages, including without limitation, damages imposed as a punishment, punitive or exemplary damages, consequential damages, lost profits, criminal damages, excessive damages, expectancy damages, incidental damages, liquidated damages, presumptive damages, prospective damages, special damages, speculative damages, statutory damages, double, treble or other multiples of damages, and/or unliquidated damages, and all claims and damages for pain and suffering, loss of consortium, physical discomfort, mental or emotional distress, trauma, disfigurement, dismemberment, loss of use, or scarring.
15. Contractual or employer's liability or workman's compensation claims.
16. Animals or pets belonging to You or any Related Third Person, or in the care, custody or control of You or any Related Third Person.
17. Intentionally committed acts caused or brought about by You.
18. Arising or occurring while You are to any extent under the influence of alcohol or drugs, or due to Your use of drugs, prescription medicines, narcotics or tranquilizers not medically prescribed for You by a licensed physician.
19. Caused by suicide or attempted suicide of You.
20. Participation of You in gambling, gaming, or betting of any kind.
21. Participation of You in any fights, brawls, criminal activity or other unlawful activity.
22. During the practice or participation of sports, recreational endeavors, or athletic activities either as a professional, amateur or novice, unless performed solely for recreational purposes or during high school activities.
23. Hazardous sports of any kind, including but not limited to, American football, boxing, bungee jumping, Mountaineering, martial arts, skiing beyond one's abilities, outside of marked boundaries, in violation of rules or regulations, or on unmarked slopes, sky diving, scuba diving, hang gliding, ski jumping, bobsledding, offshore boating, caving and spelunking, polo, fighting sports, Parachuting, hunting, piloting an aircraft, wind-surfing, professional sporting activities of any kind, racing activity of any kind, and any attempt to make or set sporting records.
24. Occurring when You are a passenger in an aircraft other than a commercial aircraft.
25. War, military action or terrorism as defined herein.
26. Thermal, mechanic, radioactive and other effects due to any modification of the atomic structure of matter or the artificial acceleration of atomic particles or due to radiation from radio-isotopes, or the use of nuclear or chemical materials.
27. Judgments or damage awards that have not been ordered, declared or entered within twelve (12) months from the date of the act, omission, occurrence or event causing personal injury or property damage, or within twelve (12) months from the date of termination of group coverage under a Policy issued under the Master Policy, whichever is earlier.
28. Any lawsuit, claim for benefits, enforcement action, complaint, or other civil or administrative proceeding of any kind brought by or on behalf of You or any Third Person or Related Third Person against Underwriters, the Administrator, and/or the Participating Organization, including without limitation any lawsuit or proceeding alleging breach of contract, bad faith, or any tortious conduct of any kind, seeking equitable or declaratory relief, or otherwise seeking the recovery, enforcement or effectuation of any benefits or coverages under this Insurance.
29. Any loss, personal injury, property damage or other claim arising or resulting from any act, omission, failure to act, event or other occurrence committed or occurring at any time prior to or subsequent to the Period of Coverage.
30. Any personal injury, medical expense, damage or other loss suffered by a Related Third Person, except for damage to a Related Third Person's personal property which shall be limited to put a maximum of \$2,500 and subject to the per Injury/Sickness Deductible set forth in the SCHEDULE OF BENEFITS.

