

TERMS & CONDITIONS

FOR ONLINE MAJOR MEDICAL INSURANCE

(VERS. ONLINE070108)

This Insurance is effected with certain Underwriters at Lloyd's of London (not incorporated).

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

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

The Correspondent is Petersen International Underwriters.

CERTIFICATE PROVISIONS

1. **Signature Required.** This certificate shall not be valid unless signed by the Correspondent.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer of the insurance described herein and neither is nor shall be liable for any loss of claim whatsoever. The insurers of such insurance are those individual Underwriters at Lloyd's, London whose names can be ascertained as hereinbefore set forth.
3. **Assignment.** The insurance described herein shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
4. **Attached Conditions Incorporated.** The insurance described in the certificate is subject to all provisions, conditions, and warranties set forth herein, attached, or endorsed, all of which are to be considered incorporated herein as further descriptive of the insurance the placement of which is evidenced by this certificate.
5. The certificate is intended for use as evidence of the placement of the insurance described herein, in accordance with section 1764 of the California Insurance Code.

DEFINITIONS

Cancer Related Condition means a condition which arises as a result of cancer, to include but not be limited to, carcinoma, leukemia, lymphoma and sarcoma.

Cardiac Related Condition means a condition which affects or is affected by the heart and/or circulatory system. This includes conditions which are directly related to the heart and circulatory system or are secondary complications as a result of another condition which then affects the heart and/or circulatory system.

Common Carrier means any form of transportation certified for hire to carry passengers.

Coverholder, Correspondent means Petersen International Underwriters, a licensed California surplus line broker who is a correspondent to Lloyd's, London, with limited authorization granted by Underwriters to place the insurance described in and to issue this Certificate.

Custodial Care means care provided primarily for the non-medical maintenance of a patient or which is designed to assist a patient in essential activities of daily living and which is not primarily provided for its therapeutic value. Activities of daily living include such things as bathing, feeding, dressing, walking and taking

oral medicine.

CPT means the Current Procedural Terminology. The CPT utilizes codes to identify services performed by Providers.

Deductible means the amount of Eligible Expenses that must be incurred and paid by You prior to any amounts being reimbursed by Underwriters.

Eligible Expenses means Usual, Customary and Reasonable charges and paid by You for services and supplies which are Medically Necessary and for which coverage is provided under the insurance described in this Certificate.

Geographic Area means the country or countries specified in the Schedule of Coverage. It also includes any countries You travel through directly in route to the specified countries for a period of 48 hours.

Hazardous Sports or Activities are activities which are considered to be more than a standard risk. These activities include: professional or recreational mountaineering, snow skiing, scuba diving, whitewater rafting, hang gliding, sky diving, bungee jumping, racing of any kind, and all professional, semi-professional sports, collegiate, sponsored, or interscholastic athletics.

Home Health Care means part-time or intermittent home nursing care by a registered nurse or licensed vocational nurse in a place of residence, including medical supplies, drugs and medications prescribed by a Physician, and laboratory services, but only to the extent that they would have been covered when confined in a Hospital.

Hospital means a facility which is licensed under state and local laws and regulations to provide, on the order of a Physician, diagnostic and therapeutic services for the medical diagnosis, treatment and care of persons in need of acute inpatient hospital care.

Illness means a bodily disorder or disease.

Immediate Family Member means Your mother, father, spouse, brother, sister or children

Injury means an Accidental bodily Injury.

Insured means You, being the person or persons covered by the insurance described in this Certificate.

Maximum Benefit means the total amount of Eligible Expenses reimbursable during the Period of Insurance.

Medically Necessary means services which are required due to Illness or Injury and which are appropriate for treatment of the patient according to standards of medical practice generally accepted and provided by the medical community.

Medicare means the program of medical coverage set forth in the Health Insurance for the Aged Act, Subchapter XVIII of the Social Security Amendments of 1965, including any amendments now or later enacted.

Mental or Nervous Disorders means any condition which includes any form of neurotic or psychotic condition or behavioral disorder. Conditions may include, but are not limited to: psychiatric disorders, manic disorders, paranoia, schizophrenia, personality disorders, depression, anxiety, due to any cause or any form of chemical imbalance affecting the brain.

Period of Insurance means the time period beginning with the Effective Date and ending with the Expiry Date.

Physician means an individual who is qualified to perform or prescribe surgical or manipulative treatment. A Physician must be recognized (licensed and chartered) by the state or country in which he or she is practicing, cannot be a relative of the Insured, and must practice within the scope of his or her license. Treatment of an Illness or Injury must be within the knowledge or expertise of the Physician.

