

Vacation Protection Plan



GIL TRAVEL
Your Personal Link With The World

39668403

ENROLLMENT FORM Please print clearly

STEP #1 ENROLLMENT

*Insured #1 Dr. Mr. Mrs. Ms. Last Male Female

First _____ Middle Initial _____

Date of Birth _____ E-mail Address _____

*Address _____

*City _____

*State _____ *Zip _____

*Telephone () _____

Beneficiary _____

*Destination _____

*Airline _____ *Charter _____

*Tour Operator _____ *Cruise Line _____

*Date of Initial Trip Payment / / _____

*Departure Date / / _____ *Return Date / / _____

*** = Required Information.** Agent ID# _____

Additional Insureds

Insured #2 _____ Date of Birth _____

Relationship to Insured #1: _____

Insured #3 _____ Date of Birth _____

Relationship to Insured #1: _____

Insured #4 _____ Date of Birth _____

Relationship to Insured #1: _____

Any person who knowingly and with intent defrauds any insurance company is subject to criminal and civil penalties. I represent that the above information is true and the dates reflect my intent to start and end my trip. The coverage goes into effect after the premium is paid, at 12:01 a.m. on the day after the postmark, telephone purchase, fax transmission date, or online purchase confirmation date. The Insurer reserves the right to reject any Enrollment Form. I understand there is no coverage for loss due to pre-existing medical conditions, unless this insurance is purchased within the required time frame to waive this exclusion. I understand that if payment is returned unpayable for any reason, the coverage becomes null and void. I also understand that any changes to this Enrollment Form do not change the coverage of the policy. I have read, understand, and agree to the terms and conditions of the Insurance as detailed in the Description of Coverage.

Signature _____ Date _____

Vacation Protection Rates

TOUR COST PER PERSON	PLAN COST PER PERSON	TOUR COST PER PERSON	PLAN COST PER PERSON
\$ 0 - \$ 500	\$ 46	\$ 5,501 - \$ 6,000	\$ 411
\$ 501 - \$1,000	\$ 65	\$ 6,001 - \$ 6,500	\$ 449
\$1,001 - \$1,500	\$ 95	\$ 6,501 - \$ 7,000	\$ 487
\$1,501 - \$2,000	\$132	\$ 7,001 - \$ 8,000	\$ 529
\$2,001 - \$2,500	\$173	\$ 8,001 - \$ 9,000	\$ 573
\$2,501 - \$3,000	\$203	\$ 9,001 - \$10,000	\$ 617
\$3,001 - \$3,500	\$217	\$10,001 - \$11,000	\$ 718
\$3,501 - \$4,000	\$237	\$11,001 - \$12,000	\$ 813
\$4,001 - \$4,500	\$271	\$12,001 - \$13,000	\$ 911
\$4,501 - \$5,000	\$301	\$13,001 - \$14,000	\$1,011
\$5,001 - \$5,500	\$357	\$14,001 - \$15,000	\$1,113

For trips over \$15,000 or in excess of 30 days, call 1.800.826.7489. Coverage must be purchased at least 24 hours prior to departure.

STEP #2 VACATION PROTECTION PLAN

INSURED #1	INSURED #2	INSURED #3	INSURED #4
Trip Cost	Trip Cost	Trip Cost	Trip Cost
Premium	Premium	Premium	Premium
+	+	+	
Total of all premiums			TOTAL
<input type="text"/> + \$5 Service Fee =			<input type="text"/>

STEP #3 PAYMENT INFORMATION

Check or Money Order Payable to Travel Guard

American Express* MasterCard*

VISA* Discover/Novus*

Expires /

Name of Cardholder _____

Mail the Application to or Call:



1145 Clark Street
Stevens Point, WI 54481
www.TravelGuard.com
1.800.826.7489