



Travel Secure – Emergency



INTERNATIONAL  
STUDENT  
INSURANCE

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***Capitalized terms have specific meanings for purposes of this Certificate and are defined in Section 6.***

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## CERTIFICATE OF INSURANCE

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**Seven Corners Assist**

Contact Seven Corners Assist 24 hours per day, 7 days per week for multilingual assistance:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: [customerservice@sevencorners.com](mailto:customerservice@sevencorners.com)

Please have Your Certificate Number as shown on Your ID card.

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**Benefits for which the Insured Person *MUST* use Seven Corners Assist**

Emergency Medical Evacuation and Repatriation

Return of Mortal Remains

Political Evacuation and Repatriation

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**Claims**

Claims must be submitted within 90 days of the date of service.

See Section 7 for claims procedures or visit [sevencorners.com/claims](http://sevencorners.com/claims) for claim forms and more information.

Claims may be submitted as follows:

Email: [claims@sevencorners.com](mailto:claims@sevencorners.com)

Online: [sevencorners.com/myaccount](http://sevencorners.com/myaccount)

Fax: 317-575-2256

For additional assistance with claims, contact Seven Corners:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: [customerservice@sevencorners.com](mailto:customerservice@sevencorners.com)

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**Insurance Underwriter**

Certain Underwriters at Lloyd's, London, rated "A" (Excellent) by AM Best.

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**Certificate Number**

LON22-220501-03EVAC

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**THE CERTIFICATE, AND EACH CERTIFICATE THEREUNDER,  
PROVIDES TRAVEL INSURANCE BENEFITS FOR INDIVIDUALS  
TRAVELING OUTSIDE OF THEIR HOME COUNTRY.  
THIS CERTIFICATE DOES NOT CONSTITUTE COMPREHENSIVE  
HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS  
“MAJOR MEDICAL COVERAGE”) AND DOES NOT SATISFY  
A PERSON’S INDIVIDUAL OBLIGATION TO SECURE THE  
REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER  
THE AFFORDABLE CARE ACT (ACA).**

FOR MORE INFORMATION ABOUT THE ACA,  
PLEASE REFER TO [WWW.HEALTHCARE.GOV](http://WWW.HEALTHCARE.GOV).

**PLEASE READ THIS CERTIFICATE CAREFULLY.**

## Section 1. Certificate Provisions

**1.1 Agreement.** The Company hereby insures all persons whose Application has been accepted by the Administrator on behalf of the Company and whose name is identified on the ID card subject to the exclusions, limitations, and provisions as set forth herein and in the Master Policy of Insurance issued by the Company. 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 the specified Plan costs have been paid to the Administrator.

**1.2 Eligibility.** Insured Person is defined in Section 6. This plan provides coverage as outlined in this Certificate of Insurance for You while traveling outside of Your Home Country. For United States Citizens, including those with dual citizenship, Home Country is always the United States. It is Your responsibility to maintain all records regarding travel history and age and to provide any documents to the Administrator necessary to verify eligibility requirements.

Eligible individuals may also purchase coverage for their eligible dependents. Spouse and Child are defined in Section 6. Definitions.

**1.3 Period of Coverage.** Period of Coverage and the Maximum Period of Coverage are defined in Section 6. Definitions. The minimum Period of Coverage under this Plan is three (3) months. The Maximum Period of Coverage under this plan is twelve (12) months. Subject to those minimums and maximums, coverage can be purchased by paying the appropriate Plan premium.

**1.4 Effective Date of Coverage.** The date coverage for You begins under the terms of the Certificate, which begins at the latest of the following times:

- (i) 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment;
- (ii) The moment You depart Your Home Country; or
- (iii) 12:00 a.m. United States Eastern Time on the date You request on Your Application.

**1.5 Expiration Date of Coverage.** The date coverage for You terminates, which is the earliest of the following:

- (i) The moment You return to Your Home Country;
- (ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- (iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- (iv) 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
- (v) The moment You fail to be eligible.

## Section 2. Schedule of Benefits

This Plan only pays benefits for eligible occurrences that originate during the Period of Coverage. All benefits listed in this Schedule of Benefits are in United States Dollar amounts. Unless otherwise indicated, all benefits are per Insured Person, per Period of Coverage, and provided up to the amount shown. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits.

<b>BENEFIT OR SERVICE</b>	
<b>Period of Coverage</b>	3 months, 6 months, or 12 months
<b>Coverage Area</b>	Worldwide with the option to include the United States
<b>Section 3. Emergency Services and Assistance</b>	
<b>Emergency Medical Evacuation and Repatriation</b>	\$250,000
<b>Return of Mortal Remains</b>	\$50,000
<b>Local Burial or Cremation</b>	\$5,000
<b>Natural Disaster Daily Benefit</b>	Up to \$100 per day, 5-day limit
<b>Political Evacuation and Repatriation</b>	\$10,000
<b>Section 4. Other Coverage and Services</b>	
<b>24/7 Travel Assistance Services</b>	Included
<b>Accidental Death and Dismemberment (AD&amp;D)</b>	\$1,000 Principal Sum \$250,000 Aggregate Limit total number of Insured Persons on Plan
<b>Common Carrier Accidental Death</b>	\$5,000 Principal Sum \$250,000 Aggregate Limit total number of Insured Persons on Plan
<b>Baggage Delay and Delivery</b>	Up to \$100 per Occurrence
<b>Loss of Passport or Travel Documents</b>	\$250

## Section 3. Emergency Services and Assistance

The Administrator will make good faith efforts to provide the services and assistance set forth in this section. However, if the Administrator is unable to do so due to circumstances beyond its control or due to circumstances that make it unsafe for persons to provide such services and assistance, then the Administrator will provide the services and assistance to the extent reasonable and possible. If the Administrator is unable to directly arrange services, Expenses incurred by You for services that would otherwise be covered under this Plan and that would typically be arranged by the Administrator may be eligible for reimbursement and should be submitted for consideration. It is Your responsibility to preserve all documentation of related financial transactions You wish to be considered for reimbursement.

