

Attached is your application from TheInsuranceNet.com

Steps to complete application.

- 1) Print out the attached application.
- 2) Complete application including all details and signatures.
- 3) Return application with payment payable to “Specialty Risk” or Fax toll free 877-877-5801 if paying by credit card.
- 4) Mail all materials to:
TheInsuranceNet.com
Attn: Specialty Risk
5965 Sandy Ridge
Elkridge, MD 21075
- 5) Call with any questions.

1-877-634-1256

TheInsuranceNet.com

*“Using technology to provide you information
& people to provide you answers.”SM*

*rates subject to change without notice.

EVACUATION, REPATRIATION AND OTHER BENEFITS FOR THE INTERNATIONAL TRAVELER

Up to 12 months of coverage for emergencies requiring:

- Medical Evacuation
- Return of Minor Children to Home Country
- Political Evacuation
- Repatriation
- Trip Interruption

WHY YOU NEED INTERNATIONAL COVERAGE

Effective October 1, 2002

Each year, millions of people travel internationally throughout the world. While many of them may have medical coverage when traveling outside their Home Country, few will have the proper coverage for an emergency medical evacuation or personal liability. Liaison® Traveler is designed to offer emergency medical evacuation, repatriation of mortal remains, accidental death and dismemberment, and other incidental coverage and services for persons traveling outside their Home Country.

This brochure is a brief description of Liaison Traveler. A complete description is contained in the Program Summary, which will be mailed to you together with your ID Card after SRI receives your completed application and correct premium.

NOTE- This plan does not offer medical coverage. For a comprehensive international medical program, contact your agent or SRI for information.

ELIGIBILITY

Liaison Traveler provides coverage for persons traveling outside their Home Country. If you will be traveling outside of your Home Country, the program will provide coverage for you, your spouse, and your unmarried dependent children (over 14 days and under 19 years of age, or under 25 years of age if they are attending an accredited institution of higher learning on a full-time basis and wholly dependent upon the Insured for support and maintenance.)

Home Country (or Country of Residence) is defined as - The country where an eligible person(s) has his/her true, fixed and permanent home and principal establishment, and to which he/she has the intention of returning.

PERIOD OF COVERAGE

There are three coverage period options for Liaison Traveler, a three-month, a six-month, and a twelve-month coverage period. During the coverage period, the insured persons will be covered anytime they are outside their Home Country or Country of Residence (unlimited number of trips).

Effective Date - Your coverage will begin on the latest of the following:

1. The date your Application and premium are received by SRI; or
2. The date you request on the Application.

Expiration Date - Your coverage will end either Three, Six or Twelve months after the Effective Date (depending upon the coverage period chosen). If you choose, coverage can be easily rewritten.

PLAN OPTIONS

Liaison Traveler has two different programs that can be purchased together or separately (the Standard Upgrade Options must be purchased along with the Standard Program) to address the various needs of the international traveler.

Standard Program

This is the base program offered to international and frequent travelers. Maximums listed are per policy period. Upgrade Options are available and described below.

Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$20,000
Emergency Reunion	\$10,000
Return of Minor Child	\$5,000
Accidental Death & Dismemberment (AD&D)	\$100,000
Political Evacuation and Repatriation	\$10,000
Trip Interruption	\$5,000
Lost Baggage	\$250
International Assistance Services	Included

Standard Upgrade Options (May not be purchased separately from Standard Program)

	Increase AD&D Limits. The benefit for AD&D can be increased from the \$100,000 limit to a maximum of \$500,000 for the Primary Insured. AD&D for spouses and dependents is limited to the amounts listed under the Description of Benefits.
--	---

Personal Liability Program

(This program may be added to the Standard Program or may be purchased separately. This benefit is only available to persons while traveling outside the United States.)

