

# roundtrip<sup>®</sup> elite

2009 washington state



**protect your tickets,** your luggage, and your health, worldwide.  
trip cancellation • interruption and delay • emergency medical and dental • medical transportation



**SEVEN CORNERS**

FSGRTWA-01

## coverage options

### enhanced benefits with roundtrip elite

RoundTrip Elite helps ensure that you are prepared in the event of an accident, sickness or loss while traveling. By insuring your non-refundable trip costs, you are protected against unforeseen events that would cause your trip to be cancelled. In addition, you will receive coverage for baggage protection, travel assistance services, accidental death and dismemberment, and emergency medical evacuation and repatriation. You can now choose Cancel for Any Reason with RoundTrip Elite.

We've optimized the medical coverage for most travelers, however, you may determine you need greater coverage for specific benefits. Consider Liaison® International (*underwritten by Nationwide Mutual Insurance Company and affiliated companies*), or other plans from Seven Corners for up to \$5,000,000 of international medical limits. We have a plan that's right for you.

### protection plan outline

This brochure describes the highlights of our protection plan. Plan details and an ID Card will be mailed to you after you have purchased benefits or can be obtained immediately when using the online system. These details provide complete information regarding the benefits, exclusions and limits of the protection plan. Please read them carefully.

*Note: Certain terms are defined in the Evidence of Benefits that will be mailed to you with your confirmation.*

### eligibility

RoundTrip Elite may be purchased if You are a resident of the United States or if You purchase this plan within the United States.

Dependent Children are children of the Primary Applicant under 19 years of age.

## schedule of benefits

### roundtrip elite

benefit	per person limit
Trip Cancellation	Tour Cost to a max. of: \$30,000
Trip Interruption	150% or tour cost maximum
Trip Delay	\$750
Missed Connection	\$750
Emergency Medical Expense	\$75,000
Emergency Medical Evacuation/ Repatriation	\$500,000
Lost Baggage / Personal Effects	\$1,500
Baggage Delay	\$300
24-Hour AD&D	\$25,000
Common Carrier AD&D	\$25,000
Travel Assistance Services	Included
Optional Flight Accident per Trip	\$100,000; \$250,000; or 500,000
Optional Collision Damage Waiver (CDW)	\$35,000
Optional Cancel for Any Reason	Up to 75% of Non-Refundable Trip Cost

## description of coverage

### when you are eligible for benefits

"Effective Date" is 12:01 a.m. following the postmark of Your enrollment form or the date You fax or transmit Your enrollment via the Internet with the proper payment.

- **trip cancellation and assistance services** – Coverage begins on the effective date and time specified in the Confirmation of Benefits. Coverage ends at the point and time of departure on Your Scheduled Departure Date.
- **trip delay / missed connection** – In force while You are en route to and from Your Trip.
- **flight accident plan** (*if chosen*) – Begins on the departure date or the date Your completed enrollment form and fees are postmarked, faxed, or transmitted via the Internet and ends when the Trip is completed or after 30 days (*unless additional days are purchased*), whichever comes first.
- **collision damage waiver** (*if chosen*) – Begins on the departure date or the date Your completed enrollment form and fees are postmarked, faxed, or transmitted via the Internet and ends when the Trip is completed or after 30 days (*unless additional days are purchased*), whichever comes first.
- **cancel for any reason** (*if chosen*) – Your eligibility begins on Your Effective Date.
- **all other coverages** (*includes trip interruption*) – Coverage begins at the point and time of departure on the Scheduled Departure Date. Coverage ends at the point and time of return on Your Scheduled Return Date. In the event the Scheduled Departure Date and/or the Scheduled Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor You have control Your term of coverage shall be automatically adjusted in accordance with the Travel Supplier's notice to the Company of the delay or change.
- **maximum trip length** – 30 days (*unless additional days are purchased*).

