



Travel Insurance Waiver

Travel dates: _____

I, _____, hereby verify that I have reviewed my travel itinerary for accuracy. I have been advised of all applicable fees with Trips & Ships Luxury Travel and the supplier(s) if I decide to change my travel plans. I understand that discounted fares and vacation packages may have restrictions and that changing any aspect of my travel may result in the payment of additional fees.

I have been offered travel insurance through Royal Caribbean or Travel Guard and understand that trip protection is mandatory to attend the bead cruise. I understand that if I want or need to cancel for any reason or pre-existing medical conditions to be covered, Travel Guard insurance needs to be purchased within 14 days of registering for the bead cruise. If it is not purchased within 14 days, cancel for any reason and pre-existing medical conditions will not be covered. (Initial below on the option you elect)

_____ YES, I do wish to purchase coverage the Royal Caribbean insurance. I understand that this will be added to my cruise and will be paid with final payment. I understand that this will give a 90% future cruise back for non-covered cancellation reasons.

I understand that if I choose to cancel my trip for fear of incident, quarantine or trip interruption due to an epidemic or pandemic, insurance policies will not cover such losses.

I further understand that Trips & Ships Luxury Travel is not an insurance agent/company and is only recommending certain travel insurance policies, and that it is my sole responsibility to understand the coverages provided by the insurer and policy I have chosen for myself and for other travelers in my party.

_____ YES, I do wish to purchase the Travel Guard travel protection, which will cover 50% cancel for any reason and pre-existing medical conditions if this is purchased within 14 days of registering for the bead cruise. I understand that the non-covered reasons only give 50% cash back. I understand that the travel insurance is non-refundable.

Lead Client Name: _____

Lead Client Signature: _____

Date: _____ *****Please note that insurance is mandatory to attend the bead cruise.