

LIAISON® International

Medical Insurance That Covers You Outside Your Home Country
Brochure and Application for the year 2005

5 DAYS TO 12 MONTHS (Renewable up to 3 years) OF COVERAGE FOR:

- NON-CITIZENS VISITING THE UNITED STATES.
- UNITED STATES CITIZENS TRAVELING OVERSEAS.
- INTERNATIONAL TRAVELERS REQUIRING CONTINUING COVERAGE

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 each 12-month period (see Continuing Coverage)
Coinsurance:	<i>Inside the United States and Canada:</i> After you pay the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Maximum. <i>Outside the United States and Canada:</i> After you pay the deductible, the program pays 100% to the selected Maximum.
Hospital Indemnity:	\$100 / night (traveling outside the U.S. and Canada) In addition to any other Covered Expense.
Dental (Emergency):	\$100 (or \$500 for accidents) Only available to programs purchased for 1 month or more.
Emergency Medical Evacuation/ Repatriation:	\$100,000 (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:	\$20,000
Emergency Reunion:	\$10,000
Return of Minor Child(ren):	\$5,000
Interruption of Trip:	\$5,000
Loss of Checked Luggage:	\$250
Local Ambulance Expense:	\$2,500
Accidental Death & Dismemberment (AD&D):	\$25,000 Principal Sum for Insured or Insured Spouse, \$5,000 for Dependent Child.
Common Carrier Accidental Death	\$50,000 per adult, \$25,000 per children under age of 18; \$250,000 Maximum per family
Hospital Room & Board:	Usual, reasonable and customary to the selected Policy Maximum
Intensive Care:	Usual, reasonable and customary to the selected Policy Maximum
Outpatient Medical Expenses:	Usual, reasonable and customary to the selected Policy Maximum
Terrorism	Usual, reasonable and customary to the selected Policy Maximum (not covered in NY, OR, KS)
Waiver of Pre-Existing Conditions:	Up to \$15,000 for U.S. citizens traveling outside the United States and Canada (refer to exclusion #1 for details)
Benefit Period:	Six months

WHY INTERNATIONAL MEDICAL INSURANCE?

Each year, millions of people travel outside of their Home Country, 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® International offers medical coverage and emergency services to individuals and families traveling outside their Home Country. This brochure is a brief description of Liaison® International. For a full description, please visit our website at www.SpecialtyRisk.com. Once you are approved for coverage a complete Program Summary will be mailed to you.

ELIGIBILITY

Liaison® International provides coverage as outlined in this brochure for individuals and families (including unmarried dependent children over 14 days and under 19 years of age) while traveling outside of their home country.

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

PERIOD OF COVERAGE

The minimum period of coverage under Liaison® International is 5 days, maximum is 12 months (see Continuing Coverage section). Coverage can be purchased in a combination of monthly and/or daily periods 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 SRI; 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 *; 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 *See Home Country Coverage Section.

DESCRIPTION OF COVERAGE

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 Policy Maximum. Only such expenses, incurred as the result of a disablement, which are specifically enumerated in the following list of charges, are incurred within six 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 and (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) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area, then licensed air ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
8. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.

9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.

Dental - Emergency Only - The Emergency Dental Benefit is available to you provided you have purchased 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 the 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). The benefit must be ordered 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 \$20,000 to return your remains to your Home Country, if you should die.*

Emergency Medical Reunion - When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a family member travel with you, the program will arrange and pay, up to \$10,000, for a 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) - Should you be 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 \$5,000 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 a \$100 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® International, 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 to your Home Country (60 days per 12 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. **Follow Me Home Coverage:** This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions first diagnosed outside Your Home Country (Does not apply for Emergency Evacuation or Repatriation).

* NOTE: In the event of an Emergency Medical Evacuation, Repatriation, Return of Mortal Remains, Emergency Reunion, Return of Minor Child(ren), Interruption of Trip or Loss of Checked Luggage benefit is needed or utilized, 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

For those who are intending longer international trips, an option is available to you. If you choose this option on the application and enroll for at least three (3) months of coverage, a notice will be sent to your address of

correspondence, allowing you to purchase an additional period of coverage (minimum of 1 month, maximum of 12 months). If you purchase at least three months of coverage, SRI will continue to send notices to your address of correspondence. If you choose to purchase less than three months of coverage, SRI will assume that your international trip is complete and will not send any further notices.

While a new period of coverage will be issued, your original effective date will be used with regards to calculating your deductible and coinsurance (for up to a total of 12 months, then both will begin again), as well as determining any pre-existing conditions. Since SRI's Benefit Period states that the program will pay up to a total of 6 months for any one eligible condition, you can be protected beyond your period of coverage.

The maximum period of time SRI will offer this feature is three years (one year for persons age 65 and over). It is important to note that rates and benefits may change for each subsequent period of coverage. A \$5.00 Administrative Fee will be included on each notice. This option is not available if you allow coverage to expire prior to reapplying. If this happens, an entirely new program must be purchased (preexisting condition begins again).

Continuing Coverage is available in periods as short as 5 days at a time when purchased using SRI's online system.

Hazardous Sport Coverage - To cover motorcycle/motor scooter riding, mountaineering (4500 meter limit), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, and snow boarding.

PRENOTIFICATION / 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 prenotification prior to any medical treatment in the US, as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available 24 hours a day, 7 days a week throughout the year to answer your questions, provide assistance, and guide you to an appropriate facility if necessary. In the case of an Emergency Admission, the Assistance Company must be contacted within 48 hours, or as soon as reasonably possible. Prenotification does not guarantee that benefits will be paid. Failure to prenotify 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® International does not guarantee payment to a facility or individual for medical expenses until SRI determines that it is an eligible expense.

REFUND OF PREMIUM

SRI realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by SRI 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 SRI for reimbursement.

CLAIM SUBMISSION

Filing a claim with SRI is easy. You will receive a Liaison® International identification card and claim form once you are approved for insurance. When you receive treatment, send the original, itemized bills to SRI within 90 days. Eligible bills are automatically converted from local currencies to US dollars. For payments of eligible medical expenses, notify SRI of pending treatments and we can refer you to approved health care providers worldwide. You're only responsible for your deductible, coinsurance amounts and non-eligible expenses. For more details, consult the Program Summary that is provided with your insurance kit, or contact the SRI Claim Department.

EXCLUSIONS

For Medical benefits, this Insurance does not cover:

1. Any Injury or Illness which meets the following criteria: a) condition(s) that would have caused a person to seek medical advise, diagnosis, care or treatment during the 36 months prior to the Effective Date of coverage under this Policy; b) condition(s) for which manifestation, medical advise, diagnosis, care or treatment was

recommended, received, or noticed during the 36 months prior to the Effective Date of coverage under this Policy;

If you are traveling outside the United States and Canada, the period is 12 months instead of 36 months.

If you are a United States citizen and the United States is your Home Country, this exclusion is waived for the first \$15,000 in eligible medical expenses incurred outside the United States and Canada (for persons age 65 and over, the amount is \$2500). 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.

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 or Music Therapy.
3. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
4. Suicide or any attempt there at, while sane or self destruction or any attempt there at, while insane; intentionally self-inflicted Injury or Illness; or expenses as a result 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 not), or civil war.
6. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics.
7. Routine physicals, inoculations, or other examinations where there are no objective indications or impairment in normal health.
8. Treatment of the Temporomandibular joint.
9. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you.
10. 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.
11. 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 to wholly or partly to the effects of intoxicating liquor or drugs.
12. Congenital abnormalities and conditions arising out of or resulting therefrom.
13. Expenses incurred during a hospital emergency room visit which is not of an emergency nature.
14. Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle / motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snow boarding. *
15. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to you.
16. Treatment of venereal or sexually transmitted disease.
17. Pregnancy expenses or Illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident.
18. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth.
19. Expenses incurred while you are in your Home Country (except as provided under the Home Country Coverage benefit).
20. Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Insured Person's physician has limited or restricted travel.

* Options are available to include all or part of these risks.

SRI ASSIST

SRI 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, SRI Assist provides valuable assistance in locating the best possible medical treatment.

THE INSURANCE COMPANY

Liaison® International is underwritten by Virginia Surety Company, Inc., rated A- "Excellent" by A.M. Best and located in Illinois. (In NY, OR, KS, the plan is underwritten by Certain Underwriters at Lloyd's, London.)

THE PROGRAM ADMINISTRATOR

Properly serving the needs of the international traveler requires an understanding of the world in which we live. 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 these customers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. Liaison® International is designed and administered by Specialty Risk International, Inc (SRI). The claim and assistance professionals at SRI have over 150 years of experience in claim processing and administration.

SPECIALTY RISK INTERNATIONAL

Since 1993, Specialty Risk International, Inc. (SRI) has provided international insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from SRI in order to obtain the most comprehensive and reliable products in the international insurance industry.

SRI is an independent underwriter and administrator, we are not owned by any insurance company or other corporate organization. Thus, our objective is to secure the best coverage and security for our insureds.

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

INFORMATION

This Insurance, under Policy HTP01158B is underwritten by: Virginia Surety Company, Inc.

Policy terms and conditions are briefly outlined in this brochure.

Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, American Consumer Insurance Trust, and Liaison® International. In the event of any conflict between this brochure and the Master Policy, the Policy will govern. A Program Summary, listing more detailed exclusions, will be mailed to you along with Your ID Card once coverage is purchased.

Notice to Florida residents: the benefits of this policy providing Your coverage are governed by the law of a state other than Florida. Your Homeowners policy, if any, may provide coverage for loss of personal effects provided by the Loss of Checked Luggage coverage. This insurance is not required in connection with the purchase of Your travel arrangements.

ENROLLING IN LIAISON[®] INTERNATIONAL

1. Complete the entire Liaison[®] International 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: "SRI" and enclose it together with completed Application.
3. If paying by credit card, complete the Application and mail or fax to SRI. 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:

Check Payable to SRI
Y.K. Insurance and Financial Services
135 S. 84th Street, Suite 201, Milwaukee, WI 53214
Fax 414-476-5915
Phone: 800-846-6669 or 414-476-5936
Online: www.visitorhealthinsurance.com

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

MONTHLY AND DAILY RATES

Rates based on a \$250 Deductible
 Effective until December 31, 2005

Traveling to the United States					Traveling Outside the U.S.				
(If the applicant is traveling to, temporarily residing in, or visiting the United States, please use these rates.)					(If the applicant is traveling outside the United States, use these rates. This includes US citizens traveling overseas as well as persons traveling between countries. ie. a Brazilian traveling to Spain)				
Policy Maximum Options					Policy Maximum Options				
Age	\$50,000	\$100,000	\$500,000	\$1,000,000	Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Monthly / Daily	Monthly / Daily	Monthly / Daily	Monthly / Daily		Monthly / Daily	Monthly / Daily	Monthly / Daily	Monthly / Daily
19 to 29	\$48/1.60	\$56/\$1.87	\$76/\$2.53	\$85/\$2.83	19 to 29	\$32/\$1.07	\$38/\$1.26	\$42/\$1.41	\$47/\$1.57
30 to 39	\$63/\$2.10	\$74/\$2.47	\$99/\$3.30	\$110/\$3.67	30 to 39	\$38/\$1.26	\$44/\$1.45	\$56/\$1.86	\$64/\$2.12
40 to 49	\$95/\$3.17	\$106/\$3.53	\$145/\$4.83	\$160/\$5.33	40 to 49	\$61/\$2.02	\$68/\$2.28	\$73/\$2.43	\$81/\$2.69
50 to 59	\$134/\$4.47	\$163/\$5.43	\$195/\$6.50	\$230/\$7.67	50 to 59	\$100/\$3.33	\$114/\$3.80	\$122/\$4.05	\$129/\$4.30
60 to 64	\$160/\$5.33	\$201/\$6.70	\$249/\$8.30	\$285/\$9.50	60 to 64	\$114/\$3.80	\$136/\$4.53	\$149/\$4.95	\$168/\$5.59
65 to 69	\$205/\$6.83	N/A	N/A	N/A	65 to 69	\$133/\$4.44	\$145/\$4.85	\$153/\$5.10	\$174/\$5.79
70 to 79	\$258/\$8.60	N/A	N/A	N/A	70 to 79	\$199/\$6.62	\$280/\$9.34	N/A	N/A
80 plus *	\$449/\$14.97	N/A	N/A	N/A	80 plus *	\$333/\$11.09	N/A	N/A	N/A
Each Dep. Child	\$28/\$0.93	\$32/\$1.07	\$42/\$1.40	\$45/\$1.50	Each Dep. Child	\$20/\$0.67	\$25/\$0.83	\$27/\$0.90	\$30/\$1.01
Each Child Alone	\$46/\$1.53	\$54/\$1.80	\$68/\$2.27	\$76/\$2.53	Each Child Alone	\$32/\$1.07	\$36/\$1.21	\$40/\$1.32	\$43/\$1.44