## POLICY PROVISIONS

1. Notice of Claim: Written notice of claim must be given to the Underwriter within ninety (90) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Underwriter, or to any authorized agent of the Underwriter, with information sufficient to identify the Insured Person shall be deemed notice to the Underwriter.
2. Claim Forms: The Underwriter, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.
3. Proof of Loss: Written Proof of Loss must be furnished to the Underwriter at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 (ninety) days after the termination of the period for which the Underwriter is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. The Underwriter at its option may pend resolution and adjudication of submitted claims and/or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss and/or failure to submit Proof of Loss.
4. Time of Payment of Claims: Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Underwriter is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
5. Payment of Claims: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Underwriter, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Underwriter may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Underwriter to be equitably entitled thereto. Any payment made by the Underwriter in good faith pursuant to this provision shall fully discharge the Underwriter to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Underwriter's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
6. Physical Examination and Autopsy: The Underwriter at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. Legal Actions: No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.
8. Coordination of Benefits: The Underwriter coordinates benefits with other payers when an Insured Person(s) is covered by two (2) or more health plans. Coordination of Benefits is the industry standard practice used to share the cost of care between two (2) or more carriers when an Insured Person(s) is covered by more than one (1) health benefit plan. Our Coordination of Benefits and Services provision is attached hereto as APPENDIX A.
9. Any initial inquiry or complaint should be addressed to the Administrator, as defined herein. If the Insured Person is not satisfied with the manner in which an inquiry or complaint has been managed by the Administrator, the Insured Person may request in writing to the Complaints & Advisory Department at Lloyd's to review the case without prejudice to Your rights in law.

Complaints and Advisory Department of Lloyd's  
1 Lime Street  
London EC3M 7HA  
United Kingdom

### Excess Benefits

All Coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other prepayment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- (d) Any coverage required or provided by any statute, socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

### **Ten-Day Free Look**

All premium is non-refundable after a ten (10) day review period from the date of purchase in the event You have not incurred any claims during that time. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due.

### **Subrogation**

To the extent the Underwriter pays for a loss suffered by an Insured, the Underwriter will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Underwriter to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Underwriter may require. If the Underwriter takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Underwriter.

### **Coverage Intent**

**Please be aware that this is not a general health insurance policy but an interim travel program intended for use while away from Your Home Country or Country of Residence.**

### **Pre-Notification and Network Procedures**

1. Pre-Notification - You or someone on Your behalf are required to contact Seven Corners Assist in the following situations:

- a) Within 48 hours of an emergency Hospital admission anywhere in the world.
- b) Before a scheduled, non-emergency Hospital admission anywhere in the world.
- c) Before receiving any medical Treatment inside the United States.
- d) Before Inpatient or Outpatient surgery worldwide.

*Pre-Notification does not guarantee that benefits will be paid. The Plan cannot guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.*

2. Network

- a) Inside of the United States: Seven Corners' provider network is not required. By utilizing the network, You may receive potential discounts and out-of-pocket savings for any incurred eligible expenses.
- b) Outside of the United States: Seven Corners has an extensive network of international providers, many of which have direct pay agreements. We recommend You contact Seven Corners Assist for a provider referral, however, You may seek treatment at any facility.

***Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct.***

Contact information for Seven Corners Assist is provided below and on the back of Your virtual ID Card. Our multilingual representatives are available 24/7 to help You.

Contact us immediately for **Emergency Medical Evacuation and Medically Necessary Repatriation, Return of Mortal Remains and Political Evacuation**.

A listing of network providers can be found at [www.sevencorners.com/help/find-a-doctor](http://www.sevencorners.com/help/find-a-doctor) or by contacting Seven Corners Assist.

In addition, WellAbroad.com provides a complete listing of providers as well as other important and varied up-to-date travel information.

Seven Corners Assist

Inside the United States: 1-866-690-6290 (Toll-Free)

Outside the United States: 1-317-818-2808 (Collect)

Fax: 1-317-815-5984

E-mail: [assist@sevencorners.com](mailto:assist@sevencorners.com)

### **Wellabroad.com**

In our ever changing world, Seven Corners' WellAbroad® seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad® offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, custom alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.

### **How to Obtain Travel Assistance**

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with Your ID Number.

For **Emergency Medical Evacuation and Medically Necessary Repatriation, Return of Mortal Remains, Political Evacuation, Assistance Services**, call: if in the United States, Canada, and the Caribbean: 1-800-690-6295,  
or if outside the United States, Canada, or the Caribbean: 1-317-818-2808 (collect)

**Filing a Claim is Simple:** To receive a claim form, contact Seven Corners, Inc., or send Your name, address, travel dates, confirmation number (provided on Your ID Card once You have purchased RoundTrip International) and details of Your loss within 90 days to:

Seven Corners, Inc.

