

 **INSURANCE WAIVER**

**(All Fields Required - PLEASE PRINT LEGIBLY)**

**Important Information Regarding Travel Insurance**

Client’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Departure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ CAREFULLY**

Now that you have arranged your trip, as professional travel agents we feel that it is our responsibility to recommend travel insurance to protect your investment. Please read the attached Allianz brochure carefully in order to make an informed decision concerning this important matter. Ask or call Travelin Adventures with any questions you may have.

AT THE TIME OF FIRST PAYMENT:

* I have been advised of the cancellation penalties for my purchase. I acknowledge receipt of the Allianz brochure.
* I understand that Allianz 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 Allianz Insurance immediately to obtain maximum coverage.

AT THIS TIME, I CHOOSE (CHECK ONE):

\_\_ To purchase the recommended insurance

\_\_ To decline the recommended insurance

\_\_ To think about my decision

Name (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form to your Travel Agent

**Travelin Adventures \* 585-704 - 6373 \* wburrows01@yahoo.com**

**www.travelingadventures.weebly.com**