



APPLICATION FOR TRAVEL INSURANCE
PLAN: TX- Travel Select
 Administered by Travelex Insurance Services. Underwritten by Nationwide Mutual 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 – 50	Age 51 - 60	Age 61 - 70	Age 71 - 79	Age 80+
\$1 – 500	\$24	\$34	\$41	\$48	\$58	\$103
\$501 – 1000	\$41	\$51	\$55	\$69	\$101	\$155
\$1001 – 1500	\$54	\$68	\$74	\$95	\$140	\$219
\$1501 – 2000	\$71	\$90	\$98	\$130	\$188	\$281
\$2001 – 2500	\$92	\$112	\$121	\$160	\$232	\$345
\$2501 – 3000	\$111	\$132	\$144	\$190	\$278	\$408
\$3001 – 3500	\$129	\$146	\$158	\$221	\$320	\$474
\$3501 – 4000	\$147	\$157	\$171	\$252	\$370	\$560
\$4001 – 4500	\$163	\$178	\$194	\$307	\$415	\$623
\$4501 – 5000	\$182	\$199	\$227	\$346	\$460	\$703
\$5001 – 5500	\$219	\$234	\$254	\$385	\$534	\$823
\$5501 – 6000	\$245	\$265	\$288	\$413	\$573	\$952
\$6000 – 6500	\$270	\$285	\$310	\$454	\$634	\$1112
\$6501 – 7000	\$292	\$315	\$342	\$485	\$675	\$1408
\$7001 – 8000	\$326	\$357	\$388	\$571	\$800	\$1648
\$8001 – 9000	\$366	\$384	\$418	\$634	\$896	\$1843
\$9001 – 10000	\$406	\$414	\$450	\$699	\$998	\$2041

Rates are based on trips of 30 days or less. For trips 31 – 180 days, add \$5.00 per day per traveler to above rate.
 * 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): _____

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 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).

