

TRAVEL INSURANCE APPLICATION

INSURED (FAMILY NAME)		(FIRST NAME IN FULL)		DATE OF BIRTH REQUIRED	
				YEAR	MONTH
NAME IN FULL OF ACCOMPANYING INSURED SPOUSE				DAY	
NAME(S) IN FULL OF ACCOMPANYING CHILD (CHILDREN)		1)			
1) _____ 2) _____ 3) _____		2)			
NAME(S) IN FULL OF ACCOMPANYING CHILD (CHILDREN)		3)			
4) _____ 5) _____ 6) _____		4)			
INSURED'S ADDRESS		6)			
		POSTAL CODE			
TELEPHONE NUMBER		BENEFICIARY IN CASE OF DEATH OF CONTRACT HOLDER (ESTATE UNLESS OTHERWISE STATED)			
()					
DEPARTURE DATE	RETURN DATE	NUMBER OF DAYS	APPLICATION DATE		
DEPARTURE POINT	DESTINATION	INSURED'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE			

INSURANCE SELECTED	SUMS INSURED	NO. OF PER. X PREMIUM PER PER.	PREMIUM																				
<input type="checkbox"/> HOSPITAL AND MEDICAL	MAXIMUM: \$5,000,000 <input type="checkbox"/> SUPER SELECT <input type="checkbox"/> PRIME <input type="checkbox"/> SELECT <input type="checkbox"/> STANDARD	X \$																					
<input type="checkbox"/> TRIP CANCELLATION OR INTERRUPTION (NON REFUNDABLE AFTER DATE OF PURCHASE)	\$ _____ PER PERSON BEFORE DEPARTURE \$ _____ PER PERSON FOR RETURN	X \$																					
<input type="checkbox"/> EMERGENCY RETURN (NON REFUNDABLE)	<input type="checkbox"/> YES <input type="checkbox"/> NO	X \$																					
<input type="checkbox"/> ACCIDENTAL DEATH OR DISMEMBERMENT	<input type="checkbox"/> 50,000 \$ <input type="checkbox"/> 100,000 \$ <input type="checkbox"/> 150,000 \$	X \$																					
<input type="checkbox"/> AIR FLIGHT ACCIDENT	<input type="checkbox"/> 100,000 \$ <input type="checkbox"/> 200,000 \$ <input type="checkbox"/> 300,000 \$	X \$																					
<input type="checkbox"/> BAGGAGE (MAX \$500 IF PURCHASE ALONE)	PER PERSON: \$ _____	X \$																					
<input type="checkbox"/> CAR RENTAL PHYSICAL DAMAGE	MAXIMUM: \$50,000	X \$																					
<input type="checkbox"/> SUMMER VACATION PLAN <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY	<input type="checkbox"/> 0-54 YEARS <input type="checkbox"/> 55-75 YEARS	X \$																					
<input type="checkbox"/> ANNUAL PACKAGE (NON REFUNDABLE) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY	<table border="1"> <thead> <tr> <th>DURATION</th> <th>DMA</th> <th>DMAA</th> <th>BAGGAGE</th> <th>CANCELLATION</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 10 DAYS</td> <td>\$100,000</td> <td>\$300,000</td> <td>\$1,500</td> <td>\$1,500</td> </tr> <tr> <td><input type="checkbox"/> 17 DAYS</td> <td>\$100,000</td> <td>\$300,000</td> <td>\$1,500</td> <td>\$2,500</td> </tr> <tr> <td><input type="checkbox"/> 24 DAYS</td> <td>\$100,000</td> <td>\$300,000</td> <td>\$1,500</td> <td>\$3,000</td> </tr> </tbody> </table>	DURATION	DMA	DMAA	BAGGAGE	CANCELLATION	<input type="checkbox"/> 10 DAYS	\$100,000	\$300,000	\$1,500	\$1,500	<input type="checkbox"/> 17 DAYS	\$100,000	\$300,000	\$1,500	\$2,500	<input type="checkbox"/> 24 DAYS	\$100,000	\$300,000	\$1,500	\$3,000	X \$	
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<input type="checkbox"/> ANNUAL (HOSPITAL AND MEDICAL) EFFECTIVE DATE: _____ TERMINATION DATE: _____ FOR TRIPS OF _____ DAYS OR LESS EXTENSION : SEE RATE CHART	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FAMILY (15 AND 30 DAYS ONLY)	<input type="checkbox"/> SUPER SELECT <input type="checkbox"/> SELECT <input type="checkbox"/> PRIME <input type="checkbox"/> STANDARD	X \$																				

MEDICAL QUESTIONNAIRE: YES NO

AGENT'S NAME: _____

COMMENTS / PRE-EX: _____ REPRESENTATIVE CODE: _____

CREDIT CARD	<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Diners Club International	AMOUNT	TOTAL PREMIUM
CARD NUMBER	EXP MONTH YEAR	AUTHORIZATION	DISCOUNT
BLUE CROSS CODE	FILE	NOTE	SALES TAX (IF APPLICABLE)
			TOTAL

THE CONTRACT CONTAINS CLAUSES WHICH LIMITS ITS INSURANCE COVERAGE, PLEASE READ IT CAREFULLY