



APPLICATION FOR TRAVEL INSURANCE
PLAN: ST – ELITE VACATION v.3
 Administered by iTravelinsured. Underwritten by Delos Insurance Company. Rated A- by AM Best

APPLICANT(S) INFORMATION

Traveler #1 Name	Birthdate	Trip Cost	x	Factor	=	Plan Cost
Traveler #2 Name	Birthdate	Trip Cost	x	Factor	=	Plan Cost
Traveler #3 Name	Birthdate	Trip Cost	x	Factor	=	Plan Cost
Traveler #4 Name	Birthdate	Trip Cost	x	Factor	=	Plan Cost
Traveler #5 Name	Birthdate	Trip Cost	x	Factor	=	Plan Cost

TOTAL USD\$ _____

	AGE	AGE	AGE	AGE
	<50	50 – 59	60 – 69	70+
Factor	0.0547	0.0753	0.0953	0.1386

**Note: Age of traveler is based on birth year, not birth date (ie. For 2010 policies, if birth year = 1960, then age = 50). All costs must be in US Dollars (USD\$).*

Note to Florida Residents: A 1% Assessment Tax for the Florida Hurricane Relief Fund will be added to your policy cost.

TRAVELER #1 ADDRESS

Address: _____ City: _____ State: _____ Postal Code: _____
 Country: _____ Home Phone: () _____ Email Address: _____
 Beneficiary: _____ Relationship: _____

TRAVEL INFORMATION

Tour Operator: _____ Destination: _____
 Departure Date (mm/dd/yyyy): _____ Return Date (mm/dd/yyyy): _____
 Number of travel days (maximum = 30): _____

PAYMENT METHOD

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date (MM/YYYY): _____ Name on Card: _____

PLEASE FAX THE APPLICATION TO:
1-413-451-8395 (USA) +001-413-451-8395 (from outside the USA)

FAXED APPLICATION FORM MUST BE RECEIVED NO LATER THAN ONE BUSINESS DAY PRIOR TO DEPARTURE. YOU CAN PLACE YOUR ONLINE ORDER AS LATE AS ONE REGULAR DAY PRIOR TO DEPARTURE. PLEASE SEE YOUR QUOTECHART or www.1earthtravelprotection.com FOR A LINK TO THE SECURE ONLINE ORDER FORM.
NOTE: OUR BUSINESS HOURS ARE MONDAY – FRIDAY, 9:00 AM – 5:00PM, MOUNTAIN TIME (USA). IF YOUR APPLICATION IS RECEIVED OUTSIDE OF THESE HOURS, THE APPLICATION WILL BE PROCESSED AND THE POLICY WILL BECOME EFFECTIVE ON THE NEXT BUSINESS DAY. PLEASE TAKE THIS INTO CONSIDERATION WHEN FAXING YOUR APPLICATION. IT MAY AFFECT THE 14 DAY OPPORTUNITY FOR COVERAGE OF PRE-EXISTING MEDICAL CONDITIONS AND FINANCIAL DEFAULT OF THE TRAVEL SUPPLIER(S).