Preexisting Condition means a condition, disease or Injury for which medical advice, diagnosis, care or treatment, including the use of prescription medication including but not limited to ongoing condition(s), was recommended by or received from a licensed health care practitioner, and/or any symptom(s) and/or any condition(s) which would have caused a reasonable prudent person to seek medical attention during the months immediately preceding the Effective Date of the insurance described in this Certificate, whether disclosed or not on Your application.

Provider means a Physician, Hospital, or other person or entity that provides health care services which is licensed under state and local laws and regulations to provide, on the order of a Physician, diagnostic and therapeutic services for the medical diagnosis, treatment and care of persons in need of such care.

Skilled Nursing Facility means a facility which is licensed under state and local laws and regulations to operate as a Skilled Nursing Facility.

Act of Terrorism means an act, including but not limited to the use of force or violence and/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 similar purposes or reasons including intention to influence any government and/or to put the public, or any section of the public, in fear.

Underwriters refers to certain Underwriters at Lloyd's, London.

Usual, Customary and Reasonable, UCR means the following: The "usual" charge is that fee usually charged by the Provider for a given service or supply. A charge is "customary" when it is within the range of the usual fees charged by Providers of similar training and experience, for the same service or supply within the same Geographic Area as determined by Underwriters. The charge is "reasonable" when it meets the above two criteria or is justifiable as determined by Underwriters in consideration of the special circumstances of the particular case in question.

War means war, declared or undeclared, invasion, hostilities, acts of foreign enemies, civil war, rebellion, insurrection, military or usurped power, martial law or confiscation by order of any government or public authority.

We, Us means Underwriters.

You, Your means each named Insured.

BENEFIT PROVISIONS

The insurance described in this Certificate is short-term, major medical coverage intended for indemnification of Eligible Expenses incurred in the specified Geographic Area from Injuries and Illnesses while You are traveling or temporarily living outside Your home country. Benefits are paid directly to You to reimburse You for Eligible Expenses incurred in the specified Geographic Area that have been paid by You.

The insurance described in this Certificate is secondary to medical benefits, services or reimbursements from any other source except Medicaid.

MEDICAL EXPENSES

Underwriters will reimburse You for any Eligible Expenses listed below incurred within the Geographic Area when Medically Necessary for the diagnosis and treatment of an Illness or Injury, subject to the terms and limitations described in this Certificate. The insurance described in this Certificate contains a Deductible which must be satisfied before any benefits begin. After the Deductible is paid, Underwriters will reimburse You for 80% of the next \$5,000 of Eligible Expenses and then 100% of Eligible Expenses up to the Maximum Benefit as shown in the Schedule of Benefits.

Benefits are available for:

1. Hospital room and board limited to semi-private daily rate.
2. Hospital intensive care unit.
3. Other Medically Necessary Hospital services and supplies, such as emergency room care, outpatient surgery, diagnostic services, supplies and therapy.
4. Skilled Nursing Facility room and board, provided confinement begins within 30 days following a Medically Necessary Hospital confinement of three days or longer.
5. Home Health Care if hospitalization would have been required if Home Health Care were not provided and the care is provided in accordance with a written plan established and approved by a Physician.
6. Physician services consisting of home, office, and hospital visits, and other medical care and treatment.
7. Ambulance service from Your temporary residence to and from a Hospital in the Geographic Area.
8. Diagnostic services, supplies and therapy.

REPATRIATION OF REMAINS

In the case of death, Underwriters will reimburse the costs of delivery of Your remains to a mortuary near Your home.

COMMON ACCIDENT PROVISION

In the event that two or more family members, who are Insured under this Certificate, suffer injuries from the same accident, then only one (1) Deductible and one (1) Co-insurance shall apply.

ACCIDENTAL DEATH

If in the event that You suffer a fatal Injury Underwriters will pay to the beneficiary \$25,000.00. If the Injury was sustained while riding as a passenger on a Common Carrier, Underwriters will pay to the beneficiary \$50,000.00 (double indemnity).

EMERGENCY RETURN HOME

If, after You have departed, You learn of the death of an Immediate Family Member, or You learn of the substantial destruction of Your home by fire, wind, flood or earthquake, Underwriters shall reimburse You the cost of an economy one way air or ground transportation ticket for You to Your home, up to a maximum of \$5,000.00, less any amounts refundable from any other sources.

