

[Close Window](#)**Total Travel Insurance**

Telephone: (866) 226-7500

Email: confirm@totaltravelinsurance.comWeb site: [Total Travel Insurance](http://www.totaltravelinsurance.com)**Patriot International®**

Progress: 100% Complete

Thank You!

Your application was successful. Your credit card has been charged \$74.70. Please print this page for your records.

Certificate Number: PATI181046785**Medical Coverage Information**

Maximum Benefit	\$100,000.00
Deductible	\$250.00
Length of Coverage	18 Days
Requested Effective Date	24-Oct-2013
Expiration Date	10-Nov-2013 12:01 AM EST

Applicant Information

Name	Rodney Larson
Social Security/Passport Number	452105058
Country of citizenship	United States
Country of residence	United States
Primary destination	Japan
Beneficiary Name	Jovelisa Larson
Beneficiary relationship	Spouse

Mailing Address

Name	Rodney Larson
Address	P.O. Box 44847
City	Eden Prairie
State or Province	MN
Zip or Postal Code	55344
Country	USA
Telephone	9529601935
Email Address	rodlarson100@yahoo.com

Name of persons to be insured and base medical premium

Name	Age	Date of birth	Individual premium
Rodney Larson	69	9/27/1944	\$74.70
Total premium			\$74.70
Online Fulfillment			\$0.00
Total due at checkout			\$74.70

CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the applicable deductible and scheduled limits and sublimits, and all other terms, conditions and exclusions of the Patriot International[®] plan as contained in the complete Policy Wording.
2. Coverage under the plan is secondary to any other available coverage or benefits.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Treatment must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage.
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.

QUALITY GUARANTEE

Your satisfaction is very important to 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 expressly excluded from coverage under the Patriot plans.

1. Pre-existing Conditions. Any Injury, Illness, sickness, disease, or other physical or medical disorder, condition 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 Initial Period of Coverage, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, political insurrection, protest, or any act thereof.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
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 Person 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 amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded: racing of any kind, aviation (except when traveling as a passenger in a commercial aircraft), BMX, BASE jumping, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, luge, motocross (moto-x), mountain biking, mountaineering, parachuting, rappelling, rock climbing, rodeo, scuba diving, ski jumping, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, snorkeling, surfing, wakeboarding, water skiing, windsurfing and whitewater rafting.
9. Vision or ear tests and the provision of visual or hearing aids.
10. Vocational, recreational, speech or music therapy.
11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. 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, engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or illness resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs.

15. Willful self-inflicted injury or illness.
16. Treatment required as a result of or arising from complications from a treatment or condition not covered under the certificate.
17. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to the Insured.
18. Treatment for mental and nervous disorders.
19. Organ or tissue transplants, and all related services.
20. Illness or injury where the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance.
21. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

This web page contains only a consolidated and summary description of all current Patriot Travel Medical Insurance 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. IMG 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.

SUBSCRIPTION

I (we) hereby apply and subscribe to the Global Medical Services Group Insurance Trust, c/o Community Trust & Investment Co., Noblesville, IN, for Patriot International[®] as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of receipt hereof. I (we) understand and agree: (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) I (we) must pay premiums for the entire period of coverage in advance, and no coverage will be effective until this Application has been accepted in writing by the Company, (iii) 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 officer of the Company or IMG, and (iv) 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 agent and administrator, and invoke the benefits and protections of its laws, and the contract of insurance represented by the Master Policy and evidenced by the Certificate of insurance will 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 will be in Marion County, Indiana, for which applicant(s) hereby consent(s).

ACKNOWLEDGEMENT

I (we) understand and agree that: (i) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for 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 and time 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, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or IMG to be resident, located, or to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

MEDICAL RELEASE

I (we) hereby 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 for any physical or mental condition, or financial and employment status, to provide such information to IMG and/or the Company.

CERTIFICATION

I (we) hereby certify, represent and warrant that: (i) I (we) have read the foregoing statements and the brochure or they have been read to me (us), and I (we) understand them, (ii) I am (we are) eligible to participate in the insurance program applied for, (iii) I am (we are) currently in good health and 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 or other medical condition which I (we) foresee may require treatment during this insurance or for which I (we) intend to claim under this insurance. If signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and to 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 applicant.

I authorize IMG to debit my credit card account for the total amount due. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I agree to comply with the cardholder agreement.

Signature: /s/ Rodney Larson

Date: 23-Oct-2013