

Assurance Solutions, Inc.

Student Travel Protection Plan Enrollment Form (Continued)

Total Travel Protection Cost: \$ _____ (Total from page 1)

Date of Departure: ____/____/____ Date of Return: ____/____/____

Name of School, Camp, Group, in applicable: _____

Traveler #1 Last Name: _____

Traveler #1 First Name: _____ Birth Year: _____

Traveler #2 Last Name: _____

Traveler #2 First Name: _____ Birth Year: _____

Traveler #3 Last Name: _____

Traveler #3 First Name: _____ Birth Year: _____

Traveler #4 Last Name: _____

Traveler #4 First Name: _____ Birth Year: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ (Please include area code)

E-mail address: _____

Payment Information

Please indicate type of payment:

Check [Payable to ItravellInsured] Mastercard Visa Amex Discover

Card Number: _____ Expiration: _____

Cardholder Name: _____ Signature: _____

Please mail completed form to:

Assurance Solutions, Inc.

2654 Creekside Way Highland Village, TX 75077

To enroll by phone, or for other information, please call: 1-502-762-9185.