



Custom travel, expert advice, personal service

Form to Decline Trip Insurance

Passenger Names: _____

I, _____ decline travel insurance coverage
(name)

for my trip to _____ departing _____

I am aware of the cancellation penalties associated with my trip as explained to me by my Agent, and by declining the suggested travel insurance I am assuming the financial responsibility of those non-refundable penalties should I have to cancel or interrupt my travel. I also understand that I am responsible for all medical and medical evacuation charges, should these be necessary while on my trip. Should there be airline or baggage delays I am also responsible for any associated costs. Neither Distinctive Destinations nor my Agent are liable for my penalties or my decision.

Traveler: _____ Date
(signature)

Agent: _____ Date
(signature)