

# LIAISON<sup>®</sup>

## INTERNATIONAL



### **TRAVEL MEDICAL INSURANCE**

To Protect You Outside Your Home Country For Up To 45 Days



SEVEN CORNERS

# CHOOSING LIAISON® INTERNATIONAL

## WHY CHOOSE LIAISON INTERNATIONAL?

If you are traveling outside of your home country,\* you need Liaison International from Seven Corners. Did you know that your health insurance at home does not always follow you when you travel abroad? No matter where you go, Seven Corners' Liaison International is there with medical coverage, an extensive network of providers, & 24-hour travel assistance. Make sure you receive the same level of care abroad that you have at home, & let us take the worry out of your travel!

*\*Your home country is the country where you have your true, fixed and permanent home & principal establishment.*

## WHY SHOULD YOU BUY?

You can feel confident with coverage from Liaison International. It is underwritten by Advent, Syndicate 780 at Lloyd's of London,\* an established organization with an AM Best rating of A (Excellent). Rest assured, your coverage will be there when you need it!

As your plan administrator, Seven Corners will handle all of your insurance needs from start to finish. We will process your purchase, provide all documents, & handle any claims. In addition, our own 24/7 in-house travel assistance team, Seven Corners Assist, will handle your emergency or travel needs. We have 20 years of experience with travel insurance, and we are here to help.

\*In specific scenarios, coverage is provided by Certain Underwriters at Lloyd's, London or Tramont Insurance Company Limited.

For more information regarding Tramont, please visit [www.tramontinsurance.com](http://www.tramontinsurance.com).

In California, Seven Corners operates under the name Seven Corners Insurance Services.

## WHO CAN BUY LIAISON INTERNATIONAL?

You may buy coverage for yourself, your legal spouse, domestic partner, or civil union partner & your unmarried dependent children over 14 days old & under 19 years. All applicants must be traveling outside of their home country.

## LENGTH OF COVERAGE

Your coverage length may vary from 5 to 45 days.

**Coverage Start Date** - This is the start date of your policy. Coverage begins on the date of your choice, once you have left your home country and we have received and approved your application & payment.

**Coverage End Date** - Your coverage ends on the earlier of the following: your return to your home country (*except for Home Country Coverage*); the end of the coverage period purchased; when you are no longer eligible for coverage; or when you report for full-time active duty in any Armed Forces.

**Continuing Coverage** - If you initially buy less than 45 days of coverage, you may purchase additional time, to a total of 45 days. Your initial effective date is used to calculate your deductible & coinsurance & to determine pre-existing conditions.

## SEVEN CORNERS ASSIST - WE ARE HERE TO HELP

What happens if you become ill in a remote area without appropriate medical care? We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility, and we're here for you 24/7! Our contact information is shown on your ID card.

# SCHEDULE OF BENEFITS

All benefits and plan costs are shown in U.S. Dollar amounts and are per person.

**MEDICAL MAXIMUM:** \$50,000; \$100,000; \$500,000; \$1,000,000 per coverage period (please see rate table for age limitations applied to medical maximum options).

**DEDUCTIBLE:** \$0; \$100; \$250; \$500; \$1,000; \$2,500 per person per coverage period. There is a 3 deductible maximum per family per period of coverage. The selected deductible & coinsurance amount must be met for each 45 day coverage period.

### COINSURANCE:

**Traveling outside the United States** After you pay the deductible, we pay 100% to the selected medical maximum.

### Traveling to the United States

After you pay the deductible, we pay 80% of the next \$5,000 of eligible expenses, then 100% to the selected medical maximum.

**HOSPITAL INDEMNITY:** \$150 per night for a maximum of 30 days per occurrence, while traveling outside the U.S. and Canada.

**DENTAL (SUDDEN RELIEF OF PAIN):** \$100 per coverage period.

**DENTAL (ACCIDENT COVERAGE):** \$500 per coverage period.

**EMERGENCY MEDICAL EVACUATION/REPATRIATION:** \$300,000 (*in addition to the medical maximum*) per coverage period.

### HOME COUNTRY COVERAGE:

Incidental Trips to the Home Country: Up to \$50,000 per coverage period (*not available for coverage periods of less than 30 days*)

Extension of Benefits: Up to \$5,000 per coverage period.

**RETURN OF MORTAL REMAINS:** \$50,000 per coverage period.

**EMERGENCY REUNION:** \$50,000 per coverage period.

**RETURN OF MINOR CHILD(REN):** \$50,000 per coverage period.

**INTERRUPTION OF TRIP:** \$5,000 per coverage period.

**LOSS OF LUGGAGE:** \$250 per occurrence.

**LOCAL AMBULANCE EXPENSE:** \$5,000 per coverage period.

### ACCIDENTAL DEATH & DISMEMBERMENT (AD&D):

\$25,000 principal sum for insured or insured spouse, \$5,000 per dependent child; \$250,000 maximum per family

*Note: In the event of a Common Carrier Accidental Death, this benefit will not be paid.*

**COMMON CARRIER ACCIDENTAL DEATH:** \$50,000 principal sum for insured or insured spouse; \$10,000 per dependent child; \$250,000 maximum per family.

### HOSPITAL ROOM & BOARD, INTENSIVE CARE, & OUTPATIENT

**MEDICAL EXPENSES:** Usual, reasonable, and customary to the selected medical maximum.

**TERRORISM:** \$50,000 per person per lifetime.

**UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION:** \$20,000 per coverage period for U.S. residents under 70 traveling outside the U.S. & Canada. (*age 70+, up to \$5,000*)

**ACUTE ONSET OF A PRE-EXISTING CONDITION:** \$15,000 per coverage period for non-U.S. residents under age 70 traveling in the U.S. (*age 70+, no benefit*) for medical expenses & \$25,000 for emergency medical evacuation.

**BENEFIT PERIOD:** 180 days\*

\*What is a benefit period? It's the amount of time you have from the date of your injury/illness to receive treatment. Your initial treatment must begin within 30 days, and treatment may continue for up to 180 days.

## YOUR BENEFITS

**MEDICAL COVERAGE** - We cover injuries & illnesses which occur during your coverage period. Benefits are paid in *excess of your deductible & coinsurance up to your medical maximum.*

**EMERGENCY MEDICAL EVACUATION** - If medically necessary, we will:

1. Transport you to adequate medical facilities.
2. Transport you home after receiving medical treatment related to a medical evacuation.

**EMERGENCY REUNION** - If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

**RETURN OF MINOR CHILDREN** - If you are traveling alone with minor children & are hospitalized because of a covered illness/injury, we will transport the children home with an escort.

**INTERRUPTION OF TRIP** - We will reimburse you for prepaid payments for unused travel arrangements and the additional transportation cost for you to return to your residence if your trip is interrupted due to:

1. Your death or the death of an immediate family member or a child caregiver's death while on your trip.
2. Your or your traveling companion's residence is made uninhabitable by fire, flood, burglary or other natural disaster.

**RETURN OF REMAINS** - We will return your remains to your home country if you should die while traveling.

**ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)** - Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

**COMMON CARRIER AD&D** - Pays benefits for death occurring while riding as a passenger on a common carrier (motorized land, sea, or air conveyance operating to transport passengers for hire).

## HOME COUNTRY COVERAGE

**INCIDENTAL TRIPS** - Covers an illness/injury which occurs on an incidental trip in your home country. You earn covered days at home at approximately 1 day per 6 days of purchased coverage.

**EXTENSION OF BENEFITS** - Covers expenses incurred in your home country for conditions first diagnosed & treated outside your home country.

**HOSPITAL INDEMNITY** - If you are hospitalized while traveling outside the U.S. or Canada, we will pay you as shown in the schedule. This benefit is in addition to other covered expenses, and you may use these funds as you wish.

**TERRORISM** - If you are injured due to terrorist activity, we will provide benefits if the following conditions are met: You have no direct or indirect involvement; the terrorist activity is not in a location where the U.S. government issued a travel warning 6 months prior to your arrival; you have not unreasonably failed or refused to depart a country or location after a warning is issued by the U.S. government.

## OPTIONAL COVERAGE - HAZARDOUS SPORTS

Would you like to include some adventure in your travels? You may buy coverage for the following activities: motorcycle/motor scooter riding (driver or passenger), hang gliding, parachuting, bungee jumping, water skiing, snow boarding,\* snowskiing,\* snowmobiling, wakeboard riding, jet skiing, paragliding, windsurfing.

\*No coverage is provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and marked in-bound territories; and/or against the advice of the local ski school or local authoritative body.

## PROGRAM COST

**RATES BASED ON A \$250 DEDUCTIBLE** - Effective from January 5, 2015  
**TRAVELING OUTSIDE THE UNITED STATES** - Policy Maximum Options

**100% coinsurance after your deductible**

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$ 0.72	\$ 0.88	\$ 1.02	\$ 1.13
30 to 39	\$ 0.85	\$ 1.01	\$ 1.31	\$ 1.47
40 to 49	\$ 1.37	\$ 1.55	\$ 1.72	\$ 1.88
50 to 59	\$ 2.33	\$ 2.66	\$ 2.83	\$ 2.97
60 to 64	\$ 2.96	\$ 3.48	\$ 3.80	\$ 4.21
65 to 69	\$ 3.60	\$ 4.00	\$ 4.26	\$ 4.76
70 to 79*	\$ 5.27	\$ 6.99	N/A	N/A
80 plus*	\$ 10.58	N/A	N/A	N/A
Child Alone**	\$ 0.72	\$ 0.88	\$ 1.02	\$ 1.13
Dependent Child**	\$ 0.68	\$ 0.79	\$ 0.92	\$ 1.02

**TRAVELING TO THE UNITED STATES** - Policy Maximum Options

**80% coinsurance to \$5,000, then 100% to plan maximum**

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$ 1.14	\$ 1.42	\$ 1.81	\$ 1.93
30 to 39	\$ 1.51	\$ 1.82	\$ 2.06	\$ 2.16
40 to 49	\$ 2.24	\$ 2.74	\$ 3.34	\$ 3.59
50 to 59	\$ 3.29	\$ 4.20	\$ 5.31	\$ 5.52
60 to 64	\$ 4.11	\$ 5.06	\$ 6.57	\$ 6.84
65 to 69	\$ 5.38	N/A	N/A	N/A
70 to 79*	\$ 7.69	N/A	N/A	N/A
80 plus*	\$ 18.77	N/A	N/A	N/A
Child Alone**	\$ 1.14	\$ 1.42	\$ 1.79	\$ 1.91
Dependent Child**	\$ 1.08	\$ 1.35	\$ 1.70	\$ 1.82

\*Policy maximum options are limited as noted in the tables above with N/A for dollar limits that cannot be provided. Individuals age 80+ are limited to \$15,000.

\*\* Child Alone rate is used when a child will be insured by themselves. Dependent Child rate applies when at least one parent will also be covered under Liaison International.

## PRE-EXISTING CONDITIONS

Pre-existing conditions are normally not covered on travel medical plans. Liaison International provides coverage in the two benefits below.

## UNEXPECTED RECURRENCE

### U.S. Residents traveling outside the United States & Canada

We pay to the specified limit for a sudden, unexpected recurrence of a pre-existing condition. We do not cover known, required, or expected treatment existent or necessary 12 months prior to your coverage.

## ACUTE ONSET

### Non U.S. Residents under age 70 traveling in the United States

We pay to the stated limit for an acute onset which occurs during your coverage period if you *receive treatment within 24 hours of the sudden and unexpected recurrence.* A condition that is congenital or gradually worsens over time is not covered. Also, there is no coverage for known, required, or expected treatment existent or necessary for 36 months prior to your coverage. A pre-existing condition is not covered if you had a prescription or treatment change for a diagnosis related to the acute onset 30 days before the onset.

## FILING A CLAIM

Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments are automatically converted from local currencies to U.S. dollars.

## PRE-NOTIFICATION

You or your medical provider must notify Seven Corners Assist prior to any medical treatment in the U.S. and all hospital admissions and inpatient/outpatient surgeries worldwide. For emergency admissions, you must contact us within 48 hours. Pre-notification does not guarantee benefits will be paid.

## REFUND OF PREMIUM

Seven Corners will provide a refund of your plan cost if we receive a written request from you prior to your coverage start date. If we receive your written request after your coverage start date, the unused portion of your plan cost may be refunded minus a cancellation fee if you have not submitted any claims.

## MEDICAL BENEFIT EXCLUSIONS

Below is a summary of items excluded from coverage. Please see your certificate of coverage for a complete listing.

- Pre-existing conditions, except when covered under Unexpected Recurrence of a Pre-existing Condition and Acute Onset of a Pre-existing Condition; (This exclusion does not apply to Emergency Medical Evacuation/ Repatriation.)
- Claims not presented to us for payment within 90 days of treatment;
- Treatment which is not medically necessary; provided at no cost or by your relative or anyone living with you; exceeds reasonable & customary charges; is experimental/investigational, non-medical; mental & nervous disorders or rest cures; congenital abnormalities & related conditions; human organ tissue transplants; sex change operations; treatment of sexual dysfunction/inadequacy; weight reduction programs; surgical treatment of obesity; expenses for an emergency hospital visit not of an emergency nature; occupational diseases & related complications; venereal disease including all sexually transmitted diseases & related consequences; exercise programs; sleep apnea & sleep disorders; treatment & supplies not provided by a doctor; products purchased without a doctor's prescription;
- Suicide or any attempt; self-inflicted injury/illness; expenses related to commission of a felony;
- War, hostilities, warlike operations, invasion, act of foreign enemy, civil war or uprising, riot, rebellion, insurrection, revolution, overthrow of the government, military or usurped power, explosion of war weapons, usage of nuclear, chemical or biological weapons of mass destruction, murder or assault proven to be the act of agents of a state foreign to your nationality, and any loss related to actions to control, prevent, or suppress the situations listed above.
- Injury while participating in professional athletics, amateur or interscholastic athletics;
- Routine physicals & immunizations; vocational, occupational, speech, recreational or music therapy; temporomandibular joint treatment; cosmetic/plastic surgery; treatment of a deviated nasal septum; elective surgery; learning disabilities, attitudinal disorders, disciplinary problems;
- False teeth, dentures, dental appliances, dental expenses (except as provided in the Dental Benefit); normal ear tests, hearing aids & implants, eye refractions or exams to prescribe or fit corrective lenses unless due to accidental bodily injury; eyeglasses, contact lenses, eye surgery to correct nearsightedness, farsightedness or astigmatism;
- Treatment related to alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic; injury related to intoxicating liquor, chemicals, drugs or narcotic agent

unless prescribed by a physician and taken as directed by the physician;

- Pregnancy & illness due to pregnancy, childbirth or miscarriage, miscarriage due to an accident or complications of pregnancy; postnatal care; treatment which promotes or prevents conception or childbirth;
- Expenses related to the discharge, explosion or use of a device, weapon or material employing or involving nuclear fission, nuclear fusion, radioactive force, chemical, biological, radiological or similar agents; treatment due to exposure to non-medical nuclear radiation or radioactive materials;
- Expenses incurred in your home country (except for the Home Country Coverage benefit); expenses incurred if the trip was taken to seek medical treatment; expenses incurred on a trip after your doctor has limited or restricted travel; expenses incurred in the U.S. (except for the Home Country Coverage benefit or unless coverage in the U.S. has been selected & appropriate premium paid); elective surgery which can be postponed until you return to your home country;
- Expenses for Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
- Expenses for acne, moles, skin tags, sebaceous gland disease, nevus, seborrhea, sebaceous cyst, hypertrophic & atrophic skin conditions;
- Injury while taking part in mountaineering, hang gliding, paragliding, parachuting, bungee jumping, racing by animal or motor vehicle/motorcycle, snowmobiling, motorcycle/motor scooter riding (as a passenger or driver), scuba diving with underwater breathing apparatus (unless PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snowboarding, any sport/athletic activity undertaken for thrill seeking which exposes you to abnormal or extreme risk of injury;
- Treatment paid for or furnished under any other individual or group policy, service or medical pre-payment plan or under any mandatory government plan or facility providing treatment at no cost to you;
- Travel accommodations, except as otherwise specifically provided.

