

INSURANCE WAIVER

(All Fields Required - PLEASE PRINT LEGIBLY)

IMPORTANT INFORMATION REGARDING TRAVEL INSURANCE

Client's Name _____

Date of Departure _____

PLEASE READ THIS CAREFULLY

Now that you have arranged your trip, as professional travel agents we feel that it is our responsibility to recommend travel insurance to protect your investment. Please read the attached TravelSafe brochure carefully in order to make an informed decision concerning this important matter. Ask us or call us with any questions you may have.

AT THE TIME OF FIRST PAYMENT:

I have been advised of the cancellation penalties for my purchase. I acknowledge receipt of the TravelSafe brochure.

I understand that TravelSafe Insurance can protect me from possible loss of money due to supplier bankruptcy/default, unexpected trip cancellation/interruption due to accident, sickness or death, baggage loss, medical expenses, and emergency air transportation costs.

I understand that I must purchase TravelSafe Insurance immediately to obtain maximum coverage.

AT THIS TIME, I CHOOSE (CHECK ONE):

To purchase the recommended insurance, I have mailed my completed TravelSafe application to TravelSafe.

To decline the recommended insurance.

To think about my decision.

Name (Please Print) _____

Signature _____ Date _____

RETURN THIS FORM TO YOUR TRAVEL AGENT