

ROUNDTrip[®]

ELITE



TRIP CANCELLATION COVERAGE

Protect Your Trip From the Time You Buy Until You Return Home



SEVENCORNERS

CHOOSING ROUNDTrip® ELITE

WHY CHOOSE ROUNDTrip ELITE?

With RoundTrip Elite, you receive a wide range of carefully chosen enhanced benefits to protect your trip cost as well as your medical expenses and baggage while you are traveling. In addition, you receive an assortment of options to expand your coverage if you wish.

ROUNDTrip ELITE HELPS YOU -



Protect Your Investment – Should a sudden illness prevent you from taking the trip of a lifetime, this plan can help protect you from losing everything you spent on your trip. We can help so you can take your trip later.



Protect Your Medical Expenses – If you become sick or injured while traveling, your health insurance here at home may not cover it. RoundTrip Elite helps protect against financial hardship.



Protect Your Belongings – You bought a new wardrobe for this trip. This plan can help replace it if it is stolen or damaged during your trip.

OUR FOCUS IS SERVICE

Seven Corners - As your plan administrator, Seven Corners will take care of your plan needs from start to finish. We will process your purchase, provide all documents, & handle any claims. Our goal is to provide you with outstanding service every step of your journey with us.

Travel Assistance - If you need travel assistance during your trip, our own in-house team, Seven Corners Assist, is available 24/7 for your emergency and non-emergency travel needs.

TRIP CANCELLATION & INTERRUPTION

Covers non-refundable, prepaid trip costs if you are unable to take your trip due to:

Sickness, Injury or Death	Felonious Assault
Court Ordered Appearance	Military Duty for Natural Disaster Relief
Jury Duty	Termination/Layoff
Strike	Weather
Hijacking	Terrorist Incident
Traffic Accident	Bankruptcy/Default
Quarantine	Residence Uninhabitable

This brochure does not contain a complete summary of the coverage. Please visit www.sevencorners.com/roundtrip-elite to view your plan document and coverage details.

Single Occupancy - We will pay the increased cost in your per person occupancy rate if your traveling companion's or family member's trip is canceled or interrupted for a covered reason.

SCHEDULE OF BENEFITS

BENEFIT	PER PERSON LIMIT
Trip Cancellation	Trip Cost to a maximum of \$10,000
Trip Interruption	150% of trip cost
Trip Delay	\$1,500
Missed Connection	\$1,500
Emergency Medical Expense	\$250,000
Emergency Medical Evacuation/Repatriation	\$1,000,000
Lost Baggage/Personal Effects	\$2,500
Baggage Delay	\$600
24-Hour AD&D	\$25,000
Common Carrier AD&D	\$25,000
Optional Flight Accident	\$100,000, \$250,000, or \$500,000
Optional Rental Car Damage	\$35,000
Travel Assistance Services* <small>*provided by Seven Corners Assist</small>	Included

YOUR BENEFITS

TRIP DELAY

Reimburses you \$300 per day for additional transportation, meals, accommodations & non-refundable, unused prepaid expenses if delayed 6 or more hours en route to/from your trip. *(Separate coverage reasons apply.)*

MISSED CONNECTION

Reimburses you for additional transportation costs to join your cruise or tour if you miss your connection due to a delay of 3 or more hours. Also covers accommodations, meals, and non-refundable trip payments for the unused portion of the trip. *(Separate coverage reasons apply.)*

EMERGENCY MEDICAL EXPENSE

Covers medical treatment for a sickness or injury which occurs during your trip.

EMERGENCY MEDICAL EVACUATION/REPATRIATION

- We will evacuate you to the nearest appropriate medical facility if medically necessary.
- If you are hospitalized more than 7 days, we will transport dependent children home if traveling with you. Also, we will send a person chosen by you to/from your bedside if you are traveling alone.
- If you die while traveling, we will return your remains to your residence in the United States or to your place of burial.

BAGGAGE & CHECKED BAGGAGE DELAY

Covers loss, theft & damage to baggage & personal effects. Also reimburses you for personal effects if your bags are delayed more than 12 hours. These benefits are secondary to other coverage.

YOUR BENEFITS

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

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

OPTIONAL BENEFITS

These optional benefits are provided if you select them & pay the additional cost.

Flight Accident - Pays additional AD&D benefits for an accident occurring while you are a passenger on an aircraft.

Rental Car Damage - Provides rental car protection for your trip.

PRE-EXISTING MEDICAL CONDITIONS

Pre-existing conditions are covered if you enroll in this plan within 20 days of your initial payment or deposit for your trip and buy coverage for the full trip cost.

A **PRE-EXISTING CONDITION** is an illness, disease or condition which you, your traveling companion, business partner, or family member booked to travel with you has 60 days before the coverage start date. This means that during those 60 days (1) a test, exam, or treatment was received or recommended for a condition which first manifested, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or (2) prescription medication was received or taken. Number 2 does not apply to a condition which is treated or controlled solely by taking prescription medication and which remains controlled without any change in the prescription in the 60 days before coverage begins.

***Initial Trip Payment or Deposit** - This is the first day any payment is made toward your Land/Sea/Air Arrangements.

SEVEN CORNERS ASSIST

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

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

24/7 Medical Assistance – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts & transportation for unaccompanied children, and medical record transfers.

PLAN COST

Trip Cost Per Person	Rates Effective: 09/04/15				
	Plan Rate (per person based on age on the purchase date) The rates below are for trips from 1 through 30 days long.**				
	0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$0*	\$19	\$25	\$33	\$56	\$125
\$1 - \$500	\$20	\$25	\$37	\$59	\$112
\$501 - \$1,000	\$31	\$41	\$64	\$100	\$177
\$1,001 - \$1,500	\$44	\$58	\$93	\$144	\$246
\$1,501 - \$2,000	\$57	\$76	\$122	\$188	\$313
\$2,001 - \$2,500	\$71	\$94	\$151	\$231	\$379
\$2,501 - \$3,000	\$84	\$112	\$181	\$275	\$442
\$3,001 - \$3,500	\$98	\$131	\$211	\$318	\$504
\$3,501 - \$4,000	\$112	\$150	\$241	\$360	\$565
\$4,001 - \$4,500	\$127	\$169	\$271	\$403	\$625
\$4,501 - \$5,000	\$141	\$188	\$302	\$446	\$685
\$5,001 - \$5,500	\$156	\$208	\$333	\$489	\$744
\$5,501 - \$6,000	\$170	\$228	\$364	\$532	\$803
\$6,001 - \$6,500	\$185	\$248	\$395	\$576	\$862
\$6,501 - \$7,000	\$201	\$268	\$427	\$620	\$923
\$7,001 - \$8,000	\$227	\$304	\$484	\$699	\$1,032
\$8,001 - \$9,000	\$259	\$346	\$551	\$793	\$1,163
\$9,001 - \$10,000	\$291	\$390	\$620	\$892	\$1,304

Coverage must be purchased for the full cost of the trip.

*Note: If you purchase the \$0 category- there is no Trip Cancellation. Trip Interruption only covers return air up to \$1,000 per person. All other benefits apply.

****For Trips 31 - 90 days, an additional cost per person per day is required:**

Age Per Day	0 to 34	35 to 55	56 to 70	71 to 80	81+
	\$2.09	\$2.97	\$4.49	\$8.15	\$18.17

For Florida residents, trip costs greater than \$10,000 are not available.

IMPORTANT INFORMATION

When paying for your trip, please save all documents, as this information will be required to process any claim.

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

Insurance Benefits are underwritten by United States Fire Insurance Company, which is rated "A" (Excellent) by AM Best.

Assistance services are not insurance and are provided by Seven Corners Assist.

