

Travel Insurance Waiver

Client Name:	_____
Departure Date:	_____
	(mm/dd/yyyy)

Client Section - Client to complete

I understand that by not purchasing travel insurance as offered to me, I may be exposed to financial losses, including but not limited to:

- the cost of my trip if I must cancel,
- the unknown costs of trip interruption and travel delay,
- additional single supplement cost if I choose to still travel if my travelling companion cancels,
- out of province medical care expenses.

I have declined travel insurance coverage for the following:

Trip cancellation & trip interruption

Flight & travel accident

Emergency medical

Rental vehicle damage

Baggage loss, damage & delay

By entering my initials in this box and/or signing this document and entering the date, I will not hold my travel agent / travel consultant responsible for any expenses I incur as a result of my choice NOT TO purchase travel insurance.

Client Signature

Date (mm/dd/yyyy)

Travel Agent / Travel Consultant to complete this section

I understand that as a travel agent / travel consultant, I am not permitted to complete the above Client Section on behalf of my client.

Travel Agent/Travel Consultant

Travel Agent/Travel Consultant e-mail address

Today's Date (mm/dd/yyyy)

Travel Agent/Travel Consultant phone number