

ATLAS PROFESSIONAL APPLICATION
MultiNational Underwriters®
Lloyd's Coverholder

Please select your area of coverage:	<input type="checkbox"/> Excluding the US	<input type="checkbox"/> Including the US *Available to Non-US citizens and residents only
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Names of all individuals to be covered.					
	Name (Last, First)	Birth Date (mm/dd/yy)	Citizenship	Passport #	Annual Premium
Insured:		/ /			
Spouse		/ /			
Child 1		/ /			
Child 2		/ /			
Child 3		/ /			

Subtotal (A): _____

Enter Factor for Hazardous Sports Rider, if Selected (1.2). Otherwise Enter 1.0 (B): _____

Enter Factor for Atlas Terrorism Rider, if Selected (1.4). Otherwise Enter 1.0 (C): _____

Total Amount Due (multiply A x B x C): _____

Requested Effective Date (mm/dd/yy): / /		E-Mail Address:	
Send Certificate of Insurance to (Name):		Payment Mode: <input type="checkbox"/> Check/Money Order: <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	
Complete Mailing Address:		Credit Card #: _____ Expiration Date (mm/yy)	
		Name as it appears on card:	
Telephone #:	Fax #:	Complete Billing Address:	Daytime Phone #:
Name of Beneficiary:		Signature:	
<p>Check or Money Orders should be made payable, in US dollars, to MultiNational Underwriters®. If paying by credit card, I authorize MultiNational Underwriters® to debit my Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage.</p> <p>I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. I understand that coverage under this insurance is not renewable and successive periods of insurance will require re-satisfaction of the Deductible, Pre-existing Condition provision, and all other conditions of the insurance following acceptance of a new Application. 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 to MultiNational Underwriters®. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, 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. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. 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.</p>			
Signature of Applicant:		Signature of Spouse:	
Date of Signature:		Date of Signature:	

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Producer ID Number: 22342		Producer Name: Chiranth Nataraj	
Company Name: International Services, Inc.		Street Address: #756, 1655 North Fort Meyer Drive, Ste#700	
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