

INSURANCE FORM

To include with your insurance check payment



Cruise Date: _____

Cruise Line: _____

Destination: _____

Group Leader: _____

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

Tour Protection Plan through Arch RoamRight Travel Insurance

*****INSURANCE PREMIUM IS NON-REFUNDABLE*****

Trip Cost	Plan Cost per Person
\$0 - \$500	\$67
\$501 - \$1,000	\$115
\$1,001 - \$1,500	\$156
\$1,501 - \$2,000	\$219
\$2,001 - \$2,500	\$281
\$2,501 - \$3,000	\$344
\$3,001 - \$3,500	\$413
\$3,501 - \$4,000	\$484
\$4,001 - \$4,500	\$553
\$4,501 - \$5,000	\$618
\$5,001 - \$5,500	\$683
\$5,501 - \$6,000	\$748
\$6,001 - \$7,000	\$845
\$7,001 - \$8,000	\$1,013
\$8,001 - \$9,000	\$1,148
\$9,001 - \$10,000	\$1,283

Benefits	Coverage Per Person (up to limits below)
Trip Cancellation	100% of insured trip cost
Trip Interruption	150% of insured trip cost
Trip Delay (5 hours)	\$750
Missed Connection (3 hours)	\$750
Baggage Delay (12 hours)	\$250
Baggage / Personal Effects	\$1,000
Emergency Medical Expense	\$50,000
Emergency Evacuation / Repatriation	\$250,000
Accidental Death & Dismemberment	\$25,000
Political & Security Evacuation	\$25,000
Emergency Travel Assistance*	Included

For trip costs greater than \$10,000, please contact us. Plan covers persons who are a maximum age of 80 at the time of purchase. Persons over age of 80 at time of purchase, please contact Grand American Tours for additional travel insurance options.

To be eligible for the waiver of the Pre-Existing Condition Exclusion, the plan must be purchased within 21 days of initial trip deposit, full trip cost must be insured, and you must be medically fit to travel at the time of plan purchase.

View a full description of coverage online at: <https://grandamerican.archinsurancesolutions.com/description-of-coverage>

Travel Assistance provided by the designated provider listed in the Description of Coverage. **Insurance payments must be paid by 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. Please mail checks to Grand American Tours, P.O. Box 50 Morton, PA 19070.*

This provides a broad overview of your policy provisions and does not revise or amend the policy. Insurance coverages are underwritten by Arch Insurance Company, NAIC #11150, under policy series LTP 2013 and amendments thereto. Plans are offered and disseminated by registered travel retailers on behalf of Arch Insurance Solutions Inc., a licensed travel insurance producer (CA License #0118111, TX License #1787195). Both the travel insurance producer and the underwriter referenced above may be reached at 1-855-919-1115. Your policy is the contract that specifically and fully describes your coverage. Certain terms, conditions, restrictions and exclusions apply and coverages may vary in certain states. Please refer to your policy for detailed terms and conditions. Consumer Disclosures can be found at: <https://grandamerican.archinsurancesolutions.com/disclosures>. Privacy policy can be found at: <https://grandamerican.archinsurancesolutions.com/privacy-and-data-protection-policy>. Plans are solicited by licensed producers in NY & HI.

AMOUNT OF INSURANCE PREMIUM ENCLOSED \$ _____

Signature: _____ Date: _____

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

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