



TRAVEL INSURANCE PURCHASED STATEMENT/TRAVEL INSURANCE WAIVER

Please check the option below that applies, sign and submit. This must be done for each tour you take with our agency.

TOUR/TRIP: _____

I have purchased travel insurance through Zachary Travel.

Name (print full name): _____

Signature: _____

Date: _____

Policy Number: _____

I have purchased travel insurance through another company outside of Zachary Travel.

Name of Travel Insurance Company: _____

Date of Purchase: _____

Name (print full name): _____

Signature: _____

Date: _____

I hereby decline the trip cancellation insurance offered to me by Zachary Travel.

I understand that should I need to cancel for any covered reason, which includes medical or death for my spouse, members of my immediate family (children, grandchildren, aunts, uncles, brothers, sisters, nieces and nephews) or myself, that I could lose up to 100% of the cost of my cruise/tour/vacation package/travel arrangements and I am comfortable with taking that risk by not purchasing travel insurance.

I also understand by not purchasing travel insurance that I can lose all benefits of coverage for missed connection, travel delay, lost luggage, air ambulance for medical emergency as well as emergency medical and dental coverage. I am aware that my own medical insurance may not cover me outside of the United States.

I understand that Zachary Travel holds no responsibility in this matter, as they have advised me of the importance of such insurance. I do not expect Zachary Travel to assist me in any way in recouping these lost funds should I have to cancel my trip.

With my signature below, I confirm that I am denying travel insurance for myself and for anyone else included in my reservation or booking:

Name (print full name): _____

Signature: _____

Date: _____

****This form must be signed and returned in order to travel with Zachary Travel****