FOLLOW ME HOME COVERAGE

If You are a United States resident and the United States is Your home country, Underwriters will reimburse You for Eligible Expenses which occur due to an Illness or Injury while in the USA. Benefits are limited to a maximum of 14 days for every three months of coverage during the Period of Insurance. One eligible day of coverage will be deducted for each day you are in the United States during the Period of Insurance. This provision is only applicable on a Period of Insurance longer than three months. Benefits shall be excess of any and all other valid Insurances.

GLOBAL MEDICAL TRANSPORTATION COVERAGE

Underwriters will reimburse You for the costs of Medically Necessary transportation to return You to the facility nearest Your home, which can provide appropriate care.

LOST LUGGAGE

In the event that Your checked on luggage is completely and totally lost by the carrier, Underwriters shall pay replacement cost, to a maximum of \$500.00, excess of any and all other valid Insurances. To be eligible, You must submit a completed airlines reporting form, proof that the lost luggage was checked on with the airlines at the time of the reported incident and submit copies of any and all claim forms submitted to other sources including, but not limited to a)the airlines, b)credit card companies, and c)homeowner policies.

TRIP CANCELLATION BENEFIT

If within two weeks (14 days) prior to Your pre-paid ticketed or vouchered initial trip departure Your entire trip must be cancelled due to a)Your death, illness or injury causing hospitalization or outpatient surgery, or b)the death of an Immediate Family Member, or 3)the substantial destruction of Your home due to fire, wind, flood or earthquake, any unused and non-refundable portion of expenses, shall be reimbursed up to a maximum of \$1,000.00, excess of \$100.00 each and every loss and excess of all other valid Insurances and any amounts refundable from any other sources. Excluding any condition or set of circumstances known to an Insured Person at the time the covered trip was booked or this Insurance was effected whichever is the later, where such condition or set of circumstances could reasonably have been expected to give rise to the cancellation or curtailment of the Insured Person's covered trip.

OPTIONAL COVERAGES

The following are optional benefits available only if elected on the Application and the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

Hazardous Sports or Activity Coverage. Underwriters will reimburse You for Eligible Expenses which are incurred due to an Injury resulting from participation in a Hazardous Sport or Activity that is specifically named in the Definitions. Benefits up to a maximum of \$250,000 or the maximum benefit as stated in the schedule, whichever is lesser.

LIMITATIONS AND EXCLUSIONS

LIMITATIONS - Expenses which have limitations are as follows:

1. Services and supplies for Cardiac Related Conditions and Cancer Related Conditions are limited to either (i) the medical costs of stabilizing Your condition and the transportation costs of returning You to Your Home Country or (ii) a maximum reimbursement for Eligible Expenses of \$25,000.00, at the option of Underwriters.
2. The maximum Eligible Expense for Repatriation of Remains or Global Medical Transportation is \$100,000.00 in the aggregate.
3. The maximum Eligible Expense room and board charge for an intensive care unit is three times the Provider's semi-private room and board charge.
4. Insured age 70-74 are limited to \$250,000.00 maximum benefit, all other terms and conditions apply.
5. Insured age 75-79 are limited to \$100,000.00 maximum benefit, all other terms and conditions apply.
6. Insured age 80-84 are limited to \$50,000.00 maximum benefit, all other terms and conditions apply.

EXCLUSIONS - Expenses which are not eligible for reimbursement are as follows:

1. Any expense which You are not legally obligated to pay.
2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from

- any other source except Medicaid.
4. Expenses in excess of UCR.
 5. Outpatient drugs, except following a hospitalization if prescribed for the same Illness or Injury.
 6. Self-inflicted injuries while sane or insane.
 7. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
 8. Rest cures, quarantine or isolation.
 9. Cosmetic surgery unless necessitated by an accidental Injury.
 10. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
 11. Eye glasses or eye examinations.
 12. Hearing aids or hearing examinations.
 13. General or routine examinations.
 14. Injuries sustained from participation in Hazardous Sports or Activities.
 15. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
 16. Injuries or Illnesses due to War or any act of War whether declared or undeclared.
 17. Injuries or Illnesses due to an Act of Terrorism.
 18. Injuries or Illnesses involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
 19. Injuries or Illnesses sustained while committing a criminal or felonious act.
 20. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
 21. Cataract surgery.
 22. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
 23. Custodial Care.
 24. Expenses for supplies and services that were not incurred within the specified Geographic Area.
 25. Pre-existing conditions.

TERMINATION OF BENEFITS

The insurance described in this Certificate will terminate upon the earlier of the Expiry Date of this Certificate or Your return to Your Home Country.

