PASSENGER CANCELLATION, TRIP INTERRUPTION & MEDICAL PROTECTION PLAN

Dear traveler, your upcoming trip is a significant investment; for this reason, we recommend to all our clients to purchase a comprehensive travel insurance plan valid for the entire duration of your trip. This should cover you for events such as trip cancellation, delay or interruption, lost or delayed baggage, emergency accident, sickness and evacuation, 24 hour medical assistance, traveler's emergency assistance.

For coverage we suggest_____. You may send your insurance coverage payment to our office along with your trip deposit and we will complete the insurance formalities on your behalf. The total premium will be based on each traveler's age and total per person trip price including air tickets. Please contact our office for an insurance premium quote.

PLEASE MAKE YOUR SELECTION

☐ I accept Cancellation & Trip Interruption Insurance Plan.	Total Cost $	
☐ I accept Medical Insurance Plan.	Total Cost $	
☐ I accept All Inclusive Insurance Plan.	Total Cost $	

TRAVEL INSURANCE ACCEPTANCE

Please read carefully before signing the Insurance Provider brochure/application for a complete description of the travel insurance benefits and assistance services. You must sign and return via mail or fax to have a confirmed reservation. This form must be signed by each traveler. If needed photocopy this form for multiple applicants.

☐ I have read the brochure/application and I understand the insurance policy I have purchased.

☐ I decline travel insurance.

I have been offered and I have declined the purchase of; Trip cancellation (including airline, cruise, and tour operator default) and travel accident/limited sickness/medical/trip interruptions insurance. I, the undersigned will not hold MAXIMA TRAVEL INTERNATIONAL LTD and/or its agents responsible or any expenses incurred by me resulting from delay/cancellation of my trip, accident sickness, death, stolen or damaged baggage or property.

FIRST NAME		LAST NAME		DOB *dd/mm/yy*	
FIRST NAME		LAST NAME		DOB *dd//mm/yy*	

Date of Departure:		Date of Return:		Effective Date:	

I have chosen the Travel SUPPLIER(S) _____

AIRLINE _____   HOTEL _____

for travel arrangements that I purchased from Maxima Travel International Ltd. I understand if I encounter problems or losses during my trip regarding these services or destination that such claims shall be made directly to the travel service suppliers and other persons responsible and not this agency.

_____   _____
Signature   Signature

_____
Today Date