- 3.1 Emergency Medical Evacuation and Repatriation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount set forth in the Schedule of Benefits if any covered Injury or Illness commences while You are outside Your Home Country during the Period of Coverage and results in Your Medically Necessary (i) Emergency Medical Evacuation or (ii) Emergency Medical Repatriation. All transportation arrangements must be by the most direct and economical route. This benefit applies regardless of whether Your transportation is related to a Pre-Existing Condition. ***The Emergency Medical Evacuation or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** If ongoing medical care is needed, and your attending physician states you are fit to travel, the Administrator has the right to require evacuation back to your home country for that ongoing medical care. If this decision is made and You choose not to travel back to your Home Country, any

further Expenses beyond that point cannot be claimed under this policy. Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.

- 3.2 Return of Mortal Remains.** Provided that You have not elected the benefit provided under Section 3.3, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for embalming, a minimally-necessary container appropriate for transportation, shipping costs, and the necessary government authorizations to return Your remains to Your Home Country if You die while outside Your Home Country during the Period of Coverage from an Injury or Illness covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. ***The return of mortal remains must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.
- 3.3 Local Burial or Cremation.** Provided that You have not elected the benefit provided under Section 3.2, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for preparation and either Your local burial or Your cremation and repatriation of ashes if You die while outside Your Home Country during the Period of Coverage from an Injury or Illness covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. This Insurance does not include the costs for the religious practitioners performing the service, flowers, music, food, or beverages. ***The local burial and cremation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.
- 3.4 Natural Disaster Daily Benefit.** The Company will reimburse You for replacement accommodations up to the amount set forth in the Schedule of Benefits if You are Displaced from planned, paid accommodations due to an evacuation from a forecasted Natural Disaster or following a Natural Disaster. To receive reimbursement, You must provide proof of payment for the original planned, paid accommodations.
- 3.5 Political Evacuation and Repatriation.** The Company will arrange and pay up to the amount set forth in the Schedule of Benefits for reasonable and necessary Expenses incurred for (i) Your Political Evacuation and/or (ii) Your Political Repatriation by means of a one-way economy class airfare. Political Evacuation and/or Political Repatriation must occur within ten (10) days of the events causing the necessity for such action. The means of transportation will be the most appropriate and economical under the circumstances for Your health and safety. Such Expenses will be paid once for You per occurrence. ***If You fail to heed a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory issued by the United States Department of State or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country recommending that travelers avoid a certain country, region, or specific areas or locations within a country, benefits for Political Evacuation and Repatriation are not covered and will be denied. Additionally, the Political Evacuation or Political Repatriation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.***

The coverage provided by the Certificate under this section excludes Expenses:

- (a) Recoverable under any other insurance or through an employer;
- (b) Arising from or attributable to:
  - (i) Dishonest or criminal acts committed or attempted by You;
  - (ii) Alleged violation of the laws of the Host Country by You unless the Company, in its sole discretion, determines such allegations to be fraudulent;
  - (iii) Your failure to maintain required documents or visas;
  - (iv) Debt, insolvency, commercial failure, or the repossession of any property;
  - (v) Your non-compliance with a contract or license; and
  - (vi) Implementation of illegally contributed exchange rates.
- (c) Due to liability assumed or assumed by You under any contract; or
- (d) For arrangements not made by Seven Corners Assist.

Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.

## Section 4. Other Coverage and Services

**4.1 Travel Assistance Services.** Upon enrollment, You are eligible to use any of the assistance services provided by Seven Corners Assist. These services are available twenty-four (24) hours per day, three hundred sixty-five (365) days per year. Multilingual personnel, physicians, and nurses are on staff and can assist with, among other things, emergency situations and locating medical facilities.

**4.2 Accidental Death and Dismemberment (AD&D).** The Company will pay indemnity determined from the table below if You sustain a Loss stated therein resulting from Injury suffered from an Accident during the Period of Coverage and subject to the exclusions set forth in Section 5, provided that (i) such Loss occurs within three hundred sixty-five (365) days after the date of Accident causing such Loss; (ii) the indemnity payable for any such Loss shall be the Principal Sum stated on the Schedule of Benefits as applicable to You and this Insurance; and (iii) if more than one (1) Loss stated in the table of Losses is sustained as the result of one (1) Accident, only one (1) of the amounts, the largest, will be paid.

FOR	AMOUNT
Loss of life	Principal Sum
Loss of two members	Principal Sum
Loss of one member	50% of Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	Principal Sum
Paraplegia (total paralysis of both lower limbs)	75% of Principal Sum
Hemiplegia (total paralysis of both upper and lower limbs of one side of the body)	50% of Principal Sum
Uniplegia (total paralysis of one limb)	25% of Principal Sum

The total amount payable under this section when there are multiple Insured Persons covered by the Certificate is the Aggregate Limit as set forth in the Schedule of Benefits. If the total of such indemnity exceeds the Aggregate Limit, the Company will not be liable to any Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Accidental Death and Dismemberment benefit than their proportionate share.

For loss of life, the benefit will be paid to the beneficiary designated in writing by You. If no beneficiary is designated or if the beneficiary is no longer living, the benefit will be paid to Your closest living Relative in the following order: (i) Spouse; (ii) Child(ren); (iii) issue of deceased Child(ren); (iv) parent(s); (v) siblings; (vi) issue of deceased siblings; (vii) grandparents; (viii) siblings of parents; or (ix) Your estate.

If benefits are paid for You under Section 4.2, Common Carrier Accidental Death, no benefits will be paid under this section.

