



*Top Notch Travels*

**INSURANCE WAIVER FORM**

**IMPORTANT INFORMATION REGARDING TRAVEL INSURANCE**

Client's Name: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

Please Read This Carefully!

Now that you have arranged your trip, as a professional travel agent I feel that it is my responsibility to recommend travel insurance to protect your investment. Please read the attached brochure carefully in order to make an informed decision concerning this important matter. Ask or call me with any questions you may have.

AT THE TIME OF FIRST PAYMENT:

\_\_\_\_ I have been advised of the cancellation penalties for my purchase and have been provided with the Terms and Conditions from the Supplier//Vendor. I acknowledge receipt of the Travel Insurance brochure and Terms & Conditions.

\_\_\_\_ I understand that Travel Insurance can protect me from possible loss of money due to supplier bankruptcy/default, unexpected trip cancellation/interruption due to accident, sickness or death, baggage loss, medical expenses and emergency air transportation cost.

\_\_\_\_ I understand that I must purchase Travel Insurance immediately to obtain maximum coverage.

\_\_\_\_ I understand that I will be charged for any vendor cancellation fees and an additional agency fee of \$50 per person in the event of cancellation if I do not purchase travel insurance.

AT THIS TIME, I CHOOSE (CHECK ONE)

\_\_\_\_ To purchase the recommended insurance.

\_\_\_\_ To decline the recommended insurance.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email form to: [Nicole@topnotch-travels.com](mailto:Nicole@topnotch-travels.com)



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**1-888-552-3696**

**Nicole@topnotch-travels.com**