

INBOUND® GUEST APPLICATION

APPLICANT INFORMATION

Mr. Mrs. Miss Ms

Last Name: _____

First Name: _____ M.I. _____

Passport Country: _____

Passport Number: _____

for accidental death & dismemberment benefit

Beneficiary: _____ Relationship: _____

address

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Work Phone: () _____ Home Phone: () _____

Email Address: _____

We cannot accept an address from these states: Maryland, New York, South Dakota, Washington, and Colorado.

We cannot accept an address from these countries: Australia, Canada, Islamic Republic of Iran, Switzerland, Syrian Arab Republic, the U.S. Virgin Islands, Gambia, Ghana, Nigeria, Sierra Leone.

When did or will you arrive in the United States: ___/___/___ (MM/DD/YY)

Date you would like coverage to begin: ___/___/___ (MM/DD/YY)

Date you would like coverage to end: ___/___/___ (MM/DD/YY)

Note: This plan is not available to United States citizens. Your coverage must begin within 6 months of your arrival in the United States. The minimum period of coverage is 5 days, maximum is 180 days. Coverage cannot begin until you depart from your Home Country and Seven Corners both receives and accepts your application and correct premium.

coverage specifics

Have you purchased insurance through Seven Corners before? No Yes

If Yes, ID Number: _____

Age 2 weeks to Age 69:

Plan A: \$25,000

Plan B: \$45,000

Plan C: \$65,000

Plan D: \$85,000

Plan E: \$120,000

Age 70 to 99:

Plan J: \$40,000

Plan K: \$60,000

Plan L: \$100,000

Selected Per Injury/Sickness Deductible:

\$0 \$50 \$100 \$200

If there are applicants below age 70 and applicants age 70 and above, separate applications must be submitted.

Complete and return the Application with payment made payable to:

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

(You may fax your application only if paying by credit card. Originals are not required if application is faxed to Seven Corners with credit card payment.)

Attention Applicants: Certain Underwriters at Lloyd's, London operates as an approved Surplus Lines market in the United States. The premiums listed under Plan Cost include a 2% trust fee.

calculating your plan cost

(please complete entire section)

	Date of Birth MM/DD/YY	Daily Rate
Applicant: _____	___/___/___	_____
Spouse: _____	___/___/___	_____
Child: _____	___/___/___	_____
Child: _____	___/___/___	_____
Child: _____	___/___/___	_____ +

Minimum period of coverage is 5 days

Multiply Daily Rate Total by number of days: _____ x _____

Administrative Fee Required: _____ + \$5.00

Total Payment Enclosed (Total) _____ = _____

method of payment

Check Money Order MasterCard Credit/Debit

Visa Discover American Express

Card Number: _____

Expiration Date: _____ Daytime Phone: () _____

Name as it appears on Card: _____

Signature (Required) _____

Billing Address: _____

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. 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) _____ Date _____