



Seven Corners Backpacker Travel Insurance

COVERAGE FOR INTERNATIONAL TRAVEL
EXCLUDING THE UNITED STATES

Covers worldwide trips outside your home country



SEVEN CORNERS
TRAVEL INSURANCE

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Capitalized terms have specific meanings for purposes of this Certificate and are defined in Section 9.

Seven Corners Backpacker Travel Insurance

CERTIFICATE OF INSURANCE

Seven Corners Assist

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

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: customerservice@sevencorners.com

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

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

Emergency Medical Evacuation and Repatriation
Emergency Medical Reunion
Bedside Visit
Natural Disaster Evacuation and Repatriation
Political Evacuation and Repatriation

Claims

Claims must be submitted within 90 days of the date of service.
See Section 10 for claims procedures or visit sevencorners.com/claims
for claim forms and more information.

Claims may be submitted as follows:

Email: claims@sevencorners.com

Online: sevencorners.com/login

Fax: 317-575-2256

For additional assistance with claims, contact Seven Corners:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: customerservice@sevencorners.com

Insurance Underwriter

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

Policy Number

LON24-240208-01TM

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

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

PLEASE READ THE POLICY CAREFULLY.

PRE-EXISTING CONDITIONS

This insurance policy excludes medical coverage for Pre-Existing Conditions, except as provided for under the Acute Onset of Pre-Existing Condition(s) benefit. This policy defines a Pre-Existing Condition and Acute Onset of Pre-Existing Condition(s).

Section 1. Certificate Provisions

1.1 Agreement. The Company insures all persons whose Application has been accepted by Us on behalf of the Company and whose name is identified on the ID card subject to the exclusions, limitations, and provisions herein and in the Master Policy of Insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts, and limits specified herein and as identified on the ID card for the Insurance requested on such Application and for which the specified Plan costs have been paid to Us.

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

- a. You are an Insured Person;
 - i. You are at least fourteen (14) days old and under sixty-five (65) years;
 - ii. Your Primary Residence is in the United States;
 - iii. You have applied for coverage and are named on the Plan; and
 - iv. The Company has accepted premium for You;
- b. You are traveling outside Your Home Country;
 - i. Your Home Country is where You have Your Primary Residence; and
- c. You are not a green card holder traveling within the United States or its territories.

If You are an eligible Insured Person, You may also purchase coverage for Your 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 Us as necessary to verify eligibility requirements.

1.3 Period of Coverage. Period of Coverage and the Maximum Period of Coverage are defined in Section 9. The minimum Period of Coverage under this Plan is five (5) days. Subject to those minimums and maximums, coverage can be purchased in daily periods by paying the appropriate Plan premium.

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

- a. 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment if Application and payment are made online;
- b. The moment You depart Your Home Country; or
- c. 12:00 a.m. United States Eastern Time on the date You request on Your Application.

1.5 Expiration Date. The date Your coverage terminates, which is the earliest of the following:

- a. The moment You return to Your Home Country;
- b. 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- c. 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- d. 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
- e. 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 will be extended to the new Expiration Date. The original Effective Date will be used to calculate Your Deductible; to determine whether maximum coverage amounts 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 extension.

Section 2. Schedule of Benefits

This Plan only pays benefits for eligible Expenses that originate during the Period of Coverage. All benefits listed in this Schedule of Benefits are in United States Dollar amounts. All medical and dental benefits are subject to the Deductible. Unless otherwise indicated, all benefits are per Insured Person, per Period of Coverage, and provided up to the amount shown. In no event will the Company's maximum liability exceed the amount in the Schedule of Benefits. Additionally, Usual, Reasonable and Customary (URC) is defined in Section 9.

BENEFIT OR SERVICE	
Period of Coverage	5 days to 364 days
Extension of Coverage	Extendable for a total of up to 364 days
Coverage Area	Worldwide excluding the United States
MEDICAL	
Medical Maximum Options	\$50,000; \$100,000; \$500,000
Deductible Options (You pay)	\$0; \$250; \$500
Hospital Room and Board	URC up to Medical Maximum
Inpatient Hospital Services	URC up to Medical Maximum
Outpatient Medical Expenses	URC up to Medical Maximum
Emergency Room Services	URC up to Medical Maximum
Physician Office Visits	URC up to Medical Maximum
Urgent Care Visits	URC up to Medical Maximum
Prescription Drugs	URC up to Medical Maximum
Local Ambulance	Up to Medical Maximum
Acute Onset of Pre-Existing Conditions	\$25,000
Terrorist Activity	\$10,000
COVID-19 Treatment	URC up to Medical Maximum
DENTAL	
Dental – Sudden Relief of Pain	\$200
Dental – Accident	\$500

EMERGENCY SERVICES AND ASSISTANCE

Emergency Medical Evacuation and Repatriation	\$50,000 (separate from Medical Maximum)
Emergency Medical Reunion	\$2,000
Bedside Visit	\$2,000
Return of Mortal Remains	\$25,000
Local Burial or Cremation	\$25,000
Natural Disaster Evacuation	\$10,000
Political Evacuation and Repatriation	\$10,000

OTHER COVERAGE AND SERVICES

24/7 Travel Assistance Services	Included
Trip Interruption	\$5,000

OPTIONAL COVERAGES

Adventure Activities	Up to Medical Maximum
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Section 3. Medical

3.1 Deductible. Subject to Section 1.6, the Deductible is per Insured Person and per Period of Coverage. 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 in the Schedule of Benefits.

