



Travel Insurance Waiver

Forms must be signed and returned to confirm booking.

Waiver

Date of departure: _____

Today's date: _____

I have chosen the travel supplier(s): _____

Airline: _____

Hotel: _____

Destination of: _____

for travel arrangements that I purchased from: _____

I understand that if I encounter problems or losses during my trip regarding these services or destination that such claims shall be made directly to the travel service suppliers and other persons responsible and not this agency.

Signature: _____ Date: _____

Passenger Trip Interruption & Travel Protection Plan

Please Choose *ONE*:

Accept: I accept travel insurance. Total insurance cost: \$ _____

Signature: _____

Decline: I have been offered and I have declined the purchase of: Trip Cancellation (including airline, cruise, and tour operator default) and travel accident/limited sickness/medical/trip interruptions insurance.

I, the undersigned will not hold _____ and/or its agents responsible for any expenses incurred by me resulting from delay/cancellation of my trip, accident, sickness, death, stolen or damaged baggage or property.

Agent Signature: _____ Client Signature: _____

Portions of this package may not be/are not refundable.

Supplier cancellation penalties will apply.