The coverage under this section excludes and does not cover Expenses that are for, resulting from, related to, or incurred in connection with the following:

- (a) Disease or sickness of any kind;
- (b) Bacterial infections except pyogenic infection that occurs through an Accidental cut or wound; or
- (c) Hernia of any kind.



Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.

- 4.3 Common Carrier Accidental Death.** The Company will pay an indemnity up to the amount set forth in the Schedule of Benefits if You die as the result of an Injury suffered from an Accident while You were traveling on a Common Carrier. Death must occur during the Period of Coverage and while You are riding as a passenger on a Common Carrier and not as a pilot, operator, or member of the crew. The benefit will be paid to the person determined by application of the relevant provisions of Section 4.2.

The total amount payable under this section when there are multiple Insured Persons covered by the Certificate is the Aggregate Limit as set forth in the Schedule of Benefits. If the total of such indemnity exceeds the Aggregate Limit, the Company will not be liable to any Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Common Carrier Accidental Death and Dismemberment benefit than their proportionate share. Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.

- 4.4 Baggage Delay and Baggage Delivery (Outward Journey Only).** The Company will pay up to the amount set forth in the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than 24 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, The Company will pay the reasonable cost up to the amount set forth in 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.

The coverage provided by the Certificate under this Section excludes Expenses for loss or damage to:

- (a) Animals;
- (b) Automobiles and automobile equipment;
- (c) Boats or other vehicles or conveyances;
- (d) Trailers, motors, motorcycles, or aircraft;
- (e) Eyeglasses, sunglasses, or contact lenses;
- (f) Artificial teeth and dental bridges;
- (g) Hearing aids;
- (h) Prosthetic limbs;
- (i) Keys, money, stamps, securities, and documents;
- (j) Tickets;
- (k) Art objects and musical instruments;
- (l) Consumables, including medicines, perfumes, cosmetics, and perishables;
- (m) Professional or occupational equipment or property, whether or not electronic business equipment;
- (n) Telephones, computers, or software;
- (o) Property illegally acquired, kept, stored, or transported.

The coverage provided by the Certificate under this Section excludes Expenses caused by or resulting from:

1. Wear and tear or gradual deterioration;
2. Insects or vermin;
3. Inherent vice or damage while the article is 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 scheduled departure date;
8. 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 properly secured;
11. Electrical current including electric arcing that damages or destroys electrical devices or appliances;
12. Mysterious disappearance.

**4.5 Loss or of Passport and Travel Documents.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for loss of passport or travel documents and assist You in attaining a new passport provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The documents must be owned by and accompany You at all times with the exception of times when documents are checked with a Common Carrier, or locked in a hotel safe when available, or left out-of-sight in Your locked hotel room. You must provide Proof of Loss from the Common Carrier or a police report from the jurisdiction where the theft occurred.

This coverage is secondary to any coverage provided by a Common Carrier. You must file a formal claim with the Common Carrier and provide the Company with copies of all claim forms and proof that the Common Carrier paid its normal reimbursement. If the replacement cost has already been received from the Common Carrier, Seven Corners Assist will provide assistance in the replacement process.

For instances of theft, documentation of the theft must be submitted at the time of claim in the form of a report by the police or other local authority.

This benefit does not cover:

1. Prescriptions for medication, stamps, stocks, bonds, gift certificates, cash, traveler's checks, gift cards, any form of money or currency or promise of future assets;
2. Costs incurred before departure or after You return home or any cost that is due to any errors or omissions on Your travel documents or money exchange;
3. Expenses for any missed travel or accommodation arrangements as a result of Your passport being lost or stolen.

## Section 5. Exclusions

Unless otherwise specifically provided for therein, the coverage provided by the Certificate under Sections 3.1 through 3.5, 4.2, and 4.3 excludes Expenses that are for, resulting from, related to, or incurred for the following:

- (a) Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- (b) Pregnancy, illness or complications from pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- (c) Exposure to non-medical nuclear radiation or radioactive materials;
- (d) Dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;
- (e) Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted injury or illness;
- (f) Terrorist Activity, War, Hostilities, or War-like Operations;
- (g) Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- (h) You unreasonably fail or refuse to depart a country or location following the date a warning to leave that country or location is issued by the United States government or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country;
- (i) Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;

- (j) You while in Your Home Country;
- (k) Travel after Your Physician has limited or restricted travel;
- (l) 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;
- (m) Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (i) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- (n) Flying in any aircraft being used for 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;
- (o) Participating in contests of speed or riding or driving in any type of competition;
- (p) Injury sustained or Disablement due wholly or in part to the effects of intoxicating liquor or drugs, other than drugs taken in accordance with the proper dosing as directed by a Physician; or
- (q) Adventure Activities.

## Section 6. Definitions

**Accident or Accidental:** Unexpected, unintended, and unforeseen event or occurrence that is the direct cause of physical Injury to You and which is independent of Illness and not self-inflicted.

**Administrator:** Seven Corners, Inc.

**Adventure Activities:** Abseiling; aviation except when travelling solely as a passenger in a commercial aircraft; BASE jumping; bobsledding; boxing; bungee jumping; canyoning; caving; fighting sports; hang gliding; heli-skiing; luge; martial arts; motocross (MOTO-X); mountain biking; Mountaineering; Parachuting; paragliding; parascending; racing of any kind whether by any animal, motor vehicle, motorcycle, or otherwise; rappelling; rock climbing; rodeo activity; ski jumping; sky diving; snow skiing and snowboarding in any violation of applicable laws, rules, or regulations or away from prepared and marked in-bound territories or against the advice of the local ski school or local authoritative body; spelunking; trekking; whitewater rafting; wildlife safaris; any attempt to make or set sporting records; and any other adventures sport or activity that exposes You to abnormal or extreme risk of Injury. This includes practice or training in preparation for any excluded activity; participating in any sporting, recreational, or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations, and procedures of a recognized governing body for the sport or activity; or participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other health care provider.

