liaison® continent

brochure & application for the year 2008

medical insurance that covers you outside your home country

5 days to 6 months of coverage for:

- non-citizens visiting the united states
- united states citizens traveling overseas

SEVEN CORNERS

schedule of coverage

All coverages and plan costs listed in this brochure are in U.S. Dollar amounts.

medical maximum: $50,000; $100,000; $500,000; $1,000,000 *(ages 80+, maximum limited to $15,000)*

deductible: $0; $100; $250; $500; $1000; $2500 Deductible is per person per Policy Period, maximum of 3 Policy Period deductibles per family. The selected Deductible and Coinsurance amount must be met for your Policy Period, maximum six(6) months. *(see Continuing Coverage)*

coinsurance:
inside the united states and canada:
Plan A: After you pay the deductible, the program pays 80% of the next $2,500 of eligible expenses, then 90% of the next $5,000 of eligible expenses, then 100% to the selected Medical Maximum.
Plan B: After you pay the deductible, the program pays 75% of eligible expenses to the selected Medical Maximum.

outside the united states and canada:
Plan E: After you pay the deductible, the program pays 100% to the selected Medical Maximum.
Plan F: After you pay the deductible, the program pays 80% of eligible expenses to the selected Medical Maximum.

hospital indemnity: $150 / night *(traveling outside the U.S. and Canada)* in addition to any other Covered Expense.

dental (emergency): $100 *($500 for accidents)* Only available to programs purchased for one (1) month or more.

emergency medical evacuation/ repatriation: $300,000 *(in addition to the Medical Maximum)*

home country coverage: Incidental Trips to The Home Country: $50,000

follow me home coverage: $5,000

return of mortal remains: $50,000

emergency reunion: $50,000

return of minor child(ren): $50,000

interruption of trip: $5,000

loss of checked luggage: $250

local ambulance expense: $5,000

accidental death & dismemberment (ad&d): $50,000 Principal Sum for Insured or Insured Spouse, $5,000 for Dependent Child(ren).

common carrier accidental death: $100,000 per adult, $25,000 per child(ren) under age of 19; $250,000 Maximum per family

hospital room & board: Usual, reasonable and customary to the selected Medical Maximum

intensive care: Usual, reasonable and customary to the selected Medical Maximum

outpatient medical expenses: Usual, reasonable and customary to the selected Medical Maximum

waiver of pre-existing conditions: Up to $20,000 for U.S. citizens traveling outside the United States and Canada *(refer to exclusion #1 for details)*

benefit period: Six months

why choose seven corners?

value

Seven Corners utilizes widely recognized and reputable insurance organizations to underwrite our programs. We realize that the value of an insurance program is in the professionalism of the underlying organization. Seven Corners continually invests in its people, systems, and solutions to make the insurance buying experience a favorable one for our clientele.

convenience

Our program brochures and documentation offer a detailed description of the product and underlying coverage.

doctors & hospitals worldwide

Seven Corners has access to over 12,000 doctors and hospitals worldwide. With one phone call, we can assist you in locating a provider. Seven Corners' Assist is trained to help you obtain appropriate care.

why international medical insurance?

Each year, millions of people travel beyond the boundaries of their medical insurance. If you are concerned with the potential out-of-pocket expenses that could result from an Injury or Illness while traveling, Liaison® Continent offers medical coverage and emergency services to individuals and families traveling outside their Home Country. This brochure is a brief description of Liaison® Continent. For a full description, please visit our website at www.sevencorners.com. After you have purchased the program a complete Program Summary will be e-mailed to you.

eligibility

Liaison® Continent provides coverage, as outlined in this brochure, for individuals and families *(including unmarried dependent child(ren) over 14 days and under 19 years of age)* while traveling outside of their Home Country.

For persons traveling to the United States, the program must become effective within 3 months of arrival in the United States.

eligibility (continued)

Home Country is defined as - The country where a covered person(s) has his/her true, fixed and permanent home and principal establishment.

