

TRAVEL GUARD

CHARTIS

Basic TRAVEL INSURANCE FORM ENROLLMENT FORM 707838

1 Enrollment

INSURED #1:

*Last _____

*First _____ *Middle Initial _____

*Date of Birth _____

*Address _____

*Address _____

*City _____

*State _____ *Zip _____

*Telephone () _____

Beneficiary _____

*Destination Country _____

*Airline _____

*Charter _____

*Tour Operator _____

*Cruise Line _____

*Date of Initial Trip Payment / /

*Departure Date / / *Return Date / /

AGENCY ARC# _____ Agent ID# _____

*Required Information

2 Basic PLAN COST CALCULATION

INSURED NAME	DATE OF BIRTH	TRIP COST	PLAN COST - BASE	OPTIONAL COVERAGES		
#1	/ /				+	=
#2*	/ /				+	=
#3*	/ /				+	=
#4*	/ /				+	=
SERVICE FEE PER OPTIONAL COVERAGE (One per optional coverage, not per person)				\$3	+	\$3 =
Optional Car Rental Collision Coverage (\$9 per day per car)				\$9 Per Day	X # of days	= Subtotal
				\$3	+	\$3 =
				\$9	X	=
				\$3	+	\$3 =
				\$6	+	\$6 =

Optional Additional Medical

Flight Guard®
\$100,000 = \$9 | \$200,000 = \$18
\$300,000 = \$27 | \$400,000 = \$36
\$500,000 = \$45

Trip Cost Per Person (up to 30 days)	AGE						
	0-34	35-59	60-69	70-74	75-79	80-84	85+
\$ 0	\$ 13	\$ 19	\$ 24	\$ 28	\$ 41	\$ 51	\$ 60
\$ 1 - \$ 250	\$ 16	\$ 23	\$ 27	\$ 33	\$ 43	\$ 59	\$ 67
\$ 251 - \$ 500	\$ 18	\$ 27	\$ 30	\$ 38	\$ 45	\$ 68	\$ 74
\$ 501 - \$ 1,000	\$ 31	\$ 39	\$ 49	\$ 67	\$ 81	\$ 105	\$ 125
\$ 1,001 - \$ 1,500	\$ 40	\$ 53	\$ 67	\$ 88	\$ 116	\$ 138	\$ 176
\$ 1,501 - \$ 2,000	\$ 54	\$ 71	\$ 92	\$ 125	\$ 151	\$ 179	\$ 227
\$ 2,001 - \$ 2,500	\$ 69	\$ 89	\$ 114	\$ 154	\$ 186	\$ 221	\$ 278
\$ 2,501 - \$ 3,000	\$ 83	\$ 105	\$ 136	\$ 184	\$ 222	\$ 261	\$ 330
\$ 3,001 - \$ 3,500	\$ 98	\$ 111	\$ 159	\$ 214	\$ 256	\$ 302	\$ 381
\$ 3,501 - \$ 4,000	\$ 111	\$ 122	\$ 180	\$ 243	\$ 292	\$ 351	\$ 432
\$ 4,001 - \$ 4,500	\$ 124	\$ 139	\$ 228	\$ 272	\$ 326	\$ 397	\$ 483
\$ 4,501 - \$ 5,000	\$ 138	\$ 155	\$ 256	\$ 302	\$ 362	\$ 444	\$ 533
\$ 5,001 - \$ 5,500	\$ 159	\$ 183	\$ 281	\$ 355	\$ 397	\$ 498	\$ 585
\$ 5,501 - \$ 6,000	\$ 178	\$ 211	\$ 306	\$ 388	\$ 432	\$ 551	\$ 636
\$ 6,001 - \$ 6,500	\$ 194	\$ 231	\$ 334	\$ 422	\$ 467	\$ 602	\$ 687
\$ 6,501 - \$ 7,000	\$ 210	\$ 250	\$ 362	\$ 455	\$ 502	\$ 653	\$ 738
\$ 7,001 - \$ 8,000	\$ 231	\$ 272	\$ 406	\$ 514	\$ 573	\$ 735	\$ 842
\$ 8,001 - \$ 9,000	\$ 259	\$ 295	\$ 450	\$ 575	\$ 644	\$ 815	\$ 944
\$ 9,001 - \$ 10,000	\$ 287	\$ 317	\$ 496	\$ 633	\$ 717	\$ 896	\$ 1,049
\$ 10,001 - \$ 11,000	\$ 329	\$ 369	\$ 565	\$ 720	\$ 841	\$ 1,046	\$ 1,225
\$ 11,001 - \$ 12,000	\$ 372	\$ 418	\$ 622	\$ 803	\$ 948	\$ 1,180	\$ 1,380
\$ 12,001 - \$ 13,000	\$ 415	\$ 468	\$ 674	\$ 884	\$ 1,059	\$ 1,317	\$ 1,517
\$ 13,001 - \$ 14,000	\$ 459	\$ 520	\$ 735	\$ 963	\$ 1,172	\$ 1,459	\$ 1,654
\$ 14,001 - \$ 15,000	\$ 505	\$ 572	\$ 796	\$ 1,043	\$ 1,288	\$ 1,603	\$ 1,791
Optional Additional Medical	\$ 4	\$ 6	\$ 8	\$ 10	\$ 12	\$ 15	\$ 20

3 TOTAL \$6 SERVICE FEE

Any person who knowingly and with intent defrauds any insurance company is subject to criminal and civil penalties. I represent that the above information is true and the dates reflect my intent to start and end my trip. The coverage goes into effect after the premium is paid, at 12:01 a.m. on the day after the postmark, telephone purchase, fax transmission date, or online purchase confirmation date. The insurer reserves the right to reject any Enrollment Form. I understand there is no coverage for loss due to pre-existing medical conditions, unless this insurance is purchased within the required time frame to waive this exclusion. I understand that if payment is returned unpayable for any reason, the coverage becomes null and void. I also understand that any changes to this Enrollment Form do not change the coverage of the policy. I have read, understand, and agree to the terms and conditions of the Insurance as detailed in the Description of Coverage.

Signature _____
Date _____

To Purchase: Contact your travel agent or complete and mail in this application form to:
3300 Business Park Drive
Stevens Point, WI 54482

03/04/10

4 PAYMENT INFORMATION

Check or Money Order Payable to Travel Guard American Express® MasterCard® VISA® Discover/Novus®

Expires / Name of Cardholder