

WANDER®

FREQUENT TRAVELER



SPECIALIZED MEDICAL INSURANCE FOR BUSINESS TRAVELERS

Annual Coverage for Families & Individuals



SEVENCORNERS

SCHEDULE OF COVERAGE

All coverages and plan costs listed in this brochure are in U.S. Dollar amounts and are per period of coverage unless otherwise stated.

MEDICAL MAXIMUM: \$1,000,000 medical maximum per person
Insureds age 65 to 75 traveling inside the United States are limited to \$50,000.
Insureds age 70 to 75 traveling outside the United States are limited to \$100,000.

DEDUCTIBLE: \$250 per person per covered trip

COINSURANCE:

inside the united states and canada: After you pay the deductible, we pay 90% of the next \$5,000 of eligible expenses, then 100% to your medical maximum.

outside the united states and canada: After you pay the deductible, we pay 100% to your medical maximum.

HOSPITAL INDEMNITY: \$100/night for a maximum of 30 days per occurrence, when traveling outside the U.S. Canada.

DENTAL (SUDDEN RELIEF OF PAIN): \$250

DENTAL (ACCIDENT COVERAGE): \$500

EMERGENCY MEDICAL EVACUATION/REPATRIATION: \$1,000,000 (in addition to the Medical Maximum)

FOLLOW ME HOME COVERAGE: \$5,000

RETURN OF MORTAL REMAINS: \$50,000

POLITICAL EVACUATION AND REPATRIATION: \$50,000

EMERGENCY REUNION: \$50,000

RETURN OF MINOR CHILDREN: \$50,000

INTERRUPTION OF TRIP: \$5,000

LOSS OF CHECKED LUGGAGE: \$500 per occurrence

BAGGAGE DELAY: \$250 per occurrence

LOCAL AMBULANCE EXPENSE: \$5,000

EMERGENCY ROOM ILLNESS WITHOUT IN-PATIENT HOSPITALIZATION: Usual, reasonable and customary to the selected Medical Maximum subject to an additional \$250 deductible

ACCIDENTAL DEATH DISMEMBERMENT (AD&D): \$25,000 for the primary insured or insured spouse, \$5,000 for dependent children; \$250,000 maximum per family

COMMON CARRIER ACCIDENTAL DEATH: \$50,000 for insured or insured spouse, \$25,000 per child under 19 years; \$250,000 maximum per family

HOSPITAL ROOM BOARD, INTENSIVE CARE, OUTPATIENT MEDICAL EXPENSES: Usual, reasonable and customary to your medical maximum

TERRORISM: Usual, reasonable and customary to \$50,000

WAIVER OF PRE-EXISTING CONDITIONS: \$20,000 for U.S. citizens when traveling outside the United States and Canada. *This benefit is limited to \$2,500 for age 65 and over. Refer to exclusion #1 for details.*

HEART ATTACK AND STROKE BENEFIT: Non-U.S. citizens receive \$200 per day when hospitalized for a heart attack or stroke. Maximum benefit of \$3,000. *Refer to exclusion #1 for details.*

BENEFIT PERIOD: 90 days

What is a benefit period? It's the amount of time you have from the date of your injury/illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country. If you have returned home, there is limited coverage under the Follow Me Home benefit.

CHOOSING WANDER

WHY SHOULD YOU BUY?

Did you know your health insurance at home does not always follow you when you travel abroad? No matter where you go, Wander® Frequent Traveler goes with you, providing comprehensive medical coverage, an extensive network of providers, and 24-hour travel assistance. Make sure you receive the same level of care abroad that you have at home and let us take the worry out of your travel!

WHY CHOOSE WANDER®?

Wander® Frequent Traveler has strong financial backing. Coverage is provided by Certain Underwriters at Lloyd's, London.* In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business and an AM Best rating of "A" (Excellent). Please visit lloyds.com for details.

As your plan administrator, Seven Corners** handles all your insurance needs from start to finish. We will process your purchase, provide documents, and handle all claims. Seven Corners Assist, our own 24/7 in-house assistance team, will take care of your emergency and travel needs. With 20 years of experience in the travel insurance industry, we know how to provide the service you need.

*In specific scenarios, coverage is provided by Tramount Insurance Company Limited. Please visit tramountinsurance.com for more details.

