

Baja California Adventure Series Travel Application

Please fill out and return to: Passport To Travel / American Express TSR

3507 Tully Road, Ste 20

Modesto, CA 95356-1000

Phone: (209) 571-5606 or (800) 456-3378 Fax: (209) 571-5602

Please print name as it appears on passport - (Copy of Passport needed)

_____/_____/_____
Name Date of Birth

_____/_____/_____
Spouse / Guest Name Date of Birth

_____/_____/_____/_____
Mailing Address of Documents and Correspondence City State (Zip Code)

_____/_____/_____/_____
Business Phone # Evening Phone # Cell Phone # Fax Phone #

_____/_____/_____
Passport # Issue Date Expiration Date

_____/_____/_____
Passport # Issue Date Expiration Date

_____/_____/_____/_____
Name as it appears on credit card Credit Card # (Am Ex / Discover / Mastercard / Visa) Expiration date Security Code

_____/_____/_____
Signature of Card Holder Email Address Deck & Cabin Selection

Baja California Adventure Series - January 30 - February 6, 2010

- \$ 4350.00 per person - Category 1
- \$ 4920.00 per person - Category 2
- \$ 5595.00 per person - Category 3
- \$ 5095.00 Third Person - Triple cabins - 214 / 216 / 217 / 219
- Cancellation Insurance (see pricing sheet)

All payments for Baja Adventure Series are non-refundable unless your space can be resold.

Baja California Adventure Series \$ _____

Cancellation Insurance \$ _____

Total Cost: ..(3.5% Service charge on credit cards)..... \$ _____

Travel Guard Advantage Elite

TRAVEL GUARD ADVANTAGE ELITE ENROLLMENT FORM

STEP #1 ENROLLMENT

*Insured #1 Dr. Mrs. Mr. Ms. Last Male Female

First _____ Middle Initial _____

*Date of Birth/Age _____ E-mail Address _____

*Address _____

*City _____

*State _____ *Zip _____

*Telephone (_____) _____

Beneficiary _____

*Destination _____

*Airline _____ *Charter _____

*Tour Operator _____ *Cruise Line _____

*Date of Initial Trip Payment _____ / _____ / _____

*Departure Date _____ / _____ / _____ *Return Date _____ / _____ / _____

*** = Required Information**

AGENCY ARC# _____ Agent ID# _____

Additional Insureds

Insured #2 _____ *Date of Birth/Age _____

Insured #3 _____ *Date of Birth/Age _____

Insured #4 _____ *Date of Birth/Age _____

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.

1145 Clark Street
Stevens Point, WI 54481

For trips over \$10,000 or in excess of 30 days,
call 1.866.221.8031.

Travel Insurance Protection Rates

TRIP COST PER PERSON	PREMIUM COST PER PERSON			
	AGE 0-34	AGE 35-59	AGE 60-69	AGE 70+
\$ 0	\$ 22	\$ 37	\$ 46	\$ 85
\$ 1 - \$ 250	\$ 24	\$ 39	\$ 48	\$ 87
\$ 251 - \$ 500	\$ 31	\$ 44	\$ 56	\$ 101
\$ 501 - \$ 1,000	\$ 53	\$ 67	\$ 85	\$ 152
\$ 1,001 - \$ 1,500	\$ 70	\$ 90	\$ 114	\$ 204
\$ 1,501 - \$ 2,000	\$ 94	\$ 122	\$ 154	\$ 277
\$ 2,001 - \$ 2,500	\$ 121	\$ 156	\$ 196	\$ 353
\$ 2,501 - \$ 3,000	\$ 145	\$ 183	\$ 230	\$ 413
\$ 3,001 - \$ 3,500	\$ 173	\$ 195	\$ 245	\$ 441
\$ 3,501 - \$ 4,000	\$ 195	\$ 218	\$ 274	\$ 493
\$ 4,001 - \$ 4,500	\$ 220	\$ 245	\$ 308	\$ 554
\$ 4,501 - \$ 5,000	\$ 243	\$ 278	\$ 348	\$ 627
\$ 5,001 - \$ 5,500	\$ 279	\$ 329	\$ 383	\$ 704
\$ 5,501 - \$ 6,000	\$ 313	\$ 379	\$ 417	\$ 779
\$ 6,001 - \$ 6,500	\$ 341	\$ 414	\$ 454	\$ 851
\$ 6,501 - \$ 7,000	\$ 368	\$ 449	\$ 492	\$ 923
\$ 7,001 - \$ 8,000	\$ 405	\$ 489	\$ 553	\$ 1,038
\$ 8,001 - \$ 9,000	\$ 456	\$ 529	\$ 612	\$ 1,152
\$ 9,001 - \$ 10,000	\$ 504	\$ 569	\$ 675	\$ 1,267

STEP #2 PREMIUM CALCULATION

INSURED #1	INSURED #2	INSURED #3	INSURED #4
Trip Cost	Trip Cost	Trip Cost	Trip Cost
Premium	Premium	Premium	Premium
+	+	+	

Total of all premiums + \$5 =
Policy Fee **TOTAL**

Renter's Collision Insurance: Coverage is \$9 per car, per day.

Premium # of days \$9 X + \$3 =
Policy Fee **TOTAL**

Optional Umbrella Package Add a \$3 policy fee to total
(Cannot be purchased separately)

Age	Age 0-34	Age 35-59	Age 60-69	Age 70+
Premium	\$19	\$25	\$32	\$50
INSURED #1	INSURED #2	INSURED #3	INSURED #4	
Premium	Premium	Premium	Premium	
+	+	+		

Total Premium: \$
Travel Guard Advantage Elite & Additional Coverages

STEP #3 PAYMENT INFORMATION

Check or Money Order Payable to Travel Guard

American Express® MasterCard®

VISA® Discover/Novus®

Expires _____ / _____

Name of Cardholder _____