303 Congressional Blvd.

Carmel, IN 46032

800-335-0477 or 317-575-2656

Fax: 317-575-2659

[www.sevencorners.com](http://www.sevencorners.com)

**Important:** To facilitate prompt claims settlement, You will be asked to provide proof of Your loss. Therefore, be sure to obtain the following as applicable:

1. For medical claims - detailed medical statements from treating physicians where and when the accident or Sickness occurred as well as receipts for medical services and supplies;
2. For Baggage/Personal Effects and Baggage Delay claims - Notify the company or authorized representative as soon as possible. Reports from parties responsible (i.e. airline, cruise line, etc.) for loss, theft, damage or delay. Take immediate steps to protect, save and/or recover the property. Notify the police or other authority in case of theft/robbery within 24 hours. Please obtain receipts for lost or damaged items;
3. For trip delay claims - a statement from party causing delay and receipts for expenses;
4. For cancellation/interruption claims - Your travel invoice, the cancellation or interruption date, original unused tickets/vouchers, the travel organizer's cancellation clause with regard to nonrefundable losses. You will also be asked to provide proof of payment.

No benefits will be paid for any expenses reimbursed to You or services provided to You by any other source. Benefits cannot be duplicated under Your Protection Plan.

Unless You otherwise designate a beneficiary, or in the event the designated beneficiary predeceases You, indemnity for loss of life will be paid to the first of the following surviving beneficiaries: Your spouse; child or children, jointly; parents, jointly if both are living, or the surviving parent, if only one survives; brothers and sisters jointly; or Your estate.

#### **Claims Services**

Important Note: Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below. Be certain to include Your ID# shown on the ID Card with all correspondences:

Seven Corners, Inc.  
303 Congressional Blvd;  
Carmel, IN 46032

800-335-0477 or 317-575-2652 FAX 317-575-2256 email: [claims@sevencorners.com](mailto:claims@sevencorners.com) [www.SevenCorners.com](http://www.SevenCorners.com)

#### **Insurance Underwriter**

This Insurance, under Policy **LON16-160426-01RT**, is underwritten by Certain Underwriters at Lloyds, London, rated "A" (Excellent) by AM Best.

### **Purpose of This Provision**

An Insured Person(s) may be covered for health benefits or services by more than one plan. If he/she is, this provision allows the Company to coordinate what the Company pays or provides with what another Plan pays or provides. This provision sets forth the rules for determining which is the primary plan and which is the secondary plan. Coordination of benefits is intended to avoid duplication of benefits while at the same time preserving certain rights to coverage under all Plans under which the Insured Person(s) is covered.

### **DEFINITIONS**

The words shown below have special meanings when used in this provision. Please read these definitions carefully.

**Allowable Expense:** The charge for any health care service, supply, or other item of expense for which the Insured Person(s) is liable when the health care service, supply, or other item of expense is covered at least in part under any of the Plans involved, except where a statute requires another definition, or as otherwise stated below.

When this Certificate is coordinating benefits with a Plan that provides benefits only for dental care, vision care, prescription drugs or hearing aids, Allowable Expense is limited to like items of expense.

The Company will not consider the difference between the cost of a private hospital room and that of a semi-private hospital room as an Allowable Expense unless the stay in a private room is Medically Necessary and Appropriate.

When this Certificate is coordinating benefits with a Plan that restricts coordination of benefits to a specific coverage, the Company will only consider corresponding services, supplies or items of expense to which coordination of benefits applies as an Allowable Expense.

**Claim Determination Period:** A Calendar Year, or portion of a Calendar Year, during which an Insured Person(s) is covered by this Certificate and at least one other Plan and incurs one or more Allowable Expense(s) under such plans.