If on the Expiry Date, You are a patient confined in a Hospital in the specified Geographic Area, benefits will continue until the earlier of (i) the date You are discharged from the Hospital, or (ii) 30 days from the Expiry Date.

CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of a claim must be given to Us within 20 days after the date Eligible Expenses are incurred, or as soon after that as reasonably possible. Notice given by You or on Your behalf to the Coverholder indicated in this certificate at the following address that identifies You will be sufficient notice: PETERSEN INTERNATIONAL UNDERWRITERS, 23929 Valencia Blvd., Suite 215, Valencia, CA 91355.

CLAIMS FORMS: Underwriters will furnish forms for filing proof of loss upon receipt of notice of claim.

PROOF OF LOSS: Written proof of loss must be given to Underwriters within 90 days after the date Eligible Expenses are incurred. Failure to furnish written proof of loss within that time will not reduce the claim if it was not possible to give proof within the time required. However, proof may not be furnished later than 1 year from the time proof is normally required, except in the case of legal incapacity. Written proof of loss includes, but is not limited to:

1. Completed claim form.
2. Signed authorization for release of medical records.
3. Original receipts from Providers, or copies of canceled checks or credit card payments plus a copy of a Provider statement or bill. All receipts must contain legible information to determine the name and address the Provider; the diagnosis; the treatment rendered; the date of service; and the payment made to Provider.

In addition, Underwriters reserve the right to verify Your proof of loss by obtaining any or all necessary medical records or other necessary information from other sources. This will be obtained at Underwriter's expense.

TIME OF PAYMENT OF CLAIMS: Underwriters will reimburse You for all benefits due upon receipt of written proof of loss and verification of loss.

PAYMENT OF CLAIMS: Benefits are paid directly to You to reimburse You for eligible medical expenses which have been paid by You unless Underwriters agree to pay the Providers directly.

ACTS OF THIRD PARTIES: In the event You are injured through the wrongful act, negligence or omission of another person, Underwriters will reimburse You under the insurance described in this Certificate. However, Underwriters will have the right to recover the amounts Underwriters pay that You collect from the liable third party. You agree, as a condition of coverage, to reimburse Underwriters immediately upon collection of damages, whether by action at law, settlement or otherwise, and to cooperate with Underwriters fully by furnishing information, forms, assignments or liens which will enable Underwriters to recover from the liable third party.

RIGHT TO KNOW UCR: You have the right to know the Usual, Customary and Reasonable (UCR) rates for all Eligible Expenses. To determine the UCR, You must provide Underwriters with the appropriate CPT code which can be obtained from Your Provider. Providing UCR information to You prior to Your incurring and paying this amount, does not waive Underwriter's rights to adjust, negotiate, or investigate Your claim. Underwriters reserve the right to negotiate settlements and/or contracts with Providers instead of paying UCR.

PHYSICAL EXAMINATION: Underwriters have the right to examine You at Underwriter's expense during the length of any claim and Underwriters may do so as often as Underwriters find necessary. Underwriters further reserve the right to have any claim monitored by a claims manager in cooperation with Your Physician.

CLAIMS AFTER EXPIRY DATE: Expenses incurred after the Expiry Date are not covered. If You are hospitalized on the Expiry Date, benefits will continue for a maximum of 30 days or until You are released from the Hospital, whichever is sooner.

GENERAL PROVISIONS

PREMIUMS: Premiums must be paid in advance and are fully earned to the Expiry Date.

GRACE PERIOD: After payment of the first premium installment, Underwriters will allow You a grace period of 31 days following a premium installment due date to pay subsequent premiums. During this grace period, the insurance described in this Certificate will remain in force. You will be liable for payment of premium for the Period the Insurance described in this Certificate.

UNPAID PREMIUM: If unpaid premiums exist at the time benefits are paid under this Certificate the amount of premium unpaid may be deducted from any benefits paid.

SHORT RATE CANCELLATIONS: Short Rate Cancellations are not applicable to this coverage.

TERMINATION FOR NONPAYMENT: If any premium is not paid before the end of the grace period, the insurance described in this Certificate will terminate at the end of the month for which premiums were paid.

NEW PERIOD OF INSURANCE: A new Period of Insurance may be offered subject to full underwriting. A new Period of Insurance may contain new terms, new premium and/or other modifications, or be declined. No new Period of Insurance will be offered if there are any open claims. Underwriters reserve the right to not make any offers for a new Period of Insurance for any reason.

ASSIGNMENT: The insurance described in this Certificate may not be assigned, in whole or in part, without the

prior written consent of Underwriters.