3.2 Medical Covered Expenses. The Company will reimburse You for Covered Expenses up to the Medical Maximum in the Schedule of Benefits for the following medical Expenses that are incurred during Your Period of Coverage:

- a. Hospital Expenses for room and board that do not exceed the Hospital's average charge for semi-private accommodations, Inpatient Treatment, Surgery, operating room, Intensive Care, nursing services, and services and supplies routinely provided by the Hospital to Inpatients;
- b. Outpatient Treatment or Surgery;
- c. Administration of anesthetics;
- d. Medication, x-ray services, laboratory tests and services, use of radium and radioactive isotopes, oxygen, and blood transfusions;
- e. Dressings, sutures, casts, splints, drugs, and medicines that can only be administered by a Physician or Surgeon or obtained through a written prescription;
- f. Medically Necessary rental of a non-motorized wheelchair, crutches, or a basic hospital bed up to the purchase price;
- g. Hotel room when the Insured Person, otherwise necessarily confined in a Hospital, is under the care of a duly qualified Physician in a hotel room due to unavailability of a Hospital room due to capacity or distance;
- h. Artificial limbs, eyes, larynx, and orthotic appliances other than for replacement of such items;
- i. Home Health Care in bed if recommended by the attending Physician, provided by a Home Health Care agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization;
- j. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital; and
- k. Telehealth Consultation or Care.

The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness. If initial Treatment does not occur within thirty (30) days, and the delay in Treatment increases the severity of the Injury or Illness, the Company will only be responsible for Expenses it would have incurred had You sought Treatment immediately.

The Deductible in Section 3.1 applies to this coverage and will be Your responsibility. Additionally, the exclusions in Section 8 apply to the coverage provided under this section.

3.3 Local Ambulance. The Company will reimburse You up to the amount 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. Licensed air ambulance transportation may be substituted for a ground ambulance if You are in a rural area and unreachable by ground ambulance. This benefit does not cover search and rescue operations or evacuation from remote areas with inherent heightened risk. Only Expenses which are deemed Medically Necessary and cost appropriate will be considered.

The Deductible in Section 3.1 applies to this coverage and will be Your responsibility. Additionally, the exclusions in Section 8 apply to the coverage provided under this section.

- 3.4 Acute Onset of Pre-Existing Condition(s).** The Company will reimburse You up to the amount in the Schedule of Benefits for eligible medical Expenses for the first Acute Onset of a Pre-Existing Condition(s) during Your Period of Coverage.

This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatments existent or necessary prior to departure from Your Home Country and prior to the Effective Date; 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 begins 72 hours (3 days) after the Effective Date and ceases on the earliest of:

- a. The condition no longer being considered acute; or
- b. Your discharge from the Hospital.

The Deductible in Section 3.1 apply to this coverage and will be Your responsibility. Pre-Existing Conditions Exclusion 8(aa) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

- 3.5 Terrorist Activity.** The Company will reimburse You up to the amount in the Schedule of Benefits for Covered Expenses incurred resulting from Terrorist Activity provided:

- a. You have no direct or indirect involvement in the Terrorist Activity;
- b. 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
- c. 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.

The Deductible in Section 3.1 applies to this coverage and will be Your responsibility. Terrorist Activity and War Exclusion 8(rr) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

Section 4. Dental

- 4.1 Dental Emergency — Sudden Relief of Pain.** If the Period of Coverage is greater than thirty (30) days, the Company will reimburse You up to the amount in the Schedule of Benefits for Covered Expenses for emergency Treatment for the relief of pain to teeth.

The Deductible in Section 3.1 applies to this coverage and will be Your responsibility. Dental, Vision, and Hearing Exclusion 8(j) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

- 4.2 Dental Emergency — Accident.** The Company will reimburse You up to the amount in the Schedule of Benefits for Covered Expenses for emergency Treatment to repair or replace 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 tooth while eating or biting into a foreign object.

The Deductible in Section 3.1 applies to this coverage and will be Your responsibility. Dental, Vision, and Hearing Exclusion 8(j) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

Section 5. Emergency Services and Assistance

We will make good faith efforts to provide the services and assistance in this Section 5. However, if We are unable to do so due to circumstances beyond Our control or due to circumstances that make it unsafe for persons to provide such services and assistance, then We will provide the services and assistance to the extent reasonable and possible. If We are unable to directly arrange services, Expenses incurred by You for services that would otherwise be covered under this Plan and that would typically be arranged by Us may be eligible for reimbursement and should be submitted for consideration. It is Your responsibility to preserve all documentation of related financial transactions You wish to be considered for reimbursement.

