



Group Travel Insurance Roster

(CFAR box = cancel for any reason / 50% additional premium added)

FIRST NAME	LAST NAME	TRIP COST	CFAR	PREMIUM
1. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
2. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
3. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
4. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
5. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
6. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
7. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
8. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
9. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
10. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
11. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
12. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
13. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
14. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
15. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
16. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
17. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
18. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
19. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____
20. _____	_____	\$ _____	<input type="checkbox"/>	\$ _____



LITE PLAN

Benefit	Limit
Trip Cancellation*	Trip Cost**
Trip Interruption*	100% Trip Cost**
Trip Delay (12 hours)	\$500 (\$150/day)
Baggage/Personal Effects	\$500
Emergency Accident/Sickness Medical Expense	\$10,000
Emergency Evacuation/Repatriation of Remains	\$20,000
Optional Cancel For Any Reason (Not available to residents of WA)	75% of Non-refundable Trip Cost, cancellation must be 2 or more days prior to scheduled departure***

All benefits are Excess

* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

** Up to the Trip Cost insured, up to a maximum of \$5,000 per person

*** Optional Coverage can be selected for individual participants or entire group provided the plan is purchased within 14 days of initial trip deposit and the appropriate additional premium is paid.

Trip Cost	Rate
\$0	\$10.75
\$1 - \$300	\$13
\$301 - \$500	\$27
\$501 - \$1,000	\$45
\$1,001 - \$1,500	\$62
\$1,501 - \$2,000	\$79
\$2,001 - \$2,500	\$97
\$2,501 - \$3,000	\$115
\$3,001 - \$3,500	\$130
\$3,501 - \$4,000	\$145
\$4,001 - \$4,500	\$160
\$4,501 - \$5,000	\$178

The above are for rates up to 30 days - for each day over 30 add \$5 per person per day

Optional Cancel For Any Reason available for an additional 50% premium per person