"Deluxe" Plan - Group Travel Insurance Enrollment Form

Toll Free: 866-979-6753; Direct 402-343-3699; Fax: 402-343-9959

Today's Date: **Month** / **Day** / **Year**

Group Name: _____

Tour Name: _____

Demographics of Group (church, student, etc) _____

Group Contact Person: _____**Phone:**_____

Mailing Address:_____

City: _____**State**_____ **ZIP**_____

Email: _____

Travel Destination: _____

Purpose of Trip: (educational, leisure, etc) _____

Departure Date: _____**Return Date:**_____

Total Travelers: _____ **Premium Calculation = $**_____

PAYMENT INFORMATION:

Payment via: MC VISA AMEX DISCOVER Exp. Date: _____ /_____ CVC code _ _ _ _ (Month Year)

Name on Card: _____ **Card #:**_____

Please fax to TravelInsuranceCenter.com Attn: Group Enrollments 1-402-343-9959

Group Travel Insurance Roster

(CFAR = Cancel For Any Reason / 50% additional premium added)
CFAR option is not available to NY residents

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