GENERAL EXCLUSIONS & LIMITATIONS

Insurance Benefits are not payable for any loss due to, arising or resulting from:

1. Suicide, attempted suicide or any intentionally self-inflicted injury of you, a traveling companion, family member or business partner booked to travel with you, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition or participating as a professional in a stunt, athletic or sporting event or competition; 7. participating in skydiving or parachuting, parasailing, hang gliding, bungee cord jumping, extreme skiing, skiing outside marked trails or heli-skiing, mountaineering, any race, speed contests not including any of the regatta races, spelunking or caving, hot air ballooning, or scuba diving if the depth exceeds 120 feet (40 meters) or if you are not certified to dive and a dive master is not present during the dive; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a legally qualified physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except complications of pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided herein); 13. amounts which exceed the maximum benefit amount for each coverage as shown in the Schedule of Benefits; 14. due to a pre-existing condition, as defined in the plan document. The pre-existing condition limitation does not apply to the emergency medical evacuation or return of remains coverage; 15. any amount paid or payable under any worker's compensation, disability benefit or similar law; 16. a loss or damage caused by detention, confiscation or destruction by customs; 17. elective treatment and procedures; 18. medical treatment during or arising from a trip undertaken for the purpose or intent of securing medical treatment; 19. an assessment from a legally qualified physician advising you in writing that you, a traveling companion, family member or business partner booked to travel with you are not medically fit to travel, as defined in the plan document, at the time of purchase of coverage for a trip.

EXCESS INSURANCE LIMITATION

The insurance provided by RoundTrip Elite is in excess of all other valid and collectible insurance. If at the time of loss there is other valid and collectible insurance, we are liable only for the excess of the amount of loss, over the amount of the other insurance and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

BAGGAGE EXCLUSIONS & LIMITATIONS

Additional Exclusions for Baggage & Personal Effects:

- 1) animals;
- 2) automobiles and automobile equipment;
- 3) boats or other vehicles or conveyances;
- 4) trailers;
- 5) motors;
- 6) aircraft;
- 7) bicycles, except when checked as baggage with a Common Carrier;
- 8) household effects and furnishings;
- 9) antiques and collectors items;
- 10) sunglasses, contact lenses, artificial teeth, dentures, dental bridges, retainers, or hearing aids;
- 11) artificial limbs or other prosthetic devices;
- 12) prescribed medications;
- 13) keys, money, stamps and credit cards (except as otherwise specifically covered herein);
- 14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein);
- 15) professional or occupational equipment or property, whether or not electronic business equipment ; or
- 16) telephones or PDA devices , computer hardware or software;

Additional Exclusions for Baggage & Personal Effects:

Benefits are not payable for any loss caused by or resulting from:

- a) breakage of brittle or fragile articles;
- b) wear and tear or gradual deterioration;
- c) confiscation or appropriation by order of any government or custom's rule;
- d) theft or pilferage while left in any unlocked vehicle;
- e) property illegally acquired, kept, stored or transported;
- f) Your negligent acts or omissions; or
- g) property shipped as freight or shipped prior to the Scheduled Departure Date;

STATE RESTRICTIONS

Please review your plan document for specific state information which may affect benefits and/or coverage limitations.

PLAN DOCUMENTS

After you have enrolled, you will receive your plan document and an ID Card, which will describe your coverage in detail. You will also receive a list of contacts in case of an emergency or claim.

ROUNDTRIP® ELITE ENROLLMENT FORM - FLORIDA

AGENT # 1567

All enrollees must be located within the United States at the time of purchase.

ENROLLEE INFORMATION

(First Name – Middle Name – Last Name)

Primary Enrollee: _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____ Sex: M F

Enrollee 2: _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____ Sex: M F

Enrollee 3: _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____ Sex: M F

Enrollee 4: _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____ Sex: M F

TRIP INFORMATION

Trip Start Date (MM/DD/YYYY) ____ / ____ / ____

Trip End Date (MM/DD/YYYY) ____ / ____ / ____

Initial Trip Payment/Deposit Date (MM/DD/YYYY) ____ / ____ / ____

Destination: _____

(Please list all if there is more than one.)

Name of Travel Supplier: _____

(Airline, Tour Operator, Cruise Line, etc.)

PERSONAL INFORMATION

Your Residence Address: _____

(must be a U.S. address)

City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Beneficiary: _____

(For AD&D and optional Flight Accident Coverage)

METHOD OF PAYMENT

- Check/Money Order Payable to Seven Corners
- Visa MasterCard Discover/Novus
- Diners Club American Express

Signature is required below for all methods of payment.

Card Number: _____

Expiration Date: ____ / ____ Phone: (____) _____

Name on Card: _____

Billing Address: _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an enrollment form containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Plan costs are non-refundable after a 10-day review period. I declare that I have read & understand the terms & conditions of this product. I agree that if I am purchasing this plan for a third party, I have forwarded a copy of the plan document to the third party. Whenever coverage provided by this plan would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void. I understand that pre-existing conditions are covered if a) I enroll in this plan within 20 days of my initial payment or deposit for my trip and b) insure all prepaid trip costs that are subject to cancellation penalties or restrictions and also insure the cost of any subsequent travel arrangements added to my trip within 20 days of the payment or deposit for those travel arrangements and c) I am not disabled from travel when I pay my premium. I attest that all persons listed on this enrollment form are currently located in the United States.

Signature: mandatory for all payment options.

Date

ROUNDTRIP ELITE - RATE CALCULATION

Plan must be purchased prior to departure for the FULL cost of the trip. Please choose the corresponding Plan Rate for each traveler's trip cost from the Plan Cost section of this brochure.

	Trip Cost	Plan Rate*
Primary Enrollee	\$ _____	\$ _____
Enrollee 2	\$ _____	\$ _____
Enrollee 3	\$ _____	\$ _____
Enrollee 4	\$ _____	\$ _____

*Plan Rate must be listed for all travelers.

Cost A = \$ _____

FOR TRIPS OF 31 – 90 DAYS (if applicable)

Include departure and return dates in calculation. For trips 31 - 90 days, there is an additional daily charge per person. Please see the Plan Cost section for details.

Primary	_____ x _____ = \$ _____	Cost B
	# of Days Over 30 Rate per day	
Spouse	_____ x _____ = \$ _____	Cost B
	# of Days Over 30 Rate per day	
Dependent 1	_____ x _____ = \$ _____	Cost B
	# of Days Over 30 Rate per day	
Dependent 2	_____ x _____ = \$ _____	Cost B
	# of Days Over 30 Rate per day	

Total Base Plan Cost (C) = Cost A + Cost B = \$ _____
Cost C

Total Base Plan Cost (C) = **Cost A + Cost B =** \$ _____
Cost C

OPTIONAL FLIGHT ACCIDENT COVERAGE - PER PERSON (CHOOSE ONE)

\$100,000 Protection for \$9 x _____ = \$ _____	Cost D
Total # of Travelers	
\$250,000 Protection for \$22 x _____ = \$ _____	Cost D
Total # of Travelers	
\$500,000 Protection for \$45 x _____ = \$ _____	Cost D
Total # of Travelers	

OPTIONAL RENTAL CAR DAMAGE COVERAGE

\$35,000 Protection for _____ = \$ _____	Cost E
\$9 per day per car rental x _____	
Total # of Days	

TOTAL RATE CALCULATION

Plan costs are non-refundable after 10 days

Total Base Plan Cost (C) + D + E = \$ _____

This is your Total Amount Due

Total Amount Due is authorized as payment.

COMPLETING YOUR ENROLLMENT FORM

Please complete this enrollment form in full or apply online. **Total plan cost is due at the time of enrollment, & benefits must be purchased for the full cost of the trip.** Also, a signature in the method of payment section of this form is required. If paying by check or money order, make payable to Seven Corners & mail with your enrollment form. If paying by credit card, you may mail or fax to us. (Originals are not required if the enrollment form is faxed with credit card payment.)

Seven Corners, Inc.
303 Congressional Boulevard, Carmel, IN 46032 USA
Fax: 317-575-2659 (credit card orders only)
Phone: 800-335-0611 or 317-575-2652
Online: www.sevencorners.com

AGENT INFORMATION

Insurance Services of America
1757 E. Baseline Rd. # 126
Gilbert, AZ 85233

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ADMINISTERED BY



SEVEN CORNERS

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