







## Worldwide Major Medical Group Proposal Warranted Statement

### Assured Group:

Please answer the questions below. Also, be certain to review the proposal and contact Seven Corners, Inc. or your insurance agent with questions or modifications regarding the proposed benefits and terms.

1) Has anyone been treated for serious illness, been hospitalized or had surgery in the past three years (i.e. cancer, juvenile diabetes, cardiovascular disease, AIDS, substance abuse, renal disease, mental illness)?	YES	NO
2) Has anyone undergone open-heart surgery or received significant cardiac testing at anytime in the past three years?	YES	NO
3) Has anyone had a claim of \$2,500 or more in the past three years?	YES	NO
4) Is anyone apt to have a continuing claim from an existing mental or physical disorder?	YES	NO
5) Has anyone been advised to have surgery or diagnostic testing in the last six months or anticipate hospitalization for any other reason?	YES	NO
6) Are any employees or dependents currently pregnant?	YES	NO
7) Has any employee missed ten or more consecutive days of work in the past 12 months due to illness or injury?	YES	NO
8) Are there any spouses or dependents that are presently hospitalized, confined at home or treatment facility, disabled, or incapacitated?	YES	NO
9) Are there any employees who are not actively at work performing his/her duties full time due to illness or injury?	YES	NO
10) Are you ware of any circumstances, chronic or continuing medical, mental or nervous conditions, which can be expected to produce ongoing claims?	YES	NO
11) Are there any current or former employees or dependents currently on medical continuation (COBRA, Continuing Coverage, Other)?	YES	NO

ADDITIONAL COMMENTS AND EXPLANATIONS FOR QUESTIONS 1-11 ABOVE (ATTACH ADDITIONAL SHEETS, IF NECESSARY):

I am hereby duly authorized by the Assured Group to submit and apply for the Group program and for the insurance provided by Certain Underwriters at Lloyds, London. I represent that I have read the completed application and that all my answers and statements on this Application and any attachments hereto is complete and true to the best of my knowledge and belief. I understand that qualification for insurance is based upon my answers and statements herein and that Seven Corners, Inc. may verify this information. I understand that no one has the authority to exclude or direct me to exclude any information sought by this form. I understand that Seven Corners, Inc. will rely on all information on this Application in determining whether or not to issue Group coverage and that any incorrect or incomplete information may result in a claim denial or loss of coverage.

Name: \_\_\_\_\_  
(Please Print or Type)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

THE INDICATION PRESENTED IN THIS PROPOSAL IS BASED UPON THE INFORMATION PROVIDED AND IS ONLY A RATE CALCULATION. IT IS NOT BINDING IN ANY WAY. FINAL RATES WILL BE DETERMINED BY ACTUAL ENROLLMENT AND UNDERWRITING. COVERAGE IS SUBJECT TO VERIFICATION OF CENSUS, FIRST MONTHS PREMIUM IN ADVANCE AND ANY OTHER REASONABLE INFORMATION REQUESTED BY SEVEN CORNERS, INC. NO INSURANCE SHALL BE EFFECTIVE UNTIL SRI NOTIFIES THE GROUP IN WRITING.

Explanation page for Questions 1 thru 11