### roundtrip elite trip cancellation/ interruption

Benefits will be paid up to the Maximum Benefit Amount, to cover an Insured for the unused, non-refundable and prepaid expenses for Travel Arrangements when an Insured is prevented from taking his or her Trip due to:

1. Sickness, Injury or death involving You or Your Traveling Companion or You or Your Traveling Companion's Business Partner or You or Your Traveling Companion's Family Member which results in medically imposed restrictions as certified by a Legally Qualified Physician at the time of loss preventing the Insured's continued participation in the Trip;

### roundtrip elite trip cancellation/ interruption (cont.)

2. Unannounced Strike that causes complete cessation of services of the Insured's Common Carrier for at least 48 consecutive hours;
3. Weather that causes complete cessation of services of the Insured's Common Carrier for at least 48 consecutive hours;
4. Employer termination or layoff affecting You or a person(s) sharing the same room during Your Trip. Employment must have been with the same employer for at least three (3) consecutive years;
5. Your Primary Residence or that of Your Traveling Companion is rendered uninhabitable by unforeseen circumstances;
6. Burglary of You or Your Traveling Companion's primary residence within 10 days of departure of the Trip;
7. Felonious Assault of the Insured or a Traveling Companion within 10 days of departure or during the Trip;
8. Bankruptcy or Default of an airline, cruise line, or tour operator (*other than the travel agency from whom You purchased the travel arrangements*) which stops service more than fourteen (14) days following the Effective Date;
9. Terrorism in a country which is part of the Trip, which causes the United States Department of State to issue a travel warning that an Insured should not travel within that country for a period of time that would include the Trip. Such travel warning must be made after the Effective Date.
10. Hijack, quarantine, jury duty, or court ordered appearance as a witness in a legal action in which an Insured or Traveling Companion is not a party (except law enforcement officers);
11. The Insured or Traveling Companion is called to emergency military duty for a national disaster other than war;
12. Traffic accident, substantiated by a police report, directly involving either the Insured or Traveling Companion while en route to a scheduled point of departure;
13. If the Travel Supplier cancels Your Trip, You are eligible for the benefit amount shown in the Schedule of Benefits for the reissue fee charged by the airline for each of the Insureds' tickets. You must have protected the entire cost of their Trips, including the airfare.

### trip cancellation

The Company will reimburse You for the following:

1. Maximum payable under this benefit is the lesser of a) total cost of the Insured's Trip; or b) the total amount of coverage the Insured purchased.

In no event shall the amount reimbursed exceed the amount You prepaid for the Trip.

## description of coverage

### trip cancellation (cont.)

Single Supplement: Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion has their Trip delayed, canceled or interrupted for a covered reason and an Insured does not cancel.

### trip interruption

Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for Travel Arrangements and/or the additional cost for one way Economy Transportation for the Insured to return to their original destination or rejoin their Trip less the value of the original unused return ticket when as Insured is prevented from completing his or her Trip.

### trip delay

The Company will reimburse You for Covered Expenses on a one-time basis, up to the maximum amount shown in the Confirmation of Coverage, if You are delayed for 3 hours or more hours while in route to or from a Trip, due to:

1. Any delay of a Common Carrier. The delay must be certified by the Common Carrier;
2. A traffic accident in which You or Your Traveling Companion are not directly involved (*must be substantiated by a police report*);
3. Lost or stolen passports, travel documents or money (*must be substantiated by a police report*);
4. Quarantine, hijacking, strike, natural disaster, terrorism or riot; or
5. Documented weather condition preventing the Insured from getting to the point of departure;

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for:

1. The Additional Transportation Cost from the point where You were delayed to a destination where You can join the Trip;
2. The Additional Transportation Cost to return You to Your originally scheduled return destination;
3. Reasonable accommodation and meal expenses up to \$150 per day necessarily incurred by You for which You have proof of purchase and which were not paid for or provided by any other source; and
4. The non-refundable, unused portion of the prepaid expenses for the Trip as long as the expenses are supported by, proof of purchase and are not reimbursable by any other source.

### missed connection

This benefit covers missed Cruise departures that result from cancellation or delay. If You miss Your cruise or tour departure because the airline flight is delayed for 3 or more hours, due to:

1. Any delay of a Common Carrier. The delay must be certified by the Common Carrier;
2. Documented weather condition preventing the Insured from getting to the point of departure;

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount shown on the Confirmation of Coverage for:

1. The Additional Transportation Cost to join the cruise or tour;
2. Reasonable accommodations and hotel expenses.

### emergency medical sickness & accident expense

The Company will pay benefits up to the maximum amount shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness or Accidental Injury that first manifests itself during the Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, that must be performed during the Trip due to the serious and acute nature of the Sickness.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Legally Qualified Physician. They include but are not limited to:

1. The services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (*this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Trip, if recommended as a substitute for a hospital room for recovery of a Sickness or Injury*);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital;
4. Prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the expense incurred, up to the Maximum Benefit Amount, if You incur a Covered Expense as a result of Sickness or Accidental Injury, which manifests itself during the Trip.