The Company will indemnify the Insured Person for legal liability to a third party up to a limit of \$100,000 arising while outside of the United States during a covered trip as a result of:

- a) accidental death or bodily injury to any person
- b) accidental loss of or damage to property of that person

The Company has the right to commence or takeover any legal proceeding to defend the Insured Person provided the Company chooses to do so and to take any action to recover any payment made under this policy. The Insured Person must cooperate with the Company to this end and do nothing to prejudice the Company's rights. The Insured Person must not make any offer or promise payment or admit fault to any other party, or become involved in any litigation without the Company's written approval.

Note: Only one Liaison Traveler Program may be purchased for any given policy period.

DESCRIPTION OF BENEFITS

Emergency Medical Evacuation Expenses *

If you or any covered dependents become sick or injured during the period of coverage and it has been determined that an Emergency Medical Evacuation is required to either the nearest medical facility, where appropriate medical treatment can be obtained, or to your Home Country, all eligible expenses incurred are covered up to \$100,000. An Emergency Medical Evacuation must be recommended by a legally licensed physician who certifies that the severity of the Injury or Sickness necessitates such Emergency Medical Evacuation, and agreed to by you or your representative.

Repatriation of Mortal Remains Expenses *

If Injury or Sickness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Home Country are covered up to a maximum of \$20,000.

Emergency Reunion *

In the event of a recommended Emergency Medical Evacuation due to a covered injury or illness, where the physician feels that it would be beneficial to have a family member at your side during transport, you will be reimbursed for travel and lodging expenses incurred by that relative up to US\$10,000 (Additional details in Program Summary)

Return of Minor Child(ren) *

Should the Insured Person be traveling alone with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the Minor Child(ren) under the age of 18 are left unattended, Liaison Traveler will arrange and pay for one way economy fares less the value of applied credit from any unused travel tickets per person to their Home Country, not to exceed the maximum benefit of \$5,000. (Additional information is contained in Program Summary)

Accidental Death & Dismemberment (AD&D)

The program includes Accidental Death & Dismemberment coverage for each Insured Person, Insured Spouse and Dependent Child. If an Injury occurs during your Period of Coverage and results in one of the following losses within 365 days after an accident, the program will pay for loss as follows (Additional information in Program Summary):

	<u>Insured</u>	<u>Spouse</u>	<u>Each Child</u>
Loss of Life	100% of Principal Sum	\$25,000	\$5,000
Loss of two members	100% of Principal Sum	\$25,000	\$5,000
Loss of one member	50% of Principal Sum	\$12,500	\$2,500
Loss of speech and hearing	100% of Principal Sum	\$25,000	\$5,000
Loss of speech or hearing	50% of Principal Sum	\$12,500	\$2,500
Quadriplegia	100% of Principal Sum	\$25,000	\$5,000
Paraplegia	50% of Principal Sum	\$12,500	\$2,500
Hemiplegia	25% of Principal Sum	\$6,250	\$1,250

Political Evacuation and Repatriation *

If due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for the insured to leave the host country or the insured is expelled or declared persona non-grata by the host country, all reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to the insured's home country or country of residence are covered up to a maximum of \$10,000. Evacuation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with your health & safety. Evacuation costs will be paid once per insured per occurrence. In the event this benefit is needed, arrangements must be made by the assistance services provider.

Trip Interruption

Liaison Traveler will pay benefits if an Insured is unable to continue the Trip due to: a) death, occurring prior to the return to the Insured's Home Country, of the Insured's Immediate Family Member, b) serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). Liaison Traveler will reimburse the Insured for the cost of travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence. This benefit is limited to the cost of one-way economy airfare or ground transportation and is subject to a Policy Period maximum of \$5,000. Additional information in the Program Summary.

Lost Baggage

Liaison Traveler will pay benefits if an Insured's Checked Baggage is lost due to theft or misdirection by a Common Carrier while the Insured is a ticketed passenger on the Common Carrier during the Trip. Liaison Traveler will reimburse the Insured, up to the Policy Period maximum of \$250 for the cost of replacement of the baggage and its contents. All claims must be verified by the Common Carrier. There is a maximum per article limit of \$50. (This is an excess benefit. Additional information in the Program Summary).

