



INSURANCE AGREEMENT

Reservation/Quote No: 600013800-LHC Trip Leader: Charlie Thompson Arrival Date: 3/6/21

Cancellation and change fees are outlined in the "Tour Conditions/Winter 2020-2021." Please contact your trip leader for details.

BY SIGNING BELOW I ACKNOWLEDGE THAT I UNDERSTAND THE CANCELLATION, CHANGE AND REFUND POLICIES AS CONTAINED IN THE TOUR CONDITIONS/WINTER 2020-2021 DOCUMENT. I ALSO AGREE TO THE CHARGES STATED BELOW AND WILL PAY IN FULL ALL SUCH AMOUNTS.

AUTHORIZATION FOR INSURANCE IN THE AMOUNT OF: 6.5% of total trip cost per person

Please check your insurance premium requested. (Note: amounts of coverage below in "Trip Total" include trip price, based on occupancy, including air departure tax. Boston departure only. Other departure cities will affect price. The insurance premium on any trip package, however, can be computed by multiplying by 6.5%.)

<u>OCCUPANCY</u>	<u>TRIP TOTAL</u>	<u>INSURANCE PREMIUM</u>
SINGLE OCCUPANCY	\$2,719	_____ \$176.74
DOUBLE OR TWIN OCCUPANCY	\$2,349	_____ \$152.69
TRIPLE OCCUPANCY	\$2,289	_____ \$148.79

(For Boston departures only paying advertised price. Those who attended 2020 trip to Kitzbuhel will receive a discount of \$324 per person, lowering insurance cost. Also, Trip Insurance for other quoted gateway departures will be 6.5% of total quote.)

TRIP INSURANCE MUST BE PAID BY FINAL PAYMENT DATE: JANUARY 8, 2021

For details see the following link:

<https://www.ski.com/travel-insurance>

Please select one of the following:

- I ACCEPT the trip cancellation/interruption insurance coverage in the amount checked above. Payment to be made payable to Trip Leader, Charles Thompson, either as part of a trip payment or by separate check.
- I DECLINE the offered trip cancellation/interruption insurance and affirm my responsibilities as stated herein.
- I DECLINE AT THIS TIME the offered trip cancellation/interruption insurance but understand I have until final payment (Jan. 8, 2021) to notify my agent that I wish to purchase insurance. I understand that I am not covered until the premium is paid.

Please select one of the following:

- I am a resident of the United States or Canada and am eligible for this insurance.
- I am not a resident of the United States or Canada and am not eligible for this insurance.

SIGNED: _____ DATE: _____

Please complete and return to Charles E. Thompson, 261 Carpenter Road, Whitinsville, MA 01588