



INTERNATIONAL MEDICAL GROUP

**Plan Administrator**

International Medical Group®, Inc.  
2960 North Meridian Street  
Indianapolis, IN 46208 USA  
For marketing questions, please call 866.368.3724  
For all other inquiries, please call 800.628.4664 or  
317.655.4500  
Fax: 317.655.4505  
Email: insurance@imglobal.com  
www.imglobal.com



**SIRIUS**  
INTERNATIONAL

**Plan Underwriter**

Patriot Extreme is a surplus lines product underwritten by Sirius International Insurance Corporation (publ), rated A (excellent) by A.M. Best and A- by Standard and Poor's (at the time of printing). Sirius International is a White Mountains Re company.

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**CONTACT INFORMATION**

**Producer Contact Information:**

SANDS, RICHARD JAY  
3817 GRAND AVENUE, SUITE B109  
CHINO, CA 91710  
Phone: 951-545-6876  
Fax: 909-363-7482  
rsands@sandsifs.com

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INTERNATIONAL MEDICAL GROUP

**Patriot  
Extreme<sup>SM</sup>**

**PATRIOT EXTREME INTERNATIONAL<sup>SM</sup>**  
Short-term medical insurance for U.S. citizens traveling abroad

**PATRIOT EXTREME AMERICA<sup>SM</sup>**  
Short-term medical insurance for non-U.S. citizens traveling abroad

## The uncertainties of travel



Are you traveling abroad for an extreme sport activity? If so, you have probably purchased the latest equipment and picked the perfect location. But what would happen if you are injured or become ill during your trip? Do you have medical insurance that covers you in the event that you need treatment in another country? Will you be covered if you are injured as a result of your sports activity?

Most travelers assume they will be covered by their standard medical plan. In reality, traditional medical plans may offer adequate domestic coverage, but they may not be designed for international travel and usually exclude hazardous sports activities.

Could you get quality treatment at a foreign hospital? How would you deal with the language and currency barriers? What if the treatment you need isn't available nearby?

There are enough things to worry about when you're traveling. Don't let your medical coverage for a sports activity be one of them. As the managing general underwriter for Sirius International Insurance Corporation (publ) (the "Company"), International Medical Group® (IMG®) has developed Patriot Extreme<sup>SM</sup> to provide you Coverage Without Boundaries® for your extreme sports adventure. Patriot Extreme is available to U.S. and non-U.S. citizens who are under age 50. Please review the schedule of benefits for more details.

## The experienced plan administrator



IMG World Headquarters, Indianapolis, Indiana

Since 1990, International Medical Group has provided a unique, full-service approach to insurance coverage. Dedicated exclusively to the international insurance market, IMG provides coverage services to individuals and families in more than 150 countries.

Medical treatment while traveling is often an unfortunate fact of life. Our goal is to make the medical process a smooth and efficient one. IMG's multilingual claims administrators, on-site medical staff and customer service professionals work together to ensure that your medical needs are met. We process thousands of claims each year from countries throughout the world, and can handle virtually any language or currency.

To give you true Global Peace of Mind®, IMG representatives are available 24 hours a day, seven days a week, 365 days a year for medical emergencies, evacuations and precertification. Our customer service is routinely rated among the highest in the industry. You can rest assured that IMG will be there for you, whether it be for routine treatment or during a medical emergency.

IMG gives you worldwide coverage experience, impeccable service and international expertise. Don't leave your medical care to chance. Let IMG reduce the uncertainties of international travel for you and your family.

## SCHEDULE OF BENEFITS

### INTERNATIONAL EMERGENCY CARE

**Emergency Evacuation** To Policy Maximum when coordinated through the Plan Administrator

Patriot Extreme includes coverage for emergency medical evacuation from a medical facility to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to the policy limit.

