

4. If you are purchasing the Hazardous Sports Rider, please describe the activities for which you are seeking coverage:

5. Complete the following:

Payment Method: Check/Money Order MasterCard Visa American Express

Credit Card #: _____ Expiration Date: _____

Name as it appears on card: _____

Billing Address: _____

Signature: _____ Daytime Phone #: _____


Check or Money Orders should be made payable, in US dollars, to MultiNational Underwriters, Inc. If paying by credit card, I authorize MultiNational Underwriters, Inc. to debit my VISA, MasterCard or American Express account for the amount specified in section 3. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

6. Read and sign below.

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, for the insurance provided to members by Lloyd's. I understand that this is not a general health insurance policy and that it is intended for use in the event of a sudden and unexpected event while I am traveling outside of my Home Country. I understand that Pre-existing Conditions are not covered. I understand this insurance contains a Pre-certification Penalty, and other restrictions and exclusions. I understand this insurance is not renewable and successive periods of insurance will require re-satisfaction of the Deductible and Coinsurance. 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. I understand that Lloyd's operates as an approved but non-admitted 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. If signed by an agent of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage, the Applicant ratifies the authority of the signatory to bind him/her. The undersigned authorizes any doctor, medical practitioner, hospital, clinic, health facility, pharmacy, government agency, insurance agency, insurance company, group policyholder or insurance or benefit administrator or any other entity having information as to the care, advice, treatment, diagnosis or physical or mental condition of any person listed on this Application to release said information to MultiNational Underwriters, Inc.

Signature of Applicant (or Guardian): _____ Signature of Spouse: _____
 Date of Signature: _____ Date of Signature: _____

FOR AGENT USE ONLY	Agent ID Number: 22013		Agent Name: Phillip Mattox	
	Company Name: Phil Mattox Insurance Agency		Street Address: 208 East Third St.	
	City: Sterling		State: IL	Postal Code: 61081
	Country: US	Telephone: 815/626-5751		Fax: 815/626-2268
	E-mail: pmia@short-term-health.com		Signature: _____	



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