

Travel Guard®

TRAVEL INSURANCE ENROLLMENT/APPLICATION FORM

1 ENROLLMENT/APPLICATION

TRAVELER #1:

*First Name _____

*Last Name _____ *Middle Initial _____

*Gender _____

*Address1 _____

*Address2 _____

*City _____

*State/Province _____ *Zip/Postal Code _____

Phone () _____

*Email _____

Beneficiary _____

*Destination Country _____

*Destination State/Province _____

*Airline _____

*Cruiseline _____

*Tour Operator _____

*Car Rental Provider _____

*Trip Deposit Date / / _____

*Departure Date / / *Return Date / / _____

Agent Name/Initials _____ AGENCY CODE _____

*Required Information

For more information: Contact your travel agent or complete and mail in this enrollment/application form to:

AIG Property Casualty
3300 Business Park Drive
Stevens Point, WI 54482

2 PLAN COST CALCULATION*

BASIC SILVER GOLD PLATINUM

TRAVELER NAME	BIRTH DATE	TRIP COST	PLAN COST
#1	/ /		=
#2	/ /		=
#3	/ /		=
#4	/ /		=
			+ \$7 SERVICE FEE
3 TOTAL			

* For more information, please contact your travel agent. All travelers listed on this plan must reside at the same address. If any travelers reside at a different address, a separate policy must be purchased.

4 PAYMENT INFORMATION

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

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Expires / Name of Cardholder _____

Please review the Certificate of Insurance/Policy provided with this enrollment form or at: www.travelguard.com/xxx for full terms, limitations, and exclusions.

I acknowledge that I have read, understand, and agree to the terms and conditions of this coverage as detailed in the Certificate of Insurance or Policy.

Signature _____

Date _____ 5/1/14 EN