NOTICES: All notices, claims, proofs of loss and other communication must be sent to Underwriters in care of PETERSEN INTERNATIONAL UNDERWRITERS, 23929 Valencia Blvd., Suite 215, Valencia, CA 91355.

CORRESPONDENCE TO INSURED(S): Any form of communications from Us, shall be to one representative of the Insured(s). Communications to this representative shall be considered communications to all Insured(s) named on this contract.

MISSTATEMENT OF AGE: If your age is incorrectly stated, we will adjust the benefits stated in the certificate to what the premiums would have purchased if the correct age had been given.

MISSTATEMENT OR CONCEALMENT: Material misstatement or concealment of health information made by You or by any person acting on Your behalf may render the insurance null and void and no benefits will be payable.

ENTIRE CONTRACT: The insurance described in this Certificate or in any attached endorsements or other papers make up the entire contract. No agent or broker is allowed to change the insurance in any way. Changes will not be valid unless approved by Underwriters and recorded in writing to be attached to and form part of this Certificate.

UNDERWRITERS LIABILITY: You or Your representative can obtain further details of the syndicate numbers and the proportions of this insurance for which each of the Underwriters at Lloyd's is liable by requesting them from the Coverholder indicated in this certificate. In the event of a loss, each Underwriter (and their executors and administrators) is only liable for their own share of the loss.

GRIEVANCE PROCEDURES: Should You be dissatisfied with any claim or administration issue, the following steps apply. Notwithstanding any other item set forth herein, the parties hereby agree that any dispute which arises shall follow these procedures:

- 1. General Inquiry:** At any time You have the right to communicate with Us, either directly or through a representative, to seek clarification and assistance on any issue.
- 2. Informal Review:** Should You not be satisfied with the response from Your General Inquiry, You have the right to request an Informal Review. This Informal Review should be requested in writing, but may be verbally requested. The Informal Review should be requested within 60 days following the claim or administrative decision, but in no case before such claim or administrative decision. Underwriters shall respond within a reasonable amount of time.
- 3. Formal Review.** Should You still not be satisfied with the response You received through an Informal Review, then You have the right to request a Formal Review. Please provide a written summary of the issue and any items which may be useful for Us to review. A Formal Review must be requested no more than 90 days following an Informal Review. Underwriters shall respond to Your request within a reasonable amount of time.
- 4. Legal Action.** No legal action may be brought to recover under the insurance described in this certificate until after the response of a Formal Review. No action may be brought more than one year after the date of the original claim or administrative decision. Legal Action shall not take place prior to a Formal Review.

CONFORMITY WITH STATE STATUTES: Any provision of this certificate which, on its effective date, is in conflict with the statutes of the state in which the Insured resides on such date is hereby amended to conform to the minimum requirements of such statutes.

LLOYD'S PRIVACY POLICY STATEMENT UNDERWRITERS AT LLOYD'S, LONDON

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

INFORMATION WE COLLECT

The non-public personal information that we collect about you includes, but is not limited to:

- Information contained in applications or other forms that you submit to us, such as name, address and social security number;
- Information about your transactions with our affiliates or other third-parties, such as balances and payment history;
- Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history.

INFORMATION WE DISCLOSE

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

CONFIDENTIALITY AND SECURITY

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

RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

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

CONTACTING US

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

SERVICE OF SUIT CLAUSE (U.S.A.)

It is agreed that in the event of the failure of the Underwriters hereon to pay any amount claimed to be due hereunder, the Underwriters hereon, at the request of the Insured (or Reinsured), 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 & MOUNT

750 Seventh Avenue
New York, NY 10019 6829
USA

MENDES & MOUNT (if California)

Union Bank Building
445 South Figueroa Street, 38th Floor
Los Angeles, California 90071
USA

LLOYD'S KENTUCKY, INC. (if Kentucky)

314 West Main Street
Frankfort, KY 40601-1808
USA

and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon the request of the Insured (or Reinsured) to give a written undertaking to the Insured (or Reinsured) that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefore, Underwriters hereon hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or 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 Insured (or Reinsured) or any beneficiary hereunder arising out of this contract of insurance (or reinsurance), and hereby designate the above named as the person to whom the said officer is authorized to mail such process or a true copy thereof.

APPLICABLE LAW (U.S.A.)

This Insurance shall be subject to the applicable state law to be determined by the court of competent jurisdiction as determined by the provisions of the Service of Suit Clause (U.S.A.).

LMA5021
14/09/2005
Form approved by Lloyd's Market Association

SEVERAL LIABILITY NOTICE

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

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LSW1001 (Insurance)