Benefits will include expenses for emergency dental treatment not to exceed \$750.00.

## description of coverage

### emergency medical evacuation/ repatriation

The Company will pay benefits for Covered Expenses incurred, up to the Maximum Benefit Amount shown on the Confirmation of Coverage. If an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

For Emergency Medical Evacuation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

Transportation of Dependent Children: If You are in the Hospital for more than seven (7) consecutive days and Your dependent children who are under 18 years of age and accompanying You on the Trip, are left unattended, Economy Transportation will be paid to return the dependents to their home (*with an attendant, if considered necessary by the travel assistance company*).

Transportation to Join You: If You are traveling alone and are in the Hospital for more than seven (7) consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

### repatriation of remains

In the event of Your death, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your place of residence or to the place of burial.

### lost baggage

For Baggage and Personal Effects: Coverage will be provided to You: a) against all risks of permanent loss, theft or damage to baggage and personal effects; b) subject to all Exclusions and Limitations in the policy; c) up to the Maximum Benefit Amount; and d) occurring while this coverage is in force.

### baggage delay

If, while on a Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 24 hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

### accidental death & dismemberment (ad&d)

You will receive benefits for loss of life or dismemberment due to an accidental injury while on Your Trip.

### optional flight accident plan

The Company will pay benefits for Accidental Injuries resulting in a loss that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip.

### optional collision damage waiver

*Note: This benefit is not available if traveling to Texas or the following countries: Israel, Jamaica, Republic of Ireland or Northern Ireland.*

This Coverage Benefit is provided only if shown as covered on the Confirmation of Benefits.

## description of coverage

### optional collision damage waiver (cont.)

The Insured is eligible for benefits up to the Maximum Benefit Amount per reservation if the Insured rents a car while on the Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in the Insured's control while in the Insured's possession, or the car is stolen while in the Insured's possession and is not recovered. The Company will pay the lesser of:

1. The cost of repairs and rental charges imposed by the rental company while the car is being repaired; or
2. The Actual Cash Value of the car, meaning purchase price less depreciation; or
3. The amount shown on the Confirmation of Coverage.

### optional cancel for any reason

If You cancel Your Trip for any reason not otherwise covered by this plan, the Company will reimburse You for seventy-five percent (75%) of the prepaid, forfeited, non-refundable payments or deposits You paid for Your Trip provided:

1. Your plan payment is received within fifteen (15) days of the date Your initial deposit/payment for Your Trip is received; and
2. You insure 100% of all prepaid Trip costs that are subject to cancellation penalties or restrictions by the Travel Supplier; and
3. You cancel Your Trip two (2) days or more before Your Scheduled Trip Departure Date.

## description of exclusions

### when benefits do not apply

Benefits are not payable for Sickness, Injuries or losses of You, Your Traveling Companion, You or Your Traveling Companion's Family Member, or Your Business Partner resulting from:

suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane; resulting from an act of declared or undeclared war; while participating in maneuvers or training exercises of an armed service; while riding, driving or participating in races, or speed or endurance contests; while mountaineering (*engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment*); while participating as a member of a team in an organized sporting competition; while participating in skydiving, hang gliding, bungee cord jumping, scuba diving or deep sea diving; while piloting or learning to pilot or acting as a member of the crew of any aircraft; received as a result or consequence of being intoxicated, as specifically defined in the Policy, or under the influence of any controlled substance unless administered on the advise of a Legally Qualified Physician (*except for Accidental Death and Dismemberment, Accident Medical, and Sickness Medical benefits*); for Accidental Death and Dismemberment, Accident Medical, and Sickness Medical benefits; due to alcoholism and drug addiction; to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation; due to normal childbirth, normal pregnancy (*except complications of pregnancy*) or voluntarily induced abortion; for dental treatment (*except as coverage is otherwise specifically provided herein*); due to a Pre-existing Condition, as defined in this Policy. The Pre-existing Condition Limitation does not apply to: "Emergency Medical Evacuation" or the "Medical Repatriation" benefits; for mental or nervous disorders, unless hospitalized; or loss or damage (*including death or injury*) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto (*except for Accidental Death and Dismemberment, Accident Medical, and Sickness Medical benefits*).

