



# Seven Corners Travel Medical Group Quote Request

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.

## Administrative Information

Group Name:	
Address:	
City:	State/Province:
Postal Code:	Country:
Contact:	Title:
Phone:	Email:
Nature of Group:	

## Coverage Information

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

Please be certain to complete this form in full and return to Seven Corners. **Incomplete forms will delay the quoting process.** Upon receipt of all required information, Seven Corners will send an official Proposal to you within 24 hours. Please Mail, Fax, or Email requests to:

Seven Corners, Inc.  
303 Congressional Blvd, Carmel, IN 46032 USA  
Phone: (800) 335 0611 Fax: (317) 575 2870  
[underwriting@sevencorners.com](mailto:underwriting@sevencorners.com)



### Benefit Options

**Medical Benefit Limit:**  \$10,000  \$15,000  \$25,000  \$50,000  \$100,000  \$250,000  
*Select only Two (2) Options*  \$500,000  \$1,000,000

**Medical Benefit Type:**  Per Policy Period  Per Occurrence  
*Select only One (1) Option*

**Deductible:**  None  \$25  \$50  \$100  \$250  \$500  \$1,000  \$2,500  
*Select only Two (2) Options*

**Deductible Type:**  Per Policy Period Deductible  Per Occurrence  
*Select only One (1) Option*

**Coinsurance Inbound:**  100%  
*Select only One (1) Option*  90/10% to \$2,500, then 100% to Plan Maximum  
 100% to \$2,500, then 80% to Plan Maximum  
 80/20% to \$5,000, then 100% to Plan Maximum

**Coinsurance Outbound:**  100%  
*Select only One (1) Option*  100% to \$2,500, then 80% to Plan Maximum  
 80/20% to \$5,000, then 100% to Plan Maximum

**Emergency Evacuation:**  None  \$25,000  \$50,000  \$100,000  \$250,000  \$500,000  
*Select only One (1) Option*

**Return of Mortal Remains:**  None  \$10,000  \$25,000  \$50,000  
*Select only One (1) Option*

**AD&D Principal Sum:**  None  \$10,000  \$25,000  \$50,000  \$100,000  \$150,000  
*Select only One (1) Option*

**Coverage Options:**  Hazardous Sports Coverage  War Risk (*Medical Only*)  Political Evacuation  
 Other

**Additional Benefits Requested, Coverage Options, Other Information.**

### Agent Information

Seven Corners, Inc. Agent # \_\_\_\_\_ Agent Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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