

Worldwide Trip Protector Application

Part 1 – Traveler Information

Traveler # 1:

AGENCY # _____ AGENT ID _____

*DEPARTURE DATE _____ *RETURN DATE _____

*DATE OF INITIAL TRIP PAYMENT _____

*DESTINATION _____

*AIRLINE _____

*TOUR OPERATOR _____

*CRUISE LINE _____

*RENTAL AGENCY _____

*FIRST NAME _____

*LAST NAME _____

*ADDRESS _____

ADDRESS _____

*CITY _____

*STATE _____ *ZIP _____

*PHONE (____) _____

EMAIL ADDRESS _____ CHECK HERE TO RECEIVE YOUR POLICY VIA EMAIL

BENEFICIARY _____

* Required Information. Leave blank if not applicable.

I agree that all information provided is accurate to the best of my knowledge and understand that plans purchased with intentionally inaccurate/fraudulent information will be considered void and I may be subject to legal action. The Insurer reserves the right to reject any Enrollment Form. I understand that if payment is returned unpayable for any reason, the coverage becomes null and void.

Signature _____

Part 2 – Plan Cost Calculation

- All Travelers Must Purchase
- All Adults Must Purchase (Kids are Free)

Traveler Name	Date of Birth	Trip Cost	Base Plan Cost	Accidental Death & Dismemberment Common Carrier (Air Only): \$8 for \$100,000, \$18 for \$250,000, \$39 for \$500,000, \$50 for \$1,000,000 of coverage	Medical Upgrade \$25 per person	Sports Coverage \$30 per person	Cancel for Any Reason Multiply Base Plan Cost by .5 per adult	Cancel for Work Reasons \$24 per adult	Subtotal			
#1			+	+	+	+	+	=				
#2			+	+	+	+	+	=				
<i>Relationship to Traveler #1</i>												
#3			+	+	+	+	+	=				
<i>Relationship to Traveler #1</i>												
#4			+	+	+	+	+	=				
<i>Relationship to Traveler #1</i>												
#5			+	+	+	+	+	=				
<i>Relationship to Traveler #1</i>												
Calculate additional costs for trips over 30 days: (Maximum Trip Length is 180 days.)												
			# of days over 30	x	# of travelers	x	\$5	=				
			Pick Up Date	/	Return Date	/	/	# of days	x	\$7	=	
			Optional Renters Collision Insurance (\$7 per day)							Non-Refundable Administration Fee	=	\$8.00
Total									=			

Part 3 – Total

Part 4 – Payment Information

___ Check or Money Order, Payable to Travel Insured International

___ American Express ___ Mastercard

___ Visa ___ Discover/Novus

Card Number _____

Exp _____ / _____

Cardholder Name _____

Cardholder Signature _____