



Seven Corners Medical Evacuation and Repatriation

ANNUAL TRAVEL INSURANCE FOR EVACUATION,
REPATRIATION AND RETURN OF REMAINS

Covers trips to the United States



SEVEN CORNERS
TRAVEL INSURANCE

Table of Contents

Section 1. Certificate Provisions.....	6
Section 2. Schedule of Benefits.....	7
Section 3. Emergency Services and Assistance	8
Section 4. Other Coverage and Services.....	9
Section 5. Exclusions.....	11
Section 6. Definitions.....	13
Section 7. Claims.....	20
Section 8. Additional Plan Provisions.....	21

Words shown with Capitalization have a particular defined meaning in Section 6. You should refer to the Definitions to obtain the full meaning of such terms.

Also, where the context requires:

- a. words in the singular will include the plural and vice versa;*
- b. words expressed in one gender shall include all genders;*
- c. references to 'a person' shall include any individual, company, partnership, or any other legal entity; and*
- d. references to a statute, regulation or trade terms of contract will be construed to include all its amendments or replacements.*

POLICYHOLDER: Fairmont Specialty Trust

POLICYHOLDER ADDRESS: ITA Global Trust, Ltd.
Suite 4210, 2nd Floor Canella Court
48 Market St.
Camana Bay
P.O. Box 32203
Grand Cayman KY1-1208
Cayman Islands

PARTICIPATING ENTITY: Seven Corners Medical Evacuation & Repatriation

POLICY NUMBER: FSG24-240516-01EVAC

EFFECTIVE DATE: 05/16/2024

EXPIRATION DATE: 05/15/2025

The Policy is a legal contract between the Policyholder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as “the Company”).

This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands.

This Policy is not subject to U.S. jurisdiction.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions in the Policy.

THIS IS LIMITED BENEFIT, SHORT DURATION COVERAGE.

READ IT CAREFULLY.

THE POLICY IS NOT RENEWABLE.

Seven Corners Medical Evacuation and Repatriation

CERTIFICATE OF INSURANCE

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@sevencorners.com

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

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

Emergency Medical Evacuation and Repatriation

Claims

Claims must be submitted within 90 days of the date of service. See Section 7 for claims procedures or visit sevencorners.com/claims for claim forms and more information.

Claims may be submitted as follows:

Email: claims@sevencorners.com

Online: sevencorners.com/login

Fax: 317-575-2256

For additional assistance with claims, contact Seven Corners:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: customerservice@sevencorners.com

Insurance Underwriter

Crum & Forster SPC

Policy Number

FSG24-240516-01EVAC

THIS POLICY PROVIDES TRAVEL INSURANCE BENEFITS FOR INDIVIDUALS TRAVELING OUTSIDE OF THEIR HOME COUNTRY. THIS POLICY DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS “MAJOR MEDICAL COVERAGE”) AND DOES NOT SATISFY A PERSON’S INDIVIDUAL OBLIGATION TO SECURE THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA).

FOR MORE INFORMATION ABOUT THE ACA,
PLEASE REFER TO WWW.HEALTHCARE.GOV.

PLEASE READ THE POLICY CAREFULLY.

Section 1. Certificate Provisions

1.1 Agreement. The Company insures all persons whose Application has been accepted by Us on behalf of the Company and whose name is identified on the ID card subject to the exclusions, limitations, and provisions 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 Us.

1.2 Eligibility. You are eligible for coverage on this Plan if You meet the following criteria:

- a. You are an Insured Person;
 - i. You are at least fourteen (14) days old and under the age of sixty-five (65) years on Your Effective Date;
 - ii. You have applied for coverage and are named on the Plan;
 - iii. The Company has accepted premium for You;
- b. You are traveling to the United States and do not hold a United States passport or green card; and
- c. You are engaged in Full-Time Educational Activities in the United States.

If You are an eligible Insured Person, You may also purchase coverage for Your Spouse and Child(ren). It is Your responsibility to maintain all records regarding eligibility including, but not limited to, enrollment in Full-Time Educational Activities, travel history and age and to provide any documents to Us as necessary to verify eligibility requirements.

1.3 Period of Coverage. Period of Coverage and Maximum Period of Coverage are defined in Section 6. The Period of Coverage under this Plan is three hundred sixty-five (365) days.

1.4 Effective Date. The date Your coverage begins under the terms of the Certificate, which is the latest of the following:

- a. 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; or
- b. 12:00 a.m. United States Eastern Time on the date You request on Your Application.

1.5 Expiration Date. The date Your coverage ends under the terms of the Certificate, which is the earliest of the following:

- a. 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
 - b. 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
 - c. 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
 - d. The moment You fail to be eligible.
-

Section 2. Schedule of Benefits

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

BENEFIT OR SERVICE	
Period of Coverage	365 days
Coverage Area	United States
EMERGENCY SERVICES AND ASSISTANCE	
Emergency Medical Evacuation and Repatriation	\$50,000
Return of Mortal Remains	\$50,000
Local Burial or Cremation	\$50,000
OTHER COVERAGE AND SERVICES	
24/7 Travel Assistance Services	Included
Accidental Death and Dismemberment	\$10,000 Principal Sum Primary Insured \$5,000 Principal Sum Spouse \$1,000 Principal Sum Child(ren) \$250,000 Aggregate Limit total number of Insured Persons on Plan

Section 3. Emergency Services and Assistance

We will make good faith efforts to provide the services and assistance in this Section 3. However, if We are unable to do so due to circumstances beyond Our control or due to circumstances that make it unsafe for persons to provide such services and assistance, then We will provide the services and assistance to the extent reasonable and possible. If We are unable to directly arrange services, Expenses incurred by You for services that would otherwise be covered under this Plan and that would typically be arranged by Us may be eligible for reimbursement and should be submitted for consideration. It is Your responsibility to preserve all documentation of related financial transactions You wish to be considered for reimbursement.

- 3.1 Emergency Medical Evacuation and Repatriation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount 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 following a covered Emergency Medical Evacuation. 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. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are Medically Necessary and cost appropriate will be considered.

The exclusions in Section 5 apply to the coverage provided under this section.

- 3.2 Return of Mortal Remains.** Provided that You have not elected the benefit provided under Section 3.3, the Company will pay up to the amount 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 Injury or Illness covered under this Insurance.

The exclusions in Section 5 apply to the coverage provided under this section.

- 3.3 Local Burial or Cremation.** Provided that You have not elected the benefit provided under Section 3.2, the Company will pay up to the amount in the Schedule of Benefits for the reasonable Expenses incurred for preparation and either Your local burial or Your cremation and repatriation of ashes if You die while outside Your Home Country during the Period of Coverage from an Injury or Illness covered under this Insurance. This benefit does not include the costs for the religious practitioners performing the service, flowers, music, food, beverages, or the cost of an urn. It does cover the cost of a suitable container required for repatriation of the ashes.

The exclusions in Section 5 apply to the coverage provided under this section.

Section 4. Other Coverage and Services

4.1 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.

4.2 Accidental Death and Dismemberment. The Company will pay indemnity determined from the table below if You sustain a loss resulting from Injury suffered from an Accident during the Period of Coverage, provided that:

- a. such loss occurs within three hundred sixty-five (365) days after the date of Accident causing such loss;
- b. 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
- c. 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.

FOR	AMOUNT
Loss of life	Principal Sum
One loss: A hand severed above the wrist, a foot severed above the ankle, or an eye with complete and irrecoverable loss of sight	50% of Principal Sum
Two or more losses: Any combination of two (2) or more losses of a hand severed above the wrist, a foot severed above the ankle, or an eye with complete and irrecoverable loss of sight.	Principal Sum
Quadriplegia: The complete and irreversible total paralysis of both upper and lower limbs	Principal Sum
Paraplegia: The complete and irreversible total paralysis of both lower limbs.	75% of Principal Sum
Hemiplegia: The complete and irreversible total paralysis of both the upper and lower limbs on one side of the body.	50% of Principal Sum
Uniplegia: The complete and irreversible total paralysis of one limb.	25% of Principal Sum

The total amount payable under this section when there are multiple Insured Persons covered, is the Aggregate Limit 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:

- a. Spouse;
- b. child(ren);
- c. issue of deceased child(ren);
- d. parent(s);
- e. siblings;
- f. issue of deceased siblings;
- g. grandparents;
- h. siblings of parents; or
- i. Your estate.

Accidental Death and Dismemberment Exclusions. The coverage provided under this section excludes Expenses:

- a. For disease or sickness of any kind;
- b. For bacterial infections except pyogenic infection that occurs through an Accidental cut or wound;
or
- c. For hernia of any kind.

Loss of Life Exclusion 5(l) is waived for this benefit. All other exclusions in Section 5 apply to the coverage provided under this section.

Section 5. Exclusions

Unless otherwise specifically provided for therein, the coverage provided under Sections 3.1 through 3.3 and 4.2 exclude Expenses that are for, resulting from, related to, or incurred for the following:

- a. **Aircraft Pilot or Crew Exclusion:** You are not covered for 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.
- b. **Airworthy Exclusion:** You are not covered for Injury sustained while You are riding as a passenger in any aircraft which:
 - i. Does not have a current and valid Airworthy Certificate; or
 - ii. Not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.
- c. **Athletics Exclusion:** You are not covered for Athletics.
- d. **Competition Exclusion:** You are not covered for Injury while participating in contests of speed or riding or driving in any type of competition.
- e. **Congenital Exclusion:** You are not covered for Congenital abnormalities and conditions arising out of or resulting therefrom.
- f. **Contributory Negligence Exclusion:** You are not covered for Injury if the proximate cause of the Injury is due to Your failure to take reasonable care with Your own safety, including but not limited to following applicable laws, safety regulations, and/or signed waivers.
- g. **Extreme Activities Exclusion:** You are not covered for Extreme Activities.
- h. **HIV/AIDS Exclusion:** You are not covered for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV).
- i. **Home Country Exclusion:** You are not covered while in Your Home Country.
- j. **Illegal Activity Exclusion:** You are not covered for Injury or Illness resulting from the commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body.
- k. **Inpatient Exclusion:** You are not covered for benefits attributable to Injury or Illness during the first thirty (30) days of coverage if You enroll in this Plan while confined to a Hospital, a convalescent, nursing, or rest home or similar facility, a home for the aged, a place mainly providing Custodial Care, Educational or Rehabilitative Care, or a facility mainly used for the Treatment(s) of Substance Abuse at the time of enrollment.
- l. **Loss of Life Exclusion:** You are not covered for loss of life. This exclusion is waived for section 4.2.
- m. **Medical Supervision Exclusion:** You are not covered for 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.
- n. **Medical Treatment Exclusion:** You are not covered for Treatment of a medical condition.
- o. **Mental Illness Exclusion:** You are not covered for Mental Illness or Rest Cures.
- p. **Military Exclusion:** You are not covered while on active duty 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.
- q. **No Cost Exclusion:** You are not covered for Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You.
- r. **Occupational Disease Exclusion:** You are not covered for Occupational Diseases.
- s. **Pandemic Exclusion:** You are not covered for any Illness incurred in the Host Country or Home Country as a result of an Epidemic, Pandemic, public health emergency, or other disease outbreak that may affect Your health, except for charges resulting from COVID-19/SARS-CoV-2.
- t. **Period of Coverage Exclusion:** You are not covered for benefits attributable to Injury(ies) or Illness(es) that manifest prior to Your Period of Coverage.
- u. **Proximity Exclusion:** You are not covered for services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative, Family Member, or a person whom You directly supervise at Your place of employment.

- v. **Quarantine Exclusion:** You are not covered for Expenses associated with Quarantine, isolation or other confinement outside of a Hospital setting; including without limitation lodging, meals or other incidentals.
 - w. **Radiation Exclusion:** You are not covered for exposure to non-medical nuclear radiation or radioactive materials.
 - x. **Reckless Endangerment Exclusion:** You are not covered for Injury if You unreasonably fail or refuse to depart a country or location following the date a warning to leave is issued and such failure causes or contributes to Your Injury. Applicable warnings include those issued by the United States government, the appropriate authorities of either Your Host Country or Your Home Country, or by a global governing body.
 - y. **Reproductive Exclusion:** You are not covered for Pregnancy, childbirth, abortion, or Illness or complications resulting from these conditions, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, circumcision, or sterilization or reversal thereof.
 - z. **Restricted Travel Exclusion:** You are not covered for travel after Your Physician has limited or restricted travel.
 - aa. **Self-Harm Exclusion:** You are not covered for suicide, attempted suicide, self-destruction, or any attempt thereof, or any intentionally self-inflicted Injury or Illness.
 - bb. **Specialty Aircraft Exclusion:** You are not covered for Injury while 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, professional aerial photography, banner towing, or any experimental purpose.
 - cc. **Substance Exclusion:** You are not covered for 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.
 - dd. **Terrorist Activity and War Exclusion:** You are not covered for Terrorist Activity or War, Hostilities, and War-like Operations.
 - ee. **Timely Filing Exclusion:** You are not covered for claims which are not received by the Company or Us within ninety (90) days of the date of service.
 - ff. **Travel Accommodations Exclusion:** You are not covered for travel accommodations.
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Section 6. 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.

Aggregate Limit: The total limit of the Company's liability for all indemnities payable under the Accidental Death and Dismemberment Benefit arising out of Injury(ies) sustained by two (2) or more Insured Person(s) as the result of any one (1) Accident.

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.

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, practices, training camps, or any related activity engaged in by athletes which meets one or more of the following criteria:

- a. It is sanctioned or sponsored by the International Olympic Committee, the National Collegiate Athletic Association, or a similar organization;
- b. It is performed for a wage, profit, reward, or potential prize;
- c. There is a fee associated with participation;
- d. There are regular or scheduled practices, games, or competitions; or
- e. It is organized or sanctioned by a school or club at any level.

Traditional foot races up to 10K, recreational activities, pick-up games, and activities undertaken for individual fitness are not Athletics.

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.

Child(ren): An Insured Person's unmarried Child(ren) who is at least fourteen (14) days old and under the age of nineteen (19) years on the Effective Date, and who is temporarily residing in the United States with an Insured Person.

Citizen(s): A 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.

Coma or Comatose: Profound state of unconsciousness from which You cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Company: Crum & Forster Segregated Portfolio Company (SPC) Captive.

Congenital: Physical abnormality or condition that is present at birth.

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

Custodial Care: The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care includes non-acute care for the Comatose, semi-Comatose, paralyzed, or Mentally Incompetent patients.

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

Educational or Rehabilitative Care: Care for or restoration by education or training of Your ability to function in a normal or near normal manner following an Injury or Illness. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Effective Date: The date Your coverage begins under the terms of the Certificate, which is the latest of the following:

- a. 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; or
- b. 12:00 a.m. United States Eastern Time on the date You request on Your Application.

Eligible Person: International students or scholars meeting the following requirements are eligible for coverage and may purchase coverage for their Spouse or Child(ren) provided:

- a. They temporarily reside in the United States;
- b. Their Home Country is not the United States; and
- c. They are engaged in Full-Time Educational Activities in the United States.

These international students or scholars are only eligible while they are temporarily residing in the United States. Neither United States Citizens nor persons who are permanent Residents of the United States are eligible to enroll in this Plan. Coverage shall apply only in the United States. Additionally, a person is not eligible to purchase this Insurance while confined to a Hospital; a convalescent, nursing, or rest home or similar facility, or a home for the aged; a place mainly providing Custodial Care, Educational or Rehabilitative Care; or a facility mainly used for the Treatment(s) of Substance Abuse and shall remain ineligible for Emergency Medical Evacuation, Emergency Medical Repatriation or Return of Mortal Remains until thirty (30) days after discharge from any such facility.

Emergency Medical Evacuation: Your evacuation because Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where Medically Necessary Treatment can be obtained.

Emergency Medical Repatriation: Your transportation to Your Home Country, following a covered Emergency Medical Evacuation, with a qualified medical attendant, if necessary, to obtain further Treatment or to recover after You were treated for an Injury or Illness at a local medical facility following a covered Emergency Medical Evacuation.

Epidemic: An outbreak of a contagious disease that spreads rapidly and widely and that is or has been identified as an Epidemic by The United States Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO).

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

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.

Expiration Date: The date Your coverage ends under the terms of the Certificate, which is the earliest of the following:

- a. 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- b. 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- c. 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
- d. The moment You fail to be eligible.

