



**APPLICATION FOR TRAVEL INSURANCE**  
**PLAN: TG-Basic Essential**  
 Administered by Travel Guard. Underwritten by National Union Fire Insurance Company. Rated A by AM Best

**APPLICANT(S) INFORMATION**

Traveler #1 Name	Birthdate	Trip Cost	Plan Cost
Traveler #2 Name	Birthdate	Trip Cost	Plan Cost
Traveler #3 Name	Birthdate	Trip Cost	Plan Cost
Traveler #4 Name	Birthdate	Trip Cost	Plan Cost

Please use another sheet if more than 4 travelers. \*Note: All costs must be in US Dollars **TOTAL \$** \_\_\_\_\_

Trip Cost Per Person	Plan Cost Per Person						
	Age 0 – 34	Age 35 – 59	Age 60 - 69	Age 70 - 74	Age 75 - 79	Age 80 - 84	Age 85+
\$1 – 500	\$18	\$27	\$30	\$38	\$45	\$68	\$74
\$501 – 1000	\$31	\$39	\$49	\$67	\$81	\$105	\$125
\$1001 – 1500	\$40	\$53	\$67	\$88	\$116	\$138	\$176
\$1501 – 2000	\$54	\$71	\$92	\$125	\$151	\$179	\$227
\$2001 – 2500	\$69	\$89	\$114	\$154	\$186	\$221	\$278
\$2501 – 3000	\$83	\$105	\$136	\$184	\$222	\$261	\$330
\$3001 – 3500	\$98	\$111	\$159	\$214	\$256	\$302	\$381
\$3501 – 4000	\$111	\$122	\$180	\$243	\$292	\$351	\$432
\$4001 – 4500	\$124	\$139	\$228	\$272	\$326	\$397	\$483
\$4501 – 5000	\$138	\$155	\$256	\$302	\$362	\$444	\$533
\$5001 – 5500	\$159	\$183	\$281	\$355	\$397	\$498	\$585
\$5501 - 6000	\$178	\$211	\$306	\$388	\$432	\$551	\$636
\$6000 – 6500	\$194	\$231	\$334	\$422	\$467	\$602	\$687
\$6501 – 7000	\$210	\$250	\$362	\$455	\$502	\$653	\$738
\$7001 – 8000	\$231	\$272	\$406	\$514	\$573	\$735	\$842
\$8001 – 9000	\$263	\$309	\$462	\$586	\$653	\$847	\$977
\$9001 – 10000	\$259	\$295	\$450	\$575	\$644	\$815	\$944

**Rates are based on trips of 30 days or less.** Trips over 30 days or more \$10,000, please contact us . A \$8.00 non-refundable processing fee will be added to each policy.

**TRAVELER #1 ADDRESS**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TRAVEL INFORMATION**

Tour Operator: \_\_\_\_\_ Destination: \_\_\_\_\_  
 Departure Date (mm/dd/yyyy): \_\_\_\_\_ Return Date (mm/dd/yyyy): \_\_\_\_\_  
 Trip Deposit Date (mm/dd/yyyy): \_\_\_\_\_ Final Payment Date (mm/dd/yyyy): \_\_\_\_\_

**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)**

**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 QUOTE CHART or [www.1earthtravelprotection.com](http://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).**