

## Travel Insurance Waiver Form

Important information regarding travel insurance

Client: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Please Read This Carefully!

Now that you have arranged your trip, as a professional travel agent I feel that it is my responsibility to recommend travel insurance to protect your investment. Please visit [www.allianztravelinsurance.com](http://www.allianztravelinsurance.com) in order to make an informed decision concerning this important matter. Ask or call me with any questions you may have.

AT THE TIME OF FIRST PAYMENT:

- I have been advised of the cancellation penalties for my purchase and have been provided with the Terms and Conditions from the Supplier//Vendor. I acknowledge receipt of the Travel Insurance and Terms & Conditions.
- 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 cost.
- I understand that I must purchase Travel Insurance immediately to obtain maximum coverage.
- I understand that I will be charged for any vendor cancellation fees and an additional agency fee of \$50 per person in the event of cancellation if I do not purchase travel insurance.

AT THIS TIME, I CHOOSE (CHECK ONE)

To purchase the recommended insurance.

To decline the recommended insurance.

Name (please print) \_\_\_\_\_

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

Please return this form by mail to:

Endless Travel, LLC  
P.O. Box 1046  
Mars, PA 16046

Or email to: [pattiebishop@endlesstravelllc.com](mailto:pattiebishop@endlesstravelllc.com)