



Custom travel, expert advice, personal service

Form to Decline Trip Insurance

Passenger Names \_\_\_\_\_  
\_\_\_\_\_

Booking Number:

I, \_\_\_\_\_ decline travel insurance coverage  
(name)

for my trip to \_\_\_\_\_ on these dates \_\_\_\_\_

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 trip. I also understand that I am responsible for all medical, medical evacuation, and repatriation 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, any tour operators, nor my Agent are liable for my penalties or my decision.

Traveler: \_\_\_\_\_ Date  
(signature)

Traveler: \_\_\_\_\_ Date  
(signature)

Agent: \_\_\_\_\_ Date  
(signature)

1372 Rowena Way  
Sacramento, CA  
95864-2655  
CST #2073714-40

Local PH/FX: (916) 265-5630  
Toll Free PH/FX: (866) 311-5045  
[info@distinctive-destinations.com](mailto:info@distinctive-destinations.com)  
[www.distinctive-destinations.com](http://www.distinctive-destinations.com)