

# Abroad Insurance



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***Capitalized terms have specific meanings for purposes of this Certificate and are defined in Section 8.***

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## CERTIFICATE OF INSURANCE

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**Your Agent**

Travmark.com, Inc.  
6 East Main Street  
Ramsey, NJ 07446  
Tel: (212) 917 842 2292  
Fax: (212) 779 7731  
Email: [mark@travmark.com](mailto:mark@travmark.com)  
Website: [www.travmark.com](http://www.travmark.com)

**Seven Corners Assist**

Contact Seven Corners Assist 24 hours per day, 7 days per week for multilingual assistance:  
Toll-free: 800-335-0611  
Worldwide: 317-575-2652  
Email: [customerservice@sevenscorners.com](mailto:customerservice@sevenscorners.com)

Please have Your Certificate Number as shown on Your ID card.

**Hospital & Doctor Networks**

To locate a facility, visit [sevenscorners.com/help/find-a-doctor](http://sevenscorners.com/help/find-a-doctor).

**Benefits for which the Insured Person *MUST* use Seven Corners Assist**

Emergency Medical Evacuation and Repatriation  
Trip Interruption

**Claims**

Claims must be submitted within 90 days of the date of service.  
See Section 9 for claims procedures or visit [sevenscorners.com/claims](http://sevenscorners.com/claims) for claim forms and more information.

Claims may be submitted as follows:

Email: [claims@sevenscorners.com](mailto:claims@sevenscorners.com)  
Online: [sevenscorners.com/myaccount](http://sevenscorners.com/myaccount)  
Fax: 317-575-2256

For additional assistance with claims, contact Seven Corners:  
Toll-free: 800-335-0611  
Worldwide: 317-575-2652  
Email: [customerservice@sevenscorners.com](mailto:customerservice@sevenscorners.com)

**Insurance Underwriter**

Certain Underwriters at Lloyd's, London, rated "A" (Excellent) by AM Best.

**Certificate Number**

LON21-210812-01RT

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## Section 1. Certificate Provisions

- 1.1 Agreement.** The Company hereby insures all persons whose Application has been accepted by the Administrator on behalf of the Company and whose name is identified on the ID card subject to the exclusions, limitations, and provisions as set forth herein and in the Master Policy of Insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts, and limits specified herein and as identified on the ID card for the Insurance requested on such Application and for which the specified Plan costs have been paid to the Administrator.
- 1.2 Eligibility.** Insured Person is defined in Section 8. Definitions. This Plan provides coverage as outlined in this Certificate of Insurance for You while traveling outside of Your Home Country. For United States Citizens, Home Country is always the United States. This Plan must be purchased outside the United States and is not available to United States Residents. It is Your responsibility to maintain all records regarding travel history and age and to provide any documents to the Administrator necessary to verify eligibility requirements.
- 1.3 Effective Date of Coverage.** The date coverage for You begins under the terms of the Certificate, which begins at the latest of the following times:
- (i) For Trip Cancellation: Coverage begins at 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment if Application and payment are made online.
  - (ii) For Trip Delay: Coverage is in force while en route to and from the Covered Trip.
  - (iii) For all other benefits: Coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or your actual departure for Your Covered Trip.
- 1.4 Expiration Date of Coverage.** The date coverage for You terminates, which is the earliest of the following:
- (i) The moment You return to Your Home Country;
  - (ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Trip Length;
  - (iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
  - (iv) 11:59 p.m. United States Eastern Time on Your Scheduled Return Date;
  - (v) The moment You fail to be eligible.

## Section 2. Schedule of Benefits

This Plan only pays benefits for eligible occurrences that originate during the Covered Trip. All benefits listed in this Schedule of Benefits are in United States Dollar amounts. Unless otherwise indicated, all benefits are per Insured Person, per Covered Trip, and provided up to the amount shown. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits.

BENEFIT OR SERVICE	
Period of Coverage	1 to 90 days
Coverage Area	Worldwide including the United States
MEDICAL	
Medical Maximum per Trip	\$100,000
Deductible	\$50 Deductible per Occurrence
Local Ambulance	URC up to Medical Maximum
COVID-19 Treatment	URC up to Medical Maximum
Amateur Sports Coverage per Trip	\$50,000
TRIP PROTECTION	
Trip Cancellation	100% of non-refundable Trip Cost \$15,000 maximum
Trip Interruption	100% of non-refundable Trip Cost \$15,000 maximum
Trip Delay/Missed Connection	Up to \$1,000 per Person; \$200 Daily Limit
Lost Baggage/Personal Effects	\$1,000 (\$300 per article)
Baggage Delay	\$200
Emergency Medical Evacuation and Repatriation	\$100,000
OTHER COVERAGE AND SERVICES	
Return of Mortal Remains	\$5,000
Local Burial or Cremation	\$2,500
Accidental Death & Dismemberment (AD&D)	\$10,000 Principal Sum
Common Carrier AD&D	\$25,000 Principal Sum
Travel Assistance Services	Included

## Section 3. Pre-Existing Condition Waiver

**The Pre-Existing Condition Exclusion 7b is waived provided you meet all of the following requirements:**

- (a) The payment for this plan is received prior to/or within 24 hours of Your final payment for Your Covered Trip; and
- (b) You are not disabled from travel at the time You make Your plan payment; and
- (c) The booking for the Covered Trip must be the first and only booking for this travel period and destination.

This does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatments existent or necessary prior to departure from Your Home Country and prior to the Effective Date of Coverage.

## Section 4. Medical

- 4.1 Deductible.** The Deductible is per Insured Person and per Occurrence. It is applied to Covered Expenses and must be paid by You prior to receiving payment or reimbursement of benefits under this Certificate. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits.

*Deductible:*

The Deductible is set forth in the Schedule of Benefits.

- 4.2 Medical Covered Expenses.** The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

Expenses that are incurred as the result of and during the Covered Trip:

- (a) Hospital Expenses for room and board that do not exceed the Hospital's average charge for semi-private accommodations, Inpatient Treatment, Surgery, operating room, Intensive Care, nursing services, and services and supplies routinely provided by the Hospital to Inpatients;
- (b) Outpatient Treatment or Surgery;
- (c) Administration of anesthetics;
- (d) Medication, x-ray services, laboratory tests and services, use of radium and radioactive isotopes, oxygen, blood transfusions, and iron lungs;
- (e) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon;
- (f) Physiotherapy and chiropractic care if recommended by a Physician for the Treatment of a specific Disablement and if administered by a licensed physical therapist;
- (g) Hotel room when the Insured Person, otherwise necessarily confined in a Hospital, is under the care of a duly qualified Physician in a hotel room due to unavailability of a Hospital room due to capacity or distance or to any other circumstances beyond the reasonable control of the Insured Person;
- (h) Artificial limbs, eyes, larynx, and orthotic appliances other than for replacement of such items;
- (i) Telehealth Consultation or Care.

The initial Treatment of an Injury must occur within thirty (30) days of the date of Injury and during the Covered Trip.

- 4.3 COVID-19 Treatment.** Subject to the terms of the Certificate, the Company will reimburse You for Expenses listed under Section 4.2, up to the amount set forth in the Schedule of Benefits, for Medically Necessary Treatment only for the following:

- (i) COVID-19;
- (ii) SARS-Cov-2; and
- (iii) Any mutation or variation of SARS-CoV-2.

- 4.4 Local Ambulance.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for local ambulance service from within the metropolitan area to the nearest Hospital having facilities required for Medically Necessary Treatment. Other than in an emergency, licensed air ambulance transportation may be substituted for a ground ambulance if You are in a rural area and unreachable by ground ambulance. The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

- 4.5 Amateur Sports.** Subject to the terms of the Certificate, the Company will reimburse You for Expenses listed under Section 4.2, up to the amount set forth in the Schedule of Benefits, for Medically Necessary Treatment of an Injury resultant of participation in an Amateur Sport. The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

## Section 5. Trip Protection

**5.1 Trip Cancellation.** The Company will reimburse You for Trip costs for which premium has been paid up to the amount set forth in the Schedule of Benefits for the cost of unused non-refundable prepaid expenses for travel arrangements, whenever you are prevented from taking a trip for any of the following reasons that occur after the Effective Date and prior to the Scheduled Departure Date of your Plan:

- (a) Illness, Injury, or death of You, Your Traveling Companion, business partner, or Immediate Family Member of either You or Your Traveling Companion that results in medically imposed restrictions as certified by a legally qualified physician at the time of loss, preventing Your continued participation in the trip.
- (b) Strike that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours.
- (c) Weather that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours.
- (d) Employer termination or layoff affecting You, Your parent, stepparent, legal guardian, or a person sharing the same room. Employment must have been with the same employer for at least three continuous years.
- (e) Terrorist Activity. The Terrorist Activity must occur in a city listed on Your itinerary within 30 days prior to Your Scheduled Departure Date. This same city must not have experienced a Terrorist Activity within the 90 days prior to the Terrorist Activity, which is causing Your cancellation. Benefits are not provided if Your Travel Supplier offers a substitute itinerary.
- (f) Hijack, quarantine, jury duty, or court ordered appearance as a witness in a legal action in which You or Your Traveling Companion are not a party (except law enforcement officers).
- (g) Primary residence of You or Your Traveling Companion is rendered uninhabitable due to unforeseen circumstances.
- (h) Burglary of You or Your Traveling Companion's primary residence within 10 days of departure or during Your trip.
- (i) Felonious Assault of You or Your Traveling Companion within 10 days of departure or during Your trip.
- (j) You or Your Traveling Companion are called to emergency military duty for a national disaster other than war.
- (k) Traffic accident directly involving either You or Your Traveling Companion, substantiated by a police report, while en route to a scheduled departure point.
- (l) If Your travel supplier cancels Your trip, you will receive up to \$75 for the reissue fee charged by the airline for Your tickets. You must cover the full cost of the trip.

All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel.

If the event delays the reporting of the cancellation beyond the 72 hours, report the event as soon as possible.

All other delays of reporting beyond 72 hours will result in reduced benefit payments.

Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

**5.2 Trip Interruption.** The Company will reimburse You for Trip costs for which premium has been paid up to the amount set forth in the Schedule of Benefits if You are prevented from completing Your Trip for any of the reasons listed in Section 5.1 that occur after Your Scheduled Departure Date and Prior to Your Scheduled Return Date. ***The Trip Interruption benefits must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.***

You are eligible up to the benefit amount purchased for:

- (a) Any unused non-refundable prepaid expenses for Travel Arrangements;
- (b) Return air: One-way Economy Transportation to return to Your original destination or rejoin Your Trip less the value of the original unused return travel ticket;

- (c) Accommodations and transportation expenses for up to \$150/day for 10 additional days when a Traveling Companion must remain hospitalized or an Injury or Sickness not requiring hospitalization prevents You from continuing travel and You must extend Your Trip with additional hotel nights due to medically imposed restrictions on a Traveling Companion as certified by a Legally Qualified Physician.
- (d) Single supplement upgrade - You are eligible for benefits when Your Traveling Companion cancels or interrupts a trip for a specified reason and You do not.

Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

**5.3 Trip Delay/Missed Connection.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for:

- (a) Additional Transportation Cost to join the Trip or return home, including up to \$200 per day for reasonable accommodations and meals, if Your delay requires an unplanned overnight stay;
- (b) Unused nonrefundable portion of the prepaid expenses as long as the expenses are supported by proof of purchase and are not reimbursable by any other source. Delay must be for 3 hours or more and certified due to one of the following reasons:
  - a) Delay of Common Carrier (which is certified by the Common Carrier);
  - b) A traffic accident in which You were not directly involved (substantiated by a police report);
  - c) Documented weather condition preventing You from getting to the point of departure;
  - d) Quarantine, hijacking, strike;
  - e) Lost or stolen passports, travel documents or money (must be substantiated by a report to the policy or the appropriate authority);
  - f) Natural disaster, Terrorist Activity, or riot.

Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

**5.4 Lost Baggage/Personal Effects.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for lost baggage and personal effects owned by You provided You have taken all reasonable measures to protect, save, and recover the property at all times. Reimbursement will be for the least of (i) the actual cash value (cost less proper deduction for depreciation at the time of loss); (ii) the cost to repair or replace the article with material of a like kind and quality; or (iii) per article limit set forth in the Schedule of Benefits. This coverage is secondary to any coverage provided by the Common Carrier, and You will be required to furnish proof to the Company that the Common Carrier has paid the full amount that it is legally required to pay.

In addition, the following reimbursements are included in this benefit: Lost or stolen passport or visa (\$50 maximum); Lost or stolen credit cards (cost associated with the unauthorized use - \$50 maximum subject to verification that You have complied with all conditions of the credit card company).

The coverage provided by the Certificate under this section does not cover animals, automobiles or automobile equipment, boats, motors, motorcycles, other conveyances or their appurtenances except bicycles while checked as baggage with a Common Carrier, household furniture, eyeglasses or contact lenses, artificial teeth or dental bridges, hearing aids, prosthetic limbs, musical instruments, money or securities, tickets or documents, or sporting equipment if loss or damage results from the use thereof. These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan.

**5.5 Emergency Medical Evacuation and Repatriation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount set forth in the Schedule of Benefits if any covered Injury or Illness commences while You are outside Your Home Country during the Period of Coverage and results in Your Medically Necessary (i) Emergency Medical Evacuation or (ii) Emergency Medical Repatriation. All transportation arrangements must be by the most direct and economical route. ***The Emergency Medical Evacuation or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. Failure to utilize Seven Corners Assist will result***



**in the denial of benefits.** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

**This benefit applies regardless of whether Your transportation is related to a Pre-Existing Condition.**

## Section 6. Other Coverage and Services

**6.1 Travel Assistance Services.** Upon enrollment, You are eligible to use any of the assistance services provided by Seven Corners Assist. These services are available twenty-four (24) hours per day, three hundred sixty-five (365) days per year. Multilingual personnel, physicians, and nurses are on staff and can assist with, among other things, emergency situations and locating medical facilities.

**6.2 Return of Mortal Remains.** Provided that You have not elected the benefit provided under Section 6.3, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for embalming, a minimally-necessary container appropriate for transportation, shipping costs, and the necessary government authorizations to return Your remains to Your Home Country if You die while outside Your Home Country during the Period of Coverage from an Illness or Injury covered under this Insurance. ***The return of mortal remains must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

**This benefit applies regardless of whether the death is related to a Pre-Existing Condition.**

**6.3 Local Burial or Cremation.** Provided that You have not elected the benefit provided under Section 6.2, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for preparation and either Your local burial or Your cremation if You die while outside Your Home Country during the Period of Coverage from an Illness or Injury covered under this Insurance. This Insurance does not include the expenses for the religious practitioners performing the service, flowers, music, food, or beverages. ***The local burial and cremation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

**This benefit applies regardless of whether the death is related to a Pre-Existing Condition.**

**6.4 Accidental Death and Dismemberment (AD&D).** The Company will pay indemnity determined from the table below if You sustain a Loss stated therein resulting from Injury suffered from an Accident during the Covered Trip and subject to the exclusions set forth in Section 7, provided that (i) such Loss occurs within three hundred sixty-five (365) days after the date of Accident causing such Loss; (ii) the indemnity payable for any such Loss shall be the Principal Sum stated on the Schedule of Benefits as applicable to You and this Insurance; and (iii) if more than one (1) Loss stated in the table of Losses is sustained as the result of one (1) Accident, only one (1) of the amounts, the largest, will be paid.

Loss of life	Principal Sum
Loss of two members	Principal Sum
Loss of one member	50% of Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	Principal Sum
Paraplegia (total paralysis of both lower limbs)	75% of Principal Sum
Hemiplegia (total paralysis of both upper and lower limbs of one side of the body)	50% of Principal Sum
Uniplegia (total paralysis of one limb)	25% of Principal Sum

The total amount payable under this section when there are multiple Insured Persons covered by the Certificate is the Aggregate Limit as set forth in the Schedule of Benefits. If the total of such indemnity exceeds the Aggregate Limit, the Company will not be liable to any Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Accidental Death and Dismemberment benefit than their proportionate share.

For loss of life, the benefit will be paid to the beneficiary designated in writing by You. If no beneficiary is designated or if the beneficiary is no longer living, the benefit will be paid to Your closest living Relative in the following order: (i) Spouse; (ii) Child(ren); (iii) issued of deceased Child(ren); (iv) parent(s); (v) siblings; (vi) issue of deceased siblings; (vii) grandparents; (viii) siblings of parents; or (ix) Your estate.

If benefits are paid for You under Section 6.5, Common Carrier Accidental Death and Dismemberment, no benefits will be paid under this section. The coverage under this section excludes and does not cover Expenses that are for, resulting from, related to, or incurred in connection with the following:

Disease or sickness of any kind;

Bacterial infections except pyogenic infection that occurs through an Accidental cut or wound; or

Hernia of any kind.

Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

**6.5 Common Carrier Accidental Death and Dismemberment.** The Company will pay an indemnity up to the amount set forth in the Schedule of Benefits if You die as the result of an Injury suffered from an Accident while You were traveling on a Common Carrier. Death must occur during the Covered Trip and while You are riding as a passenger on a Common Carrier and not as a pilot, operator, or member of the crew. The benefit will be paid to the person determined by application of the relevant provisions of Section 6.4.

The total amount payable under this section when there are multiple Insured Persons covered by the Certificate is the Aggregate Limit as set forth in the Schedule of Benefits. If the total of such indemnity exceeds the Aggregate Limit, the Company will not be liable to any Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Common Carrier Accidental Death and Dismemberment benefit than their proportionate share.

Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

## Section 7. Exclusions

Unless otherwise specifically provided for therein, the coverage provided by the Certificate under Sections 4.2 through 4.5, 5.1, 5.2, 5.3, 5.5 and 6.2 through 6.5 excludes Expenses that are for, resulting from, related to, or incurred for the following:

- (a) Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness;
- (b) Pre-Existing Condition(s) except as waived under Sections 3, 5.5, 6.2, and 6.3 above;
- (c) Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- (d) Treatment that (i) exceeds Usual, Reasonable, and Customary Expenses; (ii) is Investigational, Experimental, or for research purposes; or (iii) received in a Hospital emergency room visit that is not a Medical Emergency;
- (e) Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription;
- (f) Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- (g) Durable medical equipment;

- (h) False teeth, dentures, dental appliances, dental expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;
- (i) Pregnancy, and Illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- (j) Mental Illness and Mental and Nervous Disorders, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
- (k) Congenital abnormalities and conditions arising out of or resulting therefrom;
- (l) Temporomandibular joint;
- (m) Injuries sustained while participating in professional Athletics, intercollegiate Athletics or interscholastic Athletics including, but not limited to, events, games, matches, practice, training camps, sport camps, conditioning, and any other activity related thereto but excluding Amateur Athletics and non-competitive, recreational, or intramural activities;
- (n) Any Illness or Injury sustained while participating in an athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee;
- (o) Abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;
- (p) Terrorist Activity;
- (q) War, Hostilities, or War-like Operations;
- (r) Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- (s) Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;
- (t) Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
- (u) Medical Benefits while in Your Home Country;
- (v) Travel after Your Physician has limited or restricted travel;
- (w) Conditions for which travel was undertaken to seek Treatment;
- (x) Injury sustained while You are riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting, from any type of aircraft;
- (y) Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (i) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- (z) Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing, or any experimental purpose;
- (aa) Participating in contests of speed or riding or driving in any type of competition;
- (bb) Loss of life;
- (cc) Long-term disability;
- (dd) Financial guarantee, financial default, bankruptcy, or insolvency risks;
- (ee) Injury sustained or Disablement due wholly or in part to the effects of intoxicating liquor or drugs, other than drugs taken in accordance with the proper dosing as directed by a Physician;
- (ff) Injury sustained as the result of You operating a Motor Vehicle while not properly licensed to do so in the jurisdiction in which the Motor Vehicle Accident takes place; or
- (gg) Except as otherwise covered, any claim in any way caused by or resulting from:
  - (i) Coronavirus disease (COVID-19);
  - (ii) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - (iii) any mutation or variation of SARS-CoV-2; or
  - (iv) any fear or threat of i), ii) or iii) above.

## Section 8. Definitions

**Accident or Accidental:** Unexpected, unintended, and unforeseen event or occurrence that is the direct cause of physical injury to You and which is independent of illness and not self-inflicted.

**Additional Transportation Cost:** The actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.

**Administrator:** Seven Corners, Inc.

**Airworthiness Certificate or Airworthy Certificate:** Standard Airworthiness Certificate issued by the Federal Aviation Agency of the United States or the governmental authority having jurisdiction over civil aviation in the country of its registry.

**Alcohol and Substance Abuse:** A pattern of pathological use of alcohol or drugs that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.

**Amateur Sports:** High school, interscholastic, intercollegiate, intramural, club, or camp sports exclusive to the following list of covered sports: Aerobics, Baseball, Basketball, Cricket, Dancing, Football, Hockey, Horseback Riding, Kickball, Lacrosse, Sailing, Soccer, Softball, Squash, Swimming, Tennis, Track & Field, Ultimate Frisbee, Volleyball, Water Polo, and Wrestling.

**Application:** The fully answered and signed enrollment form submitted by You for coverage under the Plan. The Application is hereby incorporated into and becomes part of the Master Policy of Insurance, the Plan, and the Certificate.

**Athletics:** Sports, games, or exercises of any kind engaged in by athletes. It includes numerous types of professional, amateur, and interscholastic sports, games, or exercises including, for example, track and field, soccer, American football, baseball, basketball, softball, lacrosse, weightlifting, skiing, bowling, tennis, wrestling, and rugby. Further, it includes all activities sanctioned or sponsored by the International Olympic Committee, the National Collegiate Athletic Association or similar organization, or professional sports organizations.

**Bankruptcy:** The filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 L.S.C. Subsection 101 et seq.

**Business Partner:** An individual who: a) is involved in a legal general partnership with You; and b) is actively involved in the day-to-day management of Your business.

**Certificate:** This document and any applicable Riders issued to You for Insurance under the Master Policy of Insurance describing the coverage and benefits to be paid to or for the benefit of the Insured Person(s). The Certificate also includes the Application and the Declaration, which are incorporated herein by this reference.

**Citizen(s):** Person who is a legally recognized subject or member of a particular country. Generally, the person obtains these rights because he or she was either born in that country or was granted rights of citizenship by the country.

**Common Carrier:** Any public air conveyance operating under a valid license providing the transportation of passengers for hire.

**Company:** Certain Underwriters at Lloyd's, London.

**Country of Origin:** The country the Insured Person was in when they first departed for the United States.

**Covered Expense(s):** Amounts payable by the Company to reimburse You for Your Expenses that are (i) for Medically Necessary services, supplies, care, or Treatment; (ii) due to Injury; (iii) prescribed, performed, or ordered by a Physician; (iv) Usual, Reasonable, and Customary Expenses; (v) incurred during the Covered Trip; and (vi) which do not exceed the applicable amount shown in the Schedule of Benefits.

**Covered Trip:** A scheduled trip for which coverage for Travel Arrangements is requested and the premium is paid prior to Your actual or Scheduled Departure Date of Your Trip, a scheduled trip of 90 days or less, and a trip outside of Your Home Country for which the premium is paid.

**Declaration:** The document issued by the Administrator for and on behalf of the Company to You contemporaneously with the Certificate evidencing Your insurance.

**Deductible:** The amount of Covered Expenses as set forth in the Schedule of Benefits that is Your responsibility and must be paid by You before the remainder of Covered Expenses will be paid by the Company.

**Default:** The inability to provide contracted services due to a material financial failure.

**Disablement:** Illness or an Accidental bodily Injury necessitating Treatment by a Physician as defined in this Certificate. All bodily disorders existing simultaneously that are due to the same or related causes shall be considered one (1) Disablement. If a Disablement is due to causes that are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury of Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

**Economy Transportation:** The lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for the Trip, reduced by the value of an unused return travel ticket.

**Effective Date of Coverage.** The date coverage for You begins under the terms of the Certificate, which begins at the latest of the following times:

- (i) For Trip Cancellation: Coverage begins at 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment if Application and payment are made online.
- (ii) For Trip Delay: Coverage is in force while en route to and from the Covered Trip.
- (iii) For all other benefits: Coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or your actual departure for Your Covered Trip.

**Expenses:** Your expenses, costs, charges, and losses.

**Expiration Date of Coverage:** The date coverage for You terminates, which is the earliest of the following:

- (i) The moment You return to Your Home Country;
- (ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Trip Length;
- (iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- (iv) 11:59 p.m. United States Eastern Time on Your Scheduled Return Date;
- (v) The moment You fail to be eligible.

**Experimental/Investigational:** All services or supplies associated with (i) Treatment or diagnostic evaluation that is not generally and widely accepted in the practice of medicine in the United States of America or that does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States; (ii) a drug that does not have United States Food and Drug Administration ("FDA") marketing approval; or (iii) a medical device that does not have FDA marketing approval or has FDA approval under 21 CFR 807.81 but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

**Felonious Assault:** Any willful or unlawful use of force upon You with the intent to cause bodily injury to You, that results in bodily harm to You, and that is a felony or a misdemeanor in the jurisdiction in which it occurs.

**Hazardous Activities:** Abseiling; American football; aviation except when travelling solely as a passenger in a commercial aircraft; BMX; BASE jumping; bobsledding; boxing; bungee jumping; canyoning; caving; fighting sports; free diving; hang gliding; heli-skiing; high diving; hot air ballooning; hunting; inline skating; jet skiing; kayaking; kiteboarding; luge; martial arts; motocross (MOTO-X); motorcycle or motor scooter riding whether as a passenger or a driver; mountain biking; Mountaineering; offshore boating; Parachuting; paragliding; parasailing; parascending; polo; racing of any kind whether by any animal, motor vehicle, motorcycle, or otherwise; rappelling; rock climbing; rodeo activity; scuba diving (unless PADI or NAUI certified or with a dive instructor who is PADI or NAUI certified in an instructional/professional environment or instructional diving class) ; ski jumping; sky diving; snow skiing and snowboarding except for recreational downhill and/or cross country snow skiing or snowboarding provided that such is not in any violation of applicable laws, rules, or regulations or away from prepared and marked in-bound territories or against the advice of the local ski school or local authoritative body; snowmobiling; spelunking; surfing; trekking; wakeboard riding; water skiing; whitewater rafting; wildlife safaris; windsurfing; zip lining; any attempt to make or set sporting records; other adventures sports or activities; and any other sport or athletic activity that exposes You to abnormal or extreme risk of Injury. This includes practice or training in preparation for any excluded activity; participating in any sporting, recreational, or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations, and procedures of a recognized governing body for the sport or activity; or participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other health care provider.

**Home Country:** For Non-United States Citizens, it is the country where You have your permanent residence. For United States Citizens, including those with dual citizenship, it is always the United States.

**Hospital:** Institution operated pursuant to law for the care and Treatment of sick or injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision, excluding resting or nursing homes and institutions for the aged, chronically ill, or convalescent.

**Host Country:** Any country to which or in which You are traveling other than Your Home Country.

**Illness(es):** Sickness, disorder, Illness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, Congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical, or health condition provided, however, that Illness does not include learning disabilities or attitudinal or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one (1) Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

**Immediate Family Member:** Your Spouse, parent, stepparent, child(ren), brother, sister, grandchild(ren), or in-laws and includes an individual who lives in Your household.

**Injury:** Bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Certificate is in force and resulting directly and independently of all other causes in Disablement covered by this Certificate.

**Inpatient:** You confined in an institution and charged for room and board.

**Insurance:** Coverage under the Certificate.

**Insured Person(s):** Individual person eligible for benefits under the Certificate who has applied for coverage, is named on the Application, and for whom the Company has accepted premium. To be eligible for benefits under the Certificate, the person must be at least fourteen (14) days old and must not be a United States Resident.

**Intensive Care:** Cardiac care unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

**Intoxicated:** A blood alcohol level which equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where you are located at the time of an incident.

**Master Policy of Insurance:** That certain group insurance policy No. RCB07421 issued to World Commercial Trust by Certain Underwriters at Lloyd's, London, which is available upon request from the Administrator.

**Medical Emergency:** Occurrence of a Sickness, Illness, Injury, or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain that an individual could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) serious impairment to such person's bodily functions; (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person. Additionally, a Medical Emergency will include visits where the only option for necessary immediate care is an emergency room.