**In California, operating under the name Seven Corners Insurance Services.

WHO CAN BUY WANDER®?

You may buy coverage for yourself, your legal spouse, your unmarried dependent children over 14 days old and under 19 years. All applicants must maintain continuous medical insurance which provides coverage in his or her home country.

You are covered when traveling outside of your home country* on a covered trip. You may select Plan A which allows trips** of up to 30 days or Plan B which allows trips** of up to 45 days.

**Your home country is the country where you have your true, fixed and permanent residence. For United States citizens, the home country is always the United States.*

***A trip must have defined departure and return dates. It starts when you depart your home country and ends when you return to your home country or the 31st day of your trip (Plan A) or the 46th day of your trip (Plan B).*

LENGTH OF COVERAGE - Your period of coverage is 364 days.

Coverage Start Date - Your plan begins on the latest of the following: 1) The date you request or 2) The date we receive and approve your application and payment.

Coverage End Date - Your plan ends on the earlier of the following: 1) 364 days after the effective date; 2) the date you are no longer eligible for Wander; 3) when the maximum benefit has been paid.

It is your responsibility to maintain all records regarding travel history, age, student status, and provide necessary documents to Seven Corners to verify eligibility if needed.

CLAIMS

Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments can be converted to a currency of your choosing. You're only responsible for your deductible coinsurance any non-eligible expenses.

YOUR BENEFITS

IMPORTANT BENEFIT HIGHLIGHTS

MEDICAL COVERAGE - We cover injuries and illnesses which occur during your coverage period while you are traveling outside your home country. Benefits are paid in excess of your deductible and coinsurance, up to your medical maximum.

EMERGENCY MEDICAL EVACUATION -

If medically necessary, we will:

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

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

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

INTERRUPTION OF TRIP - If you cannot continue your trip due to an immediate family member's death or because of damage to your residence (fire, flood, tornado, or similar natural disaster), we will reimburse you for the cost of economy travel to your home.

POLITICAL EVACUATION - If a formal recommendation is made for you to leave the country, we will transport you to your home. This benefit will not apply if a formal Travel Warning was issued by the State Department, and you did not follow it.

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

ADD - Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

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

FOLLOW ME HOME - Covers expenses incurred in your home country for conditions first diagnosed and treated outside your home country while you are on a covered trip.

HOSPITAL INDEMNITY - If hospitalized while traveling outside the United States or Canada, you will receive \$100 for each night you are in the hospital. You may use these incidental funds as you wish.

TERRORISM - If you are injured due to terrorist activity, we will provide benefits as stated. See your plan document for details.

OPTIONAL HAZARDOUS SPORT COVERAGE

To cover motorcycle/motor scooter riding (whether as a passenger or driver), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, spelunking, and snowboarding.

HEART ATTACK AND STROKE BENEFIT

Non-U.S. citizens traveling inside the U.S.

We pay the specified amount for each night you are hospitalized if you are admitted for a heart attack or stroke, regardless of whether the condition is pre-existing.

PRE-NOTIFICATION

To ensure that you obtain the best possible care, we require you or someone on your behalf to contact Seven Corners Assist prior to any medical treatment received worldwide. Our multilingual assistance team is available 24/7 to answer your questions and guide you to an appropriate facility. For an emergency admission, Seven Corners Assist must be contacted within 48 hours or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

PRE-EXISTING CONDITIONS

Pre-existing conditions are normally not covered on travel medical plans. With Wander, we provide this coverage in two separate benefits explained below - Waiver of Pre-existing Conditions and Heart Attack and Stroke Benefit.

Pre-existing conditions are defined in detail in the plan document. A brief summary is shown here.

Pre-existing conditions include any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder, that existed with reasonable medical certainty during the 36* months before your coverage with Wander began, whether or not it was previously manifested, symptomatic, known, diagnosed, treated or disclosed. This includes but is not limited to any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder, for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the 36* months before the coverage start date.

*12 months for insured persons traveling outside the U.S. Canada.

WAIVER OF PRE-EXISTING CONDITIONS

U.S. citizens traveling outside the U.S. and Canada

We pay up to the specified limit for a sudden, unexpected recurrence of a pre-existing condition. This benefit does not cover known, required, or expected treatment of any kind existent or necessary for 12 months before your coverage began.