## IMPORTANT INFORMATION REGARDING YOUR COVERAGE

*Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical program intended for use while away from your home country.*

*This brochure is intended as a brief summary of benefits and services. It is not your policy. If there is any difference between this brochure and your policy, the provisions of the policy will prevail. Benefits and premiums are subject to change.*

*Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if the PPACA's requirements are applicable to you.*

# LIAISON® INTERNATIONAL APPLICATION

**OFFICIAL USE ONLY:**

Processed:

Agent: 7076

## APPLICANT INFORMATION

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

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

Residence Country: \_\_\_\_\_

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

(please list all destinations for your trip)

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 45 days.

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

## 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

### POLICY MAXIMUM:

\$50,000  \$100,000  \$500,000  
 \$1,000,000

### WHERE ARE YOU TRAVELING?

To the U.S.  Outside the U.S.

\*Use applicable Daily Rates from page 2.

### 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	1.3	<input type="checkbox"/> \$500	0.9
<input type="checkbox"/> \$100	1.1	<input type="checkbox"/> \$1,000	0.8
<input type="checkbox"/> \$250	0.0	<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

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

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

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

Total payment for the full term of coverage must be paid in U.S. dollars when you apply. I hereby apply to be a Plan Participant of the Fairmont Specialty Trust (the "Trust") and to participate in the insurance coverage extended by certain underwriters at Lloyd's (the Insurers) to Plan Participants under the Trust (the "Coverage"), or the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Advent, Syndicate 780 at Lloyd's of London or the group contract issued by Certain Underwriters at Lloyd's of London or Tramount Insurance Company Limited. I understand that the Coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that I may obtain full details of the Coverage by requesting a copy of the Master Policy from the Plan Administrator. I understand that the liability of the Insurers as underwriters of the Coverage is as provided in the Master Policy. I understand and agree that no coverage will be in effect until such time that all premiums due are paid and my subscription agreement is accepted by the Insurance Company.

I hereby confirm the accuracy of all information, and validity of all representations and warranties provided to the Trustee in connection with my participation in the Plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this Subscription Agreement, (together "Representations & Warranties"). I acknowledge that such information will be relied upon by the Insurers and that any inaccuracy therein may result in the invalidity of the Coverage, the loss of Coverage and all monies paid in relation thereto. I hereby undertake to inform the Trustee of any change to any of the Representations & Warranties. I hereby indemnify and hold harmless the Trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any Representation & Warranty or failure to advise the Trustee of any change in any matter that forms the subject of any of the Representations & Warranties. I agree that the Trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by me and I hereby undertake to indemnify and hold harmless the Trustee against any loss or damage (including attorney's fees) occasioned by the Trustee acting in accordance with any such instruction. I confirm that I have satisfied myself that the Coverage is appropriate for me and that I meet the eligibility criteria.

Seven Corners, Inc. is a US company and under the regulation of the Office of Foreign Assets Control (OFAC), which requires us to search the identity of each individual or company applying for insurance coverage from the country you have selected. In the event that your name or company is published on the OFAC "Specially Designated Nationals" or "SDNs" list, we will not be able to offer coverage to you and we will rescind your policy. For more information on OFAC, please visit this web-site: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>

Completing Your Application - If paying by check or money order, make payable to Seven Corners, Inc.\* & mail with your application to Seven Corners, Inc. - 303 Congressional Boulevard - Carmel, IN 46032 USA. Checks must be issued from a US bank. If paying by credit card, you may mail or fax to us. Credit card purchase is subject to validation & acceptance by the credit card company. Fax: 317-575-2659

\*If your mailing address is South Dakota or New York, make checks payable to World Commercial Trust and mail to World Commercial Trust - P.O. Box 56575, Station A - Toronto, ON M5W 4L1

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

Date

## ADMINISTERED BY



SEVEN CORNERS

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



## FOR ADDITIONAL INFORMATION

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FSG-ADV-LI  
v.12.9.2014