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

ASSISTANCE SERVICES

Upon enrollment into Liaison Traveler, you are eligible to use any of the assistance services listed in the Program Summary provided by the Assistance Company.

Pre-Trip Assistance - Telephone information about passports, visas; Telephone information about health hazards in remote areas; Telephone information about inoculations; Help in arranging special medical treatment facilities needed while traveling.

Medical Assistance While Traveling - 24-Hour telephone contact for travel medical emergencies, with assistance in locating medical care; Arranging telephone conferences between your attending and home physicians; Arranging second medical opinions in hospital cases; Relaying emergency messages to family and employer during medical emergencies; Guarantee or payment of medical bills using your available financial resources; 24-hour ticketing service to arrange family visits; Arranging emergency medical evacuation from medically underserved areas; Arranging evacuation for catastrophic claims; Arranging medical transportation home after treatment; Arranging escorts and transportation for unaccompanied children; Arranging transfer of medical records; Arranging repatriation of remains for deceased travelers; Notify your health insurer of a claim.

General Travel Assistance - 24 hour telephone contact for baggage and other travel problems; Advice on handling losses and delays; Follow-up contact with airlines regarding baggage; Help with lost passports, ticket and documents; Guarantee or payment of emergency expenses using your available financial resources; Arranging shipments of forgotten, lost or stolen items; Relaying emergency messages.

EXCLUSIONS

For **Accidental Death and Dismemberment, Emergency Medical Evacuation, Repatriation of Mortal Remains, Emergency Reunion, Return of Dependent Child**, this insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease of any kind; bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; hernia of any kind; (Only applicable for Accidental Death & Dismemberment)
3. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft; as a passenger in any aircraft (a) not having a current and valid airworthy certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
4. Declared or undeclared war or any act thereof; service in the military, naval or air service of any country;
5. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; rocket-propelled aircraft; crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose; engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

For **Political Evacuation and Repatriation**, this insurance does not cover: 1) Losses recoverable under any other insurance or through an employer; 2) Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by the insured, b) alleged violation of the laws of the host country, unless the company determines such allegations to be fraudulent, or c) failure to maintain required documents or visas; 3) Losses attributable to a) debt, insolvency, commercial failure, or the repossession of any property, b) insured's non-compliance with a contract or license or c) implementation of legally contributed exchange rates; 4) Losses due to liability assumed by the insured under any contract.

For **Trip Interruption**, this insurance does not cover: 1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death to any immediate family member.

For **Lost Baggage**, this insurance does not cover: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

For the **Personal Liability Program**, the Company shall not pay for liability arising from: (1) Damages to the property of or to any person who is the Insured Person's relative or employee or deemed by law to be his/her employee. (2) Damages to property which belongs to the Insured Person or is in his/her custody or control or possession. (3) Damages relating to any liability assumed under contract. (4) Damages related to the willful, malicious or unlawful act on the part of the Insured Person. (5) The ownership, possession or use of vehicles, aircraft, firearms or animals. (6) The undertaking of any trade, business or profession. (7) Any criminal proceedings. (8) Judgments which are not in the first instance delivered by or obtained from a Court of competent jurisdiction within the place of origin of the trip.

ENROLLING IN LIAISON TRAVELER

1. Complete Entire Application
2. Select method of payment.
3. If paying by check or money order, make payable to: "SRI" and enclose it together with completed Application.
4. If paying by credit card, complete Application and mail or fax to SRI. Be sure to sign Method of Payment section.

Complete and return the Application with your payment for the total premium to:

TheInsuranceNet.com

5965 Sandy Ridge

Elkridge, MD 21075

Toll-Free Fax: 877-877-5801

(if paying by credit card only. Originals are not required if applications is faxed to SRI with credit card payment)

PREMIUMS (Effective October 1, 2002)

Standard Program

Type	<u>3 Months</u>	<u>6 Months</u>	<u>12 Months</u>
Single	\$78	\$98	\$173
Couple	\$104	\$131	\$231
Family	\$130	\$162	\$289

Standard Upgrade Options

Add AD&D – Valid only for Primary Insured

Increase to:	<u>3 Months</u>	<u>6 Months</u>	<u>12 Months</u>
\$200,000	\$21	\$26	\$33
\$300,000	\$42	\$53	\$66
\$400,000	\$64	\$79	\$99
\$500,000	\$85	\$106	\$132

Personal Liability Program

Type	<u>3 Months</u>	<u>6 Months</u>	<u>12 Months</u>
Single	\$63	\$77	\$90
Couple	\$85	\$103	\$121
Family	\$105	\$128	\$150

Refund of Premium

Refund of premium (minus the Admin Fee) shall be considered only if written request is received by SRI prior to the Effective Date of Coverage. After the Effective Date of Coverage, the premium is considered fully earned and non-refundable.

What You Will Receive

Upon successful enrollment in Liaison Traveler, you will receive an information packet from SRI. This packet will include your ID Card and Program Summary. The Program Summary describes all the benefits of Liaison Traveler in complete detail. In addition, the Program Summary tells you the procedure for submitting claims.

The Insurance Company

Liaison Traveler is underwritten by The Insurance Company of the State of Pennsylvania, a member company of the American International Group of Companies (AIG) and is rated A++ "Superior" by the A.M. Best Company.

Application- Liaison Traveler

OFFICIAL USE ONLY: Cert#: _____ Processed: _____ Eff Date: _____ Agent: 3366

Applicant Information

Mr. Mrs. Miss Ms

Last Name: _____

First Name: _____ MI _____

Date of Birth: ___ / ___ / ___ (month/day/year)

Passport Number: _____

Issuing Country: _____

What do you consider your Home Country?

Address of Correspondence

Address: _____

City/State: _____

Postal Zip Code: _____ Country: _____

Work phone () _____ Home phone () _____

Email Address _____

For AD&D benefit...

Beneficiary _____

Relationship _____

For Couple or Family Coverage...

Names of additional persons to be insured? Date of Birth

Spouse _____ ___ / ___ / ___

Child _____ ___ / ___ / ___

Child _____ ___ / ___ / ___

Child _____ ___ / ___ / ___

Child _____ ___ / ___ / ___

(please attach separate sheet for additional children)

Have you purchased insurance through SRI before?

Yes No

If yes, when? From _____ to _____

Requested Effective Date of coverage:

Month: ___ Day: ___ Year: ___

*Note: Coverage cannot begin until SRI receives your application and correct premium.

Calculating Your Premium

Select Policy Period: 3-Months 6-Months 12-Months

Select Plan Type: Single (applicant only) Couple Family
(Be sure to use correct premium)

Premium

Standard Program \$ _____

Standard Upgrade Options (if applicable)

Increase AD&D to: \$ _____ \$ _____

Personal Liability Program \$ _____

(The U.S. must be your Home Country)

Plus Admin Fee: \$ 10.00

Total Payment Enclosed: \$ _____

Method of Payment

Check Money Order MasterCard Visa Discover
Card# _____

Expiration Date: _____ Daytime phone: _____

Name as it appears on card _____

Signature (required) _____

Billing Address: _____

Only one Liaison Traveler program may be purchased for any given policy period. Make Check or Money Order payable to: "SRI". Total Payment for the Full Term of coverage requested must be paid in U.S. dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I declare that I understand the terms and conditions of this product, as outlined in this brochure. I hereby subscribe to the AIG Life Trust and enroll in the group coverage for which I am eligible under the group contract issued by The Insurance Company of the State of Pennsylvania, a member of American International Group, Inc. (AIG).

Signature of Insured or Proxy _____

Date (required) _____