# Travel Guard®

## TRAVEL INSURANCE ENROLLMENT/APPLICATION FORM

### **D** ENROLLMENT/APPLICATION

#### PLAN COST CALCULATION\*

TRAVELER #1:

*First Name	
*Last Name	*Middle Initial
*Gender	
*Address 1	
*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

BASIC	٤ _	GOLD				
TRAVELER NAME	BIRTH DATE	TRIP COST	PLAN COST			
#]	/ /					
#2	/ /					
#3	/ /	(	9			
#4	/ /	(	P			
			+ \$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®							

Expires /

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

Name of Cardholder

□ 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

