



Custom travel, expert advice, personal service

Application for Trip Cancellation/Interruption Insurance with **Travel Insured** \*\*

*Return IMMEDIATELY to ensure coverage of pre-existing conditions! (must apply within 13 days of deposit)*

**Enrollment**

1. Name of insured\*: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_
2. Gender of insured: Male \_\_\_\_\_ Female \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Age at time of enrollment: \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Address/City/State/Zip: \_\_\_\_\_
6. Telephone: \_\_\_\_\_
7. Beneficiary: \_\_\_\_\_

**Type of Insurance selected for coverage (Circle one):** \$ \_\_\_\_\_ (double occupancy); \$ \_\_\_\_\_ (single occupancy)

1. Worldwide Trip Protector Yes \_\_\_\_\_ No \_\_\_\_\_
2. Protector Lite Enhanced Yes \_\_\_\_\_ No \_\_\_\_\_

**Additional optional coverage** (Indicate person for the coverage.)

1. **Flight Accident Insurance** Amount: \_\_\_\_\_ Premium: \_\_\_\_\_ Name: \_\_\_\_\_
2. **Cancel for Any Reason** Amount: additional 50% premium Name: \_\_\_\_\_
3. **Cancel for work reasons.** Amount: additional \$24 Name: \_\_\_\_\_
4. **Additional medical coverage** Amount: \_\_\_\_\_ Premium: \_\_\_\_\_ Name: \_\_\_\_\_

**Payment Information** (if paying by check, make check out to: *Distinctive Destinations*)  
If paying by credit card, provide information for your credit card (*no surcharge for use*):

Credit card number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_ SID: \_\_\_\_\_  
Name of cardholder \_\_\_\_\_

**Calculations**

Per person--Premium for insurance (based on type and age--see other page): \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \_\_\_\_\_  
Per person--Premium for additional optional coverage: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \_\_\_\_\_  
Per person--Premium for additional optional coverage: \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \_\_\_\_\_

\*\*\*\*\*

**Total Costs**

Total costs of trip cancellation/interruption insurance premiums for all persons: \_\_\_\_\_

Total costs of optional coverages: \_\_\_\_\_

**One time \$8 insurance processing fee:** \_\_\_\_\_

TOTAL to be charged to credit card (or enclose check for total) \_\_\_\_\_

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**\*Additional Insureds** (Continue on the back, if necessary)

Insured #2: Name, Relationship to Insured #1, Date of birth, Male/Female

Insured #3: Name, Relationship to Insured #1, Date of birth, Male/Female

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

\*\*If you want to enroll yourself, go to [www.travelinsured.com](http://www.travelinsured.com) ; use agency number 47447.