

# Are You Protected?

## Dear Fellow Traveler:

Wise travelers recognize the important need to protect their trip investment, health and personal belongings. The following information will show you just how Travel Protection Packages can help prevent almost any potential loss:

**1) TRIP CANCELLATION / INTERRUPTION REIMBURSES YOUR NON-REFUNDABLE PAYMENTS OR DEPOSITS UP TO THE AMOUNT OF COVERAGE SELECTED, FOR EXAMPLE:**

- Cancellation penalties (which can be up to 100%) due to an injury, illness or death of you, a traveling companion or family member.
- Bankruptcy or default of an airline, cruise line or tour operator.
- The unused portion of your trip if your trip is interrupted.

**2) EMERGENCY MEDICAL EXPENSE COVERAGE PAYS UP TO THE AMOUNT SELECTED FOR:**

- On-the-spot hospital deposits and payments required by hospitals for your admittance.
- Personal health insurance deductibles and co-payments.
- Costly medical transportation which can save you thousands of dollars. (Important: Many health insurance companies provide limited coverage overseas and Medicare provides no coverage outside the U.S.).

**3) MANY TOUR OPERATORS AND CRUISE LINE INSURANCE PROGRAMS DO NOT PROVIDE THE FOLLOWING COVERAGE:**

- Bankruptcy or default protection.
- Trip interruption coverage once you have departed.
- Medical coverage.
- 24-Hour Hotline assistance for travel and medical emergencies.

PLEASE REVIEW SELECTED POLICIES CAREFULLY!

• Cut Here & Return Bottom Portion to SUNSATIONAL VACATIONS •

157 Susan Drive, Jackson, NJ 08527

Fax: 732-367-1086

## INSURANCE ACCEPTANCE / DECLINATION FORM

Please complete and return this form to our office. This form will indicate whether you have purchased Travel Insurance or that you have declined the Travel Insurance that is being offered. **We will not be able to release your travel documents until this form is received in our office.** Please mail or fax the form to the number/address listed above:

Select  
**YES**  
or **NO**

- YES. I HAVE READ AND UNDERSTAND THE TRAVEL INSURANCE POLICY PROVIDED FOR THIS TRIP AND I PURCHASED THE TRAVEL INSURANCE FROM \_\_\_\_\_.**
- NO. I AM NOT INTERESTED IN TRAVEL INSURANCE PROTECTION & ACKNOWLEDGE THAT I HAVE BEEN OFFERED, BUT CHOSE TO DECLINE THIS COVERAGE.**

Print Name \_\_\_\_\_ Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Invoice Nbr. \_\_\_\_\_ Travel Agent \_\_\_\_\_ Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Tour  Cruise