

# ROUNDTrip<sup>®</sup>

## ELITE



### ROUNDTrip<sup>®</sup> ELITE TRAVEL 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** – 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 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, 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:

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

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.

## TRIP DELAY

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

# SCHEDULE OF BENEFITS

BENEFIT	PER PERSON LIMIT
Trip Cancellation	Trip Cost to a maximum of \$22,000
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
<b>OPTIONAL BENEFITS</b>	
Flight Accident	\$100,000, \$250,000, or \$500,000
Rental Car Damage	\$35,000
Cancel For Any Reason	75% of non-refundable trip cost
Cancel For Work Reasons	100% of non-refundable trip cost
Lost Ski Days & Equipment Rental	\$1,000
Lost Golf Rounds & Equipment Rental	\$1,000

This brochure does not contain a complete summary of the coverage. Please visit [sevendcorners.com/roundtrip-elite](http://sevendcorners.com/roundtrip-elite) to view your plan document and coverage details.

## 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 and damage to baggage and 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 INSURANCE 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 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 when you cancel your trip for any reason not otherwise covered, if you 1) cancel 2 days or more before departure; 2) buy coverage within 20 days of your initial trip payment or deposit\* and 3) 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 and layoff is included in the base plan.

**Lost Ski Days & Equipment Rental** - Pays up to \$500 for your lift ticket if you cannot ski because 50% or more of the trails are closed. Also pays up to \$500 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 and ski option on the same plan.

**Lost Golf Rounds & Equipment Rental** - Pays up to \$500 for prepaid golf tickets or greens fees if you cannot play 9 holes of an 18-hole round due to weather. Also pays up to \$500 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 and 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 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.

## 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.**

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

# BASE PLAN COST (Costs reflected do not include optional benefits.)

Trip Cost Per Person	Rates Effective: 12/15/15				
	Plan Rate (per person based on age on the purchase date) <small>The rates below are for trips from 1 through 30 days long.**</small>				
	0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$0*	\$28	\$36	\$48	\$81	\$172
\$1 - \$500	\$28	\$36	\$54	\$85	\$156
\$501 - \$1,000	\$45	\$60	\$92	\$145	\$248
\$1,001 - \$1,500	\$63	\$86	\$135	\$209	\$347
\$1,501 - \$2,000	\$82	\$112	\$177	\$273	\$443
\$2,001 - \$2,500	\$101	\$139	\$220	\$336	\$536
\$2,501 - \$3,000	\$121	\$166	\$263	\$399	\$626
\$3,001 - \$3,500	\$141	\$194	\$307	\$461	\$715
\$3,501 - \$4,000	\$161	\$222	\$350	\$523	\$801
\$4,001 - \$4,500	\$181	\$251	\$394	\$585	\$886
\$4,501 - \$5,000	\$202	\$279	\$439	\$647	\$971
\$5,001 - \$5,500	\$223	\$308	\$483	\$709	\$1,055
\$5,501 - \$6,000	\$245	\$338	\$529	\$772	\$1,139
\$6,001 - \$6,500	\$266	\$368	\$574	\$835	\$1,224
\$6,501 - \$7,000	\$288	\$398	\$620	\$899	\$1,310
\$7,001 - \$7,500	\$310	\$428	\$667	\$964	\$1,397
\$7,501 - \$8,000	\$332	\$459	\$715	\$1,030	\$1,487
\$8,001 - \$8,500	\$354	\$490	\$763	\$1,098	\$1,580
\$8,501 - \$9,000	\$377	\$522	\$812	\$1,167	\$1,676
\$9,001 - \$9,500	\$400	\$554	\$863	\$1,239	\$1,775
\$9,501 - \$10,000	\$423	\$587	\$914	\$1,312	\$1,879

\*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+
	\$2.68	\$3.99	\$6.38	\$12.25	\$27.45

For trip cost between \$10,001 and \$22,000, contact your agent or Seven Corners for the rate.

## 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 Travel Assistance** – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, and pre-trip information including inoculation and 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 and transportation for unaccompanied children, and medical record transfers.



## 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.

# ROUNTRIP® ELITE ENROLLMENT FORM - WASHINGTON

**AGENT #** \_\_\_\_\_

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, 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) 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

## ROUNTRIP ELITE - 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.

	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	
Enrollee 2	_____ x _____ = \$ _____	Cost B
	# of Days Over 30 Rate per day	
Enrollee 3	_____ x _____ = \$ _____	Cost B
	# of Days Over 30 Rate per day	
Enrollee 4	_____ x _____ = \$ _____	Cost B
	# of Days Over 30 Rate per day	

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

Cost C

### OPTIONAL CANCEL FOR ANY REASON

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

$$\text{Multiply } (0.50) \times \$ \frac{\text{Cost C}}{\text{Cost C}} = \$ \frac{\text{Cost D}}{\text{Cost D}}$$

### OPTIONAL FLIGHT ACCIDENT COVERAGE - PER PERSON (CHOOSE ONE)

\$100,000 Protection for \$9 x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers Cost E

\$250,000 Protection for \$22 x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers Cost E

\$500,000 Protection for \$45 x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers Cost E

### OPTIONAL RENTAL CAR DAMAGE COVERAGE

\$35,000 Protection  
\$7 per day per car rental x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Days Cost F

### OPTIONAL CANCEL FOR WORK REASONS

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

\$24 per person x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers Cost G

### OPTIONAL LOST SKI DAYS & EQUIPMENT RENTAL

You may not purchase both the golf and ski option on the same plan.

\$25 per person x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers Cost H

### OPTIONAL LOST GOLF ROUNDS & EQUIPMENT RENTAL

You may not purchase both the golf and ski option on the same plan.

\$25 per person x \_\_\_\_\_ = \$ \_\_\_\_\_

Total # of Travelers Cost I

## TOTAL RATE CALCULATION

Plan costs are non-refundable after 10 days.

Total Base Plan Cost (C) + D + E + F + G + H + I = \$ \_\_\_\_\_

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. 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.

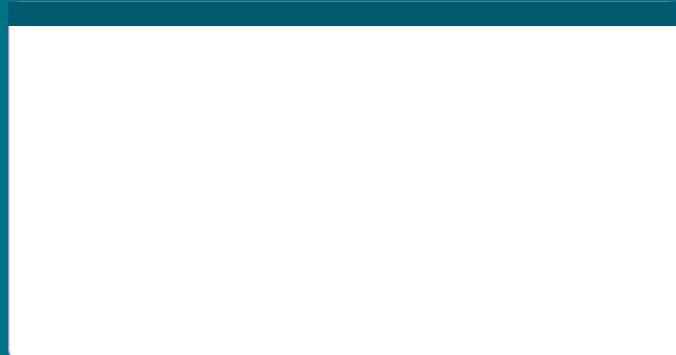
303 Congressional Boulevard, Carmel, IN 46032 USA

Fax: 317-575-2659 (credit card orders only)

Phone: 800-335-0611 or 317-575-2652

Online: [www.sevencorners.com](http://www.sevencorners.com)

## AGENT INFORMATION



## 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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