

Are You Protected?

Wise travelers recognize the important need to protect their trip investment, health and personal belongings. The following information will show you just how Travel Protection Packages can help prevent almost any potential loss:

TRIP CANCELLATION / INTERRUPTION REIMBURSES YOUR

1) NON-REFUNDABLE PAYMENTS OR DEPOSITS UP TO THE AMOUNT OF COVERAGE SELECTED, FOR EXAMPLE:

- Cancellation penalties (which can be up to 100%) due to an injury, illness or death of you, a traveling companion or family member (See Pre-existing Conditions in brochure).
- Bankruptcy or default of an airline, cruise line or tour operator.
- The unused portion of your trip if your trip is interrupted.

EMERGENCY MEDICAL EXPENSE COVERAGE PAYS UP TO THE AMOUNT SELECTED FOR:

- ### 2)
- On-the-spot hospital deposits and payments required by hospitals for your admittance.
 - Personal health insurance deductibles and co-payments.
 - Costly medical transportation which can save you thousands of dollars. (Important: Many health insurance companies provide limited coverage overseas and Medicare provides no coverage outside the U.S.).

MANY TOUR OPERATORS AND CRUISE LINE INSURANCE PROGRAMS DO NOT PROVIDE THE FOLLOWING COVERAGE:

- ### 3)
- Bankruptcy or default protection.
 - The ability to cancel your trip (for covered reasons) up to the time of departure.
 - Trip interruption coverage once you have departed.
 - Medical coverage.
 - 24-Hour Hotline assistance for travel and medical emergencies.

PLEASE REVIEW SELECTED POLICIES CAREFULLY!

INSURANCE ACCEPTANCE / DECLINATION FORM

Please complete and return this form to our office. This form will indicate whether you have purchased Travel Insurance or that you have declined the Travel Insurance that is being offered. **We will not be able to release your travel documents until this form is received in our office.** Please mail or fax the form to:

Select
YES or
NO

YES. I HAVE PURCHASED THE TRAVEL INSURANCE FROM _____.

NO. I AM NOT INTERESTED IN TRAVEL INSURANCE PROTECTION & ACKNOWLEDGE THAT I HAVE BEEN OFFERED, BUT CHOSE TO DECLINE THIS COVERAGE.

Print Name _____ Departure Date ____/____/____

Address _____ City _____ State _____ Zip _____

Signature _____ Date ____/____/____

Invoice Nbr. _____ Travel Agent _____ Departure Date ____/____/____ Tour Cruise