CONFIRMATION OF TRAVEL INSURANCE COVERAGE



To Whom It May Concern:

This letter is to confirm that premium payment has been received on behalf of the below named insureds. Medical Coverage is being provided under the terms of the Liaison Travel Choice policy. This policy includes coverage for hospitalization, repatriation, and medical expenses. The plan provides worldwide coverage (including all Schengen Countries). Coverage dates are indicated below.

Policy Holder Name:

Passport No:

Date of Birth:

FIROZ ALAM
EG0086297

Policy Number #: 29/01/1980

Deductible\$5,000RelationshipPrimaryMedical Maximum\$50,000Hazardous ActivitiesDeclinedDoes your trip include the USA?Yes

Accidental Death and Dismemberment (AD&D) \$25,000

Emergency Medical Evacuation & Repatriation \$500,000 (separate from the Medical Maximum)

Return of Mortal Remains \$50,000

Other limitations and exclusions do apply. Please see policy documents for further details.

Should you have any questions or concerns, please do not hesitate to contact this office at sevencorners24@gmail.com

COVID 19: Covered same as any other illness to the above mentioned medical maximum.

Sincerely,

James J. Krampen

Seven Corners, Inc. 303 Congressional Blvd. Carmel, IN 46032 800-335-0611 www.sevencorner.com

Underwritten By: Certain Underw	riters at Lloyd's, London		Summary of Benefits
Liaison Travel Choice			
Policy Number	3LTCL32-106017	Destination	OMAN
Coverage Days	30 Days		
Highlight Coverage Details			
Accidental Death and Dismemberment (AD&D)	\$25,000.00	Deductible	\$5,000.00
Does your trip include the USA?	Yes	Emergency Medical Evacuation	on \$500,000 (separate from the Medical Maximum)
Hazardous Activities	Declined	Loss of Baggage (\$) Per Occurrence	\$500.00
Medical Maximum	\$50,000	Relationship	Primary
Return of Mortal Remains	\$50,000.00		
Premium & Purchase Information			
Purchase Date	September 28, 2021	Premium Cost	\$27.22
Questions About You	r Coverage & Benefits	For Imme	ediate Assistance
Toll Free: 800-335-0617 Worldwide: 317-575-2657		Pre-certification is required in the U.S. for: inpatient stays, rehab inpatient stays, outpatient surgeries/procedures, MRIs, MRAs, CTs, PET scans, chemotherapy, radiationtherapy,physical&occupationaltherapy,homeinfusion,homehealthcare. Contact Seven Corners Assist before treatment & within 48 hours of emergency hospital admissions. The penaltyis 25% for failure to pre-certify. Pre-certification does not guarantee benefits. For pre-certification, emergency evacuation, repatriation, and assistance services, contact Seven Corners Assist 24/7: Toll Free:800-690-6297 Worldwide: 317-575-2657 Collect: 317-818-2813	
Agent Information			
Santa Clara, CA 95054	350 Mission College BlvdSuite 1140		surance@VisitorsCoverage.com p://www.VisitorsCoverage.com ew: https://policybazar24.com
Please Contact Your Agent for Further Information & Purchases			
Claim Submission			
Claims May Be Submitted to: Seven Corners, Inc. P.O. Box 211760 Eagan, MN 55121 Email: claims24@sevencorners.com Online upload: www.sevencorner.com/upload Fax 317-575-2277		To obtain a list of U.S. providers, contact Seven Corners Assistorvisit www.sevencorner.com/ppo UnitedHealthcare	

Thank You For Your Purchase!

Receipt Of Purchase:

Purchase Date: 28-09-2021

Credit Card Information:

Paid By: AIRWAY

Payment Type: AMEX

Payment Status: Paid

Card Number: 5213xxxxxxx8521

Amount: \$27.22

Payment Date: 28-09-2021

An ID card and Summary of Benefits are included with your purchase. We recommend you print and/or save them to your phone and keep them with you at all times when you travel. Should you have any questions about your policy, services provided or need to make policy changes, please feel free to contact our Customer Service team 24/ using the contact information shown below or on your ID Card. Thank you for allowing us to be of service to you! Visitors Coverage Inc & Seven Corners, Inc.