



**C&F SPC
DISCLOSURES
FOR NON-
ADMITTED
TRAVEL AND
MEDICAL PLANS**

C&F SPC DISCLOSURES FOR NON-ADMITTED TRAVEL AND MEDICAL PLANS

Travel medical insurance plan administered by battleface Insurance Services Ltd. Insurance benefits are underwritten Crum & Forster, SPC. C&F and Crum & Forster are registered trademarks Crum & Forster, SPC. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2024.

PLAN DETAIL

The policy contains terms, conditions and exclusions including an exclusion for pre-existing medical conditions. Please refer to the [Policy](#) for more information. For more information on this plan or our company please visit www.battleface.com/en-int.

You may contact us at:

t: + 32 (2) 3350 978 or

e: CIBT@battleface.com

UNDERWRITING DISCLOSURE

By purchasing this insurance provided by Crum & Forster SPC, you become a member of the ITA Global Trust, LTD. THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE. READ IT CAREFULLY. THE POLICY IS NOT RENEWABLE. The plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued for ITA Global Trust Ltd. For a detailed plan description, exclusions, and limitations please view the [plan here](#). The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this website and the Policy.

Non-insurance services are provided by battleface Assistance.

PPACA DISCLOSURE

This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA").

PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

PRIVACY STATEMENT

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy at www.battleface.com/en-int/privacy-policy/.

DATA PROTECTION

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

SUBSCRIPTION AGREEMENT

I hereby apply to be a Plan Participant of the Fairmont Specialty Trust (the

“Trust”) and to participate in the insurance coverage extended to Plan Participants under the Trust by Crum & Forster SPC (“the Company”) to Plan Participants under the Trust (the “Coverage”).

I understand that the Coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that the Coverage extended to me will terminate upon my return to my Home Country. I understand that I may obtain full details of the insurance by requesting a copy of the Master Policy from the Plan Manager. I understand that the liability of the Company as insurer of the Coverage is as provided in the Master Policy.

By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant. The Plan Participant undertakes to make all premium payments as they fall due in respect of the Coverage extended to them. The Plan Administrator shall not be responsible for the administration of such payments. If the Plan Participant fails to make any premium payment due in respect of the Coverage extended to them, subject to the discretion of the Insurance Company, such Coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the Plan Administrator in connection with its participation in the Plan and/or the subscription for the Coverage, howsoever provided, including the terms of this Subscription Agreement, (together “Representations & Warranties”). The Plan Participant acknowledges that certain of such information will be relied upon by the Company as insurers of the Coverage and that any inaccuracy therein may result in the invalidity of such Coverage as it relates to the Plan Participant, the loss of Coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the Plan Administrator of any change to any of matter that forms the subject of any of the Representation & Warranties.

The Plan Participant hereby undertakes to indemnify and hold harmless the Plan Administrator against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any Representation & Warranty or failure to advise the Plan Administrator of any change in any matter that forms the subject of any of the

REPRESENTATION & WARRANTIES.

The Plan Participant agrees that the Plan Administrator shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the Plan Administrator against any loss or damage (including attorney's fees) occasioned by the Plan Administrator acting in accordance with any such instruction.

Payments under the terms of the Coverage shall be paid by the Insurers to the Plan Participant or directly. To a provider if assignment of benefits has been authorized. The Plan Administrator shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the insurance is appropriate for me and that I meet the eligibility criteria.

PURCHASE POINT DISCLOSURE

Applicant confirms that they:

- expressly agree that this insurance policy and all pre-contractual information be provided in English and all communication in connection with this Policy shall be in the English language.
- have (or will have) received all immunisations recommended by a qualified doctor in their Home Country prior to entering the destination country.
- will not be an active member of any military or para military force at any time during the Policy Period.
- understand the insurance applied for is not a general health insurance policy but is intended to cover unforeseen injury or illness occurring outside their Home Country, during the journey for which they are buying cover, and contains a Pre-existing Condition exclusion and other restrictions and limits.

By electing to purchase this insurance, you are submitting an application for insurance with the insurer and acknowledge that all information provided by you is true, that you are at least 18 years of age, or if applicant is a minor, you are the legal parent or guardian, and that you have read and understand the information provided in the UNDERWRITING DISCLOSURES and SUBSCRIPTION AGREEMENT above. You also confirm that you understand and agree to the ELECTRONIC SIGNATURE and ELECTRONIC DELIVERY terms below.

ELECTRONIC SIGNATURE

Applicant understands clicking the submission button constitutes an electronic signature. The electronic signature documents the applicant's consent to all the provided terms and conditions. Electronic signatures are legal and enforceable the same as a traditional signature.

ELECTRONIC DELIVERY

Applicant consents to issuance of their policy documents, and all other notices, electronically via email. Applicant should be diligent in updating their provided email address if any changes occur. Applicant may withdraw their consent via email at CIBT@battleface.com.



battleface Underwriting Services

Avenue des Arts 6 - 9,
1210 Saint-Josse-ten-Noode,
Brussels, Belgium

t: + 32 (2) 3350 978

e: CIBT@battleface.com