



instructions

- Seven Corners, Inc. requires a *minimum of 10 primary insureds* and \$2,000 minimum premium in order to qualify for RoundTrip group coverage. Group programs may be modified to suit the group’s needs. If you are in need of benefits and/or provisions that are not specifically addressed on this form, contact Seven Corners, Inc. for assistance in obtaining those benefits and/or provisions. You may also attach any additional requests to this form.
- Please Print or Type

part a » administrative information

Group Name:			
Address:			
City:	State:	Zip Code:	Country:
Contact Name:	Title:	Contact Email:	
Telephone:		Fax:	
Nature of Group:			
Reason for Travel:			

part b » coverage information

Age Breakdown - Total Number of People:	
Number of People Age 0-34:	Number of People Age 35-55:
Number of People Age 56-70:	Number of People Age 71-80 :
Number of People Age 81+:	
Are Non-Employees or Members traveling with the Group? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please identify these individuals in the information submitted:	
Total Cost of Trip for Group:	
Total Cost of Trip per Person:	
Departure Date:	Return Date:
Traveling From:	
Trip Destination:	
Initial Trip Deposit Date:	Final Trip Deposit Date:
Indicate the Name of the Travel Components that apply:	



part b » coverage information (cont.)

Cruise Operator:
Tour Operator:
Motor Coach:
Airline:
Rail:
Name and Address of the Tour Operator:
Who will own the coverage and to whom will it be issued?:
If one or two people were to cancel from this trip, would it cause the entire group to cancel? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe what the Penalty Schedule is in full detail, or attach the details separately:

part c » agent information

Agent Name: Kenneth Patterson		Seven Corners, Inc. Agent#: 9699	
Company Name:			
Address: 183 Skyline Drive		Email: insuropiia@gmail.com	
City: Bernice	State: OK	Zip: 74331-7023	Country:
Telephone: 918-801-2554		Fax:	

part d » additional information or additional requests for coverage

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Please be certain to complete this form in full and mail or fax to Seven Corners, Inc. Upon receipt, Seven Corners, Inc. will send an official Proposal to you within 48-72 hours (Weekends and Holidays excluded).

Please Mail or Fax Request to:
Seven Corners, Inc.
303 Congressional Boulevard, Carmel, IN 46032
Phone: 800-335-0611 Fax: 317-575-2870