REFUND OF PREMIUM/CANCELLATION

Refund of total plan cost is considered if you provide a written request to Seven Corners before your coverage start date. If your request is received after your coverage start date, the unused portion of the plan cost may be refunded, minus a cancellation fee, if you have not submitted a claim.

PROVIDER NETWORK

A network provider can be located at sevendcorners.com/help/find-a-doctor or by contacting Seven Corners Assist. Inside the U.S., the network is not required although there are potential savings with its use. Outside of the U.S., we have a large network of providers, many of which have direct pay agreements. We recommend you contact us for a referral, but you may seek treatment at any facility.

Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct. We do not guarantee payment to a facility or individual until we determine that it is an eligible expense.

SEVEN CORNERS ASSIST

WE ARE HERE TO HELP

What happens if you become ill in a remote area without appropriate medical care? We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

24/7 Travel Assistance – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, and pre-trip information including inoculation and visa requirements.

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 and transportation for unaccompanied children, and medical record transfers.

Contact information for Seven Corners Assist is shown on your ID card.

ANNUAL RATES

Based on a \$250 Deductible per person per covered trip

\$1,000,000 Medical Maximum*

Plan A - Maximum 30 Days Per Trip

	Traveling Inside the U.S.	Traveling Outside the U.S.
Primary Insured	\$265.00	\$195.00
Spouse and 2 Children**	+\$135.00	+\$100.00
Each Additional Child	+\$51.00	+\$ 39.00

Plan B - Maximum 45 Days Per Trip

	Traveling Inside the U.S.	Traveling Outside the U.S.
Primary Insured	\$320.00	\$235.00
Spouse and 2 Children*	+\$165.00	+\$120.00
Each Additional Child	+\$65.00	+\$50.00

* Insureds age 65 to 75 traveling inside the United States are limited to \$50,000.

* Insureds age 70 to 75 traveling outside the United States are limited to \$100,000.

** Your spouse must be listed as an insured to select this price.

EXCLUSIONS & LIMITATIONS

For Medical benefits, this insurance does not cover:

- Pre-existing Conditions which are excluded under this Certificate. This means that any claims for Pre-existing Conditions will not be covered for the duration of this Certificate.
 - If you are a United States citizen, this exclusion is waived for the first \$20,000 in eligible medical expenses incurred outside the United States and Canada (for persons age 65 and over, the amount is \$2,500). This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.
 - If you are a non-United States citizen and suffer a Myocardial Infarction or Stroke and are admitted to a Hospital in the United States, this exclusion is waived in order to pay a \$200 per night benefit for each night spent in the Hospital, up to a maximum benefit of \$3,000. The term "Myocardial Infarction" shall mean an acute and emergent onset of the condition. The term "Stroke" shall mean an acute and emergent onset of the condition.
- Charges for treatment which exceed Reasonable and Customary charges; or Charges incurred for Surgeries or treatments which are Investigational, Experimental, and/or for research purposes; expenses which are nonmedical in nature;
- Claims not received by Seven Corners within ninety (90) days of the date of service;
- Expenses for Vocational, occupational, sleep, Speech, Recreational or Music Therapy;
- Durable medical equipment;
- Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- Suicide or any attempt thereof, or self destruction or any attempt thereof; intentionally self-inflicted Injury or Illness;
- Expenses as a result of, or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body;
- 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. For the purpose of this Exclusion; 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 which, 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) which are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). 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;
- Terrorist Activity. For the purpose of this Exclusion, 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 government(s). The Company shall not be liable for and will not provide coverage or benefits in excess of a \$50,000 lifetime maximum benefit for any claim or charges, illness, injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism; and provided, further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, charges, illness, injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
 - The Insured Person's direct or indirect involvement in the Terrorist Activity.
 - The Terrorist Activity takes place in a country or location where the United States government has issued a travel warning that has been in effect within the six (6) months prior to the Insured Person's date of arrival.
 - The Insured Person unreasonably fails or refuses to depart a country or location following the date a warning to leave that country or location is issued by the United States government.
- Occupational Diseases, including but not limited to Disease(s) related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure;
- Routine physicals, inoculations, or other examinations including but not limited to laboratory, diagnostic, or x-ray examinations where there are no objective indications or impairment in normal health;
- Diagnosis or Treatment of the Temporomandibular joint;
- Chiropractic care or acupuncture;
- Services, supplies, or treatment prescribed, performed or provided by a Relative of the Insured Person or any family member of the Insured Person or anyone who lives with the Insured Person. This includes but is not limited to prescription medication and any diagnostic testing.
- Treatment and the provision of false teeth or dentures or dental appliances, normal ear tests and the provision of hearing aids, hearing implants, cosmetic or plastic Surgery (including deviated nasal septum), dental expenses except as specifically provided in the Dental Emergency Treatment benefit, eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye-glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder; eyeglasses, contact lenses; eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism;
- Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent; Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor, chemicals, or drugs or narcotic agent, unless administered under the advice of a Physician and said narcotic agent was taken in accordance with the proper dosing as directed by the physician;
- Mental and Nervous Disorder or rest cures;
- Learning disabilities, attitudinal disorders, or disciplinary problems;
- Congenital abnormalities and conditions arising out of or resulting therefrom;
- Expenses incurred during a Hospital emergency room visit which is not of an Emergency nature;
- Injury sustained while taking part in Mountaineering, hang gliding, parachuting, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snow boarding, and any sport, recreational, athletic, or adventure 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. (Certain named activities may be covered by purchasing the Hazardous Sports Rider, please refer to the Hazardous Sports Coverage Section). Mountaineering shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either:
 - utilizing harnesses, ropes, crampons or ice axes; or
 - ascending 4500 meters or above.
- Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the Insured Person;
- Diagnosis and or Treatment of venereal disease, including all sexually transmitted diseases and conditions and any and all consequences thereof;
- Pregnancy expenses or illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident or complications of Pregnancy; or for postnatal care;
- 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;
- Expenses incurred while the Insured Person is in their Home Country (except when covered under the Follow Me Home Benefit);
- Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Insured Person's physician has limited or restricted travel.
- All charges incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care, or any medical treatment in any establishment for the care of the aged;
- Treatment for human organ or tissue transplants and their related treatment;
- Weight reduction programs or the surgical treatment of obesity, including but not limited to wiring of the teeth and all forms of intestinal bypass Surgery.
- Modifications of the physical body intended to improve the psychological, mental or emotional well-being of the Insured, including but not limited to sex-change Surgery; any drug, treatment, or procedure that promotes, enhances or corrects impotency or sexual dysfunction;
- Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
- Exercise programs, whether or not prescribed or recommended by a Physician;
- Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
- Charges for travel accommodations, except as provided for in the Local Ambulance, Emergency Medical or Political Evacuation, Return of Mortal Remains, Return of Minor Children, Emergency Reunion, Natural Disaster, and Interruption of Trip sections of this insurance.
- Diagnosis or treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials.
- Diagnosis or treatment for acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypothyroidic and atrophic conditions of skin, nevus.
- Treatment, services or supplies that are not administered by or under the supervision of a Physician and products that can be purchased without a doctor's prescription.
- Treatment of sleep apnea or other sleep disorders.
- 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.
- 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.
- Treatment(s) paid for or furnished under any other individual or group policy or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment(s) without cost to any individual;

ABOUT YOUR COVERAGE

IMPORTANT INFORMATION ABOUT YOUR COVERAGE

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

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

It is your responsibility to maintain all records regarding travel history, age, and provide necessary documents to Seven Corners to verify your eligibility for coverage.

Attention: Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The premiums shown include a trust fee.

State Restrictions: We cannot accept an address in Maryland, Washington, New York, South Dakota, and Colorado.

Country Restrictions: We cannot accept an address in Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

Destination Restrictions: We cannot cover trips to Islamic Republic of Iran and Syrian Arab Republic.

WANDER® FREQUENT TRAVELER APPLICATION

APPLICANT INFORMATION

Last Name: _____
 First Name: _____ M.I.: _____
 Destination Countries: _____
List all destinations for your trip. We cannot cover travel to Islamic Republic of Iran and Syrian Arab Republic.
 Primary Health Insurance Coverage: _____
(Required to Receive Coverage)
 Passport Number/Country: _____
 When would you like coverage to begin? (MM/DD/YY) ___/___/___
 AD&D* Beneficiary: _____
 Relationship: _____

*Accidental Death and Dismemberment

Important: We cannot accept an address in these locations:
 States in the USA: Maryland, Washington, New York, South Dakota, & Colorado.
 Islamic Republic of Iran, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria,
 and Sierra Leone.

MAILING ADDRESS

Name: _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Work Phone: () _____ Home Phone: () _____
 Email Address: _____

COVERAGE SPECIFICS

Where are you traveling?
 To the U.S. or Outside the U.S.
 Plan A - 30 days per trip: Plan B - 45 days per trip
 I would like to receive communications from Seven Corners and/or my agent about products in the future.

METHOD OF PAYMENT

Check Money Order MasterCard
 Visa Discover American Express

Card Number: _____
 Expiration Date: _____ Daytime Phone: () _____
 Name on Card: _____
 Billing Address: _____
 Signature (Required) _____

COMPLETING YOUR APPLICATION

If paying by check or money order, make payable to World Commercial Trust and mail with your application. If paying by credit/debit card, you may mail or fax to us. *Originals are not required if the application is faxed with credit/debit card payment.*

**World Commercial Trust
 P.O. Box: 56575, Station A
 Toronto, ON M5W 4L1**

CALCULATING YOUR PLAN COST

(Please complete entire section.)

Name of Person(s) to be Insured:	Date of Birth MM/DD/YY	Annual Rate
Applicant: _____	___/___/___	
Spouse: _____	___/___/___	
Child*: _____	___/___/___	
Child*: _____	___/___/___	
Child: _____	___/___/___	
Annual Premium: \$		

OPTIONAL COVERAGE

Coverage Option: Hazardous Sport Coverage (1.15)

Annual Premium x 1.15 Hazardous Sport Factor** (if applicable)	
Total Payment Enclosed: \$	

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the Master Policy issued by Certain Underwriters at Lloyd's, London and Tramount Insurance Company Limited. The premiums listed include a trust fee. Total payment for the full term of coverage requested must be paid in U.S. dollars at the time of application in order for coverage to be issued. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

I understand that this coverage is not a general health insurance policy, but a limited benefit period, travel medical program intended for use while away from my Home Country.

I understand that the information contained herein, in the program brochures and the Certificate of Insurance (Certificate) is a summary of the benefits to which I may be entitled under the Master Policy and if, there is any difference, the provisions of the Certificate shall prevail. I understand that I may obtain a copy of the Master Policy upon request to Seven Corners. I declare that I have read and understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the Certificate.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. I understand that wherever coverage provided would be in violation of any law including U.S. or appropriate state law (including U.S. economic or trade sanctions), such coverage will be null and void. Seven Corners, Inc. and Certain Underwriters at Lloyd's are subject to sanctions, prohibitions or restrictions under UN resolutions or the trade or economic sanctions, laws or regulations of the European Union (EU), United Kingdom or the United States (including those administered by the Office of Foreign Assets Control (OFAC)). If your Home Country is subject to US, EU or UN sanctions or you are personally the subject of any sanctions or are a "Designated Person" for EU or OFAC purposes (or any similar regime in any other country), we cannot provide you coverage, and any Certificate sent to you will be null and void from its issuance. For the purposes of this program, "Home Country" is the country where you have your true, fixed and permanent residence. Notwithstanding the foregoing, for United States Citizens, the Home Country is always the United States.

I hereby certify that my Home Country is not currently subject to US, EU or UN sanctions and that I am not a Designated Person (or otherwise personally subject to any sanctions law).

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWN AN ADDITIONAL PAYMENT WITH YOUR TAXES. Residents of India who are seeking to procure this insurance online whilst in India are required to obtain permission from the Central Government and Reserve Bank of India prior to purchasing this insurance.

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

Date

IMPORTANT INFORMATION

Wander® Frequent Traveler is underwritten by Certain Underwriters at Lloyd's of London and Tramount Insurance Company Limited.

AGENT INFORMATION

Crossborder Services, LLC
Five Greentree Centre, Suite 104
Route 73
Marlton, NJ 08053

EMAIL: info@americanvisitorinsurance.com
www.americanvisitorinsurance.com

P: 877-340-7910
FAX: 888-640-9807

ADMINISTERED BY



SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032
800-335-0611 • 317-575-2652 • Fax: 317-575-2659
sevencorners.com



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