

# roundtrip enrollment form

[pull-out application form]

effective february 1, 2009

**producer # 6402**

Protection Plan may be purchased if you are a resident of the United States or if you purchase this plan within the United States.

## applicant information

(First Name – Middle Name – Last Name)

Primary Applicant: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

(under 19 years of age)

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

(under 19 years of age)

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## trip information

Departure Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Destination: \_\_\_\_\_

Name of Travel Supplier: \_\_\_\_\_

(Airline, Tour Operator, Cruise Line, etc.)

## personal information

Your Address: \_\_\_\_\_

(must be a U.S. address)

City / State / Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

(For AD&D and optional Flight Accident Coverage)

In Florida, Florida Resident – Agent No. A269211

## method of payment

- Check / Money Order Payable to Seven Corners  
 Visa  MasterCard  Discover/Novus  
 Diners Club  American Express

Signature is required below for all methods of payment.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Plan costs are non-refundable after 10-day review period.

Signature: mandatory for all payment options.

Date

## roundtrip rate calculation

Plan must be purchased for the FULL cost of Trip. See rates (pg. 14)

USE FOR ROUNDTRIP ONLY

|                          | Trip Cost  | Plan Cost*      |
|--------------------------|------------|-----------------|
| Primary                  | \$ _____ = | \$ _____        |
| Spouse                   | \$ _____ = | \$ _____        |
| Dependent Child          | \$ _____ = | \$ _____        |
| Dependent Child          | \$ _____ = | \$ _____        |
| <b>Total Plan Cost =</b> |            | <b>\$ _____</b> |

\*Plan costs must be indicated for all travelers.

## for trips of 31 – 90 days

Include departure and return dates in calculation.

$$\$3 \times \frac{\text{_____}}{\text{\# of Days Over 30}} \times \frac{\text{_____}}{\text{Total \# of Travelers}} = \$ \text{_____}$$

## roundtrip choice rate calculation

Plan must be purchased for the FULL cost of Trip. See rates (pg. 14)

USE FOR ROUNDTRIP CHOICE ONLY

|                              | Trip Cost  | Plan Cost*      |
|------------------------------|------------|-----------------|
| Primary                      | \$ _____ = | \$ _____        |
| Spouse                       | \$ _____ = | \$ _____        |
| Dependent Child              | \$ _____ = | \$ _____        |
| Dependent Child              | \$ _____ = | \$ _____        |
| <b>Total Plan Cost (a) =</b> |            | <b>\$ _____</b> |

\*Plan costs must be indicated for all travelers.

## for trips of 31 – 90 days

Include departure and return dates in calculation.

$$\$5 \times \frac{\text{_____}}{\text{\# of Days Over 30}} \times \frac{\text{_____}}{\text{Total \# of Travelers}} = \$ \text{_____}$$

## optional cancel for any reason

If chosen, must be purchased within 10 days of initial deposit.

$$(1.40) \times \$ \frac{\text{_____}}{\text{Total Plan Cost (a)}}$$

**New Total Plan Cost =** \$ \_\_\_\_\_

## optional coverage rate calculation

(Available for both RoundTrip and RoundTrip Choice)

### optional flight coverage (per person)

|                                       |   |                      |
|---------------------------------------|---|----------------------|
| \$100,000 Protection for \$9 x _____  | = | \$ _____             |
|                                       |   | Total # of Travelers |
| \$250,000 Protection for \$22 x _____ | = | \$ _____             |
|                                       |   | Total # of Travelers |
| \$500,000 Protection for \$45 x _____ | = | \$ _____             |
|                                       |   | Total # of Travelers |

### optional collision damage waiver

|                                    |   |          |
|------------------------------------|---|----------|
| \$35,000 Protection for _____      | = | \$ _____ |
| \$7 per day per car rental x _____ | = | \$ _____ |

## total rate calculation

Non-Refundable Processing Fee = \$ 5.00

**Total Amount Due = \$ \_\_\_\_\_**

And authorized as payment in the lower left box on this application