



Choice Travel

Make the best choice – travel with us!

P. O. Box 109
Celina, OH 45822
419-586-3144
travelwithchoice@gmail.com

TRIP REGISTRATION FORM

(revised 4/5/16)

Trip Dates _____ Trip Destination _____ Trip Cost \$ _____
(per person)

Optional Travel Protection Cost (See below)
PER PERSON RATES

*CFAR –Cancel for Any Reason coverage is 75% of nonrefundable costs and cancellation must be received 48 hours prior to trip departure

Trip Cost	DELUXE	CFAR*
\$500- \$1000	\$58.00	\$87.00
\$1001 - \$1500	\$93.00	\$139.50
\$1501 - \$2000	\$115.00	\$172.50
\$2001 - \$2500	\$145.00	\$217.50
\$2501 - \$3000	\$172.00	\$258.00
\$3001 - \$3500	\$194.00	\$291.00
\$3501 - \$4000	\$242.00	\$363.00
\$4001 - \$4500	\$276.00	\$414.00
\$4501 - \$5000	\$319.00	\$478.50

Do you want to purchase the optional travel protection?

YES NO

Travel Protection must be purchased when you make your initial trip deposit. Premium is non-refundable. If travel protection is not purchased, the cancellation policy as stated on the trip itinerary will apply.

Please print. Names must be as they appear on your driver's license or passport.

Passenger Name _____ DOB ____ / ____ / ____

Address _____ e-mail _____

City _____ State/Zip _____ Phone _____

Passenger Name _____ DOB ____ / ____ / ____

Address _____ e-mail _____

City _____ State/Zip _____ Phone _____

For triple and quad occupancies, please list the additional names and addresses on the back of this form.

Amount of Deposit Enclosed \$ _____ Protection Premium Enclosed \$ _____

Total Payment Enclosed \$ _____ Paid by _____ Check _____ Cash _____ Credit Card

MC VISA DISC CC # _____ Exp Date ____ / ____ / ____ 3 Digit Code _____

Room Occupancy _____ Single _____ Double _____ Triple _____ Quad

Desired Hotel Room Type _____ Smoking _____ Non –smoking

Special Needs Room Requests _____

If trip is a cruise, please answer the following two questions.

Desired Cabin type: _____ Inside Cabin _____ Oceanview Cabin _____ Promenade Cabin _____ Balcony Cabin

Desired bed configuration: _____ Two Twin _____ One Queen

Customer Signature _____ Date _____

Customer Signature _____ Date _____

Cancelled check will be your receipt. Thank you.

Return form to the facility that distributed it or mail it to Choice Travel, P. O. Box 109, Celina, OH 45822

Additional Passenger Registration

Passenger Name (3) _____ DOB ____/____/____

Address _____

City _____ State/Zip _____ Phone _____

Passenger Name (4) _____ DOB ____/____/____

Address _____

City _____ State/Zip _____ Phone _____

GENERAL LIMITATIONS AND EXCLUSIONS

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition; 7. participating in bodily contact sports, skydiving or parachuting, hang gliding or bungee cord jumping; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being Intoxicated, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided); 13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits; 14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 15. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 16. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; 17. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72 hour period, the Company will not pay for additional charges, which would not have, been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects: Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Purchase up to final Trip Payment for Pre-Existing Condition Waiver - The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased before final trip payment for the trip, for the full non-refundable cost of the trip and the booking for the covered trip is the first and only booking for this travel period and you are not disabled from travel at the time you pay the premium

This document contains highlights of the plan. The Plan contains insurance benefits underwritten by the United States Fire Insurance Company. Fairmont Specialty and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2015. The Plan also contains non insurance Travel Assistance Services that are provided by an independent organization, OnCall International, and not by United States Fire Insurance Company or Travel Insured International. Review the Plan Document for complete terms, including benefits, conditions, limitations and exclusions that apply. The Plan Document will be provided to you by your travel supplier upon purchase of the plan. Coverages may vary and not all coverage is available in all jurisdictions.