

# Medical Evacuation and Repatriation

ANNUAL TRAVEL INSURANCE FOR EVACUATION,  
REPATRIATION AND RETURN OF REMAINS

Covers travel to the United States.



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*Capitalized terms have specific meanings for purposes of this Certificate and are defined in Section 6.*

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# Medical Evacuation and Repatriation

## 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: 800-335-0611

Worldwide: 317-575-2652

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

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

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

Emergency Medical Evacuation and Repatriation  
Return of Mortal Remains

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**Claims**

Claims must be submitted within 90 days of the date of service. See Section 7 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/login](http://sevencorners.com/login)

Fax: 317-575-2256

For additional assistance with claims, contact Seven Corners:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

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

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**Insurance Underwriter**

Certain Underwriters at Lloyd's, London, rated "A" (Excellent) by AM Best.

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**Certificate Number**

LON22-220501-01EVAC

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

FOR MORE INFORMATION ABOUT THE ACA,  
PLEASE REFER TO [WWW.HEALTHCARE.GOV](http://WWW.HEALTHCARE.GOV).

**PLEASE READ THE POLICY CAREFULLY.**

## 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.** Eligible Person is defined in Section 6. The Medical Evacuation and Repatriation Plan provides coverage 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 and Child(ren). It is Your responsibility to maintain all records regarding eligibility including, but not limited to, enrollment in Full-Time Educational Activities, travel history, and age and to provide any documents to the Administrator necessary to verify eligibility.
- 1.3 **Period of Coverage.** Period of Coverage and Maximum Period of Coverage are defined in Section 6. The Period of Coverage under the Medical Evacuation and Repatriation Plan is three hundred sixty-five (365) days.
- 1.4 **Effective Date of Coverage.** The date coverage for You begins under the terms of the Certificate, which begins at the latest 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 are made online; or
  - (ii) 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) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
  - (ii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
  - (iii) 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
  - (iv) The moment You fail to be eligible.

## Section 2. Schedule of Benefits

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

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

## Section 3. Emergency Services and Assistance

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

- 3.1 Emergency Medical Evacuation and Repatriation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount 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 (i) Emergency Medical Evacuation or (ii) Emergency Medical Repatriation. All transportation arrangements must be by the most direct and economical route. ***The Emergency Medical Evacuation or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.
- 3.2 Return of Mortal Remains.** 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 Injury or Illness covered under this Insurance. ***The return of mortal remains must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.



## Section 4. Other Coverage and Services

**4.1 Travel Assistance Services.** Upon enrollment, You are eligible to use any of the assistance services provided by Seven Corners Assist. These services are available twenty-four (24) hours per day, three hundred sixty-five (365) days per year. Multilingual personnel, physicians, and nurses are on staff and can assist with, among other things, emergency situations and locating medical facilities.

**4.2 Accidental Death and Dismemberment (AD&D).** The Company will pay indemnity determined from the table below if You sustain a Loss stated therein resulting from Injury suffered from an Accident during the Period of Coverage and subject to the exclusions set forth in Section 5, provided that (i) such Loss occurs within three hundred sixty-five (365) days after the date of Accident causing such Loss; (ii) the indemnity payable for any such Loss shall be the Principal Sum stated on the Schedule of Benefits as applicable to You and this Insurance; and (iii) if more than one (1) Loss stated in the table of Losses is sustained as the result of one (1) Accident, only one (1) of the amounts, the largest, will be paid.

<b>FOR</b>	<b>INSURED</b>	<b>SPOUSE</b>	<b>CHILD(REN)</b>
Loss of life	Principal Sum	Principal Sum	Principal Sum
Loss of two members	Principal Sum	Principal Sum	Principal Sum
Loss of one member	50% of Principal Sum	50% of Principal Sum	50% of Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	Principal Sum	Principal Sum	Principal Sum
Paraplegia (total paralysis of both lower limbs)	75% of Principal Sum	75% of Principal Sum	75% of Principal Sum
Hemiplegia (total paralysis of both upper and lower limbs of one side of the body)	50% of Principal Sum	50% of Principal Sum	50% of Principal Sum
Uniplegia (total paralysis of one limb)	25% of Principal Sum	25% of Principal Sum	25% of Principal Sum

The total amount payable under this section 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 Person for a greater proportion of such Insured Person's indemnity afforded by the Accidental Death and Dismemberment benefit than their proportionate share.

For loss of life, the benefit will be paid to the beneficiary designated in writing by You. If no beneficiary is designated or if the beneficiary is no longer living, the benefit will be paid to Your closest living Relative in the following order: (i) Spouse; (ii) Child(ren); (iii) issue of deceased Child(ren); (iv) parent(s); (v) siblings; (vi) issue of deceased siblings; (vii) grandparents; (viii) siblings of parents; or (ix) Your estate.

The coverage under this section excludes and does not cover Expenses that are for, resulting from, related to, or incurred in connection with the following:

- (a) Disease or sickness of any kind;
- (b) Bacterial infections except pyogenic infection that occurs through an Accidental cut or wound; or
- (c) Hernia of any kind.

Additionally, the exclusions set forth in Section 5 apply to the coverage provided by the Certificate under this section.

## Section 5. Exclusions

Unless otherwise specifically provided for therein, the coverage provided by the Certificate under Sections 3.1, 3.2 and 4.2 exclude Expenses that are for, resulting from, related to, or incurred for the following:

- (a) Claims not received by the Company or Administrator within ninety (90) days of the date of service;
- (b) 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;
- (c) Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- (d) Pregnancy, childbirth, abortion, or Illness or complications resulting from these conditions, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- (e) Mental Illness and Mental and Nervous Disorders;
- (f) Congenital abnormalities and conditions arising out of or resulting therefrom;
- (g) Occupational Diseases;
- (h) Exposure to non-medical nuclear radiation or radioactive materials;
- (i) Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
- (j) 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 but excluding non-competitive, recreational, or intramural activities;
- (k) Abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;
- (l) Suicide or any attempt thereof, self-destruction or any attempt thereof, or any intentionally self-inflicted Injury or Illness;
- (m) Terrorist Activity; War, Hostilities, or War-like Operations;
- (n) Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- (o) 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;
- (p) Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
- (q) You while in Your Home Country;
- (r) Travel after Your Physician has limited or restricted travel;
- (s) 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;
- (t) 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;
- (u) 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;
- (v) Participating in contests of speed or riding or driving in any type of competition;
- (w) Loss of life except as allowed under Section 4.2;
- (x) Unless specifically listed herein as covered by the Plan, incidental Expenses, including but not limited to accommodations, local transportation, meals, telephone, and facsimile charges;
- (y) Services not otherwise shown as covered;

- (z) Benefits attributable to Injury(ies) or Illness(es) that manifest prior to coverage under the Insurance portion of this contract;
- (aa) Injury sustained or Occurrence due wholly or in part to the effects of intoxicating liquor or drugs, other than drugs taken in accordance with the proper dosing as directed by a Physician; or
- (bb) Illness of any kind;
- (cc) Benefits attributable to Injury or Illness during the first thirty (30) days of coverage for Insured Persons who enroll in this Plan while confined to a Hospital; a convalescent, nursing, or rest home or similar facility, or a home for the aged; a place mainly providing Custodial Care, Educational or Rehabilitative Care; or a facility mainly used for the Treatment(s) of Substance Abuse at the time of enrollment. (Only applicable to Emergency Medical Evacuation, Emergency Medical Repatriation and Return of Mortal Remains); or
- (dd) 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 6. Definitions

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

**Administrator:** Seven Corners, Inc.

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

**Airworthiness Certificate or Airworthy Certificate:** Standard Airworthiness Certificate issued by the Federal Aviation Agency of the United States or the governmental authority having jurisdiction over civil aviation in the country of its registry.

**Application:** The fully answered and signed enrollment form submitted by You for coverage under the Plan. The Application is hereby incorporated into and becomes part of the Master Policy of Insurance, the Plan, and the Certificate.

**Athletics:** Sports, games, 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.

**Certificate:** This document and any applicable Riders issued to You for Insurance under the Master Policy of Insurance describing the coverage and benefits to be paid to or for the benefit of the Insured Person(s). The Certificate also includes the Application and the Declaration, which are incorporated herein by this reference.

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

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

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

**Company:** Certain Underwriters at Lloyd's, London.

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

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

**Custodial Care:** That 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.

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

**Effective Date of Coverage:** The date coverage for You begins under the terms of the Certificate, which begins at the latest 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 are made online; or
- (ii) 12:00 a.m. United States Eastern Time on the date You request on Your Application.

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

- (i) They temporarily reside in the United States;
- (ii) Their Home Country is not the United States; and
- (iii) They are engaged in Full-Time Educational Activities in the United States.

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

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

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

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

**Experimental/Investigational:** All services or supplies associated with (i) Treatment or diagnostic evaluation that is not generally and widely accepted in the practice of medicine in the United States of America or that does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States; (ii) a drug that does not have United States Food and Drug Administration (“FDA”) marketing approval; or (iii) a medical device that does not have FDA marketing approval or has FDA approval under 21 CFR 807.81 but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

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

- (i) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- (ii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- (iii) 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
- (iv) The moment You fail to be eligible.

**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 Injury or Illness. 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.

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

**Home Country:** For Non-United States Citizens, it is the country where You have Your Primary Residence. For United States Citizens, including those with dual citizenship, it is always the United States.

**Hospital:** Institution operated pursuant to law for the care and Treatment of sick or injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision, excluding resting or nursing homes and institutions for the aged, chronically ill, or convalescent.

**Host Country:** Any country to which or in which You are traveling other than Your Home Country.

**Illness(es):** Sickness, disorder, Illness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, Congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical, or health condition provided, however, that Illness does not include learning disabilities or attitudinal or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one (1) Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

**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 an Occurrence covered by this Certificate.

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

**Insurance:** Coverage under the Certificate.

**Insured Person(s):** An Eligible Person 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 old and under the age of sixty-five (65) years.

**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. RCB07422 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 Medical Evacuation and Repatriation, three hundred sixty-five (365) days from the original Effective Date of Coverage.

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

**Mental Illness 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. For the purpose of this definition, Mental Illness and Mental and Nervous Disorder does not include Substance Abuse.

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

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

**Occurrence:** Illness or an Accidental bodily Injury necessitating Treatment by a Physician as defined in this Certificate. All bodily disorders existing simultaneously that are due to the same or related causes shall be considered one (1) Occurrence. If an Occurrence is due to causes that are the same or related to the cause of a prior Occurrence, the Occurrence shall be considered a continuation of the prior Occurrence and not a separate Occurrence. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

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

**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.

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

**Plan:** Your Medical Evacuation and Repatriation 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.

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

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

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

**Proof of Loss:** The written documentation required by the Company that You must furnish to the Company in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss.

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

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

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

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

**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.

**Spouse:** If not legally separated or divorced, Your legal Spouse, legal domestic partner or legal civil partner as determined by the state or other applicable governmental jurisdiction in which the legal union is sanctioned.

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

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



**Surgery(ies):** Invasive diagnostic procedure or the Treatment of Injury or Illness by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

**Terrorist Activity:** Act or acts including, but not limited to, the use of force or violence or the threat thereof of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons, including the intention to influence any government or to put the public or any section of the public in fear.

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

**United States:** All fifty (50) states including the District of Columbia, and all United States held commonwealths, territories and properties.

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

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

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

## Section 7. Claims

- 7.1 Notice of Claim.** Written notice of claim must be given to the Company within ninety (90) days after the Occurrence or commencement of any Occurrence covered by the Plan. Notice given by or on behalf of the claimant to the Administrative Offices of the Company or to any authorized agent of the Company, with information sufficient to identify You shall be deemed notice to the Company.
- 7.2 Claim Forms.** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Plan as to Proof of Loss upon submitting, within the time fixed in the Certificate for filing Proofs of Loss, written proof covering the Occurrence, the character, and the extent of the Occurrence for which claim is made.
- 7.3 Proof of Loss.** Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such Proof of Loss within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give Proof of Loss within such time, provided such Proof of Loss is furnished as soon as reasonably possible. The Company at its option may pend resolution and adjudication of submitted claims and/or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss and/or failure to submit Proof of Loss.
- 7.4 Time of Payment of Claims.** Indemnities payable under the Certificate for any loss other than loss for which the Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of Loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Certificate provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
- 7.5 Payment of Claims.** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to Your estate. Any other accrued indemnities unpaid at Your death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to You. If any indemnity of the Certificate shall be payable to Your estate or to an Insured Person who is under the age of eighteen (18) years or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of You, all or a portion of any indemnities provided by this Certificate on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless You request otherwise in writing not later than the time for filing Proof of Loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
- 7.6 Appeal of Claims.** If the Company denies all or any part of a claim, You will have a maximum of two (2) appeals for review of the claim and determination, and You must file two (2) appeals before bringing any legal action hereunder. You will have sixty (60) days from the date of the notice of denial within which to file an appeal. You may submit written comments, documents, records, or other information with the notice of appeal. The Company will respond in writing to an appeal as soon as reasonably possible but, in any event, within ninety (90) days from receipt of the notice of appeal.

- 7.7 Subrogation.** To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

## Section 8. Additional Plan Provisions

- 8.1 Severability of Interest.** This Certificate shall operate in all respects as if a separate Certificate had been issued to each Insured Person hereunder except that in no event shall the total liability of the Company or in respect of all Insured Persons hereunder exceed the limit of indemnity stated in this Certificate.
- 8.2 Selection of Providers.** You and/or Your family members, guardians, Physicians, and other health care providers are solely responsible for making decisions regarding the selections of Physicians, Hospitals, or other health care or health Service Providers and regarding any medical Treatment decisions for or on Your behalf. Neither the Company nor the Administrator has the right, obligation, or authority to make such decisions.
- 8.3 Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the 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.
- 8.4 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.
- 8.5 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. Upon refund, neither the Company nor You shall have any further rights, liabilities, or obligations under this Certificate.
- 8.6 Other Insurance.** All coverages except Accidental Death and Dismemberment are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance

**8.7 Misrepresentation and Fraud.** The Company explicitly relies on Your Application and the information contained in it 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 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.

**8.8 Legal Actions.** No actions at law or in equity shall be brought to recover on the Certificate prior to the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with requirements of this Certificate. All legal actions, whether in law or equity, arising under this Certificate shall be barred unless written notice thereof is received by the Company or 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 7.6.

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

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

**8.10 Complaints.** Any enquiry or complaint relating to this insurance should be referred to Seven Corners, Inc. in the first instance.

Claims Quality Manager  
303 Congressional Boulevard  
Carmel, Indiana 46032  
USA  
[complaints@sevencorners.com](mailto:complaints@sevencorners.com)

**8.11 Modification and Waiver.** No modification to or waiver of the terms of the Master Policy of Insurance, this Certificate, the Declaration, or the Plan is binding unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Failure of the Company or 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.

**8.12 Assignment.** No transfer or assignment of any of Your rights, benefits, or interests under this Certificate will be valid, binding upon, or enforceable against the Company unless agreed to in writing by the Company.

- 8.13 Termination.** The Plan may be terminated at any time by either the Company or 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.
- 8.14 Entire Agreement.** The Master Policy of Insurance, the Application, the Certificate, the Declaration, and any Riders constitute the entire Agreement between the Company and You. The coverage evidenced by this Certificate is subject to all the terms and conditions of the Master Policy of Insurance, the Application, the Declaration, and any Riders.
- 8.15 Office of Foreign Assets Control and Other Denied Party Lists.** Coverage will be immediately null and void if any Insured Person (i) appears on the like of Specially Designated Nationals and Blocked Persons administered by the UNITED STATES Treasury Department's Office of Foreign Assets Control ("OFAC") or other denied party lists maintained by the UNITED STATES Government, the European Union ("EU"), United Nations ("UN"), or the United Kingdom ("UK"); (ii) is resident or physically present in a country or territory subject to sanctions, prohibitions, or restrictions administered by OFAC, the EU, the UN, or the UK; or (iii) is a person who is otherwise the target of UNITED STATES, EU, UN, or UK sanctions, laws, or regulations such that the Company cannot deal or otherwise engage in business transactions with such person. Whenever any coverage provided hereunder would be in violation of any UNITED STATES, EU, UN, or UK sanctions, prohibitions, or restrictions, such coverage shall be immediately null and void. The Company may be compelled by law to seize premiums, deny services, or withhold claims payments if an Insured Person becomes subject to UNITED STATES, EU, UN, or UK sanctions while this Certificate is in effect. Any payment for services will only be made in full compliance with all United States' economic or trade sanction laws or regulations including, but not limited to, sanctions, laws, and regulations administered and enforced by the OFAC. For more information, consult the OFAC website at [www.treas.gov/offices/enforcement/ofac/](http://www.treas.gov/offices/enforcement/ofac/).
- 8.16 Patient Protection and Affordable Care Act ("PPACA").** THE INSURANCE PROVIDED HEREUNDER IS NOT SUBJECT TO, IS NOT INTENDED TO COMPLY WITH, AND DOES NOT PROVIDE ALL BENEFITS REQUIRED BY PPACA. THIS INSURANCE IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF PPACA. IF AN INSURED PERSON DOES NOT HAVE MINIMUM ESSENTIAL COVERAGE, HE OR SHE MAY OWE AN ADDITIONAL PAYMENT WITH HIS OR HER TAXES. INSURED PERSONS ARE RESPONSIBLE FOR DETERMINING IF AND HOW PPACA IS APPLICABLE TO HIM OR HER AND SHOULD CONSULT HIS OR HER OWN TAX ADVISORS. NEITHER THE COMPANY NOR THE ADMINISTRATOR SHALL HAVE LIABILITY WHATSOEVER FOR AN INSURED PERSON'S FAILURE TO OBTAIN PPACA-COMPLIANT COVERAGE.
- 8.17** 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 9. Lloyd's Privacy Policy Statement