**Medically Necessary or Medical Necessity:** Services and supplies received while insured that are determined by the Company to be (i) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of Your medical conditions; (ii) within the standards the organized medical community deems good medical practice for Your condition; (iii) not primarily for the convenience of You, Your Physician, or another Service Provider or person; (iv) not Experimental/Investigational or unproven as recognized by the organized medical community or which are used for any type of research program or protocol; and (v) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services You are receiving or the severity of Your condition in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such treatment Medically Necessary or make the charge of a Covered Expense under this Certificate.

**Mental Illness and Mental and Nervous Disorder:** Any mental, nervous, or emotional Illness that generally denotes an illness of the brain with predominant behavioral symptoms; an Illness of the mind or personality, evidenced by abnormal behavior; or an Illness or disorder of conduct evidenced by socially deviant behavior. Mental and Nervous Disorders include, without limitation, psychosis; depression; schizophrenia; bipolar affective disorder; any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the International Classification of Diseases as published by the United States Department of Health and Human Services; and those psychiatric and other Mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association. Mental Illness and Mental and Nervous Disorder does not mean or include learning disabilities, attitudinal disorders or disciplinary problems. For the purpose of this definition, Mental Illness and Mental and Nervous Disorder do not include Substance Abuse.

**Motor Vehicle:** Any self-propelled vehicle and any such vehicle in combination with any trailing units, used or physically capable of being used upon any public highway for the transportation of persons or property.

**Outpatient:** You receiving care in a Hospital or another institution including ambulatory; surgical center; convalescent/skilled nursing facility; or Physician's office for an Illness or Injury but not as an Inpatient.

**Parachuting:** Activity involving the breaking of a free fall from an airplane using a parachute.

**Physician(s):** Doctor of Medicine or a Doctor of Osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

**Plan:** Your plan as set forth and determined by this document, the Application, the Certificate, the Declaration and the Master Policy of Insurance.

**Pre-Existing Condition(s):** Any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental or Nervous Disorder, regardless of the cause, including any Congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom, that with reasonable medical certainty existed at the time of application or any time during the sixty (60) days prior to the Effective Date of Coverage under this Certificate, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed. This specifically includes, but is not limited to, any medical condition, sickness, Injury, Illness, disease, Mental Illness, or Mental or Nervous Disorder for which medical advice, diagnosis, care, or Treatment was recommended or received or for which a reasonably prudent person would have sought Treatment during the 60-day period immediately preceding the Effective Date of Coverage under this Certificate.

**Pregnancy:** Physical condition of being pregnant including complications of Pregnancy.

**Proof of Loss:** The written documentation required by the Company that You must furnish to the Company in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss.

**Published Penalties:** Any published cancellation penalties issued by Your travel agency or Travel Supplier that apply to all clients of the travel agency or Travel Supplier and can be documented at time of the sale of the Trip. The loss must occur within the Travel Supplier's penalty period. The maximum amount reimbursable under the travel agencies Published Penalties is 10% of the Trip cost (excluding taxes and other non-commissionable items) or 10% of the amount You have paid, whichever is less. Maximum payable under any one claim is the Trip cost, excluding taxes and other non-commissionable items.

**Relative:** Your Spouse, parent, sibling, child(ren), grandparent, grandchild, stepparent, stepsibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin.

**Resident:** A person who lives somewhere permanently or on a long-term basis.

**Rider:** Any attachment, endorsement, schedule, or similar document attached to, issued in connection with, or otherwise expressly made a part of the Master Policy, the Certificate, the Declaration of Insurance, or the Application.

**Schedule of Benefits:** The summarized Schedule of Benefits, coverages, limits and sub-limits as set forth for ease of reference in Section 2 of this Certificate, all of which are subject to the full terms of this Insurance.

**Scheduled Departure Date:** The date on which You are originally scheduled to leave on Your Trip.

**Scheduled Return Date:** The date on which You are originally scheduled to return to the point of origin or the original final destination.

**Service Provider:** Hospital, convalescent or skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, dentist, licensed medical practitioner, nurse, medical laboratory, assistance service company, air or ground ambulance firm, or any other such facility that the Company approves.

**Sickness:** Illness, malady or disease that requires Treatment by a Physician while covered by this Certificate. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

**Spouse:** If not legally separated or divorced, Your legal Spouse, legal domestic partner or legal civil partner as determined by the State or other applicable governmental jurisdiction in which the legal union is sanctioned.



**Strike:** Any stoppage of work as a result of a combined effect of workers which was unannounced and unpublished at the time travel services were purchased and which interferes with the normal departure and arrival of a Common Carrier.

**Surgeon(s):** Doctor of Medicine or a Doctor of Osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

**Surgery(ies):** Invasive diagnostic procedure or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Transportation Expense:** The cost of conveyance of You and any medical personnel (if Medically Necessary) and the cost of Medically Necessary services or supplies.

**Telehealth Consultation or Care:** The long-distance or remote distribution of (i) health-related services and information, (ii) Treatment of Injury or Illness, or (iii) other live consultations, each of which involves an Insured Person and a Physician or Nurse Practitioner at different locations using telecommunications technologies including internet, phone, video, audio, and computers.

**Travel Arrangements:** Transportation, accommodations, camp tuition, and other specified services arranged by the Travel Supplier for the Trip.

**Traveling Companion:** A person or persons with whom You a) have coordinated Travel Arrangements and b) intend to travel with during the Trip. Note: a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**Travel Supplier:** Any entity or organization that coordinates or supplies travel services for You.

**Terrorist Activity:** Act or acts including, but not limited to, the use of force or violence or the threat thereof of any person or group(s) of person, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons, including the intention to influence any government or to put the public or any section of the public in fear.

**Treatment:** Specific in-office or Hospital physical examination, diagnostic procedures and services, consultation, Surgery, care, and medical services and supplies including medication prescribed or provided by a Service Provider for You, each of which is related to condition(s) that first manifested itself, worsened, or became acute or that had symptoms which would have prompted a reasonable person to seek such Treatment.

**Trip:** Scheduled Trip, tour, camp, or cruise for which coverage for travel arrangements is requested and the premium is paid prior to Your actual or originally scheduled departure date.

**United States:** All fifty (50) states including the District of Columbia, and all United States held commonwealths, territories, and properties.

**Usual, Reasonable, and Customary (URC):** Maximum amount that the Company determines is Usual, Reasonable and Customary for Covered Expenses You receive up to, but not to exceed, charges actually billed. The Company's determination considers (i) amounts charged by other Service Providers for the same or similar service in the locality where received considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; (ii) any usual medical circumstances requiring additional time, skill, or experience; and (iii) other factors the Company determines are relevant including, but not limited to, a resource-based relative value scale. For a Service Provider who has a reimbursement agreement, the Usual, Reasonable, and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

**War, Hostilities, and War-like Operations:** War, Hostilities, or War-like Operations whether war be declared or not; invasion; act of an enemy foreign to the nationality of the Insured Person or the country in or over which the act

occurs; civil war; riot; rebellion; insurrection; revolution; overthrow of the legally constituted government; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power; explosions of war weapons; utilization of nuclear, chemical, or biological weapons of mass destruction howsoever these may be distributed or combined; murder or assault that was the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not; or any action taken in controlling, preventing, or suppressing any or all of the situations described above. For the purpose of this definition (i) "utilization of nuclear weapons of mass destruction" means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (ii) "utilization of chemical weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any solid, liquid, or gaseous chemical compound that, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (iii) "utilization of biological weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) that are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity).

**You or Your:** An Insured Person.

**Youth Rate:** The premium paid for ages 18 years and younger.

## Section 9. Claims

- 9.1 Notice of Claim.** Written notice of claim must be given to the Company within ninety (90) days after the occurrence or commencement of any Disablement covered by the plan. Notice given by or on behalf of the claimant to the Administrative Offices of the Company or to any authorized agent of the Company, with information sufficient to identify You shall be deemed notice to the Company.
- 9.2 Claim Forms.** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the plan as to Proof of Loss upon submitting, within the time fixed in the Certificate for filing Proofs of Loss, written proof covering the occurrence, the character, and the extent of the Disablement for which claim is made.
- 9.3 Proof of Loss.** Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such Proof of Loss within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give Proof of Loss within such time, provided such Proof of Loss is furnished as soon as reasonably possible. The Company at its option may pend resolution and adjudication of submitted claims and/or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss and/or failure to submit Proof of Loss.
- 9.4 Time of Payment of Claims.** Indemnities payable under the Certificate for any loss other than loss for which the Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of Loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Certificate provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
- 9.5 Payment of Claims.** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to Your estate. Any other accrued indemnities unpaid at Your death may, at the option of the Company, be paid either to

such beneficiary or to such estate. All other indemnities will be payable to You. If any indemnity of the Certificate shall be payable to Your estate or to an Insured Person who is under the age of eighteen (18) years or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of You, all or a portion of any indemnities provided by this Certificate on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless You request otherwise in writing not later than the time for filing Proof of Loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.

- 9.6 Appeal of Claims.** If the Company denies all or any part of a claim, You will have a maximum of two (2) appeals for review of the claim and determination, and You must file two (2) appeals before bringing any legal action hereunder. You will have sixty (60) days from the date of the notice of denial within which to file an appeal. You may submit written comments, documents, records, or other information with the notice of appeal. The Company will respond in writing to an appeal as soon as reasonably possible but, in any event, within ninety (90) days from receipt of the notice of appeal.
- 9.7 Subrogation.** To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

## Section 10. Additional Plan Provisions

- 10.1 Severability of Interest.** This Certificate shall operate in all respects as if a separate Certificate had been issued to each Insured Person hereunder except that in no event shall the total liability of the Company or in respect of all Insured Persons hereunder exceed the limit of indemnity stated in this Certificate.
- 10.2 Selection of Providers.** You and/or Your family members, guardians, Physicians, and other health care providers are solely responsible for making decisions regarding the selections of Physicians, Hospitals, or other health care or health Service Providers and regarding any medical Treatment decisions for or on Your behalf. Neither the Company nor the Administrator has the right, obligation, or authority to make such decisions.
- 10.3 Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the person of any Insured Person whose Injury or Illness is the basis of a claim when and as often as the Company may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
- 10.4 Cooperation.** You and Your health care and medical Services Providers and suppliers, Physicians, and Hospitals must cooperate fully with the Company and the Administrator in reviewing, investigating, adjudicating, and administering any claims under this Certificate. This includes, but is not limited to, access to all relevant, pertinent, or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and other available evidence. The Company may suspend or pend adjudication of a claim or deny benefits or coverage for refusal to cooperate or delay in cooperation or for any act or omission by the above-referenced persons or entities that hinders, delays, impairs, or otherwise prejudices the performance of the Company's obligations hereunder.
- 10.5 Refund of Premium.** Plan premium is non-refundable.
- 10.6 Other Insurance.** All coverages except Accidental Death and Dismemberment are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance. Such other insurance or similar benefit programs may

include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

- 10.7 Misrepresentation and Fraud.** The Company explicitly relies on Your Application and the information contained in it in order to determine whether such individual meets the eligibility requirements for the issuance of a Certificate. Any misstatement, misrepresentation, concealment, omission, or fraud in Your Application will render Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

The Company explicitly relies on statements made by You in connection with all claims under this Certificate in order to determine whether or not and to what extent benefits under this Insurance are payable. Any misstatement, misrepresentation, concealment, omission, or fraud by You relating to any claim hereunder shall render the Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

Nothing in this Section 9.7 shall in any way effect any other remedies available to the Company with respect to any misstatement, misrepresentation, concealment, omission, or fraud by an Insured Person.

- 10.8 Legal Actions.** No actions at law or in equity shall be brought to recover on the Certificate prior to the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with requirements of this Certificate. All legal actions, whether in law or equity, arising under this Certificate shall be barred unless written notice thereof is received by the Company or the Administrator within one (1) year from the date of the event giving rise to such legal action. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished. You further agree that no such actions will be taken to recover under the Certificate until after You have complied with Section 8.6.

You and the Company irrevocably agree and submit to the exclusive jurisdiction and venue of the state and federal courts located in the State of Indiana for any action brought under the Certificate. The Court will be the trier of fact for any dispute under this Certificate, and the parties expressly waive their rights to a jury trial.

- 10.9 Coverage Intent.** This is not a general health insurance policy, but an interim travel medical program intended for use while You are away from Your Home Country or country of residence.

- 10.10 Complaints.** Any enquiry or complaint relating to this insurance should be referred to Seven Corners, Inc. in the first instance.

Claims Quality Manager  
303 Congressional Boulevard  
Carmel, Indiana 46032  
USA  
[complaints@sevendcorners.com](mailto:complaints@sevendcorners.com)

- 10.11 Modification and Waiver.** No modification to or waiver of the terms of the Master Policy of Insurance, this Certificate, the Declaration, or the Plan is binding unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Failure of the Company or the Administrator to enforce Your obligation hereunder is not a waiver. No statement made by an agent, employee, or representative of the Company or the Administrator will be deemed or construed as a modification, waiver, actionable representation, promise, or an estoppel or will create any liability against the Company or Administrator.

- 10.12 Assignment.** No transfer or assignment of any of Your rights, benefits, or interests under this Certificate will be valid, binding upon, or enforceable against the Company unless agreed to in writing by the Company.

- 10.13 Termination.** The Plan may be terminated at any time by either the Company or the Administrator by giving at least thirty (30) days written notice to the group and to the Insured Person(s). Such termination will have no effect on this Plan, or the benefits provided hereunder prior to the date of the termination. No Applications will be accepted, and no additional Certificates will be issued following termination.
- 10.14 Entire Agreement.** The Master Policy of Insurance, the Application, the Certificate, the Declaration, and any Riders constitute the entire Agreement between the Company and You. The coverage evidenced by this Certificate is subject to all the terms and conditions of the Master Policy of Insurance, the Application, the Declaration, and any Riders.
- 10.15 Office of Foreign Assets Control and Other Denied Party Lists.** Coverage will be immediately null and void if any Insured Person (i) appears on the like of Specially Designated Nationals and Blocked Persons administered by the UNITED STATES Treasury Department's Office of Foreign Assets Control ("OFAC") or other denied party lists maintained by the UNITED STATES Government, the European Union ("EU"), United Nations ("UN"), or the United Kingdom ("UK"); (ii) is resident or physically present in a country or territory subject to sanctions, prohibitions, or restrictions administered by OFAC, the EU, the UN, or the UK; or (iii) is a person who is otherwise the target of UNITED STATES, EU, UN, or UK sanctions, laws, or regulations such that the Company cannot deal or otherwise engage in business transactions with such person. Whenever any coverage provided hereunder would be in violation of any UNITED STATES, EU, UN, or UK sanctions, prohibitions, or restrictions, such coverage shall be immediately null and void. The Company may be compelled by law to seize premiums, deny services, or withhold claims payments if an Insured Person becomes subject to UNITED STATES, EU, UN, or UK sanctions while this Certificate is in effect. Any payment for services will only be made in full compliance with all United States' economic or trade sanction laws or regulations including, but not limited to, sanctions, laws, and regulations administered and enforced by the OFAC. For more information, consult the OFAC website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/).
- 10.16 Patient Protection and Affordable Care Act ("PPACA").** THE INSURANCE PROVIDED HEREUNDER IS NOT SUBJECT TO, IS NOT INTENDED TO COMPLY WITH, AND DOES NOT PROVIDE ALL BENEFITS REQUIRED BY PPACA. THIS INSURANCE IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF PPACA. IF AN INSURED PERSON DOES NOT HAVE MINIMUM ESSENTIAL COVERAGE, HE OR SHE MAY OWE AN ADDITIONAL PAYMENT WITH HIS OR HER TAXES. INSURED PERSONS ARE RESPONSIBLE FOR DETERMINING IF AND HOW PPACA IS APPLICABLE TO HIM OR HER AND SHOULD CONSULT HIS OR HER OWN TAX ADVISORS. NEITHER THE COMPANY NOR THE ADMINISTRATOR SHALL HAVE LIABILITY WHATSOEVER FOR AN INSURED PERSON'S FAILURE TO OBTAIN PPACA-COMPLIANT COVERAGE.
- 10.17** THIS INSURANCE IS ISSUED PURSUANT TO APPLICABLE SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF STATE INSURANCE GUARANTY LAWS TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

## Section 11. Lloyd's Privacy Policy Statement

- 11.1 Underwriters at Lloyd's, London.** The Company wants Insured Persons to know how it protects the confidentiality of their non-public personal information. The Company wants Insured Persons to know how and why it uses and discloses the information that it has about them. The following describes the Company's policies and practices for securing the privacy of Insured Persons.
- 11.2 Information Underwriter Collects.** The non-public personal information that Company collects about Insured Persons includes, but is not limited to:
- (a) Information contained in applications or other forms that Insured Persons submit to the Company such as name, address, and social security number;
  - (b) Information about Insured Persons' transactions with the Company's affiliates or other third parties such as balances and payment history; and

- (c) Information the Company receives from a consumer-reporting agency such as credit worthiness or credit history.

- 11.3 Information the Underwriter Discloses.** The Company discloses the information that it has when it is necessary to provide its products and services. It may also disclose information when the law requires or permits it to do so.
- 11.4 Confidentiality and Security.** Only the Company's employees and others who need the information to service an Insured Person's account have access to his or her personal information. The Company has measures in place to secure their paper files and computer systems.
- 11.5 Right to Access or Correct Personal Information.** Insured Persons have a right to request access to or correction of their personal information that is in the Company's possession.
- 11.6 Contacting the Underwriter.** If an Insured Person has any questions about this privacy notice or would like to learn more about how the Company protects privacy, the Insured Person should contact the agent or broker who handled this insurance. The Company can provide a more detailed statement of its privacy practices upon request.



# Lloyd's Certificate

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**This Insurance** is effected with certain Underwriters at Lloyd's, London.

**This Certificate** is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

**The Assured** is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:



303 Congressional Boulevard  
Carmel, IN 46032  
1-800-335-0611  
317-575-2652  
317-575-2659 FAX  
[www.sevencorners.com](http://www.sevencorners.com)

**Signature Required.** This Certificate is not valid unless signed by the Correspondent on the attached Declarations page.

**Correspondent Not Insurer.** The Correspondent is not an Insurer under this Certificate and is not liable for any loss or claim whatsoever. The Insurers are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained from the Correspondent. As used in this Certificate, "Underwriters" includes incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.

**Service of Suit.** If the Underwriters fail to pay any amount claimed to be due hereunder, it is agreed that Underwriters, at the request of the Assured, will submit to the jurisdiction of a court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. It is further agreed that service of process in such suit may be made upon Mendes and Mount; 750 Seventh Avenue; New York, NY 10019-6829 USA (For California Residents, contact Eileen Ridley, FLWA Service Corp., c/o Foley & Lardner LLP, 555 California Street, Suite 1700, San Francisco, CA 94104-1520 USA.), and that, in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such court or of any appellate court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit, or, upon request of the Assured, to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory, or district of the United States that makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner, or Director of Insurance or other officer specified for that purpose in the statute or his successors in office as their true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of Insurance and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.

**Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.

**Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions, and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.



# CERTIFICATE OF INSURANCE

## DECLARATIONS

Abroad Insurance  
LON21-210812-01RT

This Declaration is attached to and forms part of certificate provisions.

### ITEM 1. NAMED INSURED AND MAILING ADDRESS

Abroad Insurance  
c/o Trident Trust Company (B.V.I.) Limited  
Trident Chambers P.O. Box 146  
Road Town, Tortola  
British Virgin Islands

### PRODUCING AGENT NAME AND MAILING ADDRESS

Travmark.com, Inc.  
6 East Main Street  
Ramsey, NJ 07446

ITEM 2. COVERAGE PERIOD: FROM: 08/12/2021 TO: 08/10/2022 TERM: 364 Days

12:00 a.m., United States Eastern Time

11:59 p.m., United States Eastern Time

Insurance is effective with **CERTAIN UNDERWRITERS AT LLOYD'S, LONDON**. The Binding Authority Reference Number is B0775RCB07421.

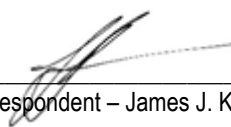
Trip Cost	Youth (0-18)	Adult (19+)
\$0-\$500	\$101	\$190
\$501-\$1,000	\$117	\$204
\$1,001-\$1,500	\$132	\$218
\$1,501-\$2,000	\$149	\$233
\$2,001-\$2,500	\$185	\$267
\$2,501-\$3,000	\$201	\$283
\$3,001-\$3,500	\$241	\$329
\$3,501-\$4,000	\$260	\$347
\$4,001-\$4,500	\$284	\$372
\$4,501-\$5,000	\$310	\$398
\$5,001-\$5,500	\$422	\$508
\$5,501-\$6,000	\$457	\$542
\$6,001-\$6,500	\$490	\$574
\$6,501-\$7,000	\$529	\$614
\$7,001-\$8,000	\$597	\$857
\$8,001-\$9,000	\$666	\$942
\$9,001-\$10,000	\$736	\$1,029
\$10,001-\$11,000	\$974	\$1,324
\$11,001-\$12,000	\$1,054	\$1,426
\$12,001-\$13,000	\$1,128	\$1,526
\$13,001-\$14,000	\$1,218	\$1,648
\$14,001-\$15,000	\$1,328	\$1,796

\*The rates listed above are per person per trip and include a general Trust Fee.

Premium shown above, payable: **Mode**  
**Per Trip**

This Certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement, or conditions as may be endorsed or added hereto.

Dated: 08/06/2021

By:   
(Correspondent – James J. Krampen, Jr.)

# STATE NOTICES

## **For Residents of the State of California**

### **LLOYD'S CCPA PRIVACY POLICY**

#### **UNDERWRITERS AT LLOYD'S, LONDON**

This CCPA Privacy Policy explains how Certain Underwriters at Lloyd's, London ("we" or "us") collect, use, and disclose personal information subject to the California Consumer Privacy Act ("CCPA"). "Personal information" is information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular California resident ("consumer") or household. This CCPA Privacy Policy also describes the privacy rights of California consumers and how they can exercise those rights.

The CCPA does not apply to certain types of information, such as information subject to the Gramm-Leach-Bliley Act ("GLBA") or the Fair Credit Reporting Act ("FCRA"). This means that this CCPA Privacy Policy may not apply to personal information that we collect about individuals who seek, apply for, or obtain insurance products or services for personal, family, or household purposes. The CCPA also has limited application to personal information we collect in connection with providing a product or service to a business.

#### **PERSONAL INFORMATION WE COLLECT**

We collect, and in the past 12 months have collected, the categories of personal information described below from the sources described below. Some of this personal information may be subject to GLBA or FCRA.

**Directly From You.** We collect, and in the past 12 months have collected, the following categories of personal information about you that you include in your application or other forms that you submit, or that you otherwise provide to us:

- Personal identifiers, such as name, postal address, email address, Social Security number, policy number, account number, driver's license number, or passport number.
- Customer records information, such as bank account number, credit or debit card number, other financial information, phone number, health insurance information, or medical history.
- Protected information, such as race, religion, sexual orientation, gender, age, or marital status.
- Commercial information, such as records of personal property and insurance products or services purchased or obtained, purchasing or consuming histories, or transaction or account information.
- Professional or employment related information, such as work history.
- Education information, such as school and date of graduation.

**From Our Affiliates and Third Parties.** We collect the following categories of personal information about you from our affiliates and other third parties, such as agents, brokers, consumer reporting agencies, or loss adjusters:

- Personal identifiers, such as name, postal address, email address, Social Security number, policy number, account number, driver's license number, or passport number.
- Customer records information, such as bank account number, credit or debit card number, other financial information, phone number, health insurance information, or medical history.
- Protected information, such as race, religion, sexual orientation, gender, age, or marital status.
- Commercial information, such as information about your transactions with our affiliates or other parties (e.g., balances and payment history), records of personal property and insurance products or services purchased or obtained, purchasing or consuming histories, transaction or

- account information, credit-worthiness, claims history, or credit history.
- Professional or employment related information, such as work history.
- Education information, such as school and date of graduation.

We may also draw inferences from the personal information we collect directly from you or from our affiliates and third parties.

## HOW WE USE PERSONAL INFORMATION

The purposes for which we use personal information depend on our relationship or interaction with a specific California consumer. We may use, and in the past 12 months have used, personal information to underwrite your insurance policy and evaluate claims under your policy; to operate and manage our business; to provide and maintain our insurance products and services; to verify your identity; to detect and prevent fraud; for vendor management purposes; to operate, manage, and maintain our business, such as developing and marketing our products and services; to conduct research and data analysis; to comply with applicable laws; to respond to civil, criminal, or regulatory lawsuits or investigations; to exercise our rights or defend against legal claims; to resolve complaints and disputes; to perform compliance activities; and to perform institutional risk control.

## PERSONAL INFORMATION WE DISCLOSE

We disclose, and in the past 12 months have disclosed, the categories of personal information described in “Personal Information We Collect” for the purposes described in “How We Use Personal Information” to the following categories of third parties:

- Affiliates
- Agents
- Brokers
- Service providers, such as loss adjusters, fraud prevention services, and software providers
- Regulatory and law enforcement agencies
- Attorneys, auditors, and other business partners

In the past 12 months, we did not sell personal information, as the term “sell” is defined under the CCPA.

## YOUR RIGHTS

You may have certain rights under the CCPA. These rights are subject to certain conditions and exceptions. Your rights under the CCPA may include:

- **Right to Request to Know.** You have the right to request to know the following information about our practices over the past 12 months: (i) the categories of personal information we collected about you; (ii) the categories of sources from which we collected the personal information about you; (iii) the categories of third parties with whom we shared personal information, (iv) the categories of personal information we sold or disclosed about you and the categories of third parties to whom we sold or disclosed that particular category of personal information; (v) our business or commercial purpose for collecting or selling your personal information; and (vi) the specific pieces of personal information we collected about you.

You may exercise your right to request to know twice a year, free of charge. If we are unable to fulfill your request to know, we will let you know the reason why. Please note, in response to a request to know, we are prohibited from disclosing your Social Security number; driver’s license number or other government-issued identification number; financial account number; any health insurance or medical identification number; an account password, security questions, or answers; and unique biometric data generated from measurements or technical analysis of human characteristics.

- **Right to Request to Delete.** You have the right to request that we delete the personal information that we have collected from you. We may deny your request under certain circumstances, such as if we need to retain your personal information to comply with our legal obligations or if retaining the information is necessary to complete a transaction for which your personal information was collected. If we deny your request to delete, we will let you know the reason why.
- **Right to Non-Discrimination.** If you choose to exercise any of these rights, we will not discriminate against you in any way.

If you, or your authorized agent, would like to make a request to know or request to delete, contact us at 1-800-335-0611 or email your agent or broker who handled this insurance at the email address under “Contacting Us” below.

We will take steps to verify your identity before processing your request to know or request to delete. We will not fulfill your request unless you have provided sufficient information for us to reasonably verify that you are the individual about whom we collected personal information. We may request additional information about you so that we can verify your identity. We will only use additional personal information you provide to verify your identity and to process your request.

You may use an authorized agent to submit a request to know or a request to delete. When we verify your agent’s request, we may verify both your and your agent’s identity and request a signed document from you that authorizes your agent to make the request on your behalf. To protect your personal information, we reserve the right to deny a request from an agent that does not submit proof that they have been authorized by you to act on your behalf. You may also make a consumer request on behalf of your minor child.

#### **UPDATES TO PRIVACY NOTICE**

We may change or update this CCPA Privacy Policy from time to time. If we make material changes to this CCPA Privacy Policy, we will provide you with an updated copy of the policy.

#### **CONTACTING US**

If you have any questions or concerns about this CCPA Privacy Policy or would like to learn more about how we protect your privacy, please contact the agent or broker through whom you purchased this insurance policy at [privacy@sevendcorners.com](mailto:privacy@sevendcorners.com).

Effective Date: 1 May 2021

LMA9191  
18 September 2020

## **For Residents of the State of Oregon**

This insurance was procured and developed under the Oregon surplus lines laws. It is NOT covered by the provisions of ORS 734.510 to 734.710 relating to the Oregon Insurance Guaranty Association. If the insurer issuing this insurance becomes insolvent, the Oregon Insurance Guaranty Association has no obligation to pay claims under this insurance.