**Aggregate Limit:** The total limit of the Company's liability for all indemnities payable under the Accidental Death and Dismemberment Benefit and Common Carrier Accidental Death Benefit arising out of Injury(ies) sustained by two (2) or more Insured Person(s) as the result of any one (1) Accident.

**Airworthiness Certificate or Airworthy Certificate:** Standard Airworthiness Certificate issued by the Federal Aviation Agency of the United States or the governmental authority having jurisdiction over civil aviation in the country of its registry.

**Application:** The fully answered and signed enrollment form submitted by You for coverage under the Plan. The Application is hereby incorporated into and becomes part of the Master Policy of Insurance, the Plan, and the Certificate.

**Athletics:** Sports, games, or exercises of any kind engaged in by athletes. It includes numerous types of professional, amateur, and interscholastic sports, games, or exercises including, for example, track and field, soccer, American football, baseball, basketball, softball, lacrosse, weightlifting, skiing, bowling, tennis, wrestling, and rugby. Further,

it includes all activities sanctioned or sponsored by the International Olympic Committee, the National Collegiate Athletic Association or similar organization, or professional sports organizations.

**Certificate:** This document and any applicable Riders issued to You for Insurance under the Master Policy of Insurance describing the coverage and benefits to be paid to or for the benefit of the Insured Person(s). The Certificate also includes the Application and the Declaration, which are incorporated herein by this reference.

**Child(ren):** Insured Person(s) at least fourteen (14) days old and under the age of nineteen (19) years traveling with You on Your Trip and who is not legally married.

**Citizen(s):** Person who is a legally recognized subject or member of a particular country. Generally, the person obtains these rights because he or she was either born in that country or was granted rights of citizenship by the country.

**Coma or Comatose:** Profound state of unconsciousness from which You cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

**Common Carrier:** Any public air conveyance operating under a valid license providing the transportation of passengers for hire.

**Company:** Certain Underwriters at Lloyd's, London.

**Congenital:** Physical abnormality or condition that is present at birth.

**Covered Expense(s):** Amounts payable by the Company to reimburse You for Your Expenses that are (i) for Medically Necessary services, supplies, care, or Treatment; (ii) due to Injury or Illness; (iii) prescribed, performed, or ordered by a Physician; (iv) Usual, Reasonable, and Customary Expenses; (v) incurred during the Period of Coverage; and (vi) which do not exceed the applicable amount shown in the Schedule of Benefits.

**Custodial Care:** That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care includes non-acute care for the Comatose, semi-Comatose, paralyzed, or Mentally Incompetent patients.

**Declaration:** The document issued by the Administrator for and on behalf of the Company to You contemporaneously with the Certificate evidencing Your insurance.

**Displaced:** Your status when You are required to depart a destination due to an evacuation ordered by prevailing authorities.

**Effective Date of Coverage:** The date coverage for You begins under the terms of the Certificate, which begins at the latest of the following times:

- (i) 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment;
- (ii) The moment You depart Your Home Country; or
- (iii) 12:00 a.m. United States Eastern Time on the date You request on Your Application.

**Emergency Medical Evacuation:** Your evacuation because Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where Medically Necessary Treatment can be obtained.

**Emergency Medical Repatriation:** Your transportation to Your Home Country, with a qualified medical attendant if necessary, to obtain further Treatment or to recover after You were Treated for an Injury or Illness at a local medical facility following a covered Emergency Medical Evacuation.

**Emergency Medical Reunion:** Your reunion with an individual from Your Home Country, as recommended by Your attending Physician, selected by You to travel to and from the location where You are hospitalized when an Emergency Medical Evacuation is occurring or has occurred or when an Emergency Medical Repatriation is to occur.

**Expenses:** Your expenses, costs, charges, and losses.

**Experimental/Investigational:** All services or supplies associated with (i) Treatment or diagnostic evaluation that is not generally and widely accepted in the practice of medicine in the United States of America or that does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States; (ii) a drug that does not have United States Food and Drug Administration (“FDA”) marketing approval; or (iii) a medical device that 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. The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

**Expiration Date of Coverage:** The date coverage for You terminates, which is the earliest of the following:

- (i) The moment You return to Your Home Country;
- (ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- (iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- (iv) 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
- (v) The moment You fail to be eligible.

**Home Country:** For Non-United States Citizens, it is the country where You have Your permanent residence. For United States Citizens, including those with dual citizenship, it is always the United States.

**Hospital:** Institution operated pursuant to law for the care and Treatment of sick or injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision, excluding resting or nursing homes and institutions for the aged, chronically ill, or convalescent.

**Host Country:** Any country to which or in which You are traveling other than Your Home Country.

**Illness(es):** Sickness, disorder, illness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, Congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical, or health condition provided, however, that Illness does not include learning disabilities or attitudinal or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one (1) Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

**Immediate Family Member:** Your Spouse, parent, stepparent, child(ren), brother, sister, grandchild(ren), or in-laws and includes an individual who lives in Your household.

**Injury:** Bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Certificate is in force and resulting directly and independently of all other causes in Occurrence covered by this Certificate.

**Inpatient:** You confined in an institution and charged for room and board.

**Insurance:** Coverage under the Certificate.

**Insured Person(s):** Individual person eligible for benefits under the Certificate who has applied for coverage, is named on the Application, and for whom the Company has accepted premium. To be eligible for benefits under the Certificate, the person must be at least fourteen (14) days old and under sixty (60) years old.

**Intensive Care:** Cardiac care unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

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

**Master Policy of Insurance:** That certain group insurance policy No. RCB07422 issued to World Commercial Trust by Certain Underwriters at Lloyd's, London, which is available upon request from the Administrator.

**Maximum Period of Coverage:** For this Plan, twelve (12) months from the original Effective Date of Coverage.

**Medical Emergency:** Occurrence of a Sickness, Illness, Injury, or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain that an individual could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) serious impairment to such person's bodily functions; (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person. Additionally, a Medical Emergency will include visits where the only option for necessary immediate care is an emergency room.

