

[SAMPLE SCHEDULE OF INSURANCE]

Allied World Assurance Company, Ltd.

Group Name: Diplomat America
 Policy Number: LF003805-?????
 Insured Person: ??
 Effective Date: ??
 Termination Date: ??
 Covered Dependents: No Covered Dependents
 Additional Coverage (if any):
 Athletic/ Hazardous Activity Rider Levels:N/A
 Enhanced AD&D Benefit: \$???? MAX
 Medical Maximum: \$????
 Deductible: \$????
 \$ 500,000.00 - Emergency Medical Evacuation and Repatriation
 \$ 50,000.00 - Return of Mortal Remains
 \$ 50,000.00 - Emergency Medical Reunion
 \$ 50,000.00 - Return of Minor Child(ren)
 \$ 5,000.00 - Interruption of Trip
 \$ 250.00 - Loss of Baggage
 \$ 50,000.00 - Political and Natural Disaster Evacuation
 \$ 25,000.00 - Accidental Death and Dismemberment / Disappearance (Unless Enhanced Benefit Purchased)
 \$ 25,000.00 - Paralysis Maximum
 \$ 25,000.00 - Coma Benefit Maximum
 \$ 25,000.00 - Seat Belt and Airbag Maximum
 \$ 25,000.00 - Felonious Assault Maximum
 \$ 2,500.00 - Home Alteration and Vehicle Modification Maximum
 Usual, Customary & Reasonable Expenses (UCR) - Emergency Dental Treatment (Accident)
 \$100.00 - Emergency Dental Treatment (Palliative)

Co Insurance: After satisfying the selected deductible the Company will pay 80%of Covered Costs up to \$5,000 and then 100% up to the selected policy maximum. Eligible expenses are based on Reasonable & Customary charges. The pre-existing condition exclusion for this plan is 24 months. Global Underwriters Agency, Inc. has received your application and premium payment of \$???? for the coverage listed. Refund of premium, less a \$25.00 cancel fee, will be made ONLY if a written request is received by Global Underwriters PRIOR to the effective date. After that, the premium is considered fully earned and IS NOT REFUNDABLE. There are no partial refunds.

INSURANCE INFORMATION CARD

Insured Name: ??
 DOB: ??
 Covered Dependents: No Covered Dependents
 Confirmation Address: ??
 Destination:

Country	Effective Date	Termination Date
UNITED STATES OF AMERICA	??	??

 Policy Certificate Number:LF003405-?????
 Deductible: \$????
 Coverage Period: ?? to ??

BENEFICIARIES

Last Name	First Name	Relationship	Percent %
?	?	?	100.00%

WHERE TO FILE A CLAIM

CLAIMS - Please mail all claims *with completed* claim form to:
 Global Claims Administration
 3195 Linwood Rd Suite 201
 Cincinnati, OH 45208

For status on *submitted* claims or to obtain a claim form or verify benefits call **800-513-2981 in USA/outside USA call direct 513-533-1330.**

ASSISTANCE SERVICE

On Call International provides worldwide medical or travel assistance, medical referral, emergency medical evacuation, emergency reunion, and repatriation. Please be ready to state your policy certificate number. To call toll free from the USA or Canada dial 866-509-7715. To call collect from other locations contact an AT&T International Operator to place your call to 603-328-1728.

For questions regarding your coverage, please call your agent ???? at ????.