

Date: _____

Insured Name: _____

Address: _____

RE: EF Tours Travel Protection Plan - Assignment of Benefits Agreement

Dear Insured:

This letter is in connection with the travel protection plan which contains a travel insurance certificate underwritten by United States Fire Insurance Company ("US Fire") purchased in connection with the EF Tours trip booked for yourself or a minor traveler.

There may be a circumstance during the trip making it necessary for the traveler's Group Leader who is supervising an EF Tour and/or Another Party to advance payment on behalf of the insured traveler. If the circumstance is a covered claimable incident under the travel protection plan, for which the insured is entitled to file a claim for reimbursement, the insured traveler must file a claim to receive said reimbursement, and the reimbursement must be assigned to the party who advanced the payment, i.e., the Group Leader and/or Another Party.

Please be advised that, in the event the traveler's Group Leader and/or Another Party is compelled to advance payment on the Insured's behalf under the conditions described above, you must agree to submit any and all claims related to this matter to Seven Corners, Inc. and assign reimbursement under the Plan to the applicable Paying Party by including the attached Assignment of Benefits Agreement, up to the amount advanced on the Insured's behalf.

Attached is an Assignment of Benefits Agreement that will take the preceding into account. By signing below, you affirm acknowledgement of this agreement and will utilize the attached Assignment of Benefits Agreement.

Kindest Regards,

ACCEPTED AND AGREED:

Insured Signature

Insured Minor Parent/Guardian Signature

Insured Minor Traveler's Name Printed

ASSIGNMENT AGREEMENT

I am submitting a claim in accordance with the travel protection plan purchased through EF Tours with travel insurance underwritten by United States Fire Insurance Company (the "Plan"), as a result of the incident indicated in the attached claim form, which occurred during my EF Tours trip where the traveler's Group Leader supervising an EF Tour and/or Another Party, advanced payment on the insured's behalf as a result of said incident.

I agree that any reimbursement deemed payable in connection with an approved claim submission shall be assigned to _____ up to the amount expended by _____ with the balance of the proceeds being paid to the Insured per the terms and conditions of the Plan.

Insured's Name (print) _____

Insured's Signature _____

Insured Minor's Parent/Guardian Signature _____

Date _____

Group Leader's / Another Party's Name and Address for Payment