**Medically Necessary or Medical Necessity:** Services and supplies received while insured that are determined by the Company to be (i) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of Your medical conditions; (ii) within the standards the organized medical community deems good medical practice for Your condition; (iii) not primarily for the convenience of You, Your Physician, or another Service Provider or person; (iv) 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 (v) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services You are receiving or the severity of Your 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 Certificate.

**Mountaineering:** Sport, hobby or profession of hiking and climbing up mountains (i) utilizing harnesses, ropes, crampons, or ice axes; (ii) bouldering; or (iii) ascending 4,500 meters or above. Indoor rock climbing and bouldering are not considered Mountaineering.

**Natural Disaster:** Event or force of natural cause that is (i) due entirely to the forces of nature, (ii) could not have been reasonably prevented, and (iii) results in the migration of the human population for its safety. This includes avalanche, wildfire, earthquake, hurricane, tornado, typhoon, tsunami, cyclone, flood, landslide, mudslide, drought windborne dust or sand, volcanic eruption, tsunami, snow, rain, or wind.

**Occurrence:** Illness or an Accidental bodily Injury necessitating Treatment by a Physician as defined in this Certificate. All bodily disorders existing simultaneously that are due to the same or related causes shall be considered one (1) Occurrence. If an Occurrence is due to causes that are the same or related to the cause of a prior Occurrence, the Occurrence shall be considered a continuation of the prior Occurrence and not a separate Occurrence. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

**Outpatient:** You receiving care in a Hospital or another institution including ambulatory; surgical center; convalescent/skilled nursing facility; or Physician's office for an Injury or Illness but not as an Inpatient.

**Parachuting:** Activity involving the breaking of a free fall from an airplane using a parachute.

**Period of Coverage:** The Period of Coverage issued by the Company to You beginning with the Effective Date of Coverage and ending on the Expiration Date of Coverage.

**Physician(s):** 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.

**Plan:** Your plan as set forth and determined by this document, the Application, the Certificate, the Declaration, the Master Policy of Insurance, and any Riders that attach during the Period of Coverage.

**Political Evacuation:** Your evacuation to the nearest place of safety due to (i) a formal recommendation from the appropriate authorities issued for You to leave the Host Country or (ii) Your being expelled or declared persona non grata by the Host Country.

**Political Repatriation:** Your transportation to Your Home Country due to (i) a formal recommendation from the appropriate authorities issued for You to leave the Host Country or (ii) Your being expelled or declared persona non grata by the Host Country.

**Pregnancy:** Physical condition of being pregnant including complications of Pregnancy.

**Principal Sum:** The amount stated as such for the Insured Person on the Schedule of Benefits.

**Proof of Loss:** The written documentation required by the Company that You must furnish to the Company in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss.

**Reasonable Period of Time:** Treatment that shows no documented improvement after two (2) weeks of Treatment, an alternative Treatment plan should be attempted. If no significant improvement is documented after a total of four (4) weeks, reevaluation by the referring Physician may be indicated. Treatment is necessary when the individual stops progressing toward established goals.

**Registered Nurse:** Graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority and who is legally entitled to place the letters "RN" after his or her name.

**Relative:** Your Spouse, parent, sibling, child(ren), grandparent, grandchild, stepparent, stepsibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin.

**Resident:** A person who lives somewhere permanently or on a long-term basis.

**Rider:** Any attachment, endorsement, schedule, or similar document attached to, issued in connection with, or otherwise expressly made a part of the Master Policy of Insurance, the Certificate, the Declaration of Insurance, or the Application.

**Schedule of Benefits:** The summarized Schedule of Benefits, coverages, limits and sub-limits as set forth for ease of reference in Section 2 of this Certificate, all of which are subject to the full terms of this Insurance.

**Service Provider:** Hospital, convalescent or skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, dentist, licensed medical practitioner, physician's assistant (PA), nurse, nurse practitioner (NP), medical laboratory, assistance service company, air or ground ambulance firm, or any other such facility that the Company approves.

**Sickness:** Illness, malady or disease that requires Treatment by a Physician while covered by this Certificate. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Spouse:** If not legally separated or divorced, Your legal Spouse, legal domestic partner or legal civil partner as determined by the State or other applicable governmental jurisdiction in which the legal union is sanctioned.

**Substance Abuse:** Condition brought about when an individual uses alcohol, chemicals, or any other drug(s) in such a manner that his or her health or judgement is impaired or ability to control actions is lost.

**Surgeon(s):** 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.

**Surgery(ies):** Invasive diagnostic procedure or the Treatment of Injury or Illness by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Terrorist Activity:** Act or acts including, but not limited to, the use of force or violence or the threat thereof of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons, including the intention to influence any government or to put the public or any section of the public in fear.

**Treatment:** Specific in-office or Hospital physical examination, diagnostic procedures and services, consultation, Surgery, care, and medical services and supplies including medication prescribed or provided by a Service Provider for You, each of which is related to condition(s) that first manifested itself, worsened, or became acute or that had symptoms which would have prompted a reasonable person to seek such Treatment.

**Trip:** Scheduled Trip for which coverage for travel arrangements is requested and the premium is paid prior to Your actual or originally scheduled departure date.

**United States:** All fifty (50) states including the District of Columbia, and all United States held commonwealths, territories and properties.

**War, Hostilities, and War-like Operations:** War, Hostilities, or War-like 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 that was the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not; or any action taken in controlling, preventing, or suppressing any or all of the situations described above. For the purpose of this definition (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 (including in connection with Terrorist Activity); (ii) "utilization of chemical weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any solid, liquid, or gaseous chemical compound that, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (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) that are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity).

**You or Your:** An Insured Person.



## Section 7. Claims

- 7.1 Notice of Claim.** Written notice of claim must be given to the Company within ninety (90) days after the occurrence or commencement of any Occurrence covered by the Plan. Notice given by or on behalf of the claimant to the Administrative Offices of the Company or to any authorized agent of the Company, with information sufficient to identify You shall be deemed notice to the Company.
- 7.2 Claim Forms.** The Company, 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 Plan as to Proof of Loss upon submitting, within the time fixed in the Certificate for filing Proofs of Loss, written proof covering the occurrence, the character, and the extent of the Occurrence for which claim is made.
- 7.3 Proof of Loss.** Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company 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 of Loss within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give Proof of Loss within such time, provided such Proof of Loss is furnished as soon as reasonably possible. The Company 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.
- 7.4 Time of Payment of Claims.** Indemnities payable under the Certificate for any loss other than loss for which the Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of Loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Certificate provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
- 7.5 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 Your estate. Any other accrued indemnities unpaid at Your death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to You. If any indemnity of the Certificate shall be payable to Your estate or to an Insured Person who is a under the age of eighteen (18) years or otherwise not competent to give a valid release, the Company 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 Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of You, all or a portion of any indemnities provided by this Certificate on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless You request otherwise in writing not later than the time for filing Proof of 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.
- 7.6 Appeal of Claims.** If the Company denies all or any part of a claim, You will have a maximum of two (2) appeals for review of the claim and determination, and You must file two (2) appeals before bringing any legal action hereunder. You will have sixty (60) days from the date of the notice of denial within which to file an appeal. You may submit written comments, documents, records, or other information with the notice of appeal. The Company will respond in writing to an appeal as soon as reasonably possible but, in any event, within ninety (90) days from receipt of the notice of appeal.

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

## Section 8. Additional Plan Provisions

- 8.1 Severability of Interest.** This Certificate shall operate in all respects as if a separate Certificate had been issued to each Insured Person hereunder except that in no event shall the total liability of the Company or in respect of all Insured Persons hereunder exceed the limit of indemnity stated in this Certificate.
- 8.2 Selection of Providers.** You and/or Your family members, guardians, Physicians, and other health care providers are solely responsible for making decisions regarding the selections of Physicians, Hospitals, or other health care or health Service Providers and regarding any medical Treatment decisions for or on Your behalf. Neither the Company nor the Administrator has the right, obligation, or authority to make such decisions.
- 8.3 Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the person of any Insured Person whose Injury or Illness is the basis of a claim when and as often as the Company 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.
- 8.4 Cooperation.** You and Your health care and medical Services Providers and suppliers, Physicians, and Hospitals must cooperate fully with the Company and the Administrator in reviewing, investigating, adjudicating, and administering any claims under this Certificate. This includes, but is not limited to, access to all relevant, pertinent, or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and other available evidence. The Company may suspend or pend adjudication of a claim or deny benefits or coverage for refusal to cooperate or delay in cooperation or for any act or omission by the above-referenced persons or entities that hinders, delays, impairs, or otherwise prejudices the performance of the Company's obligations hereunder.
- 8.5 Refund of Premium.** Refund of the premium will only be considered if written request is received by the Administrator prior to the Effective Date of Coverage. Upon refund, neither the Company nor You shall have any further rights, liabilities, or obligations under this Certificate.
- 8.6 Other Insurance.** All coverages except Accidental Death and Dismemberment are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.
- 8.7 Misrepresentation and Fraud.** The Company explicitly relies on Your Application and the information contained in it in order to determine whether such individual meets the eligibility requirements for the issuance of a Certificate. Any misstatement, misrepresentation, concealment, omission, or fraud in Your Application will render Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

The Company explicitly relies on statements made You in connection with all claims under this Certificate in order to determine whether or not and to what extent benefits under this Insurance are payable. Any

misstatement, misrepresentation, concealment, omission, or fraud by You relating to any claim hereunder shall render the Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

Nothing in this section shall in any way effect any other remedies available to the Company with respect to any misstatement, misrepresentation, concealment, omission, or fraud by an Insured Person.

- 8.8 Legal Actions.** No actions at law or in equity shall be brought to recover on the Certificate prior to the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with requirements of this Certificate. All legal actions, whether in law or equity, arising under this Certificate shall be barred unless written notice thereof is received by the Company or the Administrator within one (1) year from the date of the event giving rise to such legal action. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished. You further agree that no such actions will be taken to recover under the Certificate until after You have complied with Section 7.6.

You and the Company irrevocably agree and submit to the exclusive jurisdiction and venue of the state and federal courts located in the State of Indiana for any action brought under the Certificate. The Court will be the trier of fact for any dispute under this Certificate, and the parties expressly waive their rights to a jury trial.

- 8.9 Coverage Intent.** This is not a general health insurance policy, but an interim travel medical program intended for use while You are away from Your Home Country or country of residence.

- 8.10 Complaints:**In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at:

Claims Quality Manager  
Seven Corners, Inc.  
303 Congressional Boulevard  
Carmel, Indiana 46032 USA  
[complaints@sevencorners.com](mailto:complaints@sevencorners.com)

- 8.11 Modification and Waiver.** No modification to or waiver of the terms of the Master Policy of Insurance, this Certificate, the Declaration, or the Plan is binding unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Failure of the Company or the Administrator to enforce Your obligation hereunder is not a waiver. No statement made by an agent, employee, or representative of the Company or the Administrator will be deemed or construed as a modification, waiver, actionable representation, promise, or an estoppel or will create any liability against the Company or Administrator.

- 8.12 Assignment.** No transfer or assignment of any of Your rights, benefits, or interests under this Certificate will be valid, binding upon, or enforceable against the Company unless agreed to in writing by the Company.