**Emergency Reunion** To US\$10,000 when coordinated through the Plan Administrator

Patriot Extreme also provides emergency reunion coverage, up to US\$10,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an emergency medical evacuation of the insured person: either the cost of accompanying the insured during the evacuation or traveling from the home country to be reunited with the insured.

**Return of Mortal Remains** To US\$15,000 when coordinated through the Plan Administrator

If a covered illness/injury results in death, expenses for repatriation of bodily remains or ashes to the home country will be covered up to a maximum of US\$15,000.

### SPECIAL COVERAGES

**Trip Cancellation** To US\$5,000

If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling) or the substantial destruction of the insured's principal residence, each Patriot Extreme plan will reimburse the insured for the cost of returning the insured to the area of principal residence. The plan will cover reimbursement for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.

**Lost Luggage** To US\$50 per item; maximum of US\$250

This benefit will be paid in the event that the Common Carrier permanently loses an insured person's checked luggage. This coverage is secondary to any other available coverage, including the Carrier's.

**Common Carrier Accidental Death** US\$50,000 to Beneficiary; maximum of US\$250,000 per family

If accidental death should occur while traveling on a commercial Common Carrier, US\$50,000 will be paid to the designated beneficiary, to a maximum of US\$250,000 per family.

### MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible and coinsurance

**Hospital Room and Board** To Policy Maximum for average semi-private room rate

**Intensive Care** To Policy Maximum

**Medical Expenses** To Policy Maximum

## SCHEDULE OF BENEFITS

### MEDICAL BENEFITS - usual, reasonable and customary charges, subject to deductible and coinsurance

**Outpatient Medical** To Policy Maximum

**Local Ambulance** To Policy Maximum

**Emergency Room** As described below

Charges incurred for the use of the Emergency Room due to an accident are covered up to the Policy Maximum.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) US\$250 deductible if treatment does not require admittance to the hospital.

**Dental** As described below

**Injury due to an accident:** Each Patriot® plan covers the cost of emergency dental treatment and dental procedures necessary to restore sound natural teeth lost or damaged in an accident up to the Policy Maximum.

**Sudden dental pain:** Each plan will pay up to US\$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

**Sports & Activities Coverage** To Policy Maximum for basic and extreme sports as described below

Subject to the terms of the complete policy wording, Patriot Extreme covers injuries incurred during non-contact amateur athletic activities and certain Extreme Sports (see page 7). Activities may be organized and include scheduled practices, games, and/or competitions.

Activities not covered include contact sports, professional sports and any athletic activities that are organized and/or sanctioned by the National Collegiate Athletic Association (or any other collegiate sanctioning body) or the International Olympic Committee.

*This brochure contains only a consolidated and summary description of all current Patriot Extreme benefits, conditions, limitations and exclusions. A certificate containing the complete Policy Wording with all terms, conditions and exclusions will be included with the fulfillment kit.*

### PLAN INFORMATION

**Deductible** US\$250 per Period of Coverage

**Coinsurance** As described below

The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to the Policy Maximum

**Benefit Period** Three months

If a covered injury or illness requires continuing treatment after the certificate expires, the 3-month Benefit Period may provide continued coverage. When the certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than three months before the certificate expired, benefits for the covered injury or illness will continue subject to the Policy Limits until there have been three months of coverage for the covered injury or illness.

**Policy Maximum** US\$50,000

The Patriot Extreme plan has a Policy Maximum of US\$50,000.

**NON-US CITIZENS  
COVERAGE FROM 30 DAYS TO 6 MONTHS**

**Patriot Extreme America<sup>SM</sup>** provides coverage for non-US citizens traveling outside their home country for a minimum of 30 days up to a maximum of six months. Although the Patriot Extreme America plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application also must be completed.

*All premium rates are in US dollars and are effective through 12/31/06. Rates include 2.5% surplus lines tax where applicable. A dependent child is your child shown on the Enrollment Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.*

**ONE MONTH RATES  
US\$50,000 POLICY MAXIMUM**

Age	One Month
17 or younger	\$72
18 - 39	\$94
40 - 49	\$142

**EACH ADDITIONAL 15 DAYS  
US\$50,000 POLICY MAXIMUM**

Age	15 days
17 or younger	\$36
18 - 39	\$47
40 - 49	\$71

Coverage under the Patriot Extreme plan must be purchased for a minimum of one month.

**US CITIZENS  
COVERAGE FROM 30 DAYS TO 6 MONTHS**

**Patriot Extreme International<sup>SM</sup>** provides coverage for US citizens traveling outside the U.S. for a minimum of 30 days up to a maximum of six months. Although the Patriot Extreme International plan is not renewable, it can be rewritten for succeeding or subsequent coverage periods. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application also must be completed.

In addition to the benefits listed on pages 3 and 4, Patriot Extreme International for US citizens also provides the two benefits outlined below, subject to all Conditions of Coverage.

**Sudden Recurrence of a Pre-existing Condition** - Up to US\$1,000 will be reimbursed for the eligible medical expenses of a sudden and unexpected recurrence of a Pre-existing Condition while traveling outside of the US. In addition, up to US\$25,000 will be reimbursed for the eligible costs and expenses of an Emergency Medical Evacuation arising or resulting from a sudden and unexpected recurrence of a Pre-existing Condition. For the definition of a Pre-existing Condition, please see Exclusion number 1 on page 8.

**Indemnity** - Patriot Extreme International will pay directly to you US\$100 for each night of a required overnight stay in a hospital. The hospital stay must be covered under this plan in order to receive this benefit.

*All premium rates are in US dollars and are effective through 12/31/06. Rates include 2.5% surplus lines tax where applicable. A dependent child is your child shown on the Enrollment Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.*

**ONE MONTH RATES  
US\$50,000 POLICY MAXIMUM**

Age	One Month
17 or younger	\$54
18 - 39	\$64
40 - 49	\$100

**EACH ADDITIONAL 15 DAYS  
US\$50,000 POLICY MAXIMUM**

Age	15 days
17 or younger	\$27
18 - 39	\$32
40 - 49	\$50

Coverage under the Patriot Extreme plan must be purchased for a minimum of one month.

## EXTREME SPORTS

The Extreme Sports listed below are covered activities included in the Patriot Extreme plans

Abseiling

BMX

Bungee jumping

Canyoning

Caving

Flying (private plane)

Hang gliding

Heli-skiing

High diving

Hot air ballooning

Kayaking

Inline skating

Mountain biking

Mountaineering (ropes and guides to 4500m from ground level)

Paragliding

Parascending

Rappelling

Rock climbing (ropes and guides to 4500m from ground level))

Scuba diving (to 50m)

Skydiving

Spelunking

Whitewater rafting (to Class V)

*These extreme activities must be engaged in solely for leisure, recreation or entertainment purposes.*

## OPTIONAL RIDER

### Patriot T.R.I.P. Lite<sup>SM</sup>

Trip cancellation coverage is also available for your trip. With this plan, the loss of pre-paid, non-refundable, and unused payments may be recovered when a trip is cancelled due to: illness, injury or death to you, a family member or travel companion; bankruptcy or financial default; a terrorist incident; jury duty; home made uninhabitable by fire, wind, storm, flood, or vandalism; quarantine; auto accident on way to airport; job termination; cancelled leave for active duty military, police or fire fighters. The benefits are outlined below and premium information can be found on the Application Form.

Benefits	Maximum benefit per insured person
Trip cancellation	Trip cost up to US\$20,000
Travel delay	Up to US\$500
Baggage delay	Up to US\$100

## PLAN INFORMATION

### QUALITY GUARANTEE

Your satisfaction is very important to the Company and IMG. If, for any reason, you are not pleased with this product you may submit a written request for cancellation and refund of your premium. The request must be received by IMG prior to your effective date of coverage.

### EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under Patriot Extreme.

1. Pre-existing Conditions. A pre-existing condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom whether or not previously manifested or known, diagnosed, treated, or disclosed.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, military action, terrorism, political insurrection, protest, or any act thereof.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as provided for herein.
6. Venereal disease, AIDS virus, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.

8. Injury sustained while participating in professional sports or any athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (or any collegiate governing body) or the International Olympic Committee.
9. Injury sustained while participating in contact sports of any kind as well as the following: mountaineering or climbing above 4500 meters from ground level and without the proper use of ropes and guides; scuba diving below 50 meters; whitewater rafting above Class V; BASE jumping; luge; motocross or Moto-X; racing by horse, motor vehicle of any type, or motorcycle; rodeo; ski jumping; and any Extreme Sport not listed as covered on page 7.
10. Vision or hearing tests and the provision of visual or hearing aids.
11. Vocational, recreational, speech or music therapy.
12. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
13. Charges, injuries and/or illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
14. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
15. Injury and/or illness resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating of any type of vehicle after consuming any alcohol or drugs.
16. Willful self-inflicted injury or illness, and injury due to reckless endangerment or needless peril.
17. Treatment required as a result of or arising from complications from a treatment or condition not covered hereunder.
18. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
19. Treatment for mental and nervous disorders.
20. Organ or tissue transplants or related services.
21. Illness or injury where the trip to the host country is undertaken for treatment or advice for such illness or injury, except as provided for herein.
22. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

*This brochure contains only a consolidated and summary description of all current Patriot Extreme benefits, conditions, limitations and exclusions. A certificate containing the complete Policy Wording with all terms, conditions and exclusions will be included with the fulfillment kit. The Company reserves the right to issue the most current Policy Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Policy Wordings are available upon request.*

## CLAIMS PROCEDURE

### PRECERTIFICATION

Each proposed hospital admission, inpatient or outpatient surgery, and other procedures as noted in the Certificate Wording must be Precertified for medical necessity, which means the insured person or their attending physician must call the number listed on the IMG Identification Card **prior** to admittance to a hospital or performance of a surgery. In case of an Emergency Admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. Precertification is not an assurance of coverage, a verification of benefits, or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please refer to the Certificate Wording for full details of the precertification requirements.

***For precertification, emergency evacuation and repatriation, please call:*** IMG in the US: 1-800-628-4664 (toll free) or 1-317-655-4500. Call IMG outside the US: 001-317-655-4500 (collect if necessary). This information will also be provided on your ID card.

***Note:*** An insured person may begin the precertification process at our website, [www.imglobal.com](http://www.imglobal.com). Simply click the "Current Clients" title, then click the "Initiate Precertification" option. You will be asked to provide the required information, which can then be submitted electronically to IMG. The Medical Department at IMG will notify you upon receipt of the email, and once we have received the request, our utilization management and review team will review the information provided and respond to the insured person or the provider within 2 business days. Please note that this online service will only initiate the precertification process, and it should not be used to precertify emergency admissions, procedures or evacuations.

### CLAIM PAYMENT

All benefits payable under Patriot Extreme are subject to the provisions described in this brochure and as contained in the Policy Wording and certificate of coverage. To make claim processing efficient, claims may be paid in two ways.

1. Eligible claims that have been paid by or on behalf of the Insured Person will be reimbursed directly to the Insured Person. Payment will be sent by check.
2. Eligible claims that have not yet been paid by the Insured Person will, at the option of IMG, be made either to the Insured Person or directly to the provider.

***Please mail completed claim forms to*** International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and Certificate Wordings will be included in the fulfillment kit. IMG may also be contacted by fax: 317-655-4505 or e-mail: [insurance@imglobal.com](mailto:insurance@imglobal.com).

## CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
2. Coverage under Patriot Extreme is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

## EMERGENCY MEDICAL EVACUATION, EMERGENCY REUNION AND REPATRIATION COVERAGE

1. All Conditions and Exclusions apply to this coverage.
2. All Emergency Medical Evacuation, Emergency Reunion and Repatriation expenses, including all costs arising from trips outside the country where the incident which gave rise to the claim occurred, must be approved and coordinated in advance by the Company to be eligible for coverage.
3. Air or ground transportation for Emergency Medical Evacuation is limited to the transfer from a local medical facility to the nearest qualified medical facility.

## ENROLLMENT PROCESS & APPLICATION FORM

Please read the important information below prior to completing the Application Form.

### HOW TO ENROLL

Before you begin your trip, simply fill out the following Application Form and calculate the premium for the time period you and your family will be traveling. Once you have completed the Application Form, return it to your agent or mail it to IMG. You, your spouse and unmarried dependent children (over 14 days and under 18 years of age) listed on the Enrollment Form and for whom premiums have been paid will be covered from the **latest** of the following dates: 1) The date IMG receives your completed Enrollment Form and the appropriate premium; 2) the date you depart from your home country; or 3) the date requested on your Application Form.

Patriot Extreme coverage ends on the **earliest** of the following dates: 1) The end of the period for which premium has been paid; 2) the date requested on your Application Form; or 3) the date you return to your home country.

## ENROLLMENT PROCESSING & FULFILLMENT KIT

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the Application Form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, Claim Forms and an insurance certificate containing a complete outline of the Policy Wording. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

## ELIGIBILITY REQUIREMENTS

The following conditions apply to all persons applying for and/or enrolling in Patriot Extreme:

- For coverage while participating in any of the covered extreme sports activities, you must be medically and physically fit to engage in such activity and hold the necessary qualifications as approved by the applicable Governing Body or Authority.
- Patriot Extreme is travel insurance for U.S. citizens traveling outside the United States and for non-U.S. citizens traveling outside their home country.

## EXTENSION OF COVERAGE

Patriot Extreme can be rewritten for succeeding or subsequent periods but is not renewable. New Deductible, Coinsurance, Eligibility, Conditions of Coverage and Pre-Existing Condition Exclusions apply to any succeeding or subsequent Period of Coverage. A new application must also be completed.

## ONLINE FULFILLMENT KIT

You may choose to download your fulfillment kit from the IMG website rather than having it mailed to you. To do this, you must check the appropriate box on the Application Form. We must have your correct email address to complete this process. Once IMG has received and processed your Application Form, you will receive an email from IMG that contains all of the hyperlinks to obtain the fulfillment information through the Internet.

TEAR HERE  
TEAR HERE  
TEAR HERE  
TEAR HERE

**Applicant information: Patriot Extreme<sup>SM</sup>** Please print legibly and complete ALL SECTIONS of this application.

(Circle one) Mr. Mrs. Ms.  Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Passport Number, SSN, or Driver's License \_\_\_\_\_ Issuing Country \_\_\_\_\_ Home Country \_\_\_\_\_

Beneficiary for Applicant \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

The Applicant will be deemed the beneficiary for his/her spouse and children

List all recreational and/or extreme sports activities planned for the requested period of coverage (Note: only certain designated extreme sports are covered under this insurance plan. Please see page 7).

Send Confirmation of Coverage and Fulfillment Kit to:  I will use the Online Fulfillment Kit Option (see page 10 for details)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**Calculating Your Premium:**

Patriot Extreme America<sup>SM</sup> for non-US citizens  Patriot Extreme International<sup>SM</sup> for US citizens

**Patriot T.R.I.P. Lite** - To purchase this option, please complete the following calculation:

Total cost of trip ÷ 100 = \_\_\_\_\_ X 4.52 = \_\_\_\_\_ Place below for all travelers

**Names of Persons to be insured:**

Names of Persons to be insured:	Date of Birth (month/day/year - REQUIRED)	Monthly Premium	Additional 15 Day Premium
Applicant _____	____/____/____	_____	_____
Spouse _____	____/____/____	_____	_____
Child _____	____/____/____	_____	_____
Child _____	____/____/____	_____	_____
		<b>Total (A)</b>	<b>Total (B)</b>

Please attach additional sheet for more children

Requested Effective Date  
(see How to Enroll section): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Return to Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_

(A) total monthly premium Number of months (B) 15 day premium Patriot T.R.I.P. Lite US\$20.00 Optional Total  
(from Total (A) above) (from Total (B) above) from above Express, Fax confirmation or Special Correspondence (optional)

**SUBSCRIPTION** I (we) hereby apply to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Patriot Extreme<sup>SM</sup> insurance coverage as offered by the Company on the date of its receipt hereof. I (we) understand and agree that: (i) the insurance applied for is not general health insurance, but is intended for my (our) use in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) coverage under Patriot Extreme is not renewable, (iii) no coverage will be effective until this Application has been duly accepted in writing by the Company, (iv) no modification or waiver relating to this Application or the coverage applied for will be binding upon the Company (or IMG) unless approved in writing by an authorized representative of the Company, (v) IMG and the Company will rely on the accuracy and completeness of the information provided herein, (vi) any misrepresentation or omission contained herein will void the insurance certificate, and any and all claims and benefits thereunder will be forfeited and waived, (vii) by submission of this application and/or any future claim for benefits I (we) purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its selected agent and administrator, and invoke the benefits and protections of its laws, and (viii) the contract of insurance represented by the Master Policy and evidenced by the Certificate of Insurance shall be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance shall be in Marion County, Indiana, for which applicant(s) hereby consent(s). I (we) consent and agree that Indiana law shall govern all rights and claims raised under this Certificate of Insurance.

**ACKNOWLEDGEMENT** I (we) understand and agree that: (i) marketing brochures and certificate wordings are available prior to application upon request, (ii) the insurance agent/broker assigned to or assisting with this Application is the agent and representative of applicant(s), (iii) any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom, whether or not previously manifested or symptomatic, diagnosed or treated (a "pre-existing condition"), will be excluded from coverage under this insurance, (iv) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (v) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided thereunder, and IMG acts solely as agent for the Company and has no direct or independent liability under the Master Policy or any Certificate of Insurance.

**CERTIFICATION** I (we) hereby certify, represent and warrant to IMG and the Company that: (i) I (we) have read this Application and the brochure or they have been read to me (us), and I (we) understand them, (ii) I am (we are) currently in good health and I (we) have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing condition which I (we) foresee may require treatment during the period of coverage or for which I (we) intend to claim under this insurance, and (iii) if this Application is signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and bind the applicant. 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.

**MEDICAL RELEASE** I (we) authorize any doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, employee or benefit plan administrator having information as to my (our) care, advice, treatment, diagnosis or prognosis of any physical or mental condition, and/or employment status, to provide such information to IMG and/or the Company.

**X** Signature of Insured or Proxy \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Payment must be made for the total number of months of requested coverage. Refund of premium will be made only if a written request is received by IMG prior to the effective date of coverage. After the effective date, the premium is fully earned and non refundable. All payments must be made in US dollars and drawn on US banks.

**Payment Method**  Check (To IMG)  Money Order (To IMG)  
 Mastercard  Visa  American Express  Discover  JCB

If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.

Card# \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Your Daytime Phone \_\_\_\_\_

Your Billing Address \_\_\_\_\_

**Selling Producer Use Only**

Producer# 55839 \_\_\_\_\_ GA# \_\_\_\_\_

Name SANDS, RICHARD JAY \_\_\_\_\_

Address 3817 GRAND AVENUE, SUITE B109 \_\_\_\_\_

City CHINO \_\_\_\_\_ Phone: 951-545-6876 \_\_\_\_\_

State CA \_\_\_\_\_ Zip Code 91710 \_\_\_\_\_