

Please type or print in ink.

OFFICIAL USE ONLY -

Agent: _____

LIAISON® CONTINENT APPLICATION

APPLICANT INFORMATION

Last Name: _____

First Name: _____ M.I.: _____

Destination Countries: _____

List all destinations for your trip. We cannot cover travel to Islamic Republic of Iran & Syrian Arab Republic.

Passport Country & Number: _____

Departure Date from your Residence Country? (MM/DD/YY) ____/____/____

Coverage Start Date: (MM/DD/YY) ____/____/____

Coverage End Date: (MM/DD/YY) ____/____/____

The minimum coverage period is 5 days, the maximum is 187 days.

Important: We cannot accept an address in these locations:

States in the USA: Maryland, Washington, New York, South Dakota, Colorado.

Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia,

Ghana, Nigeria, and Sierra Leone.

MAILING ADDRESS:

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Work Phone: () _____ Home Phone: () _____

Email Address: _____

I would like to receive communications from Seven Corners and/or my agent about products in the future.

AD&D BENEFICIARY DETAILS

Beneficiary: _____

Relationship: _____

CALCULATING YOUR PLAN COST

PLAN MAXIMUM:

\$50,000 \$100,000 \$500,000

\$1,000,000

WHERE ARE YOU TRAVELING?

To the U.S. Plan A Plan B

Outside the U.S. Plan E Plan F

*Use applicable Daily Rates from page 7.

Name of Persons to be Insured:

Date of Birth
MM/DD/YY

Gender

Daily Rate*
(USD)

Primary: _____ /____/____ M F _____

Spouse: _____ /____/____ M F _____

Child: _____ /____/____ M F _____

Child: _____ /____/____ M F _____

Child: _____ /____/____ M F _____

1. Add the amounts in the Daily Rate column together. Enter the result on line 1. This your Daily Rate Total. 1. _____

2. Choose your Deductible from the chart below by placing an x in the appropriate box. Write the corresponding Factor on line 2. 2. _____

Deductible	Factor	Deductible	Factor
<input type="checkbox"/> \$0	1.25	<input type="checkbox"/> \$500	0.9
<input type="checkbox"/> \$100	1.1	<input type="checkbox"/> \$1,000	0.8
<input type="checkbox"/> \$250	1.0	<input type="checkbox"/> \$2500	0.7

3. Would you like the optional Hazardous Sports Coverage? If one traveler wants this benefit, all insured travelers must purchase. 3. _____

Yes No If yes, enter 0.15 on line 3. If no, enter 0 on line 3.

4. Add line 2 and 3 together. Enter the result on line 4. This is your Total Factor. 4. _____

5. Multiple line 1 by line 4. Enter the result on line 5. This is your Rate Adjustment Factor. 5. _____

6. Enter your Total Number of Travel Days on line 6 (include all travel days & the start & end dates for your trip). 6. _____

7. Multiply line 5 by line 6. Enter the result on line 7. This is your Total Payment. 7. _____

METHOD OF PAYMENT: Check Money Order MasterCard Visa Discover American Express

If paying by check or money order, make payable to World Commercial Trust and mail with your application to the address below. Checks must be issued from a US bank. If paying by credit card, you may mail or fax to us. World Commercial Trust - P.O. Box: 56575, Station A - Toronto, ON M5W 4L1 Fax: 317-575-2659

Card Number: _____ Expiration Date: _____ Daytime Phone: () _____

Name on Card: _____ Billing Address: _____

Signature (Required) _____

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the Master Policy issued by Certain Underwriters at Lloyd's, London and Tramont Insurance Company Limited. The premiums listed include a trust fee. Total payment for the full term of coverage requested must be paid in U.S. dollars at the time of application in order for coverage to be issued. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I understand that this coverage is not a general health insurance policy, but a limited benefit period, travel medical program intended for use while away from my Home Country. I understand that the information contained herein, in the program brochures and the Certificate of Insurance (Certificate) is a summary of the benefits to which I may be entitled under the Master Policy and if, there is any difference, the provisions of the Certificate shall prevail. I understand that I may obtain a copy of the Master Policy upon request to Seven Corners. I declare that I have read and understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the Certificate. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. I understand that wherever coverage provided would be in violation of any law including U.S. or appropriate state law (including U.S. economic or trade sanctions), such coverage will be null and void. Seven Corners, Inc. and Certain Underwriters at Lloyd's are subject to sanctions, prohibitions or restrictions under UN resolutions or the trade or economic sanctions, laws or regulations of the European Union (EU), United Kingdom or the United States (including those administered by the Office of Foreign Assets Control (OFAC)). If your Home Country is subject to US, EU or UN sanctions or you are personally the subject of any sanctions or are a "Designated Person" for EU or OFAC purposes (or any similar regime in any other country), we cannot provide you coverage, and any Certificate sent to you will be null and void from its issuance. For the purposes of this program, "Home Country" is the country where you have your true, fixed and permanent residence. Notwithstanding the foregoing, for United States Citizens, the Home Country is always the United States. I hereby certify that my Home Country is not currently subject to US, EU or UN sanctions and that I am not a Designated Person (or otherwise personally subject to any sanctions law).

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Residents of India who are seeking to procure this insurance online whilst in India are required to obtain permission from the Central Government and Reserve Bank of India prior to purchasing this insurance.

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

Date

DAILY RATES

Rates based on a \$250 Deductible

Effective from April 18, 2017

TRAVELING IN THE UNITED STATES

If the applicant is traveling to, temporarily residing in, or visiting the United States, please use these rates. If any part of your trip includes travel to the United States, you must use these rates.

Plan A: 80/20 to \$5000, then 100%

After you pay the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.27	\$1.60	\$2.02	\$2.37
30 to 39	\$1.69	\$2.12	\$2.68	\$3.03
40 to 49	\$2.49	\$3.06	\$4.03	\$4.49
50 to 59	\$3.67	\$4.70	\$5.85	\$6.82
60 to 64	\$4.47	\$5.86	\$7.05	\$8.52
65 to 69	\$5.06	\$6.44	\$7.71	\$9.40
70 to 79	\$7.14	N/A	N/A	N/A
80+*	\$11.75	N/A	N/A	N/A
Dependent Child†	\$1.18	\$1.41	\$1.83	\$2.37
Child Alone††	\$1.27	\$1.60	\$2.02	\$2.37

*Ages 80+ limited to \$15,000.

†Dependent Child rate is applicable when at least one parent will also be covered under Liaison® Continent.

††Child Alone rate is used when a child will be insured by themselves.

Plan B: 75/25 to max

After you pay the deductible, the program pays 75% of eligible expenses to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.14	\$1.44	\$1.82	\$2.13
30 to 39	\$1.52	\$1.90	\$2.41	\$2.72
40 to 49	\$2.24	\$2.75	\$3.63	\$4.04
50 to 59	\$3.30	\$4.23	\$5.27	\$6.13
60 to 64	\$4.02	\$5.27	\$6.35	\$7.66
65 to 69	\$4.55	\$5.80	\$6.94	\$8.46
70 to 79	\$6.43	N/A	N/A	N/A
80+*	\$10.58	N/A	N/A	N/A
Dependent Child†	\$1.06	\$1.27	\$1.65	\$2.13
Child Alone††	\$1.14	\$1.44	\$1.82	\$2.13

*Ages 80+ limited to \$15,000.

†Dependent Child rate is applicable when at least one parent will also be covered under Liaison® Continent.

††Child Alone rate is used when a child will be insured by themselves.

IMPORTANT COVERAGE INFORMATION

Coverage does not begin until you depart your home country and Seven Corners receives and accepts your application and correct payment.

TRAVELING OUTSIDE THE U.S.

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

Plan E: 100% after the deductible to maximum

After you pay the deductible, the program pays 100% to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.77	\$0.92	\$1.07	\$1.22
30 to 39	\$0.91	\$1.07	\$1.39	\$1.45
40 to 49	\$1.53	\$1.75	\$1.99	\$2.07
50 to 59	\$2.62	\$2.98	\$3.16	\$3.22
60 to 64	\$3.15	\$3.55	\$3.84	\$3.88
65 to 69	\$3.78	\$4.03	\$4.66	\$5.18
70 to 79	\$5.53	\$6.86	N/A	N/A
80+*	\$10.11	N/A	N/A	N/A
Dependent Child†	\$0.68	\$0.82	\$0.97	\$1.07
Child Alone††	\$0.77	\$0.92	\$1.07	\$1.22

*Ages 80+ limited to \$15,000.

†Dependent Child rate is applicable when at least one parent will also be covered under Liaison® Continent.

††Child Alone rate is used when a child will be insured by themselves.

Plan F: 80/20 to max

After you pay the deductible, the program pays 80% of eligible expenses to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.69	\$0.83	\$0.96	\$1.10
30 to 39	\$0.82	\$0.96	\$1.25	\$1.30
40 to 49	\$1.38	\$1.57	\$1.79	\$1.86
50 to 59	\$2.36	\$2.68	\$2.85	\$2.90
60 to 64	\$2.84	\$3.20	\$3.46	\$3.49
65 to 69	\$3.40	\$3.62	\$4.19	\$4.66
70 to 79	\$4.98	\$6.17	N/A	N/A
80+*	\$9.10	N/A	N/A	N/A
Dependent Child†	\$0.61	\$0.74	\$0.87	\$0.96
Child Alone††	\$0.69	\$0.83	\$0.96	\$1.10

*Ages 80+ limited to \$15,000.

†Dependent Child rate is applicable when at least one parent will also be covered under Liaison® Continent.

††Child Alone rate is used when a child will be insured by themselves.

Attention: Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The premiums listed above include a trust fee.