**Plan:** Coverage with which coordination of benefits is allowed. Plan includes:

- a) Group insurance and group subscriber contracts, including insurance continued pursuant to a Federal or State continuation law;
- b) Self-funded arrangements of group or group-type coverage, including insurance continued pursuant to a Federal or State continuation law;
- c) Group or group-type coverage through a health maintenance organization (HMO) or other prepayment, group practice and individual practice plans, including insurance continued pursuant to a Federal or State continuation law;
- d) Group hospital indemnity benefit amounts that exceed \$150 per day;
- e) Medicare or other governmental benefits, except when, pursuant to law, the benefits must be treated as in excess of those of any private insurance plan or non-governmental plan.

Plan does not include:

- a) Individual or family insurance contracts or subscriber contracts;
- b) Individual or family coverage through a health maintenance organization or under any other repayment, group practice and individual practice plans;
- c) Group or group-type coverage where the cost of coverage is paid solely by the Insured Person(s) except when coverage is being continued pursuant to a Federal or State continuation law;
- d) Group hospital indemnity benefit amounts of \$150 per day or less;
- e) School accident type coverage;
- f) A State plan under Medicaid.

**Primary Plan:** A Plan whose benefits for an Insured Person(s)'s health care coverage must be determined without taking into consideration the existence of any other Plan. There may be more than one Primary Plan. A Plan will be the Primary Plan if either "a" or "b" below exists:

- a) The Plan has no order of benefit determination rules or it has rules that differ from those contained in this Coordination of Benefits and Services provision; or
- b) All Plans which cover the Insured Person(s) use order of benefit determination rules consistent with those contained in the Coordination of Benefits and Services provision and under those rules, the plan determines its benefits first.

**Reasonable and Customary:** An amount that is not more than the usual or customary charge for the service or supply as determined by the Company, based on a standard which is most often charged for a given service by a Provider within the same geographic area.

**Secondary Plan:** A Plan which is not a Primary Plan. If an Insured Person(s) is covered by more than one Secondary Plan, the order of benefit determination rules of this Coordination of Benefits and Services provision shall be used to determine the order in which the benefits payable under the multiple secondary plans are paid in relation to each other. The benefits of each Secondary plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan which, under this Coordination of Benefits and Services provision, has its benefits determined before those of that Secondary Plan.

### **PRIMARY AND SECONDARY PLAN**

The Company considers each plan separately when coordinating payments.

The primary plan pays or provides services or supplies first, without taking into consideration the existence of a Secondary Plan. If a Plan has no coordination of benefits provision, or if the order of benefit determination rules differ from those set forth in these provisions, it is the primary plan.

A secondary plan takes into consideration the benefits provided by a primary plan when, according to the rules set forth below, the plan is the secondary plan. If there is more than one secondary plan, the order of benefit determination rules determine the order among the secondary plans. The secondary plan(s) will pay up to the remaining unpaid allowable expenses, but no secondary plan will pay more than it would have paid if it had been the primary plan. The method the secondary plan uses to determine the amount to pay is set forth below in the **Procedures to be Followed by the Secondary Plan to Calculate Benefits** section of this provision.

The secondary plan shall not reduce Allowable Expense for medically necessary and appropriate services and supplies on the basis that precertification, preapproval, notification or second surgical opinion procedures were not followed.

#### **RULES FOR THE ORDER OF BENEFIT DETERMINATION**

The benefits of the Plan that covers the Insured Person(s) as an employee, member, subscriber or retiree shall be determined before those of the Plan that covers the Insured Person(s) as a Dependent. The coverage as an employee, member, subscriber or retiree is the primary plan.

The benefits of the Plan that covers the Insured Person(s) as an employee who is neither laid off nor retired, or as a dependent of such person, shall be determined before those for the Plan that covers the Insured Person(s) as a laid off or retired employee, or as such a person's Dependent. If the other Plan does not contain this rule, and as a result the Plans do not agree on the order of benefit determination, this portion of this provision shall be ignored.

