

MS JEAN PARADISE VACATION

Travel Insurance Acknowledgement Form

Email: msjeantravelservice@outlook.com

Travel Is The Healthiest Addiction

Important Notice

By law, we are required to offer travel insurance to all clients. Please complete, sign, and return this form to acknowledge that travel insurance has been offered to you. If you choose not to purchase travel insurance, you accept full financial responsibility for any losses, cancellations, medical expenses, or travel disruptions.

Travel Insurance May Help Cover:

- Trip Cancellation
- Trip Delay
- Trip Interruption
- Missed Connections
- Baggage Loss, Theft or Damage
- Baggage Delay
- Emergency Medical & Dental Expenses
- Emergency Medical Transportation
- 24/7 Emergency Assistance

Important Information

Coverage does not begin until an active insurance policy has been purchased. For maximum benefits, including many pre-existing condition waivers, insurance should be purchased before final payment. I understand that the travel advisor is not a licensed insurance agent and cannot provide legal or insurance advice.

Client Information

Full Name: _____

Email: _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Departure Date: ____ / ____ / _____

Acknowledgement

- I have been offered Travel Protection Insurance and understand its benefits.
- I understand I do not have insurance coverage until an active policy has been purchased.
- If I decline coverage, I accept full financial responsibility for cancellations, interruptions, medical expenses, baggage loss, or other travel-related costs.
- I understand travel insurance should be purchased before final payment for maximum coverage.

Accept Travel Insurance: Yes No

Decline Travel Insurance: Yes No

Client Signature: _____

Printed Name: _____

Date: ____ / ____ / _____