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

Premium Example: 35-year-old U.S. citizen traveling to Spain, from March 15th to April 19th
 \$250 deductible and \$50,000 maximum
 March 15th through April 14th equals 1 month (calendar month) \$38.00
 April 15th through April 19th equals 5 days \$1.26 x 5 \$ 6.30
 Total Premium Submitted \$44.30

ADMINISTERED BY	INSURANCE CARRIER
Specialty Risk International, Inc. (SRI) 9200 Keystone Crossing, Ste 300 Indianapolis, IN 46240 800-335-0611 or 317-575-2652 Fax: 317-575-2659 www.SpecialtyRisk.com	Virginia Surety Company, Inc Rated A- "Excellent" by A.M. Best (For addresses in the following states, the program is underwritten by Certain Underwriters at Lloyd's, London. Special States: NY, OR, KS)

LIAISON® International Application – 2005

Official Use Only: Cert # _____

Processed _____

Eff. Date _____

Agent:1608

Applicant Information

Last Name: _____

First Name: _____ M.I. _____

Country of Permanent, fixed Residence (Home Country) _____

Passport Number / Country: _____

Departure Date from your Home Country? (MM/DD/YY) ____ / ____ / ____

AD&D Beneficiary: _____ Relationship: _____
(Accidental Death & Dismemberment)

Address of Correspondence

(where ID card is to be sent)

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Work Phone: () _____ Home Phone: () _____

Email: _____

Previously insured by SRI? _____ ID Number: _____

When would you like coverage to begin? (MM/DD/YY) ____ / ____ / ____

Destination?: _____ Length of Trip?: _____

What is your expected return date? (MM/DD/YY) ____ / ____ / ____

Please note: The minimum period of coverage is 5 days, the maximum is 12 months (please see Continuing Coverage Option). Coverage must be purchased in increments of no less than 5 days. Coverage cannot begin until your departure from your Home Country, nor will coverage begin until SRI receives and accepts your application and correct payment.

Coverage Specifics

Are you traveling: To the United States or
 Outside the United States

Policy Maximum: \$50,000 \$100,000 \$500,000
 \$1,000,000

Deductible:	<u>Option</u>	<u>Factor</u>
<input type="checkbox"/>	\$0	1.30
<input type="checkbox"/>	\$100	1.10
<input type="checkbox"/>	\$250	1.00
<input type="checkbox"/>	\$500	.90
<input type="checkbox"/>	\$1000	.80
<input type="checkbox"/>	\$2500	.70

Continuing

Coverage Option: No Yes (must buy at least 3 months)

Coverage Option: Hazardous Sport Coverage (1.15)

Calculating Your Plan Cost

(please complete entire section)

	Date of Birth MM/DD/YY	Monthly Rate	Daily Rate
Applicant: _____	__ / __ / __		
Spouse: _____	__ / __ / __		
Child: _____	__ / __ / __		
Child: _____	__ / __ / __		
Child: _____	__ / __ / __		
Total:		\$	\$

Minimum period of coverage is 5 days

Multiply Monthly Rate Total by number of _____	X	
Monthly Total [A]:		\$
Multiply Daily Rate Total by number of days: _____	X	
Daily Total [B]:		\$
Total of [A] and [B]:		\$
Multiply by deductible factor: _____	X	
Total:		\$
Multiply coverage Option Factor: (if applicable) _____	X	
Total Payment Enclosed:		\$

Method of Payment

Check Money Order MasterCard Visa Discover
 American Express

Card Number: _____

Expiration Date: _____ Day Phone: _____

Name on Card: _____

Billing Address: _____

Signature (Required) _____

Make Check or Money Order payable to "SRI". Total Payment for the Full Term of coverage requested must be paid in U.S. dollars (checks must be issued from a U.S. bank) at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I declare that I understand the terms and conditions of this product, as outlined in this brochure. I understand that pre-existing conditions, as defined in Exclusion number 1, are excluded. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the American Consumer Insurance Trust and enroll in the group coverage for which I am eligible under the group contract issued by Virginia Surety Company, Inc. (For Special States, it is the Global International Trust by Certain Underwriters at Lloyd's, London).

Signature of Insured or Proxy (Required) _____ Date _____
(Proxy is someone acting on behalf of the Insured)