

# FMCA International Travel Insurance



Apply online at [fmca.sevencorners.com](http://fmca.sevencorners.com)  
1-877-202-4176 or 317-582-2619



# TRUSTED TRAVEL PROTECTION

## DID YOU KNOW?

Your health insurance at home (including Medicare) may not cover you when you travel abroad, and medical providers in foreign countries may require you to pay for services before they treat you.

**Protection** — The FMCA International Travel plan follows you wherever you go. You are covered for injuries and illnesses which occur when you're traveling outside your home country.\* You receive:

- Comprehensive medical coverage
- An extensive network of medical providers
- 24/7 travel assistance

**Experience** — Seven Corners will handle your plan needs from start to finish. With 20+ years of experience servicing travelers worldwide, we know how to help!

**Immediate Coverage** — Purchasing your travel plan is easy. There are no medical questions to answer. When you buy online, you receive your plan documents immediately. This includes an I.D. card with contact details for our team.

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

## YOUR ELIGIBILITY

**FMCA Members** — You are eligible for this plan if you are a traveling outside of your home country and you are a current Charter, Full, Life, Full Lifetime and Member Emeritus/Family Associate member of FMCA. Also, spouses, family members and dependents who are traveling with eligible FMCA members are eligible as well.

## YOUR UNDERWRITER

You can feel confident with the coverage provided by your plan. It is underwritten by Certain Underwriters at Lloyd's, London, an established organization with an AM Best rating of "A" (excellent).

## WHAT HAPPENS IF YOU ARE SICK OR HURT IN AN AREA WITHOUT SPECIALIZED MEDICAL CARE?



We will make sure you receive the care you need!

**24/7 Travel Assistance** – We can provide currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, and pre-trip information.

**24/7 Medical Assistance** – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts, transportation for unaccompanied children, and much more.



## FILING A CLAIM

Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form.

## IMPORTANT INFORMATION

When paying for your trip, save all documents, as this information will be required to process any claim.

Please be aware 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.

Please read your plan document carefully. This brochure is intended as a brief summary of benefits and services. It is not your plan document and does not contain a complete list of the coverage, limitations, and exclusions of this coverage. If there is any difference between this summary and your plan document, the plan document will prevail. Benefits and premiums are subject to change.

## YOUR BENEFITS

All benefits are in U.S. Dollar amounts and are per coverage period and per person unless otherwise stated.

Plan	Silver	Gold	Platinum
U.S. Coverage	Optional	Optional	Optional
Medical Maximums (Per Period of Coverage)	\$25,000	\$100,000	\$250,000
Medical Maximum Age 80+	\$15,000	\$15,000	\$15,000
Deductible (Per Occurrence)	\$75	\$50	\$0
Coinsurance	100%	100%	100%
Hospital Indemnity	\$150 per night, up to a maximum of 30 days	\$150 per night, up to a maximum of 30 days	\$150 per night, up to a maximum of 30 days
Dental (Accident Coverage)	To a maximum of \$500	To a maximum of \$500	To a maximum of \$500
Dental (Sudden Relief of Pain)	To a maximum of \$250	To a maximum of \$250	To a maximum of \$250
Emergency Medical Evacuation/Repatriation	\$300,000 (in addition to the Medical Maximum)	\$300,000 (in addition to the Medical Maximum)	\$300,000 (in addition to the Medical Maximum)
Return of Mortal Remains	\$50,000	\$50,000	\$50,000
Return of Minor Child(ren)	\$3,000	\$4,000	\$5,000
Emergency Medical Reunion	\$1,000	\$5,000	\$10,000
Natural Disaster Evacuation/Repatriation	\$10,000	\$10,000	\$10,000
Political Evacuation	\$10,000	\$10,000	\$10,000
Local Ambulance Benefit	\$5,000	\$5,000	\$5,000
Accidental Death & Dismemberment (AD&D) Principal Sum	\$2,000 for Insured/Insured Spouse/Insured Dependent	\$10,000 for Insured/Insured Spouse \$5,000 for Insured Dependent	\$25,000 for Insured/Insured Spouse \$5,000 for Insured Dependent
AD&D Age 80+	\$1,000	\$1,500	\$2,000
Loss of Checked Baggage	\$150	\$200	\$250
Interruption of Trip	\$3,000	\$4,000	\$5,000
Unexpected Recurrence of a Pre-existing Condition*	Up to \$10,000 Age 65+, up to \$2,500	Up to \$15,000 Age 65+, up to \$2,500	Up to \$20,000 Age 65+, up to \$2,500
Hospital Room & Board	URC	URC	URC
Intensive Care	URC	URC	URC
Outpatient Medical Expenses	URC	URC	URC
Hazardous Sports Coverage	Optional	Optional	Optional
Maximum Coverage Period	30 days	60 days	364 days
24/7 Assistance Services	Included	Included	Included
Benefit Period	180 Days	180 Days	180 Days

URC means Usual, Reasonable and Customary to the selected Medical Maximum.

### PRE-EXISTING MEDICAL CONDITIONS

A pre-existing condition is any medical condition which existed when you purchased this plan or any time during the six months before this plan began.

**Unexpected Recurrence of a Pre-existing Condition** — This coverage is provided for U.S. citizens traveling outside the U.S. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatment existent or necessary prior to the start date of your coverage.

**Hazardous Sports Coverage** — Planning for some adventure? This optional coverage is available for an additional charge and includes motorcycle/motor scooter riding (as driver or passenger), hang gliding, parachuting, bungee jumping, waterskiing, snow skiing, snowmobiling, snowboarding, and spelunking.

**Natural Disaster** — If you require emergency evacuation due to a natural disaster, which makes your host country location uninhabitable, we will arrange and pay for evacuation to the nearest safe location. We will also pay up to 3 days of reasonable accommodations if you are delayed at the safe location as well as one-way economy airfare to return you to the United States. *(See your plan document for details.)*



## EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, In-Hospital Indemnity, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, as the result of:

1. Any Pre-existing Condition(s). This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains. Note: U.S. citizens traveling outside the United States and Canada shall receive up to the maximum stated in the Schedule of Benefits subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.
  2. Injury or Illness which is not presented to the Underwriter for payment within 3 months of receiving Treatment;
  3. Charges for Treatment which is not Medically Necessary;
  4. Charges provided at no cost to You;
  5. Charges for Treatment which exceeds Reasonable and Customary charges;
  6. Charges incurred for Surgery or treatments which are, Experimental/ Investigational, or for research purposes;
  7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
  8. Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
  9. War, hostilities or warlike 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 subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion;
    - i. Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).
    - ii. 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.
    - iii. Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
    - iv. 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) which are capable of causing incapacitating disablement or death amongst people or animals.
- Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;
10. Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics.
  11. Injury sustained while participating in amateur or interscholastic athletics, including but not limited to the event, games, practice, conditioning and any other activity related to amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities. Note: A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation.
  12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disablement established by a prior call or attendance of a Physician;
  13. Treatment of the temporomandibular joint;
  14. Vocational, speech, recreational or music therapy;
  15. Services or supplies performed or provided by a relative of Yours, or anyone who lives with You;
  16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
  17. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery;
  18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
  19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
  20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
  21. Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;
  22. Any Mental and Nervous disorders or rest cures;
  23. Congenital abnormalities and conditions arising out of or resulting there from;
  24. Expenses which are non-medical in nature;
  25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
  26. Expenses as a result of or in connection with the commission of a felony offense;
  27. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, zip lining, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (whether as passenger or driver), scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snowboarding, luge, motocross, Moto X, and any sport or athletic activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury and/or is in violation of applicable laws, rules, or regulations. Hazardous Sport Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a driver or passenger), hang gliding, parachuting, bungee jumping, waterskiing, snow skiing, snowmobiling, snowboarding and spelunking.
  28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for treatment without any cost to You;
  29. Treatment of venereal disease, including all sexually transmitted diseases and conditions, and any and all consequences thereof;
  30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
  31. Routine Dental Treatment;
  32. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
  33. For miscarriage resulting from Accident or complications of Pregnancy;
  34. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;

35. Treatment for human organ tissue transplants and their related treatment;
36. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage;
37. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
39. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
40. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
41. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical treatment of obesity;
43. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
44. Treatment for learning disabilities, altitudinal disorders, or disciplinary problems;
45. Expenses for Durable medical equipment;
46. Expenses incurred in the United States unless the expenses pertain to the Home Country Coverage Benefit, or unless the option has been selected and applicable premium has been paid in full.

**No Benefit shall be payable for Accidental Death and Dismemberment as the result of:**

1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane;
2. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. 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;
5. Injury sustained while You are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with: (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; (b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power. (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence; (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Underwriter shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions;
7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
14. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. Pregnancy, childbirth, miscarriage or abortion;
17. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.

