



For reservations or more information contact  
Tel. USA 305.359.3336 or 941.960.7011  
Email: Tours@ItaliaDolceVita.com  
www.ItaliaDolceVita.com  
FL Seller of Travel Ref. No. ST37794

*This is a required form due back to Italia Dolce Vita as soon as possible  
(no later than 90 days prior to departure) indicating your insurance preference*

Italia Dolce Vita highly recommends all participants protect themselves and their trip investment by purchasing an accredited travel insurance protection plan. For U.S. Residents departing from a U.S. city, we offer several plans through Allianz, CSA Standard, and Travel Guard. Please contact us for policy quotes and coverage.

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**I \_\_\_\_\_ fully understand there are non-refundable expenses involved in a travel program such as the one I plan to participate. I have read Italia Dolce Vita Terms & Conditions noting the company's policies regarding trip cancellations and refunds.**

Initials:

I have received and/or reviewed the Travel Insurance information offered.

Initials:

**Please check the appropriate box below:**

- I am purchasing a recommended insurance
- I have chosen NOT to take out a travel insurance policy
- I have elected to purchase a policy through a different provider

Name of provider: \_\_\_\_\_

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Travel Dates: \_\_\_\_\_

**I have read and accepted the terms presented in this Waiver. By checking this box, I am signing it voluntarily.**

Traveler's name(s):

Trip:

Email address: Click or tap here to enter text.

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Signature

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Date