Travel Guard®

TRAVEL INSURANCE ENROLLMENT/APPLICATION FORM

1 ENROLLMENT/APPLICATION

TRAVELER #1:

*First Name

*Last Name *Middle Initial

*Gender

*Address1

*Address2

*City

*State/Province *Zip/Postal Code

Phone ( )

*Email

Beneficiary

*Destination Country

*Destination State/Province

*Airline

*Cruiseline

*Tour Operator

*Car Rental Provider

*Trip Deposit Date / /

*Departure Date / / *Return Date / /

Agent Name/Initials AGENCY CODE

*Required Information

For more information: Contact your travel agent or complete and mail in this enrollment/application form to:

AIG Property Casualty
3300 Business Park Drive
Stevens Point, WI 54482

2 PLAN COST CALCULATION*

☐ BASIC ☐ SILVER ☐ GOLD ☐ PLATINUM

TRAVELER NAME	BIRTH DATE	TRIP COST	PLAN COST
#1	/ /	=	
#2	/ /	=	
#3	/ /	=	
#4	/ /	=	
		+	$7 SERVICE FEE
	3 TOTAL		

* For more information, please contact your travel agent. All travelers listed on this plan must reside at the same address. If any travelers reside at a different address, a separate policy must be purchased.

4 PAYMENT INFORMATION

☐ Check or Money Order Payable to Travel Guard

☐ American Express® ☐ MasterCard® ☐ VISA® ☐ Discover/Novus®

Expires / Name of Cardholder

Please review the Certificate of Insurance/Policy provided with this enrollment form or at: www.travelguard.com/xxx for full terms, limitations, and exclusions.

☐ I acknowledge that I have read, understand, and agree to the terms and conditions of this coverage as detailed in the Certificate of Insurance or Policy.

Signature

Date 5/1/14 EN

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
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