

## Insurance Record Form

*End-Time Handmaidens and Servants*

### HEARTS FOR ISRAEL TOUR

March 12 to 21, 2012

**Please Note! Bell Wholesale Travel, Inc. highly recommends travel insurance. This form must be completed and returned to Bell Wholesale Travel, Inc. before we can process your reservation. Enclosed, you will find the brochure/application form from Travel Guard.**

**INSTRUCTIONS:**

- **IF YOU ARE TAKING COVERAGE:** If you elect to apply for any of the coverage offered you must fill out the application and send your payment directly to Travel Guard as shown on the back of their brochure. If you have any questions concerning the various coverages and/or pricing please Travel Guard directly at their Toll Free number: 866-476-6698. You can apply directly with Travel Guard on their website: www.travelguard.com. After you have completed your application, make sure to include **Agent Identification Number: 14719596** you must fill out the box titled "Insurance Verification" and send this form back to *Bell Wholesale Travel, Inc.*

### *INSURANCE WAIVER*

DATE OF DEPARTURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I HAVE BEEN OFFERED THE FOLLOWING TRAVEL INSURANCE AND I HAVE DECLINED THE PURCHASE OF:

- TRIP CANCELLATION (INCLUDING AIRLINE, CRUISE, AND TOUR OPERATOR DEFAULT)  BAGGAGE  
 TRAVEL ACCIDENT / LIMITED SICKNESS  FLIGHT INSURANCE  ALL OF THE ABOVE

I, THE UNDERSIGNED WILL NOT HOLD THIS TRAVEL AGENCY AND / OR ITS AGENTS RESPONSIBLE FOR ANY EXPENSES INCURRED BY ME RESULTING FROM CANCELLATION OF MY TRIP, ACCIDENT, SICKNESS, STOLEN OR DAMAGED BAGGAGE.

NAME (please print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### *INSURANCE VERIFICATION*

DATE OF DEPARTURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I HAVE BEEN OFFERED THE FOLLOWING TRAVEL INSURANCE AND I HAVE PURCHASED:

- TRIP CANCELLATION (INCLUDING AIRLINE, CRUISE, AND TOUR OPERATOR DEFAULT)  BAGGAGE  
 TRAVEL ACCIDENT / LIMITED SICKNESS  FLIGHT INSURANCE  ALL OF THE ABOVE

I, THE UNDERSIGNED, WILL NOT HOLD THIS TRAVEL AGENCY AND / OR ITS AGENTS RESPONSIBLE FOR ANY EXPENSES INCURRED BY ME RESULTING FROM CANCELLATION OF MY TRIP, ACCIDENT, SICKNESS, STOLEN OR DAMAGED BAGGAGE.

AMOUNT: \_\_\_\_\_ DATED: \_\_\_\_\_ CHECK #: \_\_\_\_\_ VISA  MC

NAME (please print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_