The benefits of the Plan that covers the Insured Person(s) as an employee, member, subscriber or retiree, or Dependent of such person, shall be determined before those of the Plan that covers the Insured Person(s) under a right of continuation pursuant to Federal or State law. If the other Plan does not contain this rule, and as a result the Plans do not agree on the order of benefit determination, this portion of this provision shall be ignored.

If a child is covered as a Dependent under Plans through both parents, and the parents are neither separated nor divorced, the following rules apply:

- a) The benefits of the Plan of the parent whose birthday falls earlier in the Calendar Year shall be determined before those of the parent whose birthday falls later in the Calendar Year.
- b) If both parents have the same birthday, the benefits of the Plan which covered the parent for a longer period of time shall be determined before those of the parent for a shorter period of time.
- c) Birthday, as used above, refers only to month and day in a calendar year, not the year in which the parents was born.
- d) If the other plan contains a provision that determines the order of benefits based on the gender of the parent, the birthday rule in this provision shall be ignored.

If a child is covered as a Dependent under Plans through both parents, and the parents are separated or divorced, the following rules apply:

- a) The benefits of the Plan of the parent with custody of the child shall be determined first.
- b) The benefits of the Plan of the spouse of the parent with custody shall be determined second.
- c) The benefits of the Plan of the parent without custody shall be determined last.
- d) If the terms of a court decree state that one of the parents is responsible for the health care expenses for the child, and if the entity providing coverage under that Plan has knowledge of the terms of the court decree, then the benefits of that plan shall be determined first. The benefits of the plan of the other parent shall be considered as secondary. Until the entity providing coverage under the plan has knowledge of the terms of the court decree regarding health care expenses, this portion of this provision shall be ignored.

If the above order of benefits does not establish which plan is the primary plan, the benefits of the Plan that covers the employee, member or subscriber for a longer period of time shall be determined before the benefits of the Plan(s) that covered the person for a shorter period of time.

#### **Procedures to be Followed by the Secondary Plan to Calculate Benefits**

In order to determine which procedure to follow it is necessary to consider:

- a) The basis on which the primary plan and the secondary plan pay benefits; and
- b) Whether the provider who provides or arranges the services and supplies is in the network of either the primary plan or the secondary plan.

Benefits may be based on the Usual and Customary Charge (U&C), or some similar term. This means that the provider bills a charge and the Insured person(s) may be held liable for the full amount of the billed charge. In this section, a Plan that bases benefits on a Usual and Customary Charge is called a "U&C Plan."

Benefits may be based on a contractual fee schedule, sometimes called a negotiated fee schedule or some similar term. This means that although a provider, called a network provider, bills a charge, the Insured person(s) may be held liable only for an amount up to the negotiated fee. In this section, a Plan that bases benefits on a negotiated fee schedule is called a "Fee Schedule Plan." If the Insured person(s) uses the services of a non-network provider, the plan will be treated as a U&C Plan even though the plan under which he or she is covered allows for a fee schedule.

Payment to the provider may be based on a capitation. This means that the health maintenance organization (HMO) pays the provider a fixed amount per Insured Person(s). The Insured Person(s) is liable only for the applicable deductible, coinsurance, or copayment. If the Insured person(s) uses the services of a non-network provider, the HMO will only pay benefits in the event of emergency care or urgent care. In this section, a Plan that pays providers based upon capitation is called a "Capitation Plan."

In the rules below, "provider" refers to the provider who provides or arranges the services or supplies, and "HMO" refers to a health maintenance organization plan.

#### Primary Plan is U&C Plan and Secondary Plan is U&C Plan

The secondary plan shall pay the lesser of:

- a) The difference between the amount of the billed charges and the amount paid by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

When the benefits of the secondary plan are reduced as a result of this calculation, each benefit shall be reduced in proportion, and the amount paid shall be charged against any applicable benefit limit of the plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is Fee Schedule Plan

If the provider is a network provider in both the primary plan and the secondary plan, the Allowable Expense shall be the fee schedule of the primary plan. The secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

The total amount the provider receives from the primary plan, the secondary plan and the Insured Person(s) shall not exceed the fee schedule of the primary plan. In no event shall the Insured Person(s) be responsible for any payment in excess of the copayment, coinsurance or deductible of the secondary plan.

Primary Plan is U&C Plan and Secondary Plan is Fee Schedule Plan

If the provider is a network provider in the secondary plan, the secondary plan shall pay the lesser of:

- a) The difference between the amount of the billed charges for the Allowable Charges and the amount paid by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

The Insured Person(s) shall only be liable for the copayment, deductible, or coinsurance under the secondary plan if the Insured Person(s) has no liability for copayment, deductible or coinsurance under the primary plan and the total payments by both the primary and secondary plans are less than the provider's billed charges. In no event shall the Insured Person(s) be responsible for any payment in excess of the copayment, coinsurance or deductible of the secondary plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is U&C Plan

If the provider is a network provider in the primary plan, the Allowable Expense considered by the secondary plan shall be the fee schedule of the primary plan. The secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

Primary Plan is Fee Schedule Plan and Secondary Plan is U&C Plan or Fee Schedule Plan

If the primary plan is an HMO plan that does not allow for the use of non-network providers except in the event of urgent care or emergency care and the service or supply the Insured Person(s) receives from a non-network provider is not considered as urgent care or emergency care, the secondary plan shall pay benefits as if it were the primary plan.

Primary Plan is Capitation Plan and Secondary Plan is Fee Schedule Plan or U&C Plan

If the Insured Person(s) receives services or supplies from a provider who is in the network of both the primary plan and the secondary plan, the secondary plan shall pay the lesser of:

- a) The amount of any deductible, coinsurance or copayment required by the primary plan; or
- b) The amount the secondary plan would have paid if it had been the primary plan.

Primary Plan is Capitation Plan or Fee Schedule Plan or U&C Plan and Secondary Plan is Capitation Plan

If the Insured Person(s) receives services or supplies from a provider who is in the network of the secondary plan, the secondary plan shall be liable to pay the capitation to the provider and shall not be liable to pay the deductible, coinsurance or copayment imposed by the primary plan. The Insured Person(s) shall not be liable to pay any deductible, coinsurance or copayments of either the primary plan or the secondary plan.

Primary Plan is an HMO and Secondary Plan is an HMO

If the primary plan is an HMO plan that does not allow for the use of non-network providers except in the event of urgent care or emergency care and the service or supply the Insured Person(s) receives from a non-network provider is not considered as urgent care or emergency care, but the provider is in the network of the secondary plan, the secondary plan shall pay benefits as if it were the primary plan.



### **SEVERABILITY OF INTEREST CLAUSE**

This Policy shall operate in all respects as if a separate Policy had been issued to each party insured hereunder, except that in no event shall the total liability of the Insurers in respect of all parties insured hereunder exceed the Limit of Indemnity stated in this Policy. - **LSW1001**

### **LLOYD'S PRIVACY POLICY STATEMENT**

#### **UNDERWRITERS AT LLOYD'S, LONDON**

The Certain Underwriters at Lloyd's, London want You to know how we protect the confidentiality of Your non-public personal information. We want You to know how and why we use and disclose the information that we have about You. The following describes our policies and practices for securing the privacy of our current and former customers.

#### **INFORMATION WE COLLECT**

The non-public personal information that we collect about You includes, but is not limited to:  
Information contained in applications or other forms that You submit to us, such as name, address, and social security number  
Information about Your transactions with our affiliates or other third-parties, such as balances and payment history  
c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

#### **INFORMATION WE DISCLOSE**

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so,

#### **CONFIDENTIALITY AND SECURITY**

Only our employees and others who need the information to service Your account have access to Your personal information. We have measures in place to secure our paper files and computer systems.

#### **RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION**

You have a right to request access to or correction of Your personal information that is in our possession.

#### **CONTACTING US**

If You have any questions about this privacy notice or would like to learn more about how we protect Your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request. - **LSW1135b**

# LLOYD'S

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