- 8.13 Termination.** The Plan may be terminated at any time by either the Company or the Administrator by giving at least thirty (30) days written notice to the group and to the Insured Person(s). Such termination will have no effect on this Plan, or the benefits provided hereunder prior to the date of the termination. No Applications will be accepted, and no additional Certificates will be issued following termination.

- 8.14 Entire Agreement.** The Master Policy of Insurance, the Application, the Certificate, the Declaration, and any Riders constitute the entire Agreement between the Company and You. The coverage evidenced by this Certificate is subject to all the terms and conditions of the Master Policy of Insurance, the Application, the Declaration, and any Riders.

- 8.15 Office of Foreign Assets Control and Other Denied Party Lists.** Coverage will be immediately null and void if any Insured Person (i) appears on the like of Specially Designated Nationals and Blocked Persons administered by the UNITED STATES Treasury Department's Office of Foreign Assets Control ("OFAC") or

other denied party lists maintained by the UNITED STATES Government, the European Union ("EU"), United Nations ("UN"), or the United Kingdom ("UK"); (ii) is resident or physically present in a country or territory subject to sanctions, prohibitions, or restrictions administered by OFAC, the EU, the UN, or the UK; or (iii) is a person who is otherwise the target of UNITED STATES, EU, UN, or UK sanctions, laws, or regulations such that the Company cannot deal or otherwise engage in business transactions with such person. Whenever any coverage provided hereunder would be in violation of any UNITED STATES, EU, UN, or UK sanctions, prohibitions, or restrictions, such coverage shall be immediately null and void. The Company may be compelled by law to seize premiums, deny services, or withhold claims payments if an Insured Person becomes subject to UNITED STATES, EU, UN, or UK sanctions while this Certificate is in effect. Any payment for services will only be made in full compliance with all United States' economic or trade sanction laws or regulations including, but not limited to, sanctions, laws, and regulations administered and enforced by the OFAC. For more information, consult the OFAC website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/).

- 8.16 Patient Protection and Affordable Care Act ("PPACA").** 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"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.
- 8.17 Privacy Statement.** We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us 800-335-0611 or by visiting us at [www.SevenCorners.com](http://www.SevenCorners.com).
- 8.18 Data Protection.** Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

## Section 9. Lloyd's Privacy Policy Statement

- 9.1 Underwriters at Lloyd's, London.** The Company wants Insured Persons to know how it protects the confidentiality of their non-public personal information. The Company wants Insured Persons to know how and why it uses and discloses the information that it has about them. The following describes the Company's policies and practices for securing the privacy of Insured Persons.
- 9.2 Information Underwriter Collects.** The non-public personal information that the Company collects about Insured Persons includes, but is not limited to:
- (a) Information contained in applications or other forms that Insured Persons submit to the Company such as name, address, and social security number;
  - (b) Information about Insured Persons' transactions with the Company's affiliates or other third parties such as balances and payment history; and
  - (c) Information the Company receives from a consumer-reporting agency such as credit worthiness or credit history.
- 9.3 Information the Underwriter Discloses.** The Company discloses the information that it has when it is necessary to provide its products and services. It may also disclose information when the law requires or permits it to do so.
- 9.4 Confidentiality and Security.** Only the Company's employees and others who need the information to service an Insured Person's account have access to his or her personal information. The Company has measures in place to secure their paper files and computer systems.
- 9.5 Right to Access or Correct Personal Information.** Insured Persons have a right to request access to or correction of their personal information that is in the Company's possession.
- 9.6 Contacting the Underwriter.** If an Insured Person has any questions about this privacy notice or would like to learn more about how the Company protects privacy, the Insured Person should contact the agent or broker who handled this insurance. The Company can provide a more detailed statement of its privacy practices upon request.



# 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)

**Signature Required.** This Certificate is not valid unless signed by the Correspondent on the attached Declarations page.

**Correspondent Not Insurer.** The Correspondent is not an Insurer under this Certificate and is not liable for any loss or claim whatsoever. The Insurers are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained from the Correspondent. As used in this Certificate, "Underwriters" includes incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.

**Service of Suit.** If the Underwriters fail to pay any amount claimed to be due hereunder, it is agreed that 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, 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 that 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.

**Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.

**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

**Travel Secure - Emergency  
LON22-220501-03EVAC**

**This Declaration is attached to and forms part of certificate provisions**

ITEM 1. NAMED INSURED AND MAILING ADDRESS

Travel Secure - Emergency  
World Commercial Trust  
Tortola, British Virgin Islands


ITEM 2. COVERAGE PERIOD: AS STATED ON THE ID CARD    TERM: AS STATED ON THE ID CARD

12:00 a.m., United States Eastern Time      11:59 p.m., United States Eastern Time

Insurance is effective with **CERTAIN UNDERWRITERS AT LLOYD’S, LONDON**. The Binding Authority Reference Number is B0775RCB07422.

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 hereto.

Dated: 05/01/2022

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



# STATE NOTICES

## **For Residents of the State of California**

### **LLOYD'S CCPA PRIVACY POLICY**

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

This CCPA Privacy Policy explains how Certain Underwriters at Lloyd's, London (“we” or “us”) collect, use, and disclose personal information subject to the California Consumer Privacy Act (“CCPA”). “Personal information” is information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular California resident (“consumer”) or household. This CCPA Privacy Policy also describes the privacy rights of California consumers and how they can exercise those rights.

The CCPA does not apply to certain types of information, such as information subject to the Gramm- Leach-Bliley Act (“GLBA”) or the Fair Credit Reporting Act (“FCRA”). This means that this CCPA Privacy Policy may not apply to personal information that we collect about individuals who seek, apply for, or obtain insurance products or services for personal, family, or household purposes. The CCPA also has limited application to personal information we collect in connection with providing a product or service to a business.

#### **PERSONAL INFORMATION WE COLLECT**

We collect, and in the past 12 months have collected, the categories of personal information described below from the sources described below. Some of this personal information may be subject to GLBA or FCRA.