- 5.1 Emergency Medical Evacuation and Repatriation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount in the Schedule of Benefits if any covered Injury or Illness commences while You are outside Your Home Country during the Period of Coverage and results in Your Medically Necessary (i) Emergency Medical Evacuation or (ii) Emergency Medical Repatriation following a covered Emergency Medical Evacuation. All transportation arrangements must be by the most direct and economical route.

The Emergency Medical Evacuation or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are Medically Necessary and cost appropriate will be considered.

Pre-Existing Conditions Exclusion 8(aa) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

- 5.2 Emergency Medical Reunion.** When an Emergency Medical Evacuation is occurring or has occurred, or when an Emergency Medical Repatriation is to occur, and provided in each such case, that an Emergency Medical Reunion is recommended by Your attending Physician, the Company will arrange and pay up to the amount in the Schedule of Benefits for (i) a round-trip economy class airfare for one (1) individual from Your Home Country, selected by You, to travel to and from the location where You are hospitalized and (ii) reasonable travel and accommodation Expenses. The period of Emergency Medical Reunion cannot exceed ten (10) days including travel days.

The Emergency Medical Reunion must be arranged by Seven Corners Assist. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are Medically Necessary and cost appropriate will be considered.

Pre-Existing Conditions Exclusion 8(aa) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

- 5.3 Bedside Visit.** If You are admitted as an Inpatient to a Hospital Intensive Care unit for more than three (3) days due to a covered Injury or Illness, and will not require an Emergency Medical Evacuation or Emergency Medical Repatriation, the Company will arrange and pay up to the amount in the Schedule of Benefits for either round-trip economy class airfare or ground transportation ticket for one (1) individual from Your Home Country to travel to and from the location where You are hospitalized.

The Bedside Visit must be arranged by Seven Corners Assist. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are Medically Necessary and cost appropriate will be considered.

Pre-Existing Conditions Exclusion 8(aa) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

- 5.4 Return of Mortal Remains.** Provided that You have not elected the benefit provided under Section 5.5, the Company will pay up to the amount in the Schedule of Benefits for the reasonable Expenses incurred for embalming, a minimally-necessary container appropriate for transportation, shipping costs, and the necessary government authorizations to return Your remains to Your Home Country if You die while outside Your Home Country during the Period of Coverage from an Injury or Illness covered under this Insurance.

Pre-Existing Conditions Exclusion 8(aa) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

- 5.5 Local Burial or Cremation.** Provided that You have not elected the benefit provided under Section 5.4, the Company will pay up to the amount in the Schedule of Benefits for the reasonable Expenses incurred for preparation and either Your local burial or Your cremation and repatriation of ashes if You die while outside Your Home Country during the Period of Coverage from an Injury or Illness covered under this Insurance. This benefit does not include the costs for the religious practitioners performing the service, flowers, music, food, beverages, or the cost of an urn. It does cover the cost of a suitable container required for repatriation of the ashes.

Pre-Existing Conditions Exclusion 8(aa) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

- 5.6 Natural Disaster Evacuation and Repatriation.** If You require an emergency evacuation due to a Natural Disaster, the Company will arrange and pay up to the amount in the Schedule of Benefits for reasonable and necessary Expenses incurred for (i) Your Natural Disaster Evacuation; (ii) reasonable lodging if You are delayed at the safe location; and (iii) Your Natural Disaster Repatriation by means of one-way economy class airfare.

The Natural Disaster Evacuation or Natural Disaster Repatriation must be arranged by Seven Corners Assist. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are Medically Necessary and cost appropriate will be considered.

We will determine the need for the Natural Disaster Evacuation in consultation with local governments and security analysts. We may use any appropriate resources to evacuate You including, but not limited to, charter aircraft, ground, transportation, and sea transportation in such circumstances where the point of departure may not be an international airport. You may be required to release the Company or any provider from liability during this Natural Disaster Evacuation. If a Natural Disaster Evacuation is impossible due to hostile conditions, the Company will use security resources to maintain contact with You to the greatest extent allowed by circumstance until a Natural Disaster Evacuation becomes possible or the emergency is resolved.

The Company will not be responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, weather conditions, flight availability, strikes, unforeseen changes to airport regulations or restrictions, Your failure to comply with the Company's recommendations, or where rendering of service is prohibited by local laws or regulatory agencies. Further, if You can leave the Host Country location by normal means, such as changing a commercial airline ticket, no coverage applies, but the Company will assist in rebooking flights or other transportation.

Natural Disaster Evacuation and Repatriation Exclusions:

The coverage provided under this section excludes Expenses:

- a. Incurred inside the United States;
- b. Incurred while You are traveling within fifty (50) miles of Your Primary Residence;
- c. When the Natural Disaster precedes Your arrival in the affected location;
- d. When the evacuation notice issued by the United States or Host Country government has been posted for a period of more than sixty (60) days;
- e. When You do not depart in a timely manner or comply with evacuation arrangements coordinated by Seven Corners Assist;
- f. For Your Medical Treatment;
- g. Not related to the Natural Disaster Evacuation or Natural Disaster Repatriation including Expenses for transportation from the Host Country by normal commercial means;
- h. For the Kidnap or ransom of You; and
- i. For services not arranged by Seven Corners Assist.

Travel Accommodations Exclusion 8(vv) is waived for this benefit. All other exclusions in Section 8 apply to the coverage provided under this section.

5.7 Political Evacuation and Repatriation. The Company will arrange and pay up to the amount in the Schedule of Benefits for reasonable and necessary Expenses incurred for (i) Your Political Evacuation and/or (ii) Your Political Repatriation by means of a one-way economy class airfare. Political Evacuation and/or Political Repatriation must occur within ten (10) days of the events causing the necessity for such action. The means of transportation will be the most appropriate and economical under the circumstances for Your health and safety.

If You fail to heed a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory issued by the United States Department of State or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country recommending that travelers avoid a certain country, region, or specific areas or locations within a country, benefits for Political Evacuation and Repatriation are not covered and will be denied.

Additionally, the Political Evacuation or Political Repatriation must be arranged by Seven Corners Assist. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are necessary and cost appropriate will be considered.

Political Evacuation and Repatriation Exclusions:

The coverage provided under this section excludes Expenses:

- a. Recoverable under any other insurance or through an employer;
- b. Arising from or attributable to:
 - i. Dishonest or criminal acts committed or attempted by You;
 - ii. Alleged violation of the laws of the Host Country by You unless the Company, in its sole discretion, determines such allegations to be fraudulent;
 - iii. Your failure to maintain required documents or visas;
 - iv. Debt, insolvency, commercial failure, or the repossession of any property;
 - v. Your non-compliance with a contract or license; and
 - vi. Implementation of illegally contributed exchange rates.
- c. Due to liability assumed or assumed by You under any contract; or
- d. For arrangements not made by Seven Corners Assist.

Additionally, the exclusions in Section 8 apply to the coverage provided under this section.

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 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.
- 6.2 Trip Interruption.** The Company will reimburse You up to the amount in the Schedule of Benefits for the cost of economy travel less the value of applied credit from an unused return travel ticket to return home to Your area of Primary Residence if You are unable to continue the Trip due to the death of a parent, Spouse, sibling, Your Child(ren), grandparent, grandchild(ren), or in-laws (parent, son, daughter, brother, and sister), or due to serious damage to Your Primary Residence from fire or Natural Disaster.

The exclusions in Section 8 apply to the coverage provided under this section.

Section 7. Optional Coverages

- 7.1 Adventure Activities.** If You elect and pay the required premium for this optional Insurance, the “Extreme Activities” definition does not apply to the activities listed below. The Company will reimburse You for Covered Expenses up to the amount in the Schedule of Benefits resulting from an Injury sustained while participating in any of the following activities:

Bungee jumping; caving; hang gliding; hot air ballooning as a passenger, jet skiing; kayaking excluding white water; motorcycle up to 250cc or motor scooter riding whether as a passenger or a driver; Micromobility Vehicle(s), non-hunting safaris, including boat safaris, bush walking, camping or lodging, game drives, horseback or camel safaris, night safaris, or walking safaris; Parachuting; paragliding; parasailing; scuba diving only to a depth of thirty (30) meters with a breathing apparatus provided that You are SSI, PADI or NAUI certified; Sky Diving in tandem with an instructor; snowmobiling; spelunking; surfing, bodyboarding, or wakeboard riding waves up to two (2) feet high as forecasted by the National Weather Service or similar government entity; water skiing; windsurfing; or zip lining.

You must purchase this optional coverage if you wish to be covered while riding a motorcycle, motor scooter, Micromobility Vehicle, or similar transportation when such transportation is an established and accepted routine means of public transportation for hire in the specific geographic area where You are located in the Host Country.

You must follow all applicable laws, safety regulations provided by the tour operator, park, or preserve, and all guide instructions for safari coverage to apply.

The Deductible in Section 3.1 applies to this coverage and will be Your responsibility. The exclusions in Section 8 apply to coverage provided under this section.

Section 8. Exclusions

Unless otherwise specifically provided for therein, the coverage provided under Sections 3.2 through 3.5, 4.1, 4.2, 5.1 through 5.7, 5.9, 6.2, and 7.1 excludes Expenses that are for, resulting from, related to, or incurred for the following:

- a. **Acupuncture Exclusion:** You are not covered for acupuncture.
- b. **Aircraft Pilot or Crew Exclusion:** You are not covered for Injury sustained while You are riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting, from any type of aircraft.
- c. **Airworthy Exclusion:** You are not covered for Injury sustained while You are riding as a passenger in any aircraft which:
 - i. Does not have a current and valid Airworthy Certificate; or
 - ii. Not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.
- d. **Athletics Exclusion:** You are not covered for Athletics.
- e. **Cancer Exclusion:** You are not covered for any form of cancer or neoplasm.
- f. **Competition Exclusion:** You are not covered for Injury while participating in contests of speed or riding or driving in any type of competition.
- g. **Congenital Exclusion:** You are not covered for Congenital abnormalities and conditions arising out of or resulting therefrom.
- h. **Contributory Negligence Exclusion:** You are not covered for Injury if the proximate cause of the Injury is due to Your failure to take reasonable care with Your own safety, including but not limited to following applicable laws, safety regulations, and/or signed waivers.
- i. **Cosmetic Exclusion:** You are not covered for cosmetic or plastic Surgery including deviated nasal septum or breast reduction, or modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, gender reassignment Surgery and related Treatment.
- j. **Dental, Vision, and Hearing Exclusion:** You are not covered for 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 eyeglasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism. This exclusion is waived for Sections 4.1 and 4.2.
- k. **Durable Medical Equipment Exclusion:** You are not covered for Durable Medical Equipment.
- l. **Exercise Exclusion:** You are not covered for exercise programs whether prescribed or recommended by a Physician or therapist.
- m. **Extreme Activities Exclusion:** You are not covered for Extreme Activities.
- n. **Financial Risk Exclusion:** You are not covered for financial guarantee, financial default, bankruptcy, or insolvency risks.
- o. **HIV/AIDS Exclusion:** You are not covered for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV).
- p. **Home Country Exclusion:** You are not covered while in Your Home Country.
- q. **Illegal Activity Exclusion:** You are not covered for Injury or Illness resulting from the commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body.
- r. **Long-Term Disability Exclusion:** You are not covered for long-term disability.
- s. **Loss of Life Exclusion:** You are not covered for Loss of life.
- t. **Medical Supervision Exclusion:** You are not covered for Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription.
- u. **Medical Tourism Exclusion:** You are not covered for conditions for which travel was undertaken to seek Treatment.

- v. **Mental Illness Exclusion:** You are not covered for Mental Illness and Mental and Nervous Disorders, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems.
- w. **Military Exclusion:** You are not covered while on active duty in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit.
- x. **No Cost Exclusion:** You are not covered for Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You.
- y. **Occupational Disease Exclusion:** You are not covered for Occupational Diseases.
- z. **Pandemic Exclusion:** You are not covered for any Illness incurred in the Host Country or Home Country as a result of an Epidemic, Pandemic, public health emergency, or other disease outbreak that may affect Your health, except for charges resulting from COVID-19/SARS-CoV-2.
- aa. **Pre-Existing Conditions Exclusion:** You are not covered for Pre-Existing Condition(s). This exclusion is waived for Sections 3.4 and 5.1 through 5.5.
- bb. **Prosthesis Exclusion:** You are not covered for replacement of artificial limbs, eyes, larynx, and orthotic appliances.
- cc. **Proximity Exclusion:** You are not covered for Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative, Family Member, or a person whom You directly supervise at Your place of employment.
- dd. **Quarantine Exclusion:** You are not covered for Expenses associated with Quarantine, isolation or other confinement outside of a Hospital setting; including without limitation lodging, meals or other incidentals.
- ee. **Radiation Exclusion:** You are not covered for exposure to non-medical nuclear radiation or radioactive materials.
- ff. **Reckless Endangerment Exclusion:** You are not covered for Injury if You unreasonably fail or refuse to depart a country or location following the date a warning to leave is issued and such failure causes or contributes to Your Injury. Applicable warnings include those issued by the United States government, the appropriate authorities of either Your Host Country or Your Home Country, or by a global governing body.
- gg. **Reproductive Exclusion:** You are not covered for Pregnancy, childbirth, abortion, or Illness or complications resulting from these conditions, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, circumcision, or sterilization or reversal thereof.
- hh. **Restricted Travel Exclusion:** You are not covered for travel after Your Physician has limited or restricted travel.
- ii. **Routine Exclusion:** You are not covered for routine and preventative care, vaccinations, sports or school-required physicals, or other examinations or tests conducted when there are no objective indications or impairments in normal health.
- jj. **Self-Harm Exclusion:** You are not covered for suicide, attempted suicide, self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness.
- kk. **Sexually Transmitted Infection (STI) Exclusion:** You are not covered for sexually transmitted infections, sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof.
- ll. **Skin Exclusion:** You are not covered for acne, Alopecia, hypertrophic scars, moles/nevus, Psoriasis, seborrhea or dandruff, skin atrophy, skin tags, or any cosmetic procedures that are not Medically Necessary.
- mm. **Sleep Disorder Exclusion:** You are not covered for sleep apnea or other sleep disorders.
- nn. **Specialty Aircraft Exclusion:** You are not covered for Injury while flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, professional aerial photography, banner towing, or any experimental purpose.
- oo. **Specialty Care Exclusion:** You are not covered for Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged.
- pp. **Substance Exclusion:** You are not covered for abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician.

- qq. **Temporomandibular Joint (TMJ) Exclusion:** You are not covered for Treatment of the Temporomandibular joint.
 - rr. **Terrorist Activity and War Exclusion:** You are not covered for Terrorist Activity or War, Hostilities, and War-like Operations. This exclusion is waived for section 3.5.
 - ss. **Therapy Exclusion:** You are not covered for vocational, occupational, sleep, speech, recreational, or music therapy.
 - tt. **Timely Filing Exclusion:** You are not covered for claims which are not received by the Company or Us within ninety (90) days of the date of service.
 - uu. **Transplant Exclusion:** You are not covered for human organ transplants, marrow procedures, or tissue transplants.
 - vv. **Travel Accommodations Exclusion:** You are not covered for travel accommodations. This exclusion is waived for Section 5.6.
 - ww. **United States Exclusion:** You are not covered for Expenses incurred in the United States.
 - xx. **Usual, Reasonable, and Customary Exclusion:** You are not covered for Treatment which:
 - i. Exceeds Usual, Reasonable, and Customary Expenses;
 - ii. Is Investigational, Experimental, or for research purposes; or
 - iii. Received in a Hospital emergency room visit that is not a Medical Emergency.
 - yy. **Weight Reduction Exclusion:** You are not covered for 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.
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Section 9. 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 Pre-Existing Condition(s): The occurrence of a Pre-Existing Condition that meets all the following criteria:

- a. It is sudden, unexpected, and occurs without advanced warning;
- b. It is a Medical Emergency;
- c. It occurs during the Period of Coverage and after the 72-hour (3-day) waiting period;
- d. You obtained Treatment within twenty-four (24) hours of the occurrence;
- e. You did not have a change in prescription or Treatment related to the underlying Pre-Existing Condition within the last thirty (30) days; and
- f. Your Pre-Existing Condition is not Congenital, a previously diagnosed chronic condition with expected episodes or flare-ups, or a deteriorating condition which cannot be controlled and gradually intensifies over time.

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

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

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

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

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

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

Child(ren): Insured Person(s) at least fourteen (14) days old and under the age of nineteen (19) years traveling with You on Your Trip and who is not legally married.

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 shown 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 Us for and on behalf of the Company to You contemporaneously with the Certificate evidencing Your insurance.

Deductible: The amount of Covered Expenses in the Schedule of Benefits that is Your responsibility and must be paid by You before the remainder of Covered Expenses will be paid by the Company.

Durable Medical Equipment: Medical equipment used to improve the quality of living associated with a permanent medical condition. Durable Medical Equipment includes but is not limited to: Glucometers or other diabetic supplies, purchase or long-term rental of wheelchairs, scooters, or hospital beds, oxygen tanks, nebulizers, appliances that alter the temperature, humidity, or purity of the air, exercise equipment, elevators, lifts, whirlpools, saunas, handrails, bathroom inserts or fixtures, and similar items.

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

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

- a. 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment if Application and payment are made online;
- b. The moment You depart Your Home Country; or
- c. 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.

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

Emergency Medical Reunion: Your reunion with an individual from Your Home Country, as recommended by Your attending Physician, selected by You to travel to and from the location where You are hospitalized when an Emergency Medical Evacuation is occurring or has occurred or when an Emergency Medical Repatriation is to occur.

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

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

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

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

- a. The moment You return to Your Home Country;
- b. 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- c. 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- d. 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
- e. 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.

Extreme Activities: Any activity undertaken:

- a. Which exposes You to an abnormal or extreme risk for Injury;
- b. Is undertaken against the advice, direction, or recommendation of any local authority, qualified instructor, or recognized governing body; or
- c. In disregard of the recommendations, Treatment programs, or medical advice of a Physician or other health care provider.

This includes, but is not limited to: 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; Micromobility Vehicle(s); mountain biking; Mountaineering; Offshore Boating; Parachuting; paragliding; parasailing; parascending; polo; racing by any animal, motor vehicle, motorcycle, or conveyance of any kind; rappelling; rock climbing; rodeo activity; running in a foot race above 10K in length; scuba diving; ski jumping; Sky Diving; snow skiing and snowboarding except for recreational downhill and/or cross country snow skiing or snowboarding on prepared and marked inbound territories; snowmobiling; spelunking; surfing; trekking; wakeboard riding; water skiing; whitewater rafting; wildlife safaris or game drives; windsurfing; zip lining; any attempt to make or set sporting records; and any practice or training in preparation for any excluded activity.

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

Home Country: Your Home Country is where You have Your Primary Residence.

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 Us 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.

Injury: Bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Certificate is in force.

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

Insurance: Coverage under the Certificate.

Insured Person(s):

- a. You are at least fourteen (14) days old and under sixty-five (65) years;
- b. Your Primary Residence is in the United States;
- c. You have applied for coverage and are named on the Plan; and
- d. The Company has accepted premium for You.

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.

Master Policy of Insurance: That certain group insurance policy No. RCB07423 issued to World Commercial Trust by Certain Underwriters at Lloyd's, London, which is available upon request from Us.

Maximum Period of Coverage: For this Plan, three hundred sixty-four (364) days in total from the original Effective Date.

Medical Emergency: An Illness, Injury, Mental Illness, or Mental and Nervous Disorder, 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 Mental Illness or Mental and Nervous Disorder, 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 a Hospital emergency room.

Medical Maximum: The total maximum of Covered Expenses payable in the Schedule of Benefits for the total Period 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 do not include Substance Abuse.

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

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

Micromobility Vehicle(s): A mode of transportation using lightweight electric vehicles that are borrowed or rented for short-term use, exclusive to the following list: electric bicycle, electric standing scooter, electric seated scooter other than a mobility aid, electric self-balancing or hover board, electric skateboard, electric segway, or powered skates.

Natural Disaster: Event or force of natural cause that is (i) due entirely to the forces of nature, (ii) could not have been reasonably prevented, and (iii) results in the migration of the human population for its safety. This includes avalanche, blizzard, cyclone, drought, earthquake, fire, flood, hail storm, hurricane, landslide, mudslide, rain, sandstorm, sinkhole, snow, tornado, typhoon, tsunami, volcanic eruption, wildfire, wind, or winter storm.

Natural Disaster Evacuation: Your transportation from a safe departure point in Your Host Country to the nearest place of safety, occurring as soon as reasonably possible following a Natural Disaster.

Natural Disaster Repatriation: Your transportation to Your Home Country following a Natural Disaster Evacuation.

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.

Offshore Boating: Boating on a water vessel more than 25 miles from land, but under 150 miles, regardless of type of boat. The Insured Person will likely not be able to see land for the majority of their trip. An excursion that starts from land and reaches 25 miles offshore will be considered Offshore Boating for the duration of the trip, not just while the boat is in the 25-150 mile range. Offshore Boating may be determined based on the vessel's classification for use. This definition does not apply to commercial cruise ships.

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.

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

Parachuting: The sport or activity of jumping from an aircraft and immediately deploying a parachute.

Participating Organization: An entity or organization that provides applications for individuals to obtain Insurance under the Plan.

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

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

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

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

Political Evacuation: Your evacuation to the nearest place of safety due to (i) a formal recommendation from the appropriate authorities issued for You to leave the Host Country or (ii) Your being expelled or declared persona non grata by the Host Country.

Political Repatriation: Your transportation to Your Home Country due to (i) a formal recommendation from the appropriate authorities issued for You to leave the Host Country or (ii) Your being expelled or declared persona non grata by the Host Country.

Pre-Existing Condition(s): Any Injury or Illness, including Mental Illness or Mental or Nervous Disorder, which meet one or more of the following criteria prior to Your Effective Date:

- a. You were diagnosed;
- b. You received Treatment;
- c. Treatment was recommended to You;
- d. There is reasonable medical certainty that the Injury or Illness existed within the last twelve (12) months, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed.

This includes any chronic, subsequent, or recurring complications of an Injury or Illness which meets the above criteria.

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

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

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

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

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

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

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

Rest Cures: Treatment, as for Mental and 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 of Insurance, the Certificate, the Declaration of Insurance, or the Application.

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

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

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.

Sky Diving: The sport or activity of jumping from an aircraft and typically executing a prolonged free fall before deploying a parachute.

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.

Telehealth Consultation or Care: The long-distance or remote distribution of (i) health-related services and information, (ii) Treatment of Injury or Illness, or (iii) other live consultations, each of which involves an Insured Person and a Physician or Nurse Practitioner at different locations using telecommunications technologies including internet, phone, video, audio, and computers.

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.

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.

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

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

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

Urgent Care Visit: A visit to a facility to receive medical care for an Injury or Illness which requires prompt attention but is typically not of such seriousness as to require the services of a Hospital emergency room. The nature of this care would also not allow for a scheduled Outpatient office visit.

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

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

We, Us or Our: Seven Corners, Inc.

You or Your: An Insured Person.

Section 10. Claims

- 10.1 Notice of Claim.** Written notice of claim must be given to the Company within ninety (90) days after the event 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.
- 10.2 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 character and the extent of the event for which claim is made.
- 10.3 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.
- 10.4 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.
- 10.5 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.
- 10.6 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.

- 10.7 Subrogation.** To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.
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Section 11. Additional Plan Provisions

- 11.1 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.
- 11.2 Selection of Providers.** You and/or Your family members, guardians, Physicians, and other health care providers are solely responsible for making decisions regarding the selections of Physicians, Hospitals, or other health care or health Service Providers and regarding any medical Treatment decisions for or on Your behalf. Neither the Company nor We have the right, obligation, or authority to make such decisions.
- 11.3 Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the body of any Insured Person whose Injury or Illness is the basis of a claim when and as often as the Company may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
- 11.4 Cooperation.** You and Your health care and medical Services Providers and suppliers, Physicians, and Hospitals must cooperate fully with the Company and Us in reviewing, investigating, adjudicating, and administering any claims under this Certificate. This includes, but is not limited to, access to all relevant, pertinent, or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and other available evidence. The Company may suspend or pend adjudication of a claim or deny benefits or coverage for refusal to cooperate or delay in cooperation or for any act or omission by the above-referenced persons or entities that hinders, delays, impairs, or otherwise prejudices the performance of the Company's obligations hereunder.
- 11.5 Refund of Premium.** We hope You are satisfied with the coverage provided under this Plan. However, if this insurance does not meet Your requirements, please notify Us in writing prior to the Effective Date to obtain a full refund. If a written request is received after the Effective Date, the unused portion of the Plan cost may be refunded minus a cancellation fee of \$35.00, provided no claim has been submitted to Us 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.
- 11.6 Other Insurance.** All coverages are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance except Medicaid. Such other insurance or similar benefit programs may include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

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

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

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

- 11.8 Legal Actions.** No actions at law or in equity shall be brought to recover on the Certificate prior to the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with requirements of this Certificate. All legal actions, whether in law or equity, arising under this Certificate shall be barred unless written notice thereof is received by the Company or Us within one (1) year from the date of the event giving rise to such legal action. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished. You further agree that no such actions will be taken to recover under the Certificate until after You have complied with Section 10.6.

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.

- 11.9 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.

- 11.10 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

- 11.11 Modification and Waiver.** No modification to or waiver of the terms of the Master Policy of Insurance, this Certificate, the Declaration, or the Plan is binding unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Failure of the Company or Us to enforce Your obligation hereunder is not a waiver. No statement made by an agent, employee, or representative of the Company or Us will be deemed or construed as a modification, waiver, actionable representation, promise, or an estoppel or will create any liability against the Company or Us.

- 11.12 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.

- 11.13 Termination.** The Plan may be terminated at any time by either the Company or Us by giving at least thirty (30) days written notice to the group and to the Insured Person(s). Such termination will have no effect on this Plan, or the benefits provided hereunder prior to the date of the termination. No Applications will be accepted, and no additional Certificates will be issued following termination.
- 11.14 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.
- 11.15 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/.
- 11.16 Patient Protection and Affordable Care Act ("PPACA").** THE INSURANCE PROVIDED HEREUNDER IS NOT SUBJECT TO, IS NOT INTENDED TO COMPLY WITH, AND DOES NOT PROVIDE ALL BENEFITS REQUIRED BY PPACA. THIS INSURANCE IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF PPACA. IF AN INSURED PERSON DOES NOT HAVE MINIMUM ESSENTIAL COVERAGE, HE OR SHE MAY OWE AN ADDITIONAL PAYMENT WITH HIS OR HER TAXES. INSURED PERSONS ARE RESPONSIBLE FOR DETERMINING IF AND HOW PPACA IS APPLICABLE TO HIM OR HER AND SHOULD CONSULT HIS OR HER OWN TAX ADVISORS. NEITHER THE COMPANY NOR WE SHALL HAVE LIABILITY WHATSOEVER FOR AN INSURED PERSON'S FAILURE TO OBTAIN PPACA-COMPLIANT COVERAGE.
- 11.17 Surplus Lines.** THIS INSURANCE IS ISSUED PURSUANT TO APPLICABLE SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF STATE INSURANCE GUARANTY LAWS TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.
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Section 12. Lloyd's Privacy Policy Statement

- 12.1 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.
- 12.2 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.
- 12.3 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.
- 12.4 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.
- 12.5 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.
- 12.6 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.
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Lloyd's Certificate

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

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 herein, attached or endorsed, all of which are to be considered as incorporated herein.

**CERTIFICATE OF INSURANCE
DECLARATIONS**

**Seven Corners Backpacker Travel Insurance
LON24-240208-01TM**

This Declaration is attached to and forms part of certificate provisions

ITEM 1. NAMED INSURED AND MAILING ADDRESS

Seven Corners Backpacker Travel Insurance
World Commercial Trust
Tortola, British Virgin Islands

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

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

TERM: AS STATED ON THE ID CARD

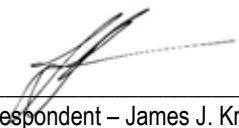
11:59 p.m., United States Eastern Time

Insurance is effective with **CERTAIN UNDERWRITERS AT LLOYD'S, LONDON**. The Binding Authority Reference Number is B0775RCB07423.

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: 02/08/2024

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.

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.
