



instructions

Seven Corners will offer proposals from 3 different A.M. Best "A" Rated Carriers

- All Seven Corners, Inc. international group programs require a minimum of 5 primary insureds and a \$1,000 minimum deposit premium. Group programs may be modified to suit the group's needs. If you are in need of benefits and/or provisions that are not specifically addressed on this form, contact Seven Corners, Inc. for assistance in obtaining those benefits and/or provisions.
Additionally, if the group currently has international medical coverage through another carrier or has been covered for international benefits at some time in the past 12 months, please provide the name of the carrier, claims and premium experience for the coverage periods, current census, and benefit plan.

part a » administrative information

Form with fields: Group Name, Address, Email, City, State, Zip Code, Country, Contact Name, Title, Telephone, Fax, Nature of Group.

part b » coverage information

Form with fields: Country(ies) to be visited, Purpose of trip and/or coverage, Will coverage include travel to U.S./Canada: Yes No, Period of Coverage: From To, Average length of stay per Participant, Ages of Participants: (Please include actual census), Number of Participants per Trip: Singles Single + 1 Families, Is coverage mandatory for all Participants? Yes No If No, please explain:

Premium indicated by Seven Corners will be shown as a daily rate unless otherwise noted. All premium due must be submitted in advance, prior to group departure or effective date, unless billing arrangements have been made with Seven Corners.



part c » benefit options

Medical Benefit Limit <i>(Select only Two (2) Options):</i> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
Medical Benefit Type <i>(Select only One (1) Option):</i> <input type="checkbox"/> Per Policy Period <input type="checkbox"/> Per Occurrence	
Deductible <i>(Select only Two (2) Options):</i> <input type="checkbox"/> None <input type="checkbox"/> \$25 <input type="checkbox"/> 50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	
Deductible Type <i>(Select only One(1) Option):</i> <input type="checkbox"/> Per Policy Period Deductible <input type="checkbox"/> Per Occurrence	
Coinsurance Inbound <i>(Select only One(1) Option):</i> <input type="checkbox"/> 100% <input type="checkbox"/> 90/10% to \$2,500, then 100% to Plan Maximum <input type="checkbox"/> 100% to \$2,500, then 80% to Plan Maximum <input type="checkbox"/> 80/20% to \$5,000, then 100% to Plan Maximum	
Coinsurance Outbound <i>(Select only One(1) Option):</i> <input type="checkbox"/> 100% <input type="checkbox"/> 100% to \$2,500, then 80% to Plan Maximum <input type="checkbox"/> 80/20% to \$5,000, then 100% to Plan Maximum	
Emergency Evacuation <i>(Select only One(1) Option):</i> <input type="checkbox"/> None <input type="checkbox"/> \$25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000	
Return of Mortal Remains <i>(Select only One(1) Options):</i> <input type="checkbox"/> None <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000	
AD&D Principal Sum <i>(Select only One(1) Options):</i> <input type="checkbox"/> None <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000	
Coverage Options: <input type="checkbox"/> Hazardous Sports Coverage <input type="checkbox"/> War Risk (Medical Only) <input type="checkbox"/> Political Evacuation <input type="checkbox"/> Other	

part d » additional information or additional requests for coverage

part e » agent information

Agent Name:			Seven Corners, Inc. Agent#:		
Company Name:					
Address:			Email:		
City:		State:		Zip:	Country:
Telephone:			Fax:		

Please be certain to complete this form in full and mail or fax to Seven Corners, Inc. ***Incomplete forms will delay the quoting process.*** Upon receipt, Seven Corners, Inc. will send an official Proposal to you within 48-72 hours

Please Mail or Fax Request to:
 Seven Corners, Inc.
 303 Congressional Boulevard, Carmel, IN 46032
 Phone: 800-335-0611 Fax: 317-575-2870
 Email: underwriting@sevencorners.com