

TRAVEL PROTECTION NOTICE & ENROLLMENT FORM

WHY BUY TRAVEL PROTECTION?

TOP REASONS FOR PURCHASE

Travelers most often worry about...



CANCELLATION

If forced to cancel their trip, travelers want reimbursement for their pre-paid/non-refundable costs.



MEDICAL COVERAGE

Especially when traveling outside the United States, travelers may be concerned about potential medical expenses.

DURING THE TRIP



Can provide coverage for:

- Emergency/Accident Care
- Medical Evacuations
- Trip Interruption
- Travel Delays

BEFORE THE TRIP

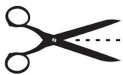


Travel Protection begins while you are still home.

Risks might include last minute cancellation due to sickness, medical emergency, or severe weather.

Allianz Group Advantage Plan Pricing	
REFER TO PLAN BROCHURE FOR PLAN BENEFITS, FEATURES, AND COVERED REASONS	
TOUR COST Per Person	PREMIUM Per Person
\$1 - \$500	\$49
\$501 - \$1000	\$79
\$1001 - \$1500	\$113
\$1501 - \$2000	\$143
\$2001 - \$2500	\$172
\$2501 - \$3000	\$205
\$3001 - \$3500	\$236
\$3501 - \$4000	\$265
\$4001 - \$4500	\$295
\$4501 - \$5000	\$326
\$5001 - \$5500	\$356
\$5501 - \$6000	\$388
\$6001 - \$6500	\$421
\$6501 - \$7000	\$454

PLEASE NOTE: Group plan pricing is valid for passengers from all states except the following: FL, TX, WA, CA, CO, DC, IN, KS, MN, MO, PA, RI & VA. Please contact us for plan pricing if you reside in one of the states listed.



PLEASE REVIEW - The Enrollment Form MUST BE RETURNED with your deposit!

Traveling companions that do not live at the same address need to submit separate forms.

LEGAL NAME(S): _____

Traveler 1: _____ Date of Birth (mm/dd/yyyy): _____

Traveler 2: _____ Date of Birth (mm/dd/yyyy): _____

CITY/STATE/ZIP CODE: _____

NAME OF TOUR/DATES OF TRAVEL: _____ TOUR COST (per person): \$ _____

_____ YES, enroll me/us in the Group Advantage Plan. *Enclose check for premium made out to "Terrapin Tours"*

\$ _____ PREMIUM AMOUNT (per person) \$ _____ TOTAL ENCLOSED

_____ NO, do not enroll me/us in the Group Advantage Plan. *I understand that I am responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own provisions in the event of an emergency while I am traveling.*

By signing below, I agree that I have read and understand the Terrapin Tours Tour Reservation Terms & Conditions, AND the Group Advantage Plan Brochure from Allianz Partners.

SIGNATURE: _____

DATE: _____