

Travel Insurance Waiver Form
Joe's Journeys Travel Quest LLC

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Trip Quote Summary

- **Package or Cruise Cost:** \$ _____
- **Number of Travelers:** _____
- **Travel Insurance Cost (\$100 per person):** \$ _____
(Multiply \$100 × number of travelers)

Travel Insurance Election

Please read carefully and select one option below:

YES, I elect to purchase travel insurance for my trip. I understand this coverage may include protection for trip cancellation, travel delays, lost luggage, emergency medical assistance, and other covered circumstances. I acknowledge the cost of \$100 per traveler and agree to include it in my total trip cost.

NO, I decline travel insurance for my trip. I understand that I am responsible for any cancellation penalties, out-of-pocket expenses, and emergency costs incurred during travel. I acknowledge that my personal medical insurance may not cover me outside the United States. I release **Joe's Journeys Travel Quest LLC** from any liability related to my decision to refuse coverage.

Acknowledgment & Signature

I understand that Joe's Journeys Travel Quest LLC has advised me to purchase travel insurance and that I have made my selection above. By signing this form, I confirm that I do not expect Joe's Journeys Travel Quest LLC to assist me in any way if my trip is canceled or interrupted for any covered reason.

Traveler Name (Print): _____

Traveler Signature: _____

Date: _____

Purchaser Name (if different): _____

Purchaser Signature: _____

Date: _____

Witness Signature: _____

Date Witnessed: _____