



Jackson Service Consultants  
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## TRAVEL INSURANCE WAIVER FORM

Kindly complete and submit this form promptly

### CLIENT INFORMATION

**Name:**

**Phone:**

**Email:**

### VACATION INFORMATION

**Destination:**

**Vacation Type:**

**Departure Date:**

**Return Date:**

**Was Travel Insurance Offered:**  Yes  No

**Was Travel Insurance Purchased During the Time of Booking:**  Yes  No

### TRAVEL INSURANCE WAIVER INFORMATION

**Travel Insurance Waiver** - Emergencies can happen when you least expect them. Jackson Service Consultants highly recommends that all clients purchase a travel insurance policy to protect their investment.

The risks for declining coverage have been explained to me by my Travel Advisor, and I acknowledge that I have been offered travel insurance for my trip. I hereby decline the travel insurance coverage provided by Jackson Service Consultants. By declining this coverage, means I understand, I will lose all benefits of coverage and I fully accept all risks, responsibilities, and liabilities for any changes, cancellations, and fees that may occur before, during, and after my travel. I will not hold Jackson

Service Consultants and/or the supplier responsible for any loss. By signing this waiver, I acknowledge and accept all responsibility for the following:

1. **Risk Awareness:** I understand that without travel insurance, I may be at risk of financial loss in the event of trip cancellations, interruptions, medical emergencies, or other unforeseen circumstances.
2. **Personal Responsibility:** I accept full responsibility for any financial losses that may occur as a result of my decision to decline travel insurance.
3. **Agency Liability:** I have released Jackson Service Consultants and supplier from any liability related to my decision to decline travel insurance.
4. **Acknowledgement of Offer:** I acknowledge that Jackson Service Consultants has informed me about the availability and benefits of travel insurance.

#### **SIGNATURE**

By signing and submitting this document, I acknowledge that I have been offered the option of purchasing trip cancellation/interruption insurance and declined the purchase of travel insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_