

TRAVEL PROTECTION FORM
To include with your travel protection payment

Grand American
TOURS & CRUISES

Cruise Date: _____
Cruise Line: _____
Destination: _____
Group Leader: _____

All of this information can be found on our website at www.grandamericantours.com.

Travel Protection Plan through Trip Mate

Travel protection can be purchased by check or credit card

*****TRAVEL PROTECTION PREMIUM IS NON-REFUNDABLE*****

Schedule of Benefits	Basic Plan R774	Deluxe Plan R774D
Trip Cancellation	Trip Cost	Trip Cost
Trip Interruption	150 % of Trip Cost	150 % of Trip Cost
Missed Connection	\$750	\$1,500
Trip Delay	\$1,000/\$200 per day	\$4,200/\$300 per day
Medical Expense	\$50,000 Excess Medical	\$50,000 Primary Medical
Evacuation/Repatriation	\$500,000	\$500,000
Accidental Death and Dismemberment	\$25,000	\$25,000
Baggage & Personal Effects	\$1,000	\$1,500
Baggage Delay	\$500/\$250 per day	\$750/\$250 per day
Review Plan Document	http://www.tripmate.com/wpR774	http://www.tripmate.com/wpR774D

PRE-EXISTING MEDICAL CONDITION EXCLUSION WAIVER

We will waive the Pre-Existing Medical Condition exclusion if all of the following conditions are met:

- (a) Your plan cost for this plan is received within 21 days of the date your initial payment or deposit for your trip is received; and
- (b) You are medically able and not disabled from travel at the time your plan cost is paid based on assessment of a physician

View a full description of coverage online at: <https://atc.tripassure.com/main/?welcome=GRAN0801PA>

Travel Assistance provided by the designated provider listed in the Description of Coverage. Travel Protection Policy payments must be paid by credit card or check to Grand American Tours from the individuals traveling, not from an organization or group leader.

This is to protect the organization from liability. We are an agency providing travel services for 3rd parties and hence we are not responsible for delays, damages, injuries or incorrect visa/passport information.

This advertisement contains highlights of the plans developed by Trip Mate, a Generali Global Assistance & Insurance Services brand, which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al and non-insurance Travel Assistance Services provided by Generali Global Assistance, FootprintID® and Blue Ribbon Bags. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions. In most states, your travel retailer is not a licensed insurance producer/agent and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number is 800-927-4357. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Trip Mate, a Generali Global Assistance & Insurance Services brand; HYPERLINK

"<https://www.tripmate.com/main/generali-global-assistance-insurance-services-licenses/>"We are licensed in all states; 880 SW 145th Avenue #400 Pembroke Pines, FL 33027; 1-833-297-2258; assistancefees@tripmate.com. While Trip Mate markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Trip Mate and Trip Mate does not receive compensation from USF for providing the non-insurance components of the plans.

AMOUNT OF TRAVEL PROTECTION \$ _____

Signature: _____ Date: _____

By completing and signing this form, you acknowledge and agree to purchase Trip Mate Travel Protection through Grand American Tours and the Travel Protection Premium is non-refundable.

If paying by check, please make checks out to Grand American Tours and mail to PO Box 50, Morton, PA 19070.

GRAND AMERICAN TOURS

P.O. Box 50 * Morton, PA 19070 * 1-800-423-0247 Nationwide * 610-328-4181 Local * 484-234-6170 Fax