

TRAVEL INSURE QUESTIONNIER

First Name _____ Last Name _____

Home Address City, State and Zip _____

City _____ State ____ Zip _____ Home or Cell Phone _____

Travel Plans: when are you are you traveling Leaving Date _____ Returning

Traveling by: Plane Ship Driving or a combination please explain _____

Total Financial cost of the Vacation \$ _____

Do want to have Emergency Medical coverage Yes No

Any Special Medical concerns please explain _____

Value of Luggage \$ _____ and Personal Effects \$ _____

Name of Air Lines _____ Cruise Line _____

Emergency Contacts Name and Phone 1. _____ Ph. _____

2. Name _____ Ph. _____

Any Questions: