



## VisitorSecure® - Traveling Outside of Home Country

|                |                   | \$0 Deductible per Injury or Illness |          |           |           |
|----------------|-------------------|--------------------------------------|----------|-----------|-----------|
|                |                   | PLAN A                               | PLAN B   | PLAN C    | PLAN D    |
| \$0 Deductible | Maximum Limit     | \$50,000                             | \$75,000 | \$100,000 | \$130,000 |
|                | Age               | Daily                                | Daily    | Daily     | Daily     |
|                | 14 Days to 17 Yrs | \$1.22                               | \$1.52   | \$1.80    | \$2.86    |
|                | 18 to 29          | \$1.22                               | \$1.52   | \$1.74    | \$2.26    |
|                | 30 to 39          | \$1.37                               | \$1.63   | \$1.85    | \$2.43    |
|                | 40 to 49          | \$1.42                               | \$1.75   | \$1.93    | \$2.59    |
|                | 50 to 59          | \$1.96                               | \$2.31   | \$2.70    | \$3.47    |
|                | 60 to 69          | \$2.33                               | \$2.66   | \$3.03    | N/A       |
|                | Dependent Child** | \$1.12                               | \$1.35   | \$1.59    | \$2.73    |

|                 |                   | \$50 Deductible per Injury or Illness |          |           |           |
|-----------------|-------------------|---------------------------------------|----------|-----------|-----------|
|                 |                   | PLAN A                                | PLAN B   | PLAN C    | PLAN D    |
| \$50 Deductible | Maximum Limit     | \$50,000                              | \$75,000 | \$100,000 | \$130,000 |
|                 | Age               | Daily                                 | Daily    | Daily     | Daily     |
|                 | 14 Days to 17 Yrs | \$1.04                                | \$1.26   | \$1.47    | \$2.36    |
|                 | 18 to 29          | \$1.04                                | \$1.26   | \$1.43    | \$1.86    |
|                 | 30 to 39          | \$1.15                                | \$1.35   | \$1.55    | \$2.00    |
|                 | 40 to 49          | \$1.21                                | \$1.43   | \$1.63    | \$2.13    |
|                 | 50 to 59          | \$1.68                                | \$1.96   | \$2.25    | \$2.91    |
|                 | 60 to 69          | \$1.92                                | \$2.23   | \$2.55    | N/A       |
|                 | Dependent Child** | \$0.94                                | \$1.14   | \$1.33    | \$2.25    |

|                   |                   | \$100 Deductible per Injury or Illness |          |           |           |
|-------------------|-------------------|--|----------|-----------|-----------|
|                   |                   | PLAN A                                 | PLAN B   | PLAN C    | PLAN D    |
| \$100 Deductible  | Maximum Limit     | \$50,000                               | \$75,000 | \$100,000 | \$130,000 |
|                   | Age               | Daily                                  | Daily    | Daily     | Daily     |
|                   | 14 Days to 17 Yrs | \$0.94                                 | \$1.15   | \$1.36    | \$2.21    |
|                   | 18 to 29          | \$0.94                                 | \$1.14   | \$1.33    | \$1.74    |
|                   | 30 to 39          | \$1.05                                 | \$1.25   | \$1.44    | \$1.82    |
|                   | 40 to 49          | \$1.10                                 | \$1.32   | \$1.53    | \$2.01    |
|                   | 50 to 59          | \$1.53                                 | \$1.87   | \$2.11    | \$2.81    |
|                   | 60 to 69          | \$1.77                                 | \$2.12   | \$2.44    | N/A       |
|                   | 70 to 79          | \$3.10                                 | \$4.50   | N/A       | N/A       |
|                   | 80+*(10K Limit)   | \$7.14                                 | N/A      | N/A       | N/A       |
| Dependent Child** | \$0.82            | \$1.03                                 | \$1.22   | \$2.11    |           |

|                  |                 | \$200 Deductible per Injury or Illness |          |
|------------------|-----------------|--|----------|
|                  |                 | PLAN A*                                | PLAN B   |
| \$200 Deductible | Maximum Limit   | \$50,000*                              | \$75,000 |
|                  | Age             | Daily                                  | Daily    |
|                  | 70 to 79 Yrs    | \$2.76                                 | \$3.75   |
|                  | 80+*(10K Limit) | \$5.96                                 | N/A      |

Rates are shown in US dollars and are effective 2/1/2023. Rates are subject to change.

\* \$10,000 Maximum Limit for age 80 and over.

\*\* Dependent Child rate (14 days through 17 years) is applicable when at least one parent will also be covered by VisitorSecure.

**VisitorSecure® Application for Insurance**  
**WorldTrips**  
**Lloyd's Coverholder**

|  |   |   |   |   |
|--|---|---|---|---|
| <b>Personal Details</b> Please provide the following details for all individuals to be covered. Missing or illegible information will delay processing     |   |   |   |   |
| <b>Name (First and Last)</b>   | <b>Date of Birth (MM/DD/YY)</b>                         | <b>Citizenship</b>  | <b>Home Country</b>                                       | <b>Daily Premium</b>  |
| Primary  |   |   |   | 1A  |
| Spouse   |   |   |   | 2A  |
| Child 1  |   |   |   | 3A  |
| Child 2  |   |   |   | 4A  |
| <b>Complete Mailing Address:</b>   |   |   | Subtotals (add lines 1 through 4 above)                   | A   |
|  |   |   | Trip Duration (# of days)                                 | B   |
| <b>E-mail Address:</b>   |   | <b>Phone Number:</b>  |   | Multiply line A by line B   |
| <b>Select a Plan Level</b> <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> Plan D |   | <b>OPTIONAL Express Delivery Charge</b><br>(If desired, choose only one option) | <input type="checkbox"/> US Delivery<br>Enter \$20.00     | D   |
| <b>Select a Deductible</b> <input type="checkbox"/> \$0 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200        |   |   | <input type="checkbox"/> Non-US Delivery<br>Enter \$30.00 | E   |
| <b>Date of Departure from Home Country</b><br>____/____/____   | <b>Date of Return to Home Country</b><br>____/____/____ | <b>Requested Effective Date</b><br>____/____/____                               |   | <b>Sub Total Amount Due</b> (add lines C through E)   |
| <b>Beneficiary &amp; Relationship</b><br>Destination(s)  |   |   |   | Florida Surplus (Tax): Traveling to Florida to work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No / Not traveling to Florida<br>If yes, multiply Line F total by 1.050 |
|  |   |   |   | <b>Total Amount Due</b> (add lines F and G)   |

|  |                                 |  |  |
|--|---------------------------------|--|--|
| <b>Form of Payment:</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Check/Money Order  |                                 | <b>Name as it appears on card:</b>   |  |
| <b>Credit Card #:</b>  | <b>Expiration Date (mm/yy):</b> | <b>Complete Billing Address (include daytime phone #):</b>   |  |
| <b>Signature:</b>  |                                 |  |  |
| Payment by Credit Card*: By signing above, the cardholder authorizes WorldTrips to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to your Agent or to WorldTrips.<br>WorldTrips<br>4 Carter Green, Suite 400<br>Carmel, IN 46032 |                                 | Checks and Money Orders should be made payable to WorldTrips. Please send your Check or Money Order along with this Application via mail or courier to:<br>WorldTrips<br>15748 Collection Center Dr.<br>Chicago, IL 60693-0157 |  |

|  |              |                          |              |
|--|--------------|--------------------------|--------------|
| <b>Authorization</b>   |              |                          |              |
| <p>I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to members by Lloyd's. For further information on how we process your personal information please see our Privacy Policy <a href="https://www.worldtrips.com/about-worldtrips/privacy-policy/">https://www.worldtrips.com/about-worldtrips/privacy-policy/</a>. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that my insurance terminates upon my return to my Home Country unless I qualify for a Benefit Period or Home Country Coverage. I understand this insurance contains a Pre-existing Condition exclusion and other restrictions and exclusions. I understand that, prior to my current coverage expiration date, I can visit the WorldTrips Client Zone for transaction instructions regarding policy extensions and/or renewal eligibility. I understand that if my insurance is not Extended or Renewed prior to or on the current coverage expiration date I must purchase a new policy in order to have coverage. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to WorldTrips. It is the responsibility of Indian residents purchasing insurance cover to obtain permission from the Central Government and Reserve Bank of India. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, nonadmitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant, and as a representative, authorize WorldTrips to provide any applicable claims Explanation of Benefits (EOB) to assist communication in the claims process. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant. Arbitration Notice: EXCEPT FOR CERTAIN TYPES OF DISPUTES DESCRIBED IN THE "ARBITRATION AND CLASS ACTION WAIVER" IN YOUR POLICY WORDING, AND IF YOU DO NOT OPT-OUT AS SET FORTH IN THAT SAME SECTION, YOU AGREE THAT DISPUTES BETWEEN YOU AND WORLDTRIPS AND/OR THE UNDERWRITERS WILL BE RESOLVED BY BINDING, INDIVIDUAL ARBITRATION, AND YOU WAIVE YOUR RIGHT TO BRING OR RESOLVE ANY DISPUTE AS, OR PARTICIPATE IN, A CLASS,</p> |              |                          |              |
| <b>Applicant Signature:</b>  | <b>Date:</b> | <b>Spouse Signature:</b> | <b>Date:</b> |

|                                    |                        |
|------------------------------------|------------------------|
| <b>FOR PRODUCER USE ONLY</b>       |                        |
| <b>Producer ID Number:</b>         | <b>Producer Name:</b>  |
| <b>Company Name &amp; Address:</b> | <b>Telephone:</b>      |
|                                    | <b>Fax:</b>            |
| <b>Signature:</b>                  | <b>E-mail Address:</b> |

For more information or for assistance completing this application, please contact:

Producer Number: 23466

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 Winter Springs, Florida 32708, USA  
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 Web: <https://www.VisitorInsuranceServices.com>