- 9.1 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.
- 9.2 Information Underwriter Collects.** The non-public personal information that the 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.
- 9.3 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.
- 9.4 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.
- 9.5 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.
- 9.6 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:



**SEVENCORNERS**

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**

**Medical Evacuation and Repatriation  
LON22-220501-01EVAC**

This Declaration is attached to and forms part of certificate provisions

ITEM 1. NAMED INSURED AND MAILING ADDRESS

Medical Evacuation and Repatriation  
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 B0775RCB07422.

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: 5/1/2022

By: \_\_\_\_\_

(Correspondent – James J. Krampen, Jr.)

# STATE NOTICES

## **For Residents of the State of California**

### **LLOYD'S CCPA PRIVACY POLICY**

#### **UNDERWRITERS AT LLOYD'S, LONDON**

This CCPA Privacy Policy explains how Certain Underwriters at Lloyd's, London (“we” or “us”) collect, use, and disclose personal information subject to the California Consumer Privacy Act (“CCPA”). “Personal information” is information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular California resident (“consumer”) or household. This CCPA Privacy Policy also describes the privacy rights of California consumers and how they can exercise those rights.

The CCPA does not apply to certain types of information, such as information subject to the Gramm- Leach-Bliley Act (“GLBA”) or the Fair Credit Reporting Act (“FCRA”). This means that this CCPA Privacy Policy may not apply to personal information that we collect about individuals who seek, apply for, or obtain insurance products or services for personal, family, or household purposes. The CCPA also has limited application to personal information we collect in connection with providing a product or service to a business.

#### **PERSONAL INFORMATION WE COLLECT**

We collect, and in the past 12 months have collected, the categories of personal information described below from the sources described below. Some of this personal information may be subject to GLBA or FCRA.

**Directly From You.** We collect, and in the past 12 months have collected, the following categories of personal information about you that you include in your application or other forms that you submit, or that you otherwise provide to us:

- Personal identifiers, such as name, postal address, email address, Social Security number, policy number, account number, driver’s license number, or passport number.
- Customer records information, such as bank account number, credit or debit card number, other financial information, phone number, health insurance information, or medical history.
- Protected information, such as race, religion, sexual orientation, gender, age, or marital status.
- Commercial information, such as records of personal property and insurance products or services purchased or obtained, purchasing or consuming histories, or transaction or account information.
- Professional or employment related information, such as work history.
- Education information, such as school and date of graduation

**From Our Affiliates and Third Parties.** We collect the following categories of personal information about you from

- Personal identifiers, such as name, postal address, email address, Social Security number, policy number, account number, driver’s license number, or passport number.
- Customer records information, such as bank account number, credit or debit card number, other financial information, phone number, health insurance information, or medical history.
- Protected information, such as race, religion, sexual orientation, gender, age, or marital status.
- Commercial information, such as information about your transactions with our affiliates or other parties (e.g., balances and payment history), records of personal property and insurance products or services purchased or obtained, purchasing or consuming histories, transaction or account information, credit-worthiness, claims history, or credit history.

- Professional or employment related information, such as work history.
- Education information, such as school and date of graduation.

We may also draw inferences from the personal information we collect directly from you or from our affiliates and third parties.

### **HOW WE USE PERSONAL INFORMATION**

The purposes for which we use personal information depend on our relationship or interaction with a specific California consumer. We may use, and in the past 12 months have used, personal information to underwrite your insurance policy and evaluate claims under your policy; to operate and manage our business; to provide and maintain our insurance products and services; to verify your identity; to detect and prevent fraud; for vendor management purposes; to operate, manage, and maintain our business, such as developing and marketing our products and services; to conduct research and data analysis; to comply with applicable laws; to respond to civil, criminal, or regulatory lawsuits or investigations; to exercise our rights or defend against legal claims; to resolve complaints and disputes; to perform compliance activities; and to perform institutional risk control.

### **PERSONAL INFORMATION WE DISCLOSE**

We disclose, and in the past 12 months have disclosed, the categories of personal information described in “Personal Information We Collect” for the purposes described in “How We Use Personal Information” to the following categories of third parties:

- Affiliates
- Agents
- Brokers
- Service providers, such as loss adjusters, fraud prevention services, and software providers
- Regulatory and law enforcement agencies
- Attorneys, auditors, and other business partners

In the past 12 months, we did not sell personal information, as the term “sell” is defined under the CCPA.

### **YOUR RIGHTS**

You may have certain rights under the CCPA. These rights are subject to certain conditions and exceptions. Your rights under the CCPA may include:

- **Right to Request to Know.** You have the right to request to know the following information about our practices over the past 12 months: (i) the categories of personal information we collected about you; (ii) the categories of sources from which we collected the personal information about you; (iii) the categories of third parties with whom we shared personal information, (iv) the categories of personal information we sold or disclosed about you and the categories of third parties to whom we sold or disclosed that particular category of personal information; (v) our business or commercial purpose for collecting or selling your personal information; and (vi) the specific pieces of personal information we collected about you.

You may exercise your right to request to know twice a year, free of charge. If we are unable to fulfill your request to know, we will let you know the reason why. Please note, in response to a request to know, we are prohibited from disclosing your Social Security number; driver’s license number or other government-issued identification number; financial account number; any health insurance or medical identification number; an account password, security questions, or answers; and unique biometric data generated from measurements or technical analysis of human characteristics.

- **Right to Request to Delete.** You have the right to request that we delete the personal information that we have collected from you. We may deny your request under certain circumstances, such as if we need to retain your personal information to comply with our legal obligations or if retaining the information is necessary to complete a transaction for which your personal information was collected. If we deny your request to delete, we will let you know the reason why.
- **Right to Non-Discrimination.** If you choose to exercise any of these rights, we will not discriminate against you in any way.

If you, or your authorized agent, would like to make a request to know or request to delete, contact us at 1-800-335-0611 or email your agent or broker who handled this insurance at the email address under “Contacting Us” below.

We will take steps to verify your identity before processing your request to know or request to delete. We will not fulfill your request unless you have provided sufficient information for us to reasonably verify that you are the individual about whom we collected personal information. We may request additional information about you so that we can verify your identity. We will only use additional personal information you provide to verify your identity and to process your request.

You may use an authorized agent to submit a request to know or a request to delete. When we verify your agent’s request, we may verify both your and your agent’s identity and request a signed document from you that authorizes your agent to make the request on your behalf. To protect your personal information, we reserve the right to deny a request from an agent that does not submit proof that they have been authorized by you to act on your behalf. You may also make a consumer request on behalf of your minor child.

#### **UPDATES TO PRIVACY NOTICE**

We may change or update this CCPA Privacy Policy from time to time. If we make material changes to this CCPA Privacy Policy, we will provide you with an updated copy of the policy.

#### **CONTACTING US**

If you have any questions or concerns about this CCPA Privacy Policy or would like to learn more about how we protect your privacy, please contact the agent or broker through whom you purchased this insurance policy at [privacy@sevencorners.com](mailto:privacy@sevencorners.com).

Effective Date: 1 May 2021

LMA9191  
18 September 2020

## **For Residents of the State of Oregon**

This insurance was procured and developed under the Oregon surplus lines laws. It is NOT covered by the provisions of ORS 734.510 to 734.710 relating to the Oregon Insurance Guaranty Association. If the insurer issuing this insurance becomes insolvent, the Oregon Insurance Guaranty Association has no obligation to pay claims under this insurance.