Extreme Activities: Any activity undertaken:

- a. Which exposes You to an extreme risk for Injury;
- b. Is undertaken against the advice, direction, or recommendation of any local authority, qualified instructor, or recognized governing body; or
- c. Which puts others at risk when executing Your Emergency Evacuation.

This includes, but is not limited to: Abseiling; ice climbing; Mountaineering; Offshore Boating; rappelling; shark diving; storm chasing; snow skiing and snowboarding off prepared and marked inbound territories; and wildlife safaris.

Family Member: Your Spouse, parent, stepparent, legal guardian, natural or adopted child(ren), brother, sister, stepsibling, grandparent, grandchild(ren), or in-laws and includes an individual who lives in Your household.

Full-Time Educational Activities: You are enrolled in at least twelve (12) credit hours of study per semester at an accredited school or college. For the purposes of this definition, taking summer semester or similar off-season semesters off will not disqualify You from full-time status if You have not graduated or otherwise completed Your program. You may be required to prove intent to return at time of claim, at Our discretion. Programs including on-the-job training courses, correspondence schools, or programs only offered through the internet do not qualify as Full-Time Educational Activities.

Home Country:

- a. For all Insured Persons, Your Home Country is where You have Your Primary Residence; and
- b. For United States citizens, including those with dual citizenship, Your Home Country is also the United States, regardless of where You have Your Primary Residence.

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.

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 an Occurrence covered by this Certificate.

Inpatient: Your confinement in a Hospital and charged for room and board.

Insurance: Coverage under the Certificate.

Insured Person(s):

- a. You are at least fourteen (14) days old and under the age of sixty-five (65) years on Your Effective Date;
- b. You have applied for coverage and are named on the Plan; and
- c. The Company has accepted premium for You.

Master Policy of Insurance: That certain group insurance policy issued to Fairmont Specialty Trust.

Maximum Period of Coverage: For this Plan, three hundred sixty-five (365) days from the original Effective Date.

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: Any mental, behavioral, or emotional Illness which results in significant changes in thinking, emotion, or behavior. Mental Illness includes, but is not limited to: Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD); antenatal and postnatal mental health; anxiety; bipolar disorder; dementia; depression; dissociative disorders; eating disorders; HIV-associated neurocognitive disorder (HAND); mood disorders; panic disorders; paranoia; personality disorders; post-traumatic stress disorder; psychosis; schizophrenia or social phobias. Mental Illness does not include autism spectrum disorder (ASD), Cerebral Palsy, Down Syndrome, or Substance Abuse.

Mentally Incompetent: The inability of a person to make or carry out important decisions regarding his or her affairs.

Mountaineering: Sport, hobby, or profession of Trekking or climbing up mountains (i) utilizing harnesses, ropes, crampons, or ice axes; (ii) bouldering; or (iii) ascending 4,500 meters or above. Indoor rock climbing and bouldering, hiking, and walking are not considered Mountaineering.

Occupational Disease: Injury or Illness resulting from or in the course of any employment for wage or profit by You including, but not limited to, those related to asbestos exposure and the complications thereof including asbestosis and mesothelioma. Occupational Disease is not a contagious disease resulting from exposure to fellow employees or from a hazard to which the workman would have been equally exposed outside of his employment. An Occupational Disease is also not an ordinary disease of life to which the general public is equally exposed unless such disease follows as a complication and a natural incident of an Occupational Disease or unless there is a constant exposure peculiar to the occupation itself that makes such disease a hazard inherent in such occupation.

Occurrence: 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) Occurrence. If an Occurrence is due to causes that are the same or related to the cause of a prior Occurrence, the Occurrence shall be considered a continuation of the prior Occurrence and not a separate Occurrence. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Offshore Boating: Boating on a water vessel more than twenty-five (25) miles from land, regardless of the type of boat. The Insured Person will likely not be able to see land for most of their Trip. An excursion that starts from land and reaches more than twenty-five (25) miles offshore will be considered Offshore Boating for the duration of the excursion, not just while the boat is more than twenty-five (25) miles offshore. Offshore Boating may be determined based on the vessel's classification for use. This definition does not apply to commercial cruise ships.

Outpatient: Your medical care received at a Hospital or other Service Provider for Treatment of an Injury or Illness, but not as an Inpatient.

Pandemic: An outbreak of a contagious disease that has spread globally and that is or has been identified as a Pandemic by The United States Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO).

Period of Coverage: The Period of Coverage issued by the Company to You beginning with the Effective Date and ending on the Expiration Date.

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 determined by this document, the Application, the Certificate, the Declaration, the Master Policy of Insurance, and any Riders that attach during the Period of Coverage.

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

Primary Residence: Your fixed, permanent, and main home for legal and tax purposes.

Principal Sum: The amount stated as such for the Insured Person on the Schedule of Benefits.

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.

Quarantine or Quarantined: Your strict isolation imposed by a government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

Registered Nurse: Graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority and who is legally entitled to place the letters "RN" after his or her name.

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

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

Rest Cures: Treatment for Mental Illness, consisting of complete rest and often with special diet, massage, etc., especially at a spa or sanatorium.

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

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

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, physician's assistant (PA), nurse, nurse practitioner (NP), medical laboratory, assistance service company, air or ground ambulance firm, or any other such facility that the Company approves.

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.

Substance Abuse: Condition brought about when an individual uses alcohol, chemicals, or any other drug(s) in such a manner that his or her health or judgement is impaired or ability to control actions is lost.

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 Injury or Illness by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

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 persons, 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.

Trekking: Sport, hobby, or profession of traveling by foot through rough terrain to or from a specific location, frequently undertaken over the course of several days and requiring more preparation than hiking.

Trip: A period of scheduled travel outside of Your Home Country, for which coverage for travel arrangements is requested and the premium is paid.

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).

We, Us or Our: Seven Corners, Inc.

You or Your: An Insured Person.

Section 7. Claims

- 7.1 Notice of Claim.** Written notice of claim must be given to the Company within ninety (90) days after the Occurrence or commencement of any Occurrence 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.
- 7.2 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 Occurrence for which claim is made.
- 7.3 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.
- 7.4 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.
- 7.5 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 a 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.
- 7.6 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.

- 7.7 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.
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Section 8. Additional Plan Provisions

- 8.1 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.
- 8.2 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 We have the right, obligation, or authority to make such decisions.
- 8.3 Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the body 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.
- 8.4 Cooperation.** You and Your health care and medical Services Providers and suppliers, Physicians, and Hospitals must cooperate fully with the Company and Us 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.
- 8.5 Refund of Premium.** We hope You are satisfied with the coverage provided under this Plan. However, if this insurance does not meet Your requirements, please notify Us in writing prior to the Effective Date to obtain a full refund. Upon refund, neither the Company nor You shall have any further rights, liabilities, or obligations under this Certificate.
- 8.6 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 except Medicaid. 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

8.7 Misrepresentation and Fraud. The Company explicitly relies on Your Application and the information contained in it 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 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 shall in any way affect any other remedies available to the Company with respect to any misstatement, misrepresentation, concealment, omission, or fraud by an Insured Person.

8.8 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 Us 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 7.6.

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.

8.9 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.

8.10 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@sevencorners.com

8.11 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 Us to enforce Your obligation hereunder is not a waiver. No statement made by an agent, employee, or representative of the Company or Us will be deemed or construed as a modification, waiver, actionable representation, promise, or an estoppel or will create any liability against the Company or Us.

8.12 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.

- 8.13 Termination.** The Plan may be terminated at any time by either the Company or Us 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.
- 8.14 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.
- 8.15 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/.
- 8.16 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 WE SHALL HAVE LIABILITY WHATSOEVER FOR AN INSURED PERSON'S FAILURE TO OBTAIN PPACA-COMPLIANT COVERAGE.
- 8.17 Surplus Lines.** 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.
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DISCLOSURES

NOTICE: For further information on this Plan, visit sevencorners.com.

NOTE: 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"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

PRIVACY STATEMENT: We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us at 1-800-335-0611 (toll-free) or 317-575-2656 (worldwide) or by visiting us at sevencorners.com/about/legal/privacy-policy.

COMPLAINTS: In the event that you remain dissatisfied and wish to make a complaint, you can do so to the Complaints team at:

Seven Corners, Inc.
303 Congressional Boulevard
Carmel, Indiana 46032
USA
complaints@sevencorners.com

DATA PROTECTION: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

By purchasing this insurance provided by Crum & Forster SPC, you become a member of the ITA Global Trust, Ltd.
