



INSURANCE WAIVER

IMPORTANT INFORMATION REGARDING TRAVEL INSURANCE

Name: _____

Date of Departure: _____

PLEASE READ THIS CAREFULLY!!!

Now that you have arranged your trip, as a professional travel agent, I highly recommend travel insurance to protect your investment. Please read the following information to make an informed decision concerning this important matter. Please feel free to contact me with any questions you may have.

AT THE TIME OF FIRST PAYMENT:

- I have been advised of the cancellation penalties for my purchase and have been provided with the Terms and Conditions from the Supplier/Vendor. I acknowledge receipt of the Travel Insurance brochure and Terms & Conditions.
- I understand that 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 emergencies.
- I understand that I will be charged for any vendor (Cruise, Resort, Tour, Airline, etc.) cancellation fees and an additional agency fee of \$50 per person in the event of cancellation, if I do not purchase travel insurance.

AT THIS TIME, I CHOOSE (SELECT ONE):

- _____ To purchase the recommended insurance.
- _____ To decline the recommended insurance.

Name: (please print) _____

Signature: _____ Date: _____