



Travel Insurance Waiver

Dear Fellow Traveler:

Wise travelers recognize the important need to protect their trip investment, health and personal belongings. The following information will show you an example of how Basic Travel Protection Packages can help prevent almost any potential loss:

<u>Benefits:</u>	<u>Coverage:</u>
1. Trip Cancellation	Up to Trip Cost*
2. Trip Interruption	Up to Trip Cost*
3. Trip Delay	\$100 Per Day (\$500 Maximum)
4. Medical Expense/Emergency Assistance	Up to the Amount Selected*
5. Emergency Medical Transportation	\$50,000*
6. Baggage & Personal Effects	\$5,000*
7. Baggage Delay	\$100*
8. 24-Hour Assistance Services	

(Important: Many health insurance companies provide limited coverage overseas and Medicare provides no coverage outside the U.S.).

MANY TOUR OPERATORS AND CRUISE LINE INSURANCE PROGRAMS DO NOT PROVIDE THE FOLLOWING COVERAGE:

- Bankruptcy or default protection.
- The ability to cancel your trip (for covered reasons) up to the time of departure.
- Trip interruption coverage once you have departed.
- Medical coverage.
- 24-Hour Hotline assistance for travel and medical emergencies

***PLEASE REVIEW SELECTED POLICIES CAREFULLY FOR COVERAGE DETAILS!**

INSURANCE ACCEPTANCE / DECLINATION FORM

This form will indicate whether you have purchased Travel Insurance or that you have declined the Travel Insurance that is being offered. We will not be able to release your travel documents until this form is received. **Please mail the form to:** Goulds Travel, 3700 Ulmerton Rd, Ste 203, Clearwater, FL 33762 OR **Fax the form to:** 727-800-5800 OR **Scan and e-mail the form to:** info@gouldstravel.com

SELECT YES OR NO:

- ☐ YES. I have purchased the Travel Insurance from: _____
- ☐ NO. I am not interested in Travel Insurance protection & acknowledge that I have been offered, but chose to decline this coverage.

Print Name: _____ Departure Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____