



APPLICATION FOR TRAVEL INSURANCE
PLAN: TG-Gold Protect Assist
 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	\$25	\$36	\$41	\$54	\$65	\$104	\$120
\$501 – 1000	\$41	\$52	\$66	\$91	\$112	\$163	\$182
\$1001 – 1500	\$53	\$71	\$91	\$124	\$158	\$217	\$258
\$1501 – 2000	\$72	\$95	\$125	\$175	\$216	\$280	\$331
\$2001 – 2500	\$92	\$120	\$155	\$257	\$308	\$342	\$403
\$2501 – 3000	\$111	\$141	\$184	\$333	\$383	\$404	\$476
\$3001 – 3500	\$130	\$150	\$215	\$373	\$429	\$469	\$553
\$3501 – 4000	\$148	\$164	\$244	\$414	\$455	\$580	\$632
\$4001 – 4500	\$165	\$187	\$308	\$445	\$490	\$616	\$693
\$4501 – 5000	\$184	\$209	\$346	\$476	\$524	\$697	\$765
\$5001 – 5500	\$211	\$247	\$380	\$507	\$560	\$821	\$894
\$5501 - 6000	\$239	\$284	\$414	\$538	\$590	\$850	\$925
\$6000 – 6500	\$260	\$311	\$451	\$573	\$637	\$905	\$985
\$6501 – 7000	\$281	\$337	\$489	\$618	\$684	\$964	\$1057
\$7001 – 8000	\$309	\$368	\$551	\$705	\$878	\$1171	\$1274
\$8001 – 9000	\$347	\$399	\$614	\$798	\$995	\$1336	\$1454
\$9001 – 10000	\$384	\$429	\$675	\$880	\$1118	\$1498	\$1629

One child under age 18 covered at NO additional cost for each covered adult. **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 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).