



# Inbound<sup>®</sup> USA Elite

HEALTH INSURANCE FOR VISITORS TO THE UNITED STATES

Scheduled travel insurance benefits for non-U.S. citizens



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

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## Inbound<sup>®</sup> USA Elite CERTIFICATE OF INSURANCE

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**Seven Corners Assist**

Contact Seven Corners Assist 24 hours per day, 7 days per week for multilingual assistance:

Toll-free: 800-690-6295

Worldwide: 317-818-2808

Email: [customerservice@sevencorners.com](mailto:customerservice@sevencorners.com)

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

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**Pre-Certification Requirements**

Pre-certification applies while inside the United States. See Section 3.4 for details and requirements.

***Pre-certification does not guarantee benefits***, but the failure to pre-certify may result in reduction of benefits that are available.

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

Emergency Medical Evacuation  
Return of Mortal Remains  
Local Burial or Cremation

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**Claims**

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

Claims may be submitted as follows:

Email: [claims@sevencorners.com](mailto:claims@sevencorners.com)

Online: [sevencorners.com/myaccount](http://sevencorners.com/myaccount)

Fax: 317-575-2256

For additional assistance with claims, contact Seven Corners:

Toll-free: 800-335-0477

Worldwide: 317-575-2652

Email: [customerservice@sevencorners.com](mailto:customerservice@sevencorners.com)

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**Insurance Underwriter**

Certain Underwriters at Lloyds, London, rated "A" (Excellent) by AM Best.

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**Certificate Number**

LON20-200501-10TM

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## Section 1. Certificate Provisions

- 1.1 Agreement.** The Company hereby insures all persons whose application has been accepted by the Administrator on behalf of the Company and whose name is identified on the ID Card subject to the exclusions, limitations, and provisions as set forth herein and in the Master Policy of Insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts, and limits specified herein and as identified on the ID card for the Insurance requested on such application and for which the specified Plan costs have been paid to the Administrator.
- 1.2 Eligibility.** Insured Person is defined in Section 8. Inbound® USA provides coverage to non-U.S. Citizens as outlined in this Certificate of Insurance for You while traveling to the United States. Eligible Insured Persons may also purchase coverage for their Spouse, Traveling Companions, and Child(ren). It is Your responsibility to maintain all records regarding travel history and age and to provide any documents to the Administrator necessary to verify eligibility requirements.
- 1.3 Period of Coverage.** Period of Coverage and the Maximum Period of Coverage are defined in Section 8. The minimum Period of Coverage under the Inbound® USA Plan is five (5) days. Subject to those minimums and maximums, Coverage can be purchased in daily periods by paying the appropriate Plan cost.
- 1.4 Effective Date of Coverage:** The date coverage for You begins under the terms of the Certificate, which begins at the later of the following times:
- (i) 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 is made online;
  - (ii) The moment You depart Your Home Country; or
  - (iii) 12:00 a.m. United States Eastern Time on the date You request on Your application.
- 1.5 Expiration Date of Coverage:** The date coverage for You terminates, which is the earliest of the following
- (i) The moment You return to Your Home Country except as provided under Section 3.5;
  - (ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
  - (iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
  - (iv) 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
  - (v) The moment You fail to be eligible.
- 1.6 Extension of Coverage.** Coverage may be continued if the initial Period of Coverage is less than the Maximum Period of Coverage. If You elect to extend Your Trip beyond the initial Period of Coverage, You may extend the applicable Period of Coverage by a minimum of five (5) days and up to three hundred sixty-four (364) days at a time provided that the total Period of Coverage may not exceed the Maximum Period of Coverage. Upon such extension and receipt of the appropriate Plan premium and applicable fee charged for each extension, the original Certificate's Expiration Date of Coverage will be extended to the new Expiration Date of Coverage. For Inbound® USA Basic, the original Effective Date of Coverage will be used to calculate Your Deductible; to determine whether maximum coverage amounts as set forth in the Schedule of Benefits have been obtained; and to determine any Pre-Existing Conditions. For Inbound® USA Choice and Elite Plans, a new Deductible will apply beginning the 365<sup>th</sup> day and beginning again on the 729<sup>th</sup> day, if applicable, during the Period of Coverage, but the original, beginning Effective Date of Coverage (day 1) will continue to be used to determine whether maximum coverage amounts as set forth in the Schedule of Benefits have been obtained and to determine any Pre-Existing Conditions. Extensions, if offered by the Company, will be subject to the definitions, benefits, and conditions in force at the time of each renewal.

## Section 2. Schedule of Benefits

All benefits listed in this Schedule of Benefits are in United States Dollar amounts. All Medical and Dental benefits are subject to the Deductible. All benefits are per person, per Injury or Illness, unless otherwise noted. No Coinsurance applies.

Inbound® USA			
Plan Name	Basic	Choice	Elite
Plan type	Scheduled	Scheduled	Scheduled
Length of Coverage	5 days to 364 days	5 days to 364 days (extend up to 1,092 days)	5 days to 364 days (extend up to 1,092 days)
Ages	14 days to age 99	14 days to age 99	14 days to age 69
Benefit Period	180 Days	180 Days	180 Days
Medical Treatment & Services			
Medical Maximum Options (Per person, per Injury or Illness)	Ages 14 days to 69 years: \$50,000; \$75,000; \$100,000; \$125,000; \$150,000  Ages 70 to 99 years: \$50,000; \$75,000; \$100,000	Ages 14 days to 69 years: \$50,000; \$75,000; \$100,000; \$125,000; \$150,000  Ages 70 to 99 years: \$50,000; \$75,000; \$100,000	Ages 14 days to 69 years: \$50,000; \$75,000; \$100,000; \$125,000; \$150,000  Ages 70+: N/A
Deductible Options (Per person, per Injury or Illness)	Ages 14 days to 69 years: \$0; \$50; \$100  Ages 70 to 99 years: \$100; \$200	Ages 14 days to 69 years: \$0; \$50; \$100  Ages 70 to 99 years: \$100; \$200	Ages 14 days to 69 years: \$0; \$50; \$100  Ages 70 to 99 years: N/A
Hospital Room & Board, including Laboratory Tests, X-Rays, Prescription Medication, Extended Care Facility and other Hospital Miscellaneous Expenses	Up to \$1,000/day, 30 day maximum	Up to \$2,000/day, 30 day maximum	Up to \$3,000/day, 30 day maximum
Hospital Intensive Care Unit	Additional \$500/day, 8 day maximum	Additional \$750/day, 8 day maximum	Additional \$1,000/day, 8 day maximum
Surgery (Inpatient & Outpatient)	Up to \$3,000	Up to \$5,000	Up to \$7,500
Anesthetist (Inpatient & Outpatient)	Up to \$500	Up to \$1,000	Up to \$1,500
Assistant Surgeon (Inpatient & Outpatient)	Up to \$500	Up to \$1,000	Up to \$1,500
Physician Non-Surgical Visits, including Urgent Care (Inpatient & Outpatient)	Up to \$50/visit, 1/day, 30 visits maximum	Up to \$75/visit, 1/day, 30 visits maximum	Up to \$100/visit, 1/day, 30 visits maximum
Consulting Physician when requested by attending Physician	Up to \$250	Up to \$500	Up to \$750
Private Duty Nursing	Up to \$500	Up to \$650	Up to \$800
Pre-Admission Tests within 7 days of Hospital admission	Up to \$750	Up to \$1,000	Up to \$1,500
Diagnostic Basic (X-ray & Laboratory Tests)	Up to \$500	Up to \$750	Up to \$1,000
Diagnostic Comprehensive (PET, CAT, MRI)	Up to \$750	Up to \$1,250	Up to \$1,750

Hospital Emergency Room	Up to \$250	Up to \$500	Up to \$750
Prescription Drugs	Up to \$150 Per Period of Coverage	Up to \$200 Per Period of Coverage	Up to \$250 Per Period of Coverage
Outpatient Surgical Facility Day surgery miscellaneous, related to Outpatient scheduled Surgery performed at a Hospital or licensed Outpatient Surgery center; including the cost of the operating room, anesthesia, drugs and medicines and medical supplies.	Up to \$750	Up to \$1,000	Up to \$1,500
<b>Other Treatment &amp; Services</b>			
Ambulance Services	Up to \$250	Up to \$500	Up to \$750
Initial Orthopedic Prosthesis/Brace	Up to \$1,000	Up to \$1,250	Up to \$1,500
Durable Medical Equipment	Up to \$1,200	Up to \$1,500	Up to \$1,700
Chemotherapy and/or Radiation Therapy	Up to \$1,500	Up to \$2,000	Up to \$2,500
Dental Emergency - Accident Coverage	Up to \$500	Up to \$750	Up to \$1,000
Dental Emergency - Sudden Relief of Pain*	Up to \$500	Up to \$750	Up to \$1,000
Mental & Nervous Disorder & Substance Abuse	Same as any Illness	Same as any Illness	Same as any Illness
Physiotherapy (Inpatient & Outpatient)	Up to \$30/visit, 1/day, 12 visits maximum	Up to \$40/visit, 1/day, 12 visits maximum	Up to \$50/visit, 1/day, 12 visits maximum
Emergency Medical Evacuation	\$100,000	\$100,000	\$100,000
Return of Mortal Remains	\$20,000	\$25,000	\$30,000
Local Cremation / Burial	\$5,000	\$5,000	\$5,000
Terrorism	\$25,000	\$50,000	\$50,000
Incidental trips to Home Country*	\$25,000	\$50,000	\$50,000
Common Carrier AD&D	\$25,000 per Insured Person (aggregate limit of \$125,000 per any one Accident)	\$25,000 per Insured Person (aggregate limit of \$125,000 per any one Accident)	\$25,000 per Insured Person (aggregate limit of \$125,000 per any one Accident)
International Travel Coverage*	Up to Medical Maximum	Up to Medical Maximum	Up to Medical Maximum
Acute Onset of Pre-Existing Conditions	Ages 14 days to 69 years: Up to \$50,000 Ages 70 to 79 years: Up to \$25,000 Age 80 and older: N/A	Ages 14 days to 69 years: Up to \$75,000 Ages 70 to 79 years: Up to \$25,000 Age 80 and older: N/A	Ages 14 days to 69 years: Up to \$100,000 Age 70 and older: N/A

\*This benefit is only available if you purchase a minimum thirty (30) days of coverage.

## Section 3. Medical

- 3.1 Deductible.** Subject to Section 1.4, the Deductible is per person and per Injury or Illness. It is applied to Covered Expenses and must be paid by You prior to receiving payment or reimbursement of benefits under this Certificate. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits.

*Deductible*

The Deductible is set forth in the Schedule of Benefits.

- 3.2 Medical Covered Expenses.** Subject to the terms of the Certificate, the Company will reimburse You for Covered Expenses up to the amount shown in the Schedule of Benefits for the following medical Expenses that are incurred as the result of and within the Benefit Period. Payment for any Covered Expense will be no more than the amount shown in the Schedule of Benefits. The total payable for all Covered Expenses will be no more than the Medical Maximum per Illness or Injury. If a benefit is designated in the Schedule of Benefits, Covered Medical Expenses include:

- (a) Hospital Room and Board:
  - (i) Daily semi-private room rate when Hospital confined;
  - (ii) General nursing care provided and charged for by the Hospital;
  - (iii) Hospital Miscellaneous Expenses: 1) While Hospital confined; or 2) for pre-admission expenses for being Hospital confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examination; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies.
- (b) Intensive Care: Intensive Care is defined in Section 8.
- (c) Surgery: Physician's fees for Inpatient or Outpatient Surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits.
- (d) Anesthetist Services: In connection with Inpatient or Outpatient Surgery.
- (e) Assistant Surgeon: In connection with Inpatient or Outpatient Surgery.
- (f) Physician's Visits:
  - (i) When Hospital confined: Benefits are limited to one (1) Physician's visit per day. Benefits do not apply when related to Surgery. Covered medical Expenses will be paid under the Inpatient benefit or under the Outpatient benefit for Physician's visits, but not both.
  - (ii) Outpatient: Benefits are limited to one (1) Physician's visit per day. Includes injections administered during visit. Benefits do not apply when related to Surgery or Physiotherapy. Covered medical Expenses will be paid under the Outpatient benefit or under the Inpatient benefit for Physician's visits, but not both.
- (g) Consultant Physician fees: When requested and approved by the attending Physician.
- (h) Private Duty Nursing Services:
  - (i) Private duty nursing care only; and
  - (ii) While Hospital confined; and
  - (iii) Ordered by a licensed Physician; and
  - (iv) Medically Necessary.General nursing care provided by the Hospital is not covered under this benefit.
- (i) Pre-Admission Testing: Limited to routine tests such as complete blood count, urinalysis, and chest x-ray. If otherwise payable under the Certificate, major diagnostic procedures such as CAT scans, NMR's, and blood chemistries will be paid as "Hospital Miscellaneous Expenses" under the "Hospital Room and Board" benefit.
- (j) Diagnostic Basic: X-rays and laboratory tests (Outpatient)
- (k) Diagnostic Comprehensive: PET, CAT, and MRI scans (Outpatient)
- (l) Hospital Emergency Room (Outpatient): Only in connection with a Medical Emergency as defined in Section 8. Benefits will be paid for the use of the emergency room and supplies.

- (m) Prescription Drugs (Outpatient)
- (n) Outpatient Surgical Facility Day Surgery Miscellaneous: In connection with Outpatient day Surgery; excluding non-scheduled Surgery, and Surgery performed in a Hospital emergency room, trauma center, Physician's office, or clinic. Benefits will be paid for services and supplies such as the cost of the operating room, laboratory tests and x-ray examinations including professional fees, anesthesia, drugs or medicines, therapeutic services and supplies.
- (o) Initial Orthopedic Prosthesis/Braces:
  - (i) When prescribed by a Physician; and
  - (ii) a written prescription accompanies the claim when submitted.
- (p) Durable Medical Equipment: Durable Medical Equipment is defined in Section 8.
- (q) Chemotherapy and/or Radiation Therapy.
- (r) Mental and Nervous Disorder including Substance Abuse (Inpatient or Outpatient): The benefits and the maximum amounts are specified in the Schedule of Benefits. Benefits are limited to one (1) Physician's visit per day.
- (s) Physiotherapy (Inpatient & Outpatient).

The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this Section 3.2.

**3.3 Local Ambulance.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for the Period of Coverage for local ambulance service from within the metropolitan area to the nearest Hospital having facilities required for Medically Necessary Treatment. Other than in an emergency, a licensed air ambulance transportation may be substituted for a ground ambulance if You are in a rural area and unreachable by ground ambulance. The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this Section 3.3.

