



TRIP INSURANCE FORM (CANCELFLEX PLAN)

FAX COMPLETED FORM TO (425) 484 2133
Agent name: **MARICEL CLIMACOSA**

For questions, call Toll-free No: 1-800-956-8873
or email to cel@lotustours.net

AGENT CODE: MCLimacosa

Notes:
1. For non-US residents, please contact cel@lotustours.net for additional information.
2. To use the same insurance form, all individuals/family members must be residing in same state.
3. Please list covered children traveling with you (including adopted children).
4. This plan has a purchase requirement of within 21 days after initial trip deposit.

Please print clearly for accurate processing.

TRIP DETAILS

Departure Date: _____ **Return Date:** _____
Deposit Date: _____ **Primary Destination:** _____
Tour Operator: Lotus Travel **Total Trip cost:** _____

TRAVELER DETAILS

Name: (Last, First)	Birth Date (MM/DD/YYYY)	Trip Cost/person	Plan Cost
Primary Traveler:		\$	\$
Traveler #2:		\$	\$
Traveler #3:		\$	\$
Traveler #4:		\$	\$
Traveler #5:		\$	\$

CUSTOMIZE YOUR TRIP INSURANCE PLAN WITH THESE OPTIONAL UPGRADES:

(Please check if you would like to purchase the following optional upgrade)

Baggage Upgrade (\$25 per person) \$ _____
 Rental Car Damage (\$9 per day) \$ _____
 Sports & Hazardous Sports Coverage (\$30 per person) \$ _____
Total Amount Due (and authorized as payment) \$ _____

PRIMARY TRAVELER'S INFORMATION AND PAYMENT DETAILS

Address: _____
City: _____ **State:** _____ **Zip:** _____ **Daytime Phone:** _____
Primary Traveler Email: (Provide to receive Confirmation of Coverage via Email) _____

Credit Card: Visa® Discover/Novus® MasterCard® American Express®
Account #: _____ **Exp Date:** _____ (MM/YY)
Name (as appears on card): _____ **Security Code:** _____
Signature* (as appears on card): _____ **Date:** _____ (MM/DD/YYYY)

*By signing, I acknowledge and understand that: (a) purchase of travel insurance is not required in order to purchase other travel products or services offered; and (b) no employee is qualified or authorized to: (i) answer technical questions about the benefits, exclusions and conditions of any of the travel insurance offered, or (ii) evaluate the adequacy of my existing insurance coverages. If you have any questions regarding the travel insurance, please call 1-866-891-6614. By selecting the Purchase Policy button, I acknowledge that I have reviewed and understand the Description of Coverage that provides coverage details, including but not limited to, cancellation and claims processes, and agree to accept electronic fulfillment of the Description of Coverage and receive electronic communications.