**Exclusions Related to Natural Disaster Evacuation/Repatriation Benefits**

1. The Natural Disaster Evacuation/Repatriation of You while in the United States;
2. Any medical expenses incurred by You;
3. The Kidnap and/or ransom of You;
4. Any expenses not related to Natural Disaster Evacuation/Repatriation, including expenses for transportation from the Host Country by normal commercial means;
5. Natural Disaster Evacuation/Repatriation when the Natural Disaster situation directly giving rise to it precedes Your arrival;
6. The evacuation of You from a Host Country when the evacuation notice issued by the United States or Host Country Government has been posted for a period of more than sixty (60) days.
7. You elect not to depart in a timely manner with evacuation arrangements coordinated by Seven Corners. In this circumstance, coverage for Natural Disaster Evacuation/Repatriation is immediately terminated;
8. Services rendered without the coordination and approval of Seven Corners.
9. Any country subject to the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC)
10. Any services other than those indicated and described within this document will not be provided
11. While traveling within 50 miles of Your primary place of residence

**For Interruption of Trip:** This insurance does not cover: (1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death; the Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather); prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Insured Person purchased their trip arrangements.

**For Loss of Checked Baggage:** This insurance 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; eye-glasses 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.

**For Political Evacuation, this insurance does not cover:** 1) Losses recoverable under any other insurance or through an employer; 2) Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by the Insured, b) alleged violation of the laws of the Host Country, unless the Underwriter determines such allegations to be fraudulent, or c) failure to maintain required documents or visas; 3) Losses attributable to a) debt, insolvency, commercial failure, or the repossession of any property, b) Insured's non-compliance with a contract or license or c) implementation of legally contributed exchange rates; 4) Losses due to liability assumed by the Insured under any contract.

# APPLICATION

Last Name:

First Name:  M.I.:

FMCA Member Number:

Destination Countries (please list all destinations for your trip):

Passport Country & Number:

Your Home Country:

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

Departure Date from Your Home Country:  /  /

Coverage Start Date:  /  /  Coverage End Date:  /  /

*The maximum number of coverage days is 30 for the Silver Plan, 60 for the Gold Plan, and 364 for the Platinum Plan.*

## MAILING ADDRESS

Address:

City:  State:

Postal Code:  Country:

Phone:

Email Address:

## AD&D BENEFICIARY DETAILS

Beneficiary:

Relationship:

## METHOD OF PAYMENT

Check/Money Order (call for instructions)

Visa  MasterCard  Discover/Novus

Diners Club  American Express

(You may fax credit card orders to 317.575.2659)

Card Number:

Expiration Date:  /  /  Phone:

Name on Card:

Billing Address:

City:  State:

Postal Code:  Country:

# PLAN COST CALCULATION

Choose Your Plan  Silver  Gold  Platinum

Name of Persons to be Insured	Date of Birth	Gender	Daily Rate(USD)
Primary:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Spouse:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Child:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Child:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Child:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Child:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>

- Add the amounts in the Daily Rate column together. Enter the result on line 1. This is your Daily Rate Total.
- Enter your Total Number of Travel Days on line 2 (include all travel days and the start and end dates for your trip).
- Multiply line 1 by line 2. Enter the result on line 3.
- Would you like the optional Hazardous Sports Coverage?  
*If one traveler wants this benefit, all travelers must purchase.*  Yes  No  
 If you do not want this option, enter the result from line 3 on line 4.  
 If you want this option, multiply line 3 by 1.15 and enter the result on line 4.
- Administrative Fee +\$10.00
- Total Amount Due

### Total Amount Due is authorized as payment.

Total payment for the full term of coverage requested must be paid in U.S. dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

**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.

Seven Corners, Inc., is a U.S. 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 and return your premium in full. 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>

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London.

I declare that I have read and understand the terms and conditions of this product as outlined in the plan document. Whenever coverage provided by this policy would be in violation of U.S. economic or trade sanctions, such coverage will be null and void. I understand that pre-existing conditions, as defined in the plan document are excluded.

Signature (mandatory for all payment options) Date

## PLAN COST *Amounts shown below are daily rates*

Age	Silver Plan		Gold Plan		Platinum Plan	
	Excluding U.S.	Including U.S.	Excluding U.S.	Including U.S.	Excluding U.S.	Including U.S.
Under 50	\$2.00	\$3.00	\$3.00	\$4.00	\$4.00	\$5.00
50 – 69	\$3.00	\$4.00	\$4.00	\$6.00	\$5.00	\$7.00
70 – 79	\$5.00	\$8.00	\$8.00	\$9.00	\$10.00	\$11.00
80+	\$10.00	\$14.00	\$11.00	\$15.00	\$13.00	\$17.00

**Attention:** Certain Underwriters at Lloyd's, London, operates as an approved Surplus Lines market. in the United States. The premiums listed above include a trust fee.

## ADMINISTERED BY



**SEVEN CORNERS**

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## FOR ADDITIONAL INFORMATION