

Untours, Account # 39987 – Application

Primary Travelers Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Departure Date: _____ Return Date: _____ Destination: _____ Initial Trip Deposit Date: _____

Name of additional traveler(s) who are purchasing travel protection:

	Date of Birth	Tour Cost	Plan Cost	Subtotal
1.				
2.				
3.				
4.				
5.				

Check or Money Order Enclosed

Non-Refundable Administration Fee: \$5.00



Total: _____

Name on Credit Card: _____ Number on Credit Card: _____

Exp. Date: _____ Signature: _____

Remember to save your brochure and take it with you on your trip. Your brochure contains the complete description of your benefits and important information should you need assistance during your trip or need to file a claim.

You can apply online at www.untours.com or by mailing in your completed application and payment to Travel Insured at:

**Travel Insured International, Inc.®
52-S Oakland Avenue
P.O. Box 280568
East Hartford, CT 06128-0568**

TRAVEL  INSURED^{Int'l.}