

(please print or type using black ink)

**Official Use Only:**

Cert#: \_\_\_\_\_ Processed: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Agent: \_\_\_\_\_

**applicant information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Country of Permanent, fixed Residence: \_\_\_\_\_  
(Home Country)

Passport Number/Country: \_\_\_\_\_

Departure Date from your Home Country? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_

AD&amp;D Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_  
(Accidental Death & Dismemberment)**address of correspondence - where id card is to be sent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Previously insured by Seven Corners?  Yes  No ID #: \_\_\_\_\_

When would you like coverage to begin? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_

Destination?: \_\_\_\_\_ Length of trip?: \_\_\_\_\_

What is your expected return date? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_

*Please note: The minimum period of coverage is 5 days, the maximum is 6 months (please see Continuing Coverage Option). Coverage must be purchased in increments of no less than 5 days. Coverage cannot begin until your departure from your Home Country, nor will coverage begin before Seven Corners receives and accepts your application and correct payment.*

**coverage specifics**Are you traveling:  to the U.S. or  outside the U.S.Policy Maximum:  \$50,000  \$100,000  \$500,000  \$1,000,000**Deductible:      Option      Factor** \$0      1.30 \$100      1.10 \$250      1.00 \$500      .90 \$1000      .80 \$2500      .70**continuing**Coverage Option:  No  Yes (must buy at least 3 months)Coverage Option:  Hazardous Sport Coverage (1.15)

In Florida, Florida Resident – Agent No. A269211

**calculating your plan cost**

(Please complete entire section.)

Name of Person(s) to be Insured:	Date of Birth MM/DD/YY	Monthly Rate	Daily Rate
Applicant: _____	___/___/___		
Spouse: _____	___/___/___		
Child: _____	___/___/___		
Child: _____	___/___/___		
Child: _____	___/___/___		
<b>Total:</b>		<b>\$</b>	<b>\$</b>

**minimum period of coverage is 5 days**

Multiply Monthly Rate Total by number of months:	x	
Monthly Total [A]:		\$
Multiply Daily Rate Total by number of days:	x	\$
Daily Total [B]:		\$
Total of [A] and [B]:		\$
Multiply by Deductible Factor:	x	
Total:		\$
Multiply by Coverage Option Factor: (If applicable)	x	
<b>Total Payment Enclosed:</b>		<b>\$</b>

**method of payment**
 Check       Money Order       MasterCard  
 Visa       Discover       American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

Make Check or Money Order payable to "Seven Corners". Total Payment for the Full Term of coverage requested must be paid in U.S. dollars (checks must be issued from a U.S. bank) at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I declare that I understand the terms and conditions of this product, as outlined in this brochure. I understand that Pre-existing Conditions, as defined in Exclusion number 1, are excluded. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the American Consumer Insurance Trust and enroll in the group coverage for which I am eligible under the group contract issued by Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Insurance Company. (For Special States, it is the Global International Trust by Certain Underwriters at Lloyd's of London).

Signature of Insured or Proxy (Required)  
(Proxy is someone acting on behalf of insured.)

Date