ROUNDTRIP® CHOICE TRAVEL COVERAGE
Protect Your Trip From the Time You Buy Until You Return Home
CHOOSING ROUNDTRIP® CHOICE

WHY CHOOSE ROUNDTRIP CHOICE?

With RoundTrip Choice, you receive a package of benefits to protect your trip cost as well as your medical expenses and baggage while you are traveling. In addition, you receive options to expand your coverage if you wish.

ROUNDTRIP CHOICE HELPS YOU

Protect Your Investment — If a sudden illness prevents 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 Choice 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, and handle any claims. Our goal is to provide you with outstanding service every step of your journey with us.

24/7 NON-INSURANCE 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.

YOUR INSURANCE BENEFITS

TRIP CANCELLATION & INTERRUPTION

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Per Person Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trip Cancellation</td>
<td>Trip Cost to a maximum of $20,000</td>
</tr>
<tr>
<td>Trip Interruption</td>
<td>150% of trip cost</td>
</tr>
<tr>
<td>Trip Delay</td>
<td>$600</td>
</tr>
<tr>
<td>Missed Connection</td>
<td>$1,000</td>
</tr>
<tr>
<td>Emergency Medical Expense</td>
<td>$100,000</td>
</tr>
<tr>
<td>Emergency Medical Evacuation/Repatriation</td>
<td>$500,000</td>
</tr>
<tr>
<td>Lost Baggage/Personal Effects</td>
<td>$1,500</td>
</tr>
<tr>
<td>Baggage Delay</td>
<td>$300</td>
</tr>
<tr>
<td>24-Hour AD&amp;D</td>
<td>$10,000</td>
</tr>
<tr>
<td>Common Carrier AD&amp;D</td>
<td>$10,000</td>
</tr>
<tr>
<td>Political Evacuation</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

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.

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

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)
Amounts are provided if you or a traveling companion dies as a result of accidental death. *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.

POLITICAL EVACUATION
This benefit pays to transport you to the nearest safe place or your primary residence if a Travel Advisory or Travel Warning is issued by the U.S. State Department for you to leave a country you are visiting due to 1) civil, military or political unrest; or 2) you being expelled or declared persona non-grata. This benefit is not available if a Travel Advisory or Travel Warning is issued before your arrival in that country or if the country is listed as an Excluded Country before your arrival. All arrangements must be made by Seven Corners Assist. Excluded Countries are listed on page 3 of this brochure.

OPTIONAL BENEFITS
These optional benefits are provided if you select them and 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.

Cancel for Any Reason - Pays up to 75% of your trip cost if you cancel your trip for any reason other than covered, if 1) you cancel 2 days or more before departure; 2) you buy coverage within 20 days of your initial trip payment or deposit* and 3) you insure all nonrefundable prepaid trip costs.

Cancel for Work Reasons - Pays up to 100% of your trip cost if you cancel your trip due to the work related reasons shown below. (Coverage must be purchased within 20 days of your initial trip payment or deposit*)
- Company merger/acquisition.
- Transfer which requires relocation of your principal residence.
- Requirement to work during the trip.
- Place of employment unsuitable for business due to fire, flood, burglary, or natural disaster.
Note: Coverage for job termination & layoff is included in the base plan.

Lost Ski Days & Equipment Rental - Pays for your lift ticket if you cannot ski because 50% or more of the trails are closed. Also pays for equipment rental if your checked sports equipment is lost, stolen, damaged or delayed 12 hours or longer. You may not purchase both the golf & ski option on the same plan.

Golf Rounds & Equipment Rental - Pays for prepaid golf tickets or greens fees if you cannot play 9 holes of an 18-hole round due to weather. Also pays for equipment rental if your checked sports equipment is lost, stolen, damaged or delayed 12 hours or longer. You may not purchase both the golf & ski option on the same plan.

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 all nonrefundable prepaid trip costs.

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.

BASE PLAN COST
Costs do not include optional benefits.

<table>
<thead>
<tr>
<th>Trip Cost Per Person</th>
<th>Plan Rate (per person based on age on the purchase date)</th>
<th>Rates Effective: 07/25/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0*</td>
<td>$23 $33 $42 $62 $115</td>
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<tr>
<td>$1 - $500</td>
<td>$30 $40 $52 $80 $126</td>
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</tr>
<tr>
<td>$501 - $1,000</td>
<td>$39 $53 $75 $105 $172</td>
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<tr>
<td>$1,001 - $1,500</td>
<td>$49 $65 $93 $132 $215</td>
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<td>$1,501 - $2,000</td>
<td>$59 $80 $116 $165 $270</td>
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<tr>
<td>$2,001 - $2,500</td>
<td>$81 $108 $142 $229 $394</td>
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<td>$2,501 - $3,000</td>
<td>$92 $123 $172 $273 $463</td>
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<tr>
<td>$3,001 - $3,500</td>
<td>$102 $138 $202 $318 $534</td>
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<td>$3,501 - $4,000</td>
<td>$113 $151 $239 $370 $617</td>
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<td>$4,001 - $4,500</td>
<td>$127 $171 $275 $423 $697</td>
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<td>$4,501 - $5,000</td>
<td>$142 $191 $311 $474 $777</td>
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<td>$208 $280 $392 $553 $921</td>
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<td>$227 $306 $428 $606 $1,007</td>
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<td>$6,501 - $7,000</td>
<td>$269 $362 $508 $718 $1,194</td>
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<td>$7,001 - $8,000</td>
<td>$295 $397 $556 $787 $1,309</td>
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<td>$8,001 - $9,000</td>
<td>$330 $447 $627 $885 $1,477</td>
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</tr>
<tr>
<td>$9,001 - $10,000</td>
<td>$369 $499 $699 $989 $1,650</td>
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</tr>
</tbody>
</table>

SEVEN CORNERS ASSIST
Non-Insurance Assistance Services

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 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.

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.
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 heliskiing 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 Policy. 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. Electrolytic 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 Policy, at the time of purchase of Coverage for a Trip.

EXCESS INSURANCE LIMITATION

The insurance provided by this Policy shall be in excess of all other valid and collectible Insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, 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) sun glasses, 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. RoundTrip Choice is not available in these states: Alaska, Colorado, Florida, Indiana, Kansas, Massachusetts, Missouri, New Hampshire, New York, Virginia, Washington.

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.

POLITICAL EVACUATION EXCLUDED COUNTRIES

Political evacuations are not available in these countries: Afghanistan, Chechnya, Democratic Republic of the Congo, Iran, Iraq, Israel West Bank, Israel Gaza Strip, Ivory Coast, Lebanon, Libya, North Korea, Somalia, Sudan, Syria, or any country subject to the administration and enforcement of the U.S. economic embargoes and trade sanctions by the Office of Foreign Asset Controls (OFAC).

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. Coverage may vary and may not be available in all jurisdictions. 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.

C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2016.

Non-Insurance Assistance services are provided by Seven Corners Assist.

For Louisiana residents only, please call Seven Corners, Inc. at 800-335-0611 if you would like to obtain additional information regarding the features and pricing of each travel plan components.
# ROUNDTTRIP® CHOICE ENROLLMENT FORM

**AGENT #**  
11298

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

## ENROLLEE INFORMATION  
(First Name – Middle Name – Last Name)

<table>
<thead>
<tr>
<th>Enrollee</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Sex</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Sex</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>/ /</td>
<td>M</td>
<td>/ /</td>
<td>F</td>
<td>/ /</td>
<td>M</td>
</tr>
<tr>
<td>Enrollee 2:</td>
<td>/ /</td>
<td>M</td>
<td>/ /</td>
<td>M</td>
<td>/ /</td>
<td>F</td>
</tr>
<tr>
<td>Enrollee 3:</td>
<td>/ /</td>
<td>F</td>
<td>/ /</td>
<td>F</td>
<td>/ /</td>
<td>M</td>
</tr>
<tr>
<td>Enrollee 4:</td>
<td>/ /</td>
<td>M</td>
<td>/ /</td>
<td>M</td>
<td>/ /</td>
<td>F</td>
</tr>
</tbody>
</table>

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Residence Address:</th>
<th>City/State/Zip:</th>
<th>Phone: (            )</th>
<th>Fax: (            )</th>
<th>Email Address:</th>
<th>Beneficiary:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Must be a U.S. address)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Card Number:</th>
<th>Expiration Date: /</th>
<th>Phone: (            )</th>
<th>Billing Address:</th>
</tr>
</thead>
</table>

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an enrollment form or files a claim containing a false or deceptive statement is guilty of insurance fraud. 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) ensure 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. (For AD&D and Optional Flight Accident Coverage)

## TOTAL RATE CALCULATION

Plan costs are non-refundable after 10 days.

<table>
<thead>
<tr>
<th>Total Base Plan Cost (C)</th>
<th>Cost A + Cost B</th>
<th>Cost C</th>
<th>Cost D</th>
<th>Cost E</th>
<th>Cost F</th>
<th>Cost G</th>
<th>Cost H</th>
<th>Cost I</th>
<th>Cost J</th>
</tr>
</thead>
</table>
| Total Amount Due is authorized as payment.

### ROUNDTTRIP CHOICE - RATE CALCULATION

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

<table>
<thead>
<tr>
<th>Primary Enrollee</th>
<th>Enrollee 2</th>
<th>Enrollee 3</th>
<th>Enrollee 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### 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 of $4 per person.

- $4 x Total # of Travelers = Total # of Travelers x Cost A + Cost B

### OPTIONAL CANCEL FOR WORK REASONS

If chosen, must be purchased within 20 days of initial trip payment/deposit.

- Multiply (0.40) x Total # of Travelers x Cost A + Cost B

### OPTIONAL LOST GOLF ROUNDS & EQUIPMENT RENTAL

You may not purchase both the golf and ski option on the same plan. Select A or B for golf:

a) $1,000: $25 per person per plan x Total # of Travelers = Cost A + Cost B

b) $500: $13 per person per plan x Total # of Travelers = Cost A + Cost B

### 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. 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 and 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

International Citizens Group, Inc.
18 Shipyard Drive
Suite 2A
Hingham, MA  02043

EMAIL: info@internationalinsurance.com
www.internationalinsurance.com
T: 1-877-758-4881
P: 01-904-758-2581
FAX: 1-617-505-1484

ADMINISTERED BY

SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032
800-335-0611 • 317-575-2652 • Fax: 317-575-2659
sevencorners.com

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