## description of exclusions

### when benefits do not apply (cont.)

The following exclusions apply to Baggage/Personal Effects and Baggage Delay.

The Company will not provide benefits for any Loss or damage to:

1. Animals;
2. Automobiles and automobile equipment;
3. Boats or other vehicles or conveyances;
4. Trailers;
5. Motors;
6. Aircraft;
7. Bicycles except when checked as baggage with a Common Carrier;
8. Household effects and furnishings;
9. Antiques and collectors items;
10. Sunglasses, contact lenses, artificial teeth, dental bridges or hearing aids;
11. Prosthetic limbs;
12. Prescribed medications;
13. Keys, money, credit cards (*except as coverage is otherwise specifically provided herein*);
14. Securities, stamps, tickets and documents (*except as coverage is otherwise specifically provided herein*);
15. Professional or occupational equipment or property, whether or not electronic business equipment; or
16. Telephones, computer hardware or software.

Any Loss caused by or resulting from the following is excluded:

1. Breakage of brittle or fragile articles;
2. Wear and tear or gradual deterioration;
3. Confiscation or appropriation by order of any government or custom's rule;
4. Theft or pilferage while left in any unlocked vehicle;
5. Property illegally acquired, kept, stored or transported;
6. Your negligent acts or omissions; or
7. Property shipped as freight or shipped prior to the Scheduled Departure Date.

The following exclusions apply to Collision Damage Waiver:

Unless otherwise stated, benefits are not payable for:

1. Any obligation of the Insured, a Traveling Companion or Family Member traveling with the Insured assumed under any agreement (*except insurance collision deductible*);
2. Rentals of trucks, campers, trailers, off-road or four wheel drive vehicles, motor bikes, motorcycles, recreational vehicles or Exotic Vehicles;

### when benefits do not apply (cont.)

3. Any loss which occurs if the Insured or anyone traveling with the Insured are in violation of the rental agreement;
4. Failure to report the loss to the proper local authorities and the rental car company;
5. Damage to any other vehicle, structure or person as a result of a covered loss;

The following duties in the event of loss apply to Collision Damage Waiver. The Insured must:

1. Take all necessary and reasonable steps to protect the vehicle and prevent further damage to it;
2. Report the loss to the appropriate local authorities and the rental company as soon as possible;
3. Obtain all information on any other party involved in the Accident, such as name, address, insurance information and driver's license number;
4. Provide the Company all documentation such as rental agreement, police report and damage estimate.

### when "pre-existing" applies

"Pre-existing Condition" means any Injury, sickness or condition (including any condition from which death ensues of You, or Your Traveling Companion, or Your and/or Your Traveling Companion's Family Member or Your Business Partner for which within the one hundred eighty (180) day period prior to the Effective Date of the Insured's coverage under this Policy which a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

## additional information

### definitions

**common carrier** means any public land, air or water conveyance operating under a valid license providing for the transportation of passengers for hire.

**trip** means scheduled trips, tours or cruises for which a) coverage is requested; and b) the required premium is submitted prior to the Scheduled Departure Date. Maximum Trip duration is 90 days.

**family member** means any of the following who resides in the United States, Canada or Mexico: You or Your Traveling Companion's legal spouse or common-law spouse where legal; legal guardian; son or daughter (adopted, foster, step or in-law); brother or sister (*includes step or in-law*), parent (*includes step or in-law*), grandparent (*includes in-law*), grandchild, aunt, uncle, niece or nephew.

**insured** means the Principal Insured and his or her Family Members, Business Partner, or Traveling Companion who are covered under the Principal Insured's Policy.

**sickness** means an illness or disease that is first manifested, diagnosed or treated by a Legally Qualified Physician after the Effective Date of insurance and while the Insured is covered under this Policy.

**travel arrangements** means a) transportation, b) accommodations, and c) other specified services arranged by the Travel Supplier for the Trip.

**traveling companion** means a person or persons with whom a covered person has coordinated travel arrangements and intends to travel with during the trip.