**3.4 Pre-Certification Requirements.** Pre-certification is required in the United States only and for the following:

- (a) Outpatient surgeries or procedures;
- (b) Inpatient surgeries, procedures, or stays including those for rehabilitation;
- (c) Diagnostic procedures including MRI, MRA, CT, and PET Scans;
- (d) Chemotherapy;
- (e) Radiation therapy;
- (f) Physiotherapy (must include Physician's recommendation and treatment plan); and
- (g) Extended Care Facility.

To obtain pre-certification, You must:

- (a) Contact Seven Corners Assist as soon as possible before the Expense is incurred;
- (b) Comply with Seven Corners Assist's instructions and submit any required information or documents; and
- (c) Notify all Physicians, Surgeons, Hospitals, and other providers that this Insurance contains pre-certification requirements and request that they fully cooperate with Seven Corners Assist.

If You do not comply with the pre-certification requirements:

- (a) Covered Expenses will be reduced by \$500; and
- (b) The Deductible will be subtracted from the remaining benefit amount.

***Pre-certification does not guarantee coverage, payment, or reimbursement.*** Eligibility, coverage, and payment or reimbursement remains subject to all the terms, conditions, provisions, and exclusions herein. For Inpatient stays of any kind in the United States, the Administrator initially will pre-certify a limited number of days of confinement. Notify all Physicians, Surgeons, Hospitals, and other providers that this Insurance requires them to receive prior approval for additional days of confinement following the pre-certification requirements.



**3.5 Incidental Trips to Home Country.** If the Period of Coverage is greater than thirty (30) days, the Company will reimburse You for Covered Expenses up to the amount set forth in the Schedule of Benefits for a new covered Injury or Illness that begins while You are on an incidental trip to Your Home Country. You must first depart Your Home Country before utilizing this benefit, and it does not apply to the final trip to Your Home Country. You may be required to provide proof of your travel intentions.

Additionally, this coverage will not apply:

- (i) if the Illness began or Injury occurred while You were outside Your Home Country; or
- (ii) for Pre-Existing Conditions.

Under this Section 3.5, You will receive five (5) days of medical coverage per month up to sixty (60) days for every three hundred sixty-four (364) days purchased in a policy. This coverage will apply separately for each three hundred sixty-four (364) day period, which means that any unused days of coverage from the prior three hundred sixty-four (364) day period(s) will not carry over to the any subsequent three-hundred sixty-four (364) day period, but, instead, you will start earning days of coverage over again. The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this Section 3.5.

The limit for this coverage is that amount shown on the Schedule of Benefits under "Incidental Trips to Home Country," not that amount shown for "Medical Maximum Options." The Deductible options set forth in Section 3.1 apply to this coverage and will be Your responsibility.

**3.6 Acute Onset of Pre-Existing Condition(s).** If you are a non-United States Resident, the exclusion set forth in Section 7(a) is waived for the eligible medical Expenses for the first Acute Onset of a Pre-Existing Condition(s) during the Period of Coverage up to the amount set forth in the Schedule of Benefits for eligible medical Expenses incurred in the United States. This waiver is subject to Your payment of your selected Deductible. This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatments existent or necessary prior to arrival in the United States and prior to the Effective Date of Coverage; coverage for Treatment for which You have traveled; or coverage for conditions for which travel was undertaken after Your Physician has limited or restricted travel. Coverage ceases on the earliest of:

- (i) the condition no longer being considered acute; or
- (ii) your discharge from the Hospital.

Acute Onset of Pre-Existing Condition(s) is defined in Section 8. See the Schedule of Benefits for additional details.

## Section 4. Dental

**4.1 Dental Emergency – Sudden Relief of Pain.** If the Certificate has a Period of Coverage thirty (30) days or more, the Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Deductible for emergency Treatment for the relief of pain to Sound Natural Teeth. The exclusions set forth in Section 7 apply to the coverage provided by this Certificate under this Section 4.1.

**4.2 Dental Emergency – Accident Coverage.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Deductible for emergency Treatment to repair or replace Sound Natural Teeth damaged as the result of an Accidental Injury caused by external contact with a foreign object. Coverage does not apply if You break a Sound Natural Tooth while eating or biting into a foreign object. Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this Section 4.2.

## Section 5. Emergency Services and Assistance

- 5.1 Emergency Medical Evacuation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount set forth in the Schedule of Benefits if any covered Injury or Illness commences while You are outside Your Home Country during the Period of Coverage and results in Your Medically Necessary Emergency Medical Evacuation. All transportation arrangements must be by the most direct and economical route. ***The Emergency Medical Evacuation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. Failure to utilize Seven Corners Assist will result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this Section 5.1.
- 5.2 Return of Mortal Remains.** Provided that You have not elected the benefit provided under Section 5.3, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable expenses incurred for embalming, a minimally-necessary container appropriate for transportation, shipping costs, and the necessary government authorizations to return Your remains to Your Home Country if You die while outside Your Home Country during the Period of Coverage from an Illness or Injury covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. ***The return of mortal remains must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this Section 5.2.
- 5.3 Local Burial or Cremation.** Provided that You have not elected the benefit provided under Section 5.2, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable expenses incurred for preparation and either Your local burial or Your cremation if You die while outside Your Home Country during the Period of Coverage from an Illness or Injury covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. This Insurance does not include the expenses for the religious practitioners performing the service, flowers, music, food, or beverages. ***The local burial and cremation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist will result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this Section 5.3.
- 5.4 Terrorist Activity.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for Your Covered Expenses incurred resulting from Terrorist Activity provided:
- (i) You have no direct or indirect involvement in the Terrorist Activity;
  - (ii) the Terrorist Activity is not in a country or location where the United States government has issued a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or the appropriate authorities of either Your Host Country or Your Home Country have issued similar warnings, any of which have been in effect within the six (6) months prior to Your date of arrival; and
  - (iii) You departed the country or location following the date a warning to leave that country or location is issued by the United States government or the appropriate authorities of either Your Host Country or Your Home Country.

## Section 6. Other Coverage and Services

**6.1 Travel Assistance Services.** Upon enrollment, You are eligible to use any of the assistance services provided by Seven Corners Assist. These services are available 24 hours per day, 365 days per year. Multilingual personnel, Physicians, and nurses are on staff and can assist with, among other things, emergency situations and locating local facilities.

**6.2 Common Carrier Accidental Death and Dismemberment.** The Company will pay an indemnity up to the amount set forth in the Schedule of Benefits if You die as the result of an Injury suffered from an Accident while You were traveling on a Common Carrier. Death must occur during the Period of Coverage and while You are riding as a passenger on a Common Carrier and not as a pilot, operator, or member of the crew. The benefit will be paid to the person determined by application of the relevant provisions of Section 6.2.

The total amount payable under this Section 6.2 when there are multiple Insured Persons covered by the Certificate is the Aggregate Limit as set forth in the Schedule of Benefits. If the total of such indemnity exceeds the Aggregate Limit, the Company will not be liable to any Insured for a greater proportion of such Insured's indemnity afforded by the Common Carrier Accidental Death and Dismemberment Benefit than their proportionate share.

Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this Section 6.2.

**6.3 International Travel Coverage.** An insured person may travel to additional countries, other than the United States, up to a maximum of fourteen (14) days. You must purchase a minimum of thirty (30) days of coverage to be eligible for this benefit. International travel coverage does not include travel back to the Insured Person's Home Country, and it does not extend after your current Expiration Date of Coverage. International travel must be utilized during your current Period of Coverage. The Trip must originate in the United States.

## Section 7. Exclusions

Unless otherwise specifically provided for therein, the coverage provided by the Certificate under Sections 3.2, 3.3, 3.5, 3.6, 4.1, 4.2, 5.1 through 5.4, 6.2, and 6.3, excludes Expenses that are for, resulting from, related to, or incurred for the following:

- (a) Pre-Existing Condition(s) except as waived under Sections 3.6, 5.2 and 5.3 above.
- (b) Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- (c) Treatment that is Investigational, Experimental, or for research purposes;
- (d) 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;
- (e) Routine physicals, inoculations, or other examinations or tests conducted when there is no objective indications or impairments in normal health;
- (f) Chiropractic care or acupuncture;
- (g) Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- (h) False teeth, dentures, dental appliances, dental expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eye-

- glasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;
- (i) Replacement of artificial limbs, eyes, larynx, and orthotic appliances;
  - (j) Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;
  - (k) Vocational, occupational, sleep, speech, recreational, art, or music therapy;
  - (l) Pregnancy, Illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postnatal care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
  - (m) Sleep apnea or other sleep disorders;
  - (n) Mental and Nervous Disorders unless specifically covered herein, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
  - (o) Congenital abnormalities and conditions arising out of or resulting therefrom.
  - (p) Temporomandibular joint;
  - (q) Occupational Diseases;
  - (r) Exposure to non-medical nuclear radiation or radioactive materials;
  - (s) Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;
  - (t) Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
  - (u) Human organ or tissue transplants.
  - (v) Exercise programs whether prescribed or recommended by a Physician or therapist;
  - (w) 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;
  - (x) Cosmetic or plastic Surgery including deviated nasal septum; modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, sex-change Surgery;
  - (y) Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
  - (z) Hazardous Activities;
  - (aa) Injuries sustained while participating in professional Athletics, amateur Athletics, or interscholastic Athletics including, but not limited to, events, games, matches, practice, training camps, sport camps, conditioning, and any other activity related thereto and excluding non-competitive, recreational, or intramural activities;
  - (bb) Abuse, misuse, illegal use, overuse, 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;
  - (cc) Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness;
  - (dd) Terrorist Activity except as provided under Section 5.4; War, Hostilities, or War-Like Operations;
  - (ee) Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
  - (ff) You unreasonably fail or refuse to depart a country or location following the date a warning to leave that country or location is issued by the United States government or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country;
  - (gg) Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;
  - (hh) Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
  - (ii) You while in Your Home Country unless covered under Section 3.5;

- (jj) Conditions for which travel was undertaken to seek Treatment after Your Physician has limited or restricted travel;
- (kk) Travel accommodations;
- (ll) 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;
- (mm) Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (ii) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- (nn) Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing, or any experimental purpose;
- (oo) Participating in contests of speed or riding or driving in any type of competition;
- (pp) Charges incurred for treatment or surgeries which are Experimental/Investigational, or for research purposes; expenses which are non-medical in nature, expenses for Custodial Care, vocational, speech, recreational or music therapy; or
- (qq) Any claim in any way caused by or resulting from:
  - (i) Coronavirus disease (COVID-19);
  - (ii) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - (iii) any mutation or variation of SARS-CoV-2; or
  - (iv) any fear or threat of i), ii) or iii) above.

## Section 8. Definitions

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

**Acute Onset of a Pre-Existing Condition(s):** Sudden and unexpected outbreak or recurrence of a Pre-Existing Condition(s) that occurs spontaneously and without advanced warning either in the form of Physician recommendations or symptoms and requires urgent care. The Acute Onset of a Pre-Existing Condition(s) must occur after the Effective Date of Coverage and prior to the age shown in the Schedule of Benefits. Treatment must be obtained within twenty-four (24) hours of the sudden and unexpected outbreak or recurrence. A Pre-Existing Condition that is Congenital or that gradually becomes worse over time is not an Acute Onset of a Pre-Existing Condition. A Pre-Existing Condition will not be considered an Acute Onset of a Pre-Existing Condition(s) if, during the thirty (30) days prior to the acute event, You had a change in prescription or Treatment for a diagnosis related to the acute event. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatments existent or necessary prior to arrival in the United States and prior to the Effective Date of Coverage.

**Administrator:** Seven Corners, Inc.

**Aggregate Limit:** The total limit of the Company's liability for all indemnities payable under the Common Carrier Accidental Death Benefit arising out of Injury(ies) sustained by two or more Insured Person(s) as the result of any one 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, or exercises of any kind engaged in by athletes. It includes numerous types of professional, amateur, and interscholastic sports, games, or exercises including, for example, track and field, soccer, American football, baseball, basketball, softball, lacrosse, weightlifting, skiing, bowling, tennis, wrestling, and rugby. Further, it includes all activities sanctioned or sponsored by the International Olympic Committee, the National Collegiate Athletic Association or similar organization, or professional sports organizations.

**Benefit Period:** This is the amount of time You have as set forth in the Schedule of Benefits from the date of Your Injury or Illness to receive Treatment. If Your Period of Coverage ends during your Benefit Period, You can still receive Treatment outside of your Home Country. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness, and it must be incurred within one hundred and eighty (180) days after the date of the injury or illness.

**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):** Insured Person(s) over the age of fourteen (14) days and under the age of nineteen (19) traveling with You on Your Trip and who is not legally married.

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

**Coinsurance:** Insured Person(s) is responsible for charges that are not considered eligible medical expenses and charges that exceed the maximum limits stated in the Schedule of Benefits.

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

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

**Company:** Certain Underwriters at Lloyds, London.

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

**Covered Expense(s):** Amounts payable by the Company to reimburse You for Your Expenses that are (i) for Medically Necessary services, supplies, care, or Treatment; (ii) due to Illness or Injury; (iii) prescribed, performed, or ordered by a Physician; (iv) Usual, Reasonable, and Customary Expenses; (v) incurred during the Period of Coverage; (vi) and which do not exceed the applicable amount shown 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 the Administrator for and on behalf of the Company to You contemporaneously with the Certificate evidencing Your insurance.

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

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

**Displaced:** Your status when You are required to depart a destination due to an evacuation ordered by prevailing authorities.

**Durable Medical Equipment:** Durable medical equipment (DME) is equipment that helps you complete your daily activities.

**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 Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

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

- (i) 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 is made online;
- (ii) The moment You depart Your Home Country; or
- (iii) 12:00 a.m. United States Eastern Time on the date You request on Your application.

**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.

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

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

- (i) The moment You return to Your Home Country except as provided under Section 3.5;
- (ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- (iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- (iv) 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
- (v) The moment You fail to be eligible.

**Experimental/Investigational:** All services or supplies associated with (i) Treatment or diagnostic evaluation that is not generally and widely accepted in the practice of medicine in the United States of America or that does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States; (ii) a drug that does not have United States Food and Drug Administration ("FDA") marketing approval; (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.

**Extended Care Facility:** Institution or a distinct part of an institution that is licensed as a Hospital, Extended Care Facility, or rehabilitation facility by the state in which it operates; is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; maintains a daily record on each patient; provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active Treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse Treatment, Custodial Care, nursing care, or for care of Mental Illness or the Mentally Incompetent.

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

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

**Home Health Care:** Services or supplies needed as the result of a medical condition that is eligible under the Certificate. You must be physically unable to obtain needed medical services on an Outpatient basis, and it must be in lieu of hospitalization or confinement in an Extended Care Facility. The treatment plan must be prescribed by a licensed Physician who is required to provide updates to the insurer at the appropriate intervals. Home Health Care is Medically Necessary health care provided in the patient's home by health care professionals at the direction of a licensed Physician. Health care professionals may include part-time or intermittent nursing care provided under the supervision of a Registered Nurse, physical therapy, occupational therapy, medications, and laboratory services as well as a home health aide. Expenses for Home Health Care do not include food, housing, homemaker services, or Physician charges covered elsewhere in the Certificate; therapy services covered elsewhere in the Certificate; and environmental supplies such as handrails, ramps, special telephones, air conditioners, home delivered meals, etc. The caregiver cannot be Your Relative, and the care must be provided primarily for therapeutic value and not to assist in activities of daily living or Custodial Care.

**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 Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

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

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

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

**Insurance:** Coverage under the Certificate.

**Insured Person(s):** Individual person eligible for benefits under the Certificate who has applied for coverage, is named on the application, and for whom the Company has accepted premium. To be eligible for benefits under the Certificate, the person must be at least fourteen (14) days of age and under the age of one hundred (100).

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

**Loss:** For quadriplegia, paraplegia, hemiplegia, and uniplegia, the complete and irreversible paralysis of such limbs; with regard to hands and feet, actual severance through and above the wrist or ankle joints; and for eyes, entire irrecoverable loss of sight.

**Master Policy of Insurance:** That certain group insurance policy No. RCB07420 issued to World Commercial Trust by Certain Underwriters at Lloyd's, London, which is available upon request from the Administrator.

**Maximum Period of Coverage:** For Inbound® USA Basic, three hundred sixty-four (364) days in total from the original Effective Date of Coverage. For Inbound® USA Choice and Elite Plans, one thousand ninety-two (1,092) days in total from the original Effective Date of Coverage.

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

**Medical Maximum:** The total maximum of Covered Expenses payable as set forth the Schedule of Benefits for the total Period of Coverage.

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

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

**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 walking, hiking, and climbing up mountains either (i) utilizing harnesses, ropes, crampons, or ice axes; or (ii) ascending 4,500 meters or above.

**Occupational Disease:** Illness or Injury 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.

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

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

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

**Physiotherapy:** Shall mean physical therapy, recommended by a Physician as Medically Necessary for the treatment of a specific Injury or Illness. It must be administered by a licensed physical therapist and be intended to improve, adapt or restore functions which have been impaired or permanently lost as a result of a covered Illness or Injury and involve goals an individual can reach in a Reasonable Period of Time.

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

**Plan:** Your Inbound® USA Plan as set forth and 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.

**Pre-Existing Condition(s):** Any medical condition, Sickness, Injury, Illness, disease, Mental Illness or Mental or Nervous Disorder, regardless of the cause, including any Congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom, that with reasonable medical certainty existed at the time of application or any time during the thirty-six (36) months prior to the Effective Date of Coverage under this Certificate, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed. This specifically includes, but is not limited to, any medical condition, Sickness, Injury, Illness, disease, Mental Illness, or Mental or Nervous Disorder for which medical advice, diagnosis, care, or Treatment was recommended or received or for which a reasonably prudent person would have sought Treatment during the 36-month period immediately preceding the Effective Date of Coverage under this Certificate.

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

**Principal Sum:** The amount stated as such for 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.

**Reasonable Period of Time:** Treatment that shows no documented improvement after two (2) weeks of Treatment, an alternative Treatment plan should be attempted. If no significant improvement is documented after a total of four (4) weeks, reevaluation by the referring Physician may be indicated. Treatment is necessary when the individual stops progressing toward established goals.

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

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

**Rest Cures:** Treatment, as for nervous disorders, 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, the Certificate, the Declaration of Insurance, or the Application.

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

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

**Sound Natural Tooth or Sound Natural Teeth:** Tooth that is whole or properly restored; is without impairment, periodontal, or other conditions; is not more susceptible to Injury than a virgin tooth. A tooth previously restored with a crown, inlay, or porcelain restoration or treated by endodontics is not a Sound Natural Tooth.

**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 Illness or Injury 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 people, 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.

**Traveling Companion:** Insured Person(s) traveling with You on Your Trip other than Your Spouse and any Child(ren).

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

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

**Urgent Care:** Medical care provided for Illness(es) or Injury(ies) which require prompt attention but are typically not of such seriousness as to require the services of an emergency room. The nature of this care would not allow for a scheduled Outpatient office visit.

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

**War, Hostilities, and War-Like Operations:** War, hostilities, or war-like operations whether war be declared or not; invasion; act of an enemy foreign to the nationality of the Insured Person or the country in or over which the act occurs; civil war; riot; rebellion; insurrection; revolution; overthrow of the legally constituted government; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power; explosions of war weapons; utilization of nuclear, chemical, or biological weapons of mass destruction howsoever these may be distributed or combined; murder or assault that was the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not; or any action taken in controlling, preventing, or suppressing any or all of the situations described above. For the purpose of this definition (i) "utilization of nuclear weapons of mass destruction" means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (ii) "utilization of chemical weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any solid,

liquid, or gaseous chemical compound that, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (iii) "utilization of biological weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) that are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity).

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

## Section 9. Claims

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

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

## Section 10. Additional Plan Provisions

- 10.1 Severability of Interest.** This Certificate shall operate in all respects as if a separate Certificate had been issued to each Insured Person hereunder except that in no event shall the total liability of the Company or in respect of all Insured Persons hereunder exceed the limit of indemnity stated in this Certificate.
- 10.2 Selection of Providers.** You and/or Your family members, guardians, Physicians, and other health care providers are solely responsible for making decisions regarding the selections of Physicians, Hospitals, or other health care or health Service Providers and regarding any medical Treatment decisions for or on Your behalf. Neither the Company nor the Administrator has the right, obligation, or authority to make such decisions.
- 10.3 Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the person of any Insured Person whose Injury or Illness is the basis of a claim when and as often as the Company may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
- 10.4 Cooperation.** You and Your health care and medical Services Providers and suppliers, Physicians, and Hospitals must cooperate fully with the Company and the Administrator in reviewing, investigating, adjudicating, and administering any claims under this Certificate. This includes, but is not limited to, access to all relevant, pertinent, or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and other available evidence. The Company may suspend or pend adjudication of a claim or deny benefits or coverage for refusal to cooperate or delay in cooperation or for any act or omission by the above-referenced persons or entities that hinders, delays, impairs, or otherwise prejudices the performance of the Company's obligations hereunder.
- 10.5 Refund of Premium.** Refund of the premium will only be considered if written request is received by the Administrator prior to the Effective Date of Coverage. If written request is received after the Effective Date of Coverage, the unused portion of the Plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to the Administrator for reimbursement. Additionally, no refund will be made after a claim has been denied or not paid. Upon refund, neither the Company nor You shall have any further rights, liabilities, or obligations under this Certificate.

**10.6 Other Insurance.** All coverages except Accidental Death and Dismemberment are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

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

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

Nothing in this Section 10.7 shall in any way effect any other remedies available to the Company with respect to any misstatement, misrepresentation, concealment, omission, or fraud by an Insured Person.

**10.8 Legal Actions.** No actions at law or in equity shall be brought to recover on the Certificate prior to the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with requirements of this Certificate. All legal actions, whether in law or equity, arising under this Certificate shall be barred unless written notice thereof is received by the Company or the Administrator within one (1) year from the date of the event giving rise to such legal action. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished. You further agree that no such actions will be taken to recover under the Certificate until after You have complied with Section 9.6.

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

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

**10.10 Complaints.** Initial inquiries or complaints are to be addressed to the Administrator. If You are not satisfied with the way an inquiry or complaint has been managed by the Administrator, You may request in writing to the Complaints and Advisory Department of the Company a review of the case without prejudice to the Insured Person's rights.

Complaints  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Chatham  
Kent  
ME4 4RN  
Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Tel: +44 (0)20 7327 5693

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



## Section 11. Lloyd's Privacy Policy Statement

- 11.1 Underwriters at Lloyd's, London.** The Company wants Insured Persons to know how it protects the confidentiality of their non-public personal information. The Company wants Insured Persons to know how and why it uses and discloses the information that it has about them. The following describes the Company's policies and practices for securing the privacy of Insured Persons.
- 11.2 Information Underwriter Collects.** The non-public personal information that Company collects about Insured Persons includes, but is not limited to:
- (a) Information contained in applications or other forms that Insured Persons submit to the Company such as name, address, and social security number;
  - (b) Information about Insured Persons' transactions with the Company's affiliates or other third parties such as balances and payment history; and
  - (c) Information the Company receives from a consumer-reporting agency such as credit worthiness or credit history.
- 11.3 Information the Underwriter Discloses.** The Company discloses the information that it has when it is necessary to provide its products and services. It may also disclose information when the law requires or permits it to do so.
- 11.4 Confidentiality and Security.** Only the Company's employees and others who need the information to service an Insured Person's account have access to his or her personal information. The Company has measures in place to secure their paper files and computer systems.
- 11.5 Right to Access or Correct Personal Information.** Insured Persons have a right to request access to or correction of their personal information that is in the Company's possession.
- 11.6 Contacting the Underwriter.** If an Insured Person has any questions about this privacy notice or would like to learn more about how the Company protects privacy, the Insured Person should contact the agent or broker who handled this insurance. The Company can provide a more detailed statement of its privacy practices upon request.



# Lloyd's Certificate

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

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

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

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



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

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

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

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

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

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

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

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

CERTIFICATE OF INSURANCE  
DECLARATIONS

Inbound® USA Elite  
LON20-200501-10TM

This Declaration is attached to and forms part of certificate provisions

ITEM 1. NAMED INSURED AND MAILING ADDRESS

Inbound® USA Elite  
World Commercial Trust  
Tortola, British Virgin Islands

ITEM 2. COVERAGE PERIOD: AS STATED ON THE ID CARD

TERM: AS STATED ON THE ID CARD


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

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

Insurance is effective with **CERTAIN UNDERWRITERS AT LLOYD'S, LONDON**. The Binding Authority Reference Number is B0775RCB07420.

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

Dated: 4/22/2020

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