

1. You consent to the use and disclosure of your personally identifiable information, including sensitive health information, and other information in accordance with our Privacy Policy. If you do not consent to the disclosure of your personal information, we will not be able to evaluate your request and will not be able to provide you with the medical program, including the insurance product offered by Crum & Forster, SPC. For information regarding the use and disclosure of your personal information, please visit **[include link to broker privacy policy]**.
2. By purchasing this coverage, you agree to subscribe and become a participant in the Fairmont Specialty Trust and understand that participation in the Trust is a prerequisite to procuring the insurance coverage. **Click [here] for a copy of the subscription agreement.**
3. This insurance coverage 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." 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. Please consult an attorney or tax professional to determine whether this insurance coverage meets any obligations you may have under PPACA.
4. This plan contains both insurance and non-insurance benefits. Insurance benefits are provided by Crum & Forster SPC through ITI SP pursuant to a policy issued to the Fairmont Specialty Trust.

Subscription Agreement

I hereby apply to be a participant of the Fairmont Specialty Trust (the "Trust") and to participate in the insurance coverage (the "Coverage") under the Trust by Crum & Forster SPC ("the Company") under which I am considered an Insured. 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. Administrator. I understand that the liability of the Company as insurer of the Coverage is as provided in the Policy. By acceptance of Coverage and/or submission of any claim for benefits, the Insured ratifies the authority of the signer to so act and bind the Insured. The Insured undertakes to make all Premium payments as they fall due in respect of the Coverage extended to him or her. Neither the trust nor its administrator or insurance broker (collectively, the "Plan Administrator") shall not be responsible for the administration of such payments. If the Insured fails to make any Premium payment due in respect of the Coverage extended to him or her, subject to the discretion of the Insurance Company, such Coverage will lapse. The Insured 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 Insured 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 Insured, the loss of Coverage and all monies paid in relation thereto. The Insured 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 Insured 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 Insured 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 Insured and the Insured 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 Insured 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.