



INSURANCE AGREEMENT

Reservation/Quote No: 12450LHC

Trip Leader: Charlie Thompson

Arrival Date: 3/6/20

Cancellation and change fees are outlined in the "Tour Conditions/Winter 2019-2020." 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 2019-2020 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	\$3,029	_____ \$196.89
DOUBLE OR TWIN OCCUPANCY	\$2,899	_____ \$188.44

(For Boston departures only. Trip Insurance for other quoted gateway departures will be 6.5% of total quote.)

FIRST DEPOSIT: PAID WITH REGISTRATION NO LATER THAN OCTOBER 28, 2019

FINAL PAYMENT: PAID ON OR BEFORE JANUARY 10, 2020

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. 10, 2020) 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