

Insurance Waiver



TRIP INFORMATION

Please Print Legibly

Client's Name: _____

Date of Departure: _____

WAIVING TRAVEL INSURANCE INFORMATION

AT THE TIME OF FIRST PAYMENT:

I have been advised of the cancellation penalties along with the terms and conditions of the supplier for my purchase. I acknowledge receipt of these documents.

I understand that Travel 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 emergency air transportation costs.

I understand that I must purchase Travel Insurance immediately to obtain maximum coverage.

☐ At this time, I choose to **decline** the recommended insurance.

☐ I understand the terms and conditions of my travel booking.

Signature

Date