**travel supplier** means any entity or organization that coordinates or supplies travel services for You.

**you or your** refers to all persons listed on the Confirmation of Coverage under the program purchased by You.

### claim questions & situations

After You have enrolled, You will receive an Evidence of Benefits and an ID Card, which will describe all aspects of the program, as well as who to contact in case of an emergency or if a claim should occur. The Assistance Company should be contacted if You require assistance while on Your Trip. When purchasing Your Trip, be sure to keep all documentation. This information will be required in order to process any claim.

Products underwritten by United States Fire Insurance Company.  
*Policy Form TP-401*

Please see Evidence of Benefits for Specific State information, and/or change in benefits.

### wellabroad.com

Traveling abroad can affect the health of the international traveler. Increased stress when adjusting to new surroundings and fatigue due to changes in diet, schedule and environment can further cause travelers to be more susceptible to other illnesses while abroad.

Seven Corners felt the most successful way to help people maximize the experience of their travels was to share our experience and education. We deal with travelers' concerns daily, and recognized we had valuable information we could share to benefit everyone, so we created a website called WellAbroad®. WellAbroad® hosts our educational information and members' experiences for anyone to access. It is free to Seven Corners' insureds.

Happy travels – [www.wellabroad.com](http://www.wellabroad.com)

### seven corners

Since 1993, Seven Corners, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry.

In California, operating under Seven Corners Insurance Services.

# travel assistance services

## assistance with travel

**pre-trip information:** Provide information concerning inoculation and visa requirements for countries worldwide

**weather information:** Concerning local weather conditions

**exchange rate information:** Present-Day currency rates, etc.

**embassy referral:** Providing contact information for the nearest embassies around the world

**interpreter referral:** Contact information for interpreters around the world

**lost passport:** Provide directions for lost passport recovery to insureds while traveling outside of their home country

**emergency message:** In the event of a medical emergency, assistance in relaying urgent messages to family, friends, or business associates at the insured's request

**hotel accommodation:** In case of insured's hospitalization outside of their home country, assistance in locating hotel accommodation for insured's traveling companion

## medical assistance while traveling

**24-hour telephone contact:** Should medical emergencies arise, there is help in locating medical care

**conference calls:** Arranging telephone conferences between your attending and home physicians

**second opinions:** Arranging second medical opinions in hospital cases

**emergency messages:** Relaying emergency messages to family and employer during medical emergencies

**payment guarantee:** Guarantee or payment of medical bills or authorizing medical benefits according to the program for eligible benefits only.

**ticketing services:** 24-hour ticketing service to arrange emergency family visits

**medical evacuations:** Arranging emergency medical evacuation from medically underserved areas

**repatriation:** Arranging medical transportation home after treatment

**medical / travel escorts:** Arranging escorts and transportation for unaccompanied children

**medical records:** Arranging transfer of medical records

**remains return:** Arranging repatriation of remains for deceased travelers

# program cost

rates effective september 1, 2009

## roundtrip elite

### Trip Cost

#### Per Person

Coverage must be purchased for the full cost of the Trip.

### Plan Rate

#### Per Person based on age on date of purchase.

The rates below are for Trips from 1 through 30 days long.

	0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$0*	\$27	\$38	\$48	\$67	\$119
\$1 - \$500	\$36	\$47	\$60	\$84	\$129
\$501 - \$1,000	\$46	\$61	\$83	\$109	\$173
\$1,001 - \$1,500	\$55	\$73	\$100	\$135	\$215
\$1,501 - \$2,000	\$66	\$88	\$123	\$165	\$267
\$2,001 - \$2,500	\$86	\$115	\$150	\$227	\$385
\$2,501 - \$3,000	\$97	\$129	\$180	\$269	\$451
\$3,001 - \$3,500	\$107	\$144	\$211	\$312	\$519
\$3,501 - \$4,000	\$118	\$158	\$248	\$361	\$599
\$4,001 - \$4,500	\$133	\$178	\$284	\$412	\$674
\$4,501 - \$5,000	\$147	\$197	\$320	\$461	\$751
\$5,001 - \$5,500	\$209	\$282	\$392	\$536	\$888
\$5,501 - \$6,000	\$228	\$307	\$427	\$586	\$971
\$6,001 - \$6,500	\$247	\$332	\$464	\$634	\$1,054
\$6,501 - \$7,000	\$268	\$362	\$505	\$693	\$1,149
\$7,001 - \$8,000	\$294	\$396	\$552	\$759	\$1,259
\$8,001 - \$9,000	\$330	\$445	\$622	\$853	\$1,418
\$9,001 - \$10,000	\$367	\$496	\$692	\$952	\$1,584

\*Note: If the Insured purchases the \$0 category – there is no Trip Cancellation – all other benefits apply

For Trips longer than 30 days, an additional cost of \$5 per person per day is required.