In order to repurchase an additional policy, you must return to your Home Country for a minimum of thirty (30) days.

period of coverage

The minimum period of coverage under Liaison® Continent is five (5) days, maximum is six (6) months *(see Continuing Coverage section)*. Coverage can be purchased in a combination of monthly and/or daily increments by paying the appropriate plan cost. If you are traveling for a long period of time, please refer to "Continuing Coverage" section.

effective date

Your coverage will begin on the latest of the following: 1) The moment you depart your Home Country; or 2) The date and time the Application and full plan cost is received and accepted by Seven Corners; or 3) The date requested on the Application.

expiration date

Coverage will end on the earlier of the following: 1) Your return to your Home Country *(except as provided under the Home Country Coverage)*; or 2) The date shown on the ID Card, for which plan cost has been paid; 3) The date you are no longer eligible under this plan.

medical

When you incur a covered Injury or Illness, the program will pay Usual, Reasonable and Customary medical charges for Covered Expenses, excess of the chosen Deductible and Coinsurance, up to the selected Medical Maximum. Only such expenses, incurred as the result of an Injury or Illness, which are specifically enumerated in the following list of charges, are incurred within six (6) months from the onset of an Injury or Illness, and which are not excluded in the Exclusions, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance *(within the metropolitan area, up to $2,500 maximum)* to and from the nearest Hospital with facilities for required treatment. If the covered person is in a rural area and unreachable by ground ambulance, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
8. Hotel room charge, when the Covered person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room due to unavailability of a Hospital room by reason of capacity or distance or any other circumstances beyond control of the Covered person.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
10. Charges for Home Health Care up to a $2,500 Maximum per Policy Period.

dental - emergency only

The Emergency Dental Benefit is available to you provided you have purchased one (1) or more months of coverage. Treatment necessary to resolve acute, spontaneous and unexpected inception of pain to sound natural teeth ($100) or Dental treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under the program ($500). This benefit is subject to the Deductible and Coinsurance.

emergency medical evacuation/repatriation

The program will pay Covered Expenses incurred if any covered Injury or Illness commences during the Period of Coverage that results in a Medically Necessary Emergency Medical Evacuation or Repatriation *(your medical condition warrants immediate transportation from the medical facility where you are located to the nearest adequate medical facility where medical treatment can be obtained)*. This benefit must be arranged by the Assistance Company in consultation with the local attending Physician.*

return of mortal remains

The Program will pay the reasonable Covered Expenses incurred up to a maximum of $50,000 to return your remains to your Home Country, if you should die.*

emergency medical reunion

When Emergency Medical Evacuation or Repatriation is arranged and the attending Physician recommends that a family member travel with you, the program will arrange and pay, up to $50,000, for round-trip economy-class transportation for one individual of your choice, from your Home Country, to be at your side while you are hospitalized and then accompany you during your return to your Home Country.*

return of minor child(ren)

If you are traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age 19, is left unattended, the program will arrange and pay up to $50,000 for one-way economy fare to their Home Country *(including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren))*.*

hospital indemnity

If you are hospitalized while traveling outside of the United States or Canada, and the hospitalization is considered a Covered Expense, the program will indemnify you $150 for each night spent in the hospital *(this benefit is in addition to any other covered expenses of the program)*.

interruption of trip

If you are unable to continue the Trip due to the death of an Immediate Family member *(parent, spouse, sibling or child)* or due to serious damage to your principal residence from fire, flood or similar natural disaster *(tornado, earthquake, hurricane, etc.)*. The program will reimburse you *(up to $5,000)* for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return you home to your area of principal residence.*

loss of checked luggage

If your checked luggage is permanently lost by the airline, the program will reimburse you for the replacement of clothing and personal hygiene items lost to a maximum per bag limit of $50 *(up to $250)*. This benefit is secondary to any other *(including airline)* coverage available. You must furnish proof to the Company that full reimbursement has been obtained from the airline.

assistance services

Upon enrollment into Liaison® Continent, you are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the Program Summary.

