TRAVEL INSURANCE ENROLLMENT FORM

TRAVEL GUARD®
CHARTIS

1 ENROLLMENT

INSURED #1:

*Last

*First *Middle Initial

*Date of Birth

*Address

*Address

*City

*State *Zip

*Telephone ( )

Beneficiary

*Destination Country

*Airline

*Charter

*Tour Operator

*Cruise Line

*Date of Initial Trip Payment / /

*Departure Date / / *Return Date / /

121532 Adventure Tours of Warren

AGENCY ARC# Agent ID#

To Purchase: Contact your travel agent or complete and mail in this application form to:

3300 Business Park Drive
Stevens Point, WI 54482

2 PLAN COST CALCULATION*

☐ BASIC ☐ SILVER ☐ GOLD ☐ PLATINUM

INSURED NAME	DATE OF BIRTH	TRIP COST	PLAN COST
#1	/ /		
#2	/ /		
#3	/ /		
#4	/ /		
		3 $7 SERVICE FEE	
		4 TOTAL	

* To purchase Optional Upgrades, please contact your travel agent.

3 PAYMENT INFORMATION

☐ Check or Money Order Payable to Travel Guard

☐ American Express® ☐ MasterCard® ☐ VISA® ☐ Discover/Novus®

Expires / Name of Cardholder

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. 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