For Trip cost between \$10,001 and \$30,000, contact your producer or Seven Corners for the rate.

Note: This plan may not be available in all states. Please contact Seven Corners for a list of approved states.

## about seven corners



### SEVEN CORNERS

Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency, we've served clients in more than a hundred countries.

## for additional information:

## enrolling is easy

1. Read the entire brochure and complete the RoundTrip Elite Application in full. Plan cost for the entire package is due at the time of Application. Remember: Benefits must be purchased for the full cost of the Trip.
2. If paying by check or money order, make payable to: "Seven Corners" and enclose it together with completed Application.
3. If paying by credit card, complete the Application and mail or fax to Seven Corners. Be sure to sign the Method of Payment section *(for all payment methods)*.

Return the Application with your payment to:



### SEVEN CORNERS

303 Congressional Boulevard  
Carmel, IN 46032 USA

Fax: 317-575-2659 *(credit card orders)*

Phone: 800-335-0611 or 317-575-2652

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

*(You may fax only if paying by credit card. Originals are not required if Application is faxed to Seven Corners with credit card payment)*

**producer #** \_\_\_\_\_

**Protection Plan may be purchased if you are a resident of the United States or if you purchase this plan within the United States.**

### applicant information

*(First Name – Middle Name – Last Name)*

Primary Applicant: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

*(under 19 years of age)*

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

*(under 19 years of age)*

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### trip information

Departure Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Destination: \_\_\_\_\_

Name of Travel Supplier: \_\_\_\_\_

*(Airline, Tour Operator, Cruise Line, etc.)*

### personal information

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

*(must be a U.S. address)*

City / State / Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

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

Beneficiary: \_\_\_\_\_

*(For AD&D and optional Flight Accident Coverage)*

In Florida, Florida Resident – Agent No. A269211

### method of payment

- Check / Money Order Payable to Seven Corners
- Visa                       MasterCard     Discover/Novus
- Diners Club             American Express

*Signature is required below for all methods of payment.*

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

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

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

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

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

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. Plan costs are non-refundable after 10-day review period.

Signature: mandatory for all payment options.

Date

E-TP-04

### roundtrip elite rate calculation

*Plan must be purchased for the FULL cost of Trip. See rates on pg.16.*

	Trip Cost	Plan Cost*
Primary	\$ _____ =	\$ _____
Spouse	\$ _____ =	\$ _____
Dependent Child	\$ _____ =	\$ _____
Dependent Child	\$ _____ =	\$ _____

*\*Plan costs must be indicated for all travelers.*

**Total Plan Cost (a) =** \$ \_\_\_\_\_

### for trips of 31 – 90 days

*Include departure and return dates in calculation.*

$$\$5 \times \text{_____} \times \text{_____} = \$ \text{_____}$$

# of Days Over 30                      Total # of Travelers

### optional cancel for any reason

$(1.40) \times \$ \text{_____}$

*If chosen, must be purchased within 15 days of initial deposit.*

*Total Plan Cost (a)*

**New Total Plan Cost =** \$ \_\_\_\_\_

### optional coverage rate calculation

#### optional flight coverage (per person)

\$100,000 Protection for \$9 x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers

\$250,000 Protection for \$22 x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers

\$500,000 Protection for \$45 x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers

#### optional collision damage waiver

\$35,000 Protection for  
\$7 per day per car rental x \_\_\_\_\_ = \$ \_\_\_\_\_

### total rate calculation

Non-Refundable Processing Fee = \$ 5.00 \_\_\_\_\_

**Total Amount Due =** \$ \_\_\_\_\_

*And authorized as payment in the lower left box on this application*

## administered by:



**SEVEN CORNERS**

303 Congressional Boulevard

Carmel, IN 46032

800-335-0611 • 317-575-2652 • Fax: 317-575-2659

[www.SevenCorners.com](http://www.SevenCorners.com)



## insurance carrier:

Underwritten by United States Fire Insurance Company.

*Policy Form TP-401*

## for additional information: