

Assurance Solutions, Inc.

Picture Perfect Vacation Travel Protection Plan Enrollment Form

To calculate your total premium, insert the trip cost, then multiply by the rate factor below.

Under age 50 = .0610 Age 50-59 = .0834 Age 60-69 = .1054

Insured #1

$$\text{\$ } \frac{\text{Trip Cost}}{\text{Rate Factor}} \times \text{Rate Factor} = \text{\$ } \frac{\text{Total Premium}}{\text{Rate Factor}}$$

Insured #2

$$\text{\$ } \frac{\text{Trip Cost}}{\text{Rate Factor}} \times \text{Rate Factor} = \text{\$ } \frac{\text{Total Premium}}{\text{Rate Factor}}$$

Insured #3

$$\text{\$ } \frac{\text{Trip Cost}}{\text{Rate Factor}} \times \text{Rate Factor} = \text{\$ } \frac{\text{Total Premium}}{\text{Rate Factor}}$$

Insured #4

$$\text{\$ } \frac{\text{Trip Cost}}{\text{Rate Factor}} \times \text{Rate Factor} = \text{\$ } \frac{\text{Total Premium}}{\text{Rate Factor}}$$

\$ _____
Total Travel Protection Cost

Note: Trip cost is subject to a \$300.00 minimum.

Please note: This policy contains a preexisting condition exclusion. If the insured has a preexisting condition you need to enroll in the program within 14 days of the initial trip deposit for the preexisting condition to be waived. For more information regarding this waiver please refer to the back page of our brochure which can be downloaded from this website.

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.

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Picture Perfect Vacation Travel Protection Plan Enrollment Form (Continued)

Travel Protection Cost: \$ _____

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 ItravelInsured]

Mastercard Visa Amex Discover

Card Number: _____ Expiration: _____

Cardholder Name: _____ Signature: _____

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