**Directly From You.** We collect, and in the past 12 months have collected, the following categories of personal information about you that you include in your application or other forms that you submit, or that you otherwise provide to us:

- Personal identifiers, such as name, postal address, email address, Social Security number, policy number, account number, driver’s license number, or passport number.
- Customer records information, such as bank account number, credit or debit card number, other financial information, phone number, health insurance information, or medical history.
- Protected information, such as race, religion, sexual orientation, gender, age, or marital status.
- Commercial information, such as records of personal property and insurance products or services purchased or obtained, purchasing or consuming histories, or transaction or account information.
- Professional or employment related information, such as work history.
- Education information, such as school and date of graduation.

**From Our Affiliates and Third Parties.** We collect the following categories of personal information about you from our affiliates and other third parties, such as agents, brokers, consumer reporting agencies, or loss adjusters:

- Personal identifiers, such as name, postal address, email address, Social Security number, policy number, account number, driver’s license number, or passport number.
- Customer records information, such as bank account number, credit or debit card number, other financial information, phone number, health insurance information, or medical history.
- Protected information, such as race, religion, sexual orientation, gender, age, or marital status.
- Commercial information, such as information about your transactions with our affiliates or other parties (e.g., balances and payment history), records of personal property and insurance

products or services purchased or obtained, purchasing or consuming histories, transaction or account information, credit-worthiness, claims history, or credit history.

- Professional or employment related information, such as work history.
- Education information, such as school and date of graduation.

We may also draw inferences from the personal information we collect directly from you or from our affiliates and third parties.

## HOW WE USE PERSONAL INFORMATION

The purposes for which we use personal information depend on our relationship or interaction with a specific California consumer. We may use, and in the past 12 months have used, personal information to underwrite your insurance policy and evaluate claims under your policy; to operate and manage our business; to provide and maintain our insurance products and services; to verify your identity; to detect and prevent fraud; for vendor management purposes; to operate, manage, and maintain our business, such as developing and marketing our products and services; to conduct research and data analysis; to comply with applicable laws; to respond to civil, criminal, or regulatory lawsuits or investigations; to exercise our rights or defend against legal claims; to resolve complaints and disputes; to perform compliance activities; and to perform institutional risk control.

## PERSONAL INFORMATION WE DISCLOSE

We disclose, and in the past 12 months have disclosed, the categories of personal information described in “Personal Information We Collect” for the purposes described in “How We Use Personal Information” to the following categories of third parties:

- Affiliates
- Agents
- Brokers
- Service providers, such as loss adjusters, fraud prevention services, and software providers
- Regulatory and law enforcement agencies
- Attorneys, auditors, and other business partners

In the past 12 months, we did not sell personal information, as the term “sell” is defined under the CCPA.

## YOUR RIGHTS

You may have certain rights under the CCPA. These rights are subject to certain conditions and exceptions. Your rights under the CCPA may include:

- **Right to Request to Know.** You have the right to request to know the following information about our practices over the past 12 months: (i) the categories of personal information we collected about you; (ii) the categories of sources from which we collected the personal information about you; (iii) the categories of third parties with whom we shared personal information, (iv) the categories of personal information we sold or disclosed about you and the categories of third parties to whom we sold or disclosed that particular category of personal information; (v) our business or commercial purpose for collecting or selling your personal information; and (vi) the specific pieces of personal information we collected about you.

You may exercise your right to request to know twice a year, free of charge. If we are unable to fulfill your request to know, we will let you know the reason why. Please note, in response to a request to know, we are prohibited from disclosing your Social Security number; driver’s license number or other government-issued identification number; financial account number; any health insurance or medical identification number; an account password, security questions, or answers; and unique biometric data generated from measurements or technical analysis of human characteristics.

- **Right to Request to Delete.** You have the right to request that we delete the personal information that we have collected from you. We may deny your request under certain circumstances, such as if we need to retain your personal information to comply with our legal obligations or if retaining the information is necessary to complete a transaction for which your personal information was collected. If we deny your request to delete, we will let you know the reason why.
- **Right to Non-Discrimination.** If you choose to exercise any of these rights, we will not discriminate against you in any way.

If you, or your authorized agent, would like to make a request to know or request to delete, contact us at 1-800-335-0611 or email your agent or broker who handled this insurance at the email address under “Contacting Us” below.

We will take steps to verify your identity before processing your request to know or request to delete. We will not fulfill your request unless you have provided sufficient information for us to reasonably verify that you are the individual about whom we collected personal information. We may request additional information about you so that we can verify your identity. We will only use additional personal information you provide to verify your identity and to process your request.

You may use an authorized agent to submit a request to know or a request to delete. When we verify your agent’s request, we may verify both your and your agent’s identity and request a signed document from you that authorizes your agent to make the request on your behalf. To protect your personal information, we reserve the right to deny a request from an agent that does not submit proof that they have been authorized by you to act on your behalf. You may also make a consumer request on behalf of your minor child.

#### **UPDATES TO PRIVACY NOTICE**

We may change or update this CCPA Privacy Policy from time to time. If we make material changes to this CCPA Privacy Policy, we will provide you with an updated copy of the policy.

#### **CONTACTING US**

If you have any questions or concerns about this CCPA Privacy Policy or would like to learn more about how we protect your privacy, please contact the agent or broker through whom you purchased this insurance policy at [privacy@sevencorners.com](mailto:privacy@sevencorners.com).

Effective Date: 1 May 2021

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18 September 2020

## **For Residents of the State of Oregon**

This insurance was procured and developed under the Oregon surplus lines laws. It is NOT covered by the provisions of ORS 734.510 to 734.710 relating to the Oregon Insurance Guaranty Association. If the insurer issuing this insurance becomes insolvent, the Oregon Insurance Guaranty Association has no obligation to pay claims under this insurance.