- Open 24 hours / day, 365 days a year
- Multilingual personnel
- Physicians / nurses on staff
- Locate local facilities
- Help with emergency situations

home country coverage

Incidental Trips to Your Home Country: This benefit covers you for incidental trips taken during your Period of Coverage to your Home Country *(30 days per 6 months of purchased coverage or pro rata thereof - example: approximately 5 days per month of purchased coverage)*. Maximum benefit is reduced to $50,000 for any Illness or Injury occurring while on an incidental trip to your Home Country. Please note: If you do not use your Home Country Coverage days within your Period of Coverage, they do not extend after your current expiration date.

home country coverage (continued)

Follow Me Home Coverage: This plan shall pay for Covered Expenses incurred in your Home Country up to $5,000 for conditions that are first diagnosed and treated outside Your Home Country *(Does not apply for Emergency Medical Evacuation or Repatriation).*

**NOTE: In the event of Emergency Medical Evacuation, Repatriation, Return of Mortal Remains, Emergency Reunion, Return of Minor Child(ren) or Interruption of Trip benefit is needed or utilized, all arrangements must be made by the Assistance Service Provider. Complete details about the benefits and about the required notification of the Assistance Service Provider are contained in the Program Summary.*

options

continuing coverage

You do not have to pay premium for your entire trip all at once. The minimum Period of Coverage is five (5) days. Prior to the expiration date, Seven Corners will send out a renewal notice to your e-mail address, providing you the opportunity to extend coverage. This can be done as many times as you like up to a maximum Period of Coverage of six (6) months. A $5.00 Administrative Fee will be included on each notice. If you would like to purchase additional coverage, you must return to your Home Country for a minimum of thirty (30) days.

It is the insured person's responsibility to maintain all records regarding travel history, age, student status and provide any documents to the Administrator, which would verify the Eligibility Requirements.

hazardous sport coverage

To cover motorcycle / motor scooter riding (whether as a passenger or driver), hang gliding, parachuting, bungee jumping, water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing, snowmobiling and snow boarding.

Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

pre-notification / referral

In order to ensure your claims are addressed as efficiently as possible, you or the provider of service must contact the Assistance Company for Pre-notification prior to any medical treatment received in the U.S., as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available twenty-four (24) hours a day, seven (7) days a week to answer your questions, provide assistance, and guide you to an appropriate facility. In the case of an Emergency Admission, the Assistance Company must be contacted within forty-eight (48) hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid. Failure to Pre-notify will result in a 20% reduction in Eligible Benefits.

Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical program intended for use while away from your Home Country. Liaison® Continent does not guarantee payment to a facility or individual for medical expenses until Seven Corners determines that it is an eligible expense.

refund of premium / cancellation

Seven Corners realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by Seven Corners prior to the Effective Date of Coverage. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to Seven Corners for reimbursement.

claim submission

Filing a claim with Seven Corners is easy. You will receive a Liaison® Continent identification card and claim form after your application has been processed. When you receive treatment, send the original, itemized bills to Seven Corners within ninety (90) days. Eligible bills are automatically converted from local currencies to U.S. dollars. For payments of eligible medical expenses, notify Seven Corners of pending treatments and we can refer you to approved health care providers worldwide. You're only responsible for your deductible, coinsurance and non-eligible expenses. For more details, consult the Program Summary that is provided on your virtual ID card or contact the Seven Corners Claim Department.

exclusions

For Medical benefits, this Insurance does not cover:

1. Any Injury or Illness that meets the following criteria: a) condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment during the thirty-six (36) months prior to the Effective Date of coverage under this Policy; b) condition(s) for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the thirty-six (36) months prior to the Effective Date of coverage under this Policy. Any condition(s) which are regarded as pre-existing will not be covered for the duration of the policy, except as noted below.

If you are traveling outside the United States and Canada, the period is twelve (12) months instead of thirty-six (36) months.

If you are a United States citizen and the United States is your Home Country, this exclusion is waived for the first $20,000 in eligible medical expenses incurred outside the United States and Canada *(for persons age 65 and over, the amount is $5,000)*. This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.

Any exclusion specifically listed in exclusions, 2 through 22, will not receive benefits from this waiver.

2. Charges for treatment which exceed Reasonable and Customary charges; or charges incurred for Surgeries or treatments which are Investigational, Experimental, or for research purposes; expenses which are non-medical in nature; expenses for Vocational, Speech, Recreational, Music Therapy, or durable medical equipment.
3. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
4. Suicide or any attempt there of, while sane, or self destruction or any attempt there of, while insane; intentionally self-inflicted Injury or Illness; or expenses as a result of, or in connection with, the commission of a felony offense.
5. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or nor), or civil war; terrorist activity; nuclear, chemical, biological; (details in program summary).

exclusions (continued)

6. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics.
   - A sponsored and / or organized Amateur or Interscholastic Athletic event incudes training camps, team sports, or any formal grouping of people participating in one or multiple events that may / may not require a fee for participation.
7. Routine physicals, inoculations, or other examinations where there are no objective indications or impairment in normal health.
8. Chiropractic care or acupuncture.
9. Treatment of the Temporomandibular joint.
10. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you.
11. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids, cosmetic or plastic Surgery *(including deviated nasal septum)*, routine dental expenses, eye care or eye-related expenses, unless caused by Accidental bodily Injury incurred while insured hereunder.
12. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent; any Mental and Nervous disorders or rest cures; Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs.
13. Congenital abnormalities and conditions arising out of or resulting therefrom.
14. Expenses incurred during a hospital emergency room visit that is not of an emergency nature.
15. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, motorcycle / motor scooter riding *(whether as a passenger or driver)*, scuba diving involving underwater breathing apparatus *(unless PADI or NAUI certified)*, water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, snow skiing and snow boarding. *(Please see Optional Hazardous Sports Coverage to include some of these sports.)*
    - Mountaineering shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4500 meters or above.
    - Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

exclusions (continued)

16. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to you.
17. Treatment of venereal or sexually transmitted disease.
18. Pregnancy expenses or Illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident or Complications of Pregnancy.
19. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth.
20. Expenses incurred while you are in your Home Country *(except as provided under the Home Country Coverage benefit).*
21. Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Covered person's physician has limited or restricted travel.
22. Expenses for Home Health Care does not include food, housing, homemaker services, or Physician charges which are covered elsewhere in the Policy, Therapy services which are covered elsewhere in the Policy and environmental supplies such as: hand rails, ramps, special telephones, air conditioners, home delivered meals, etc. The caregiver cannot be a relative of the Insured Person and the care must not be provided primarily for therapeutic value and not to assist in activities of daily living or Custodial Care.

See Program Summary for a complete list of exclusions.

seven corners assist

Seven Corners Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies, and individual travelers. Regardless of the location, Seven Corners Assist provides valuable assistance in locating the best possible medical treatment.

us provider network

When seeking treatment in the United States, a network provider can be located by visiting our website www.sevencorners.com/findproviders or by contacting Seven Corners Assist. Contact information for Seven Corners Assist will be provided on your ID Card.

international provider network

When seeking treatment outside of the United States, please contact Seven Corners Assist by utilizing the contact information that appears on your ID Card.

the insurance company

Liaison® Continent is underwritten by Certain Underwriters at Lloyd's, London and is rated A "Excellent" by A.M. Best. In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business.

the program administrator

Medical care is different throughout the world and providing quality medical attention should be the ultimate goal of any program. Most companies are not prepared to meet the unique needs of international travelers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. Liaison® Continent is designed and administered by Seven Corners, Inc. The claim and assistance professionals at Seven Corners collectively have over 250 years of experience in claim processing and administration.

seven corners

Since 1993, Seven Corners, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry.

Our assistance professionals are experienced in the complexity and importance of receiving international medical care. As an insured of Seven Corners, you can feel confident that there is someone ready to assist you with a medical situation 24 hours a day, 7 days a week, 365 days a year.

In California, operating under Seven Corners Insurance Services.

daily rates

Rates based on a $250 Deductible

Effective July 1, 2008

TRAVELING TO THE UNITED STATES AND CANADA

If the applicant is traveling to, temporarily residing in, or visiting the United States and / or Canada, please use these rates.

Plan A: 80/20 to $2500, 90/10 next $5000, then 100%

After you pay the deductible, the program pays 80% of the next $2,500 of eligible expenses, then 90% of the next $5,000 of eligible expenses, then 100% to the selected Medical Maximum.

Age	$50,000	$100,000	$500,000	$1,000,000
	Daily	*Daily*	*Daily*	*Daily*
19 to 29	$1.29	$1.51	$2.04	$2.28
30 to 39	$1.73	$2.03	$2.72	$3.02
40 to 49	$2.61	$2.91	$3.98	$4.39
50 to 59	$3.98	$4.84	$5.79	$6.83
60 to 64	$4.84	$6.08	$7.54	$8.63
65 to 69	$6.21	N/A	N/A	N/A
70 to 79	$7.81	N/A	N/A	N/A
80 plus *	$13.59	N/A	N/A	N/A
Each Dep. Child	$0.52	$0.59	$0.77	$0.83
Each Child Alone	$1.30	$1.53	$1.92	$2.15

Plan B: 75/25 to max

After you pay the deductible, the program pays 75% of eligible expenses to the selected Medical Maximum.

Age	$50,000	$100,000	$500,000	$1,000,000
	Daily	*Daily*	*Daily*	*Daily*
19 to 29	$1.01	$1.17	$1.59	$1.78
30 to 39	$1.35	$1.58	$2.12	$2.35
40 to 49	$2.03	$2.27	$3.10	$3.42
50 to 59	$3.10	$3.78	$4.52	$5.33
60 to 64	$3.78	$4.75	$5.88	$6.73
65 to 69	$4.84	N/A	N/A	N/A
70 to 79	$6.09	N/A	N/A	N/A
80 plus*	$10.60	N/A	N/A	N/A
Each Dep. Child	$0.37	$0.46	$0.50	$0.55
Each Child Alone	$0.91	$1.02	$1.13	$1.22

**Ages 80+ limited to $15,000. Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Continent. Child Alone rate is used when a child will be insured by themselves.*

TRAVELING OUTSIDE THE U.S. AND CANADA

If the applicant is traveling outside the United States, use these rates. This includes U.S. citizens traveling overseas as well as persons traveling between countries i.e., a Brazilian traveling to Spain.

Plan E: 100% after the deductible to maximum

After you pay the deductible, the program pays 100% to the selected Medical Maximum.

Age	$50,000	$100,000	$500,000	$1,000,000
	Daily	*Daily*	*Daily*	*Daily*
19 to 29	$0.81	$0.97	$1.13	$1.26
30 to 39	$0.97	$1.12	$1.51	$1.72
40 to 49	$1.64	$1.83	$2.07	$2.29
50 to 59	$2.83	$3.23	$3.45	$3.65
60 to 64	$3.55	$4.23	$4.64	$5.23
65 to 69	$4.14	$4.51	$4.76	$5.41
70 to 79	$6.19	$8.71	N/A	N/A
80 plus *	$10.83	N/A	N/A	N/A
Each Dep. Child	$0.40	$0.46	$0.60	$0.65
Each Child Alone	$1.02	$1.19	$1.50	$1.68

Plan F: 80/20 to max

After you pay the deductible, the program pays 80% of eligible expenses to the selected Medical Maximum.

Age	$50,000	$100,000	$500,000	$1,000,000
	Daily	*Daily*	*Daily*	*Daily*
19 to 29	$0.68	$0.80	$0.94	$1.05
30 to 39	$0.80	$0.93	$1.25	$1.43
40 to 49	$1.36	$1.52	$1.71	$1.90
50 to 59	$2.35	$2.68	$2.86	$3.03
60 to 64	$2.94	$3.51	$3.85	$4.34
65 to 69	$3.44	$3.75	$3.95	$4.49
70 to 79	$5.14	$7.23	N/A	N/A
80 plus*	$8.99	N/A	N/A	N/A
Each Dep. Child	$0.31	$0.38	$0.41	$0.46
Each Child Alone	$0.75	$0.85	$0.94	$1.01

**Ages 80+ limited to $15,000. Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Continent. Child Alone rate is used when a child will be insured by themselves.*

enrolling in liaison® continent

1. Complete the entire Liaison® Continent Application. Payment for the entire period of coverage is due at the time of application.

2. If paying by check or money order, make payable to: "Seven Corners" and enclose it together with completed Application.

3. If paying by credit card, complete the Application and mail or fax to Seven Corners. Be sure to sign the Method of Payment section.

4. Read the brochure and sign the Application.

Return the Application with your payment for the total premium to:

SEVEN CORNERS

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

(You may fax if paying by credit card only. Originals are not required if application is faxed to Seven Corners with credit card payment.)

why liaison® continent

rapid processing

A "excellent" rated, insurance company

professional customer service

24 hour worldwide assistance

online quote & purchase

about seven corners

SEVEN CORNERS

Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency, we've served clients in more than a hundred countries.

for additional information:

liaison® continent 2008

administered by:

SEVEN CORNERS

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

BBB
Member
Central Indiana

insurance carrier:

Liaison® Continent is underwritten by Certain Underwriters at Lloyd's, London.

for additional information: