

LIAISON[®]

MAJESTIC



MEDICAL INSURANCE THAT COVERS YOU OUTSIDE YOUR HOME COUNTRY

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



SEVEN CORNERS

CHOOSING LIAISON® MAJESTIC

WHY CHOOSE LIAISON MAJESTIC?

If you are traveling or doing research outside of your home country,* there is Liaison Majestic from Seven Corners. Did you know that your health insurance at home does not always follow you when you study abroad? No matter where you go, Liaison Majestic is there to help with medical coverage, an extensive network of providers, & 24-hour travel assistance. Help make sure you receive the same level of care abroad that you have at home, & let us take the worry out of your travel!

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

WHY SHOULD YOU BUY?

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

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

**In specific U.S. states, coverage provided by Certain Underwriters, Lloyd's of London (also rated A (Excellent) by AM Best). **In California, operating under the name Seven Corners Insurance Services.*

WHO CAN BUY LIAISON MAJESTIC?

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

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

LENGTH OF COVERAGE

Your coverage length may vary from 5 days to 364 days.

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

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

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

SCHEDULE OF BENEFITS

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

MEDICAL MAXIMUM: \$60,000; \$125,000; \$600,000; \$1,000,000 (ages 80+, maximum limited to \$20,000)

DEDUCTIBLE: \$0; \$100; \$250; \$500; \$1000; \$2500 Deductible is per person per Policy Period, maximum of 3 Policy Period deductibles per family. The selected Deductible and Coinsurance amount must be met for each 364-day Policy Period (*see Continuing Coverage*).

COINSURANCE: inside the united states and canada: After you pay the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.

outside the united states and canada: After you pay the deductible, the program pays 100% to the selected Medical Maximum.

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

DENTAL EMERGENCY (SUDDEN RELIEF OF PAIN): \$100 per policy period (available for policy periods longer than one month) (**ACCIDENT COVERAGE:**) \$500 per policy period

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

RETURN OF MORTAL REMAINS: 50,000 per policy period

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

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

EMERGENCY REUNION: \$50,000 per policy period

RETURN OF MINOR CHILD(REN): \$50,000 per policy period

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): \$25,000 for Insured or Insured Spouse, \$5,000 for Dependent Child(ren) *Note: In the event of a Common Carrier Accidental Death this benefit will not be paid.*

COMMON CARRIER ACCIDENTAL DEATH: \$50,000 per adult, \$12,500 per child under age of 19; \$250,000 maximum per family

COMA BENEFIT: \$50,000 per policy period

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

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

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

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

WAIVER OF PRE-EXISTING CONDITIONS: Up to chosen Medical Maximum for U.S. citizens traveling outside the United States & Canada with a Primary Health Plan, otherwise up to \$20,000 (*refer to exclusion #1 for details, ages 65+ limited to \$2,500*)

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

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

YOUR BENEFITS

IMPORTANT BENEFIT HIGHLIGHTS

EMERGENCY MEDICAL EVACUATION - If medically necessary, we will:

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

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

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

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

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

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

AD&D - Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

COMMON CARRIER AD&D - Pays benefits for death occurring while riding as a passenger on a common carrier (motorized land, sea, or air conveyance operating to transport passengers for hire).

COMA BENEFIT - Pays benefits if you become comatose due to an accident.

FELONIUS ASSAULT - Pays benefits if you are injured as the result of a felonius assault while traveling.

HOME COUNTRY COVERAGE

INCIDENTAL TRIPS - Covers an illness/injury which occurs on an incidental trip in your home country. You earn covered days at home at approximately 5 days per month of purchased coverage.

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

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

NATURAL DISASTER - We will pay for replacement accommodations needed because of a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

TERRORISM - If you are injured as a result of terrorist activity, we will provide benefits if the following conditions are met:

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the United States government has issued a travel warning within 6 months prior to your date of arrival.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the United States government.

PROVIDER NETWORK

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

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

IDENTITY THEFT SERVICES

Your health and wellbeing are not the only aspects of concern with international travel. Upon enrollment into Liaison® Majestic, you have access to identity theft assistance services from the company. Services offered include:

- Request and review of credit bureau records
- Investigate financial accounts with suspected identity theft
- Assist law enforcement to pursue prosecution of criminals
- Review account activity to identify any suspicious activities
- Provide assistance with filing a police report
- Review and resolve victim's issues
- Service not available in New York

DESCRIPTION OF COVERAGE

PRE-CERTIFICATION

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

MEDICAL BENEFIT EXCLUSIONS

For Medical benefits, this Insurance does not cover:

1. Pre-existing Conditions, which are defined as any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, regardless of the cause including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or any time during the 36* months prior to the effective date of coverage under this policy, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed. This specifically includes but is not limited to any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the 36 month period* immediately preceding the effective date of coverage under this policy.

*If you are traveling outside the United States and Canada, the period is 12 months instead of 36 months.

If you are a United States citizen and the United States is your Home Country, this exclusion is waived for Eligible Benefits incurred outside the United States and Canada as defined below:

- a) For persons less than age 65 with a Primary Health Plan as defined in the policy, Pre-Existing Conditions are waived up to the medical maximum selected.
- b) For persons less than age 65 without a Primary Health Plan as defined in the policy, Pre-Existing Conditions are waived up to the first \$20,000.
- c) For persons age 65 and over, Pre-Existing Conditions are waived up to the first \$2,500 regardless of whether there is a Primary Health Plan.

This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.

The term "Primary Health Plan" is a Group Health Benefit Plan, an individual health benefit plan, or a governmental health plan (Medicare is excluded) designed to be the first payor of claims for an Insured Person in effect prior to the effective date of this Policy and continuing as long as this Policy is in effect. Such plans must have coverage limits in excess of \$50,000 per incident or per year to be considered a Primary Health Plan.

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

If you are a non-United States citizen visiting the United States and suffer a Myocardial Infarction or Stroke and are admitted to a Hospital, this exclusion is waived in order to pay a \$200 per night benefit for each night spent in the Hospital, up to a maximum benefit of \$3,000. The term "Myocardial Infarction" shall mean an acute and emergent onset of the condition. The term "Stroke" shall mean an acute and emergent onset of the condition;

2. Charges for Treatment(s) of the following Illnesses or Surgeries, which Manifest(ed) themselves or are recommended, or symptoms occur during the first 180 days of Coverage beginning on the initial Effective Date: any condition of the breast; any treatment of all forms of cancer/neoplasm; any condition of the prostate; disorders of the reproductive system; hysterectomy; gall stones or urologic stones (kidney, ureteral, bladder or urethral stones) and any associated complications; any acne diagnosis or acne related condition; asthma; allergies; tonsillectomy; back conditions; adenoidectomy; hemorrhoids; hemorrhoidectomy; hernia, or any Surgery(ies) that is(are) not Emergency in nature, as Emergency is defined hereunder. (Does not apply to United States citizens traveling outside of the United States and Canada);
3. Claims not received by Seven Corners within 90 days of the date of service;

4. Charges for treatment which exceed Reasonable and Customary charges; or charges incurred for Surgeries or treatments which are Investigational, Experimental, or for research purposes; expenses which are non-medical in nature;
5. Expenses for Vocational, Speech, Recreational or Music Therapy;
6. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
7. Suicide or any attempt thereof, self destruction or any attempt thereof, intentionally self-inflicted Injury or Illness;
8. Expenses as a result of, or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body;
9. War, hostilities or warlike operations (whether war be declared or not), Invasion, act of foreign enemies, 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, 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. Also excluded is any Loss 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 (please see program summary for details);
10. Terrorist Activity. There is no coverage in excess of a \$50,000 lifetime maximum, whether directly or indirectly related to Terrorist Activity (please see program summary for details);
11. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics.
12. Injury sustained while participating in amateur or interscholastic athletics, including but not limited to the event, games, practice, conditioning and any other activity related to amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities. Note: A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation.
13. Routine physicals, inoculations, or other examinations where there are no objective indications or impairment in normal health;
14. Treatment of the Temporomandibular joint;
15. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;
16. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids, cosmetic or plastic Surgery (including deviated nasal septum), routine dental expenses, eye refractions or examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder;
17. 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;
18. Any Mental and Nervous disorders or rest cures;
19. Congenital abnormalities and conditions arising out of or resulting therefrom;
20. Learning disabilities, attitudinal disorders, or disciplinary problems;
21. Weight reduction programs or the surgical treatment of obesity;
22. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
23. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, zip lining, racing by any animal or motor vehicle, or motorcycle, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or as a driver), scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snow boarding, luge, motocross, Moto X, skateboarding, and any other sport or athletic activity which is undertaken for thrill seeking and exposes

DESCRIPTION OF COVERAGE

the insured to abnormal or extreme risk of injury and/or is in violation of applicable laws, rules, or regulation; (Please see *Optional Hazardous Sports Coverage to include some of these sports*)

- 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 4500 meters or above.
- Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute;

- Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the Insured Person;
- Treatment of venereal or sexually transmitted disease;
- Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
- Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
- Pregnancy expenses or illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident;
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- Expenses incurred while you are in your Home Country (*except after approved Emergency Medical Evacuation/Repatriation or if treatment is a follow-up to a covered disablement during coverage (see Home Country Coverage benefit)* or if the expenses pertain to the Home Country Coverage Benefit);
- Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Covered person's physician has limited or restricted travel;
- Expenses incurred as a result of the Insured's failure to accept or follow a Physician's advice, treatment, or recommended treatment.
- Occupational Diseases, including but not limited to Disease(s) related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure;

OPTIONAL COVERAGE - HAZARDOUS SPORTS

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

REFUND OF PREMIUM/CANCELLATION

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

CLAIMS

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

IMPORTANT INFORMATION REGARDING YOUR COVERAGE

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

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

DAILY RATES

Rates based on a \$250 Deductible

Effective May 1, 2014

Traveling to the United States

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

Policy Maximum Options

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

Traveling Outside the U.S.

If the applicant is traveling outside the United States, use these rates. This includes U.S. citizens traveling overseas as well as persons traveling between countries i.e., a Brazilian traveling to Spain.

Policy Maximum Options

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

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

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

SEVEN CORNERS ASSIST

WE ARE HERE TO HELP

What happens if you become ill in a remote area without appropriate medical care? We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

24/7 Travel Assistance – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, & pre-trip information including inoculation & visa requirements.

24/7 Medical Assistance – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts & transportation for unaccompanied children, and medical record transfers.

LIAISON® MAJESTIC APPLICATION

OFFICIAL USE ONLY:

Please type or print in ink.

Cert#: _____ Processed: _____
 Eff. Date: _____ Agent: **7235**

APPLICANT INFORMATION

Last Name: _____
 First Name: _____ M.I.: _____
 Country of Permanent, fixed Residence: _____
(Home Country)
 Passport Number/Country: _____
 Departure Date from your Home Country? (MM/DD/YY) ___/___/___
 AD&D Beneficiary: _____
 Relationship: _____
(Accidental Death & Dismemberment)

CORRESPONDENCE ADDRESS:

Name: _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Work Phone: () _____ Home Phone: () _____
 Email Address: _____ Destination?: _____
 Previously insured by Seven Corners? Yes No ID #: _____
 When would you like coverage to begin? (MM/DD/YY) ___/___/___

What is your expected return date? (MM/DD/YY) ___/___/___
The minimum coverage period is 5 days, the maximum is 187 days. Coverage must be purchased in increments of 5 days or more & cannot begin until you depart your home country, nor will it begin before Seven Corners receives & accepts your application & correct payment.

METHOD OF PAYMENT

Check Money Order MasterCard
 Visa Discover American Express
 Card Number: _____
 Expiration Date: _____ Daytime Phone: () _____
 Name on Card: _____
 Billing Address: _____
 Signature *(Required)* _____

Please make check or money order payable to "World Commercial Trust." Total payment for the full term of your coverage must be paid in U.S. dollars (checks must be issued from a U.S. bank) at the time you apply. Purchase by credit card is subject to validation & acceptance by the credit card company. I declare that I understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the policy. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's of London and the group contract issued by Tramount Insurance Company Limited.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. I declare that I have read & understand the terms & conditions of this product. Whenever coverage provided by this policy would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void.

Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if the PPACA's requirements are applicable to you.

CALCULATING YOUR PLAN COST

COVERAGE SPECIFICS

POLICY MAXIMUM: \$60,000 \$125,000 \$500,000 \$1,000,000

*DEDUCTIBLE OPTION WITH FACTOR

\$0 - (1.50) \$100 - (1.0)
 \$250 - (1.00) \$500 - (.90)
 \$1000 - (.80) \$2500 - (.70)

**OPTIONAL COVERAGE FACTOR

Coverage Option: Hazardous Sport Coverage (1.15)
 Are you traveling: to the U.S. or outside the U.S.

PLEASE COMPLETE ENTIRE SECTION.

Minimum period of coverage is 5 days

Name of Persons to be Insured:	Date of Birth MM/DD/YY	Daily Rate
Applicant: _____	___/___/___	
Spouse: _____	___/___/___	
Child: _____	___/___/___	
Child: _____	___/___/___	
Child: _____	___/___/___	
Daily Rate Total:		\$
Daily Rate Total x Number of days		
Base Premium:		\$

COVERAGE OPTION FACTOR

Base Premium x Deductible Factor*(see above):	+	
Base Premium x Hazardous Sport Factor** (if applicable):	+	
Total Payment Enclosed:		\$

COMPLETING YOUR APPLICATION

If paying by check or money order, make payable to World Commercial Trust & mail with your application. If paying by credit card, you may mail or fax to us. *Originals are not required if the application is faxed with credit card payment.*

World Commercial Trust
P.O. Box: 56575, Station A
Toronto, ON M5W 4L1

ADMINISTERED BY



SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032



FOR ADDITIONAL INFORMATION

Global Risk Broker & Associates
2131 W. Republic Rd
Suite #343
Springfield, MO 65807

EMAIL: info@eGRisk.com
www.eGRisk.com

P: 417-882-1413
FAX: 417-459-4623

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