

INSURANCE WAIVER FORM



INSTRUCTIONS:

- Open this PDF document and complete it clearly and legibly. It is recommended that you complete this 'fillable form' on your computer, then print and sign it.
 - Scan or take a photo of your completed form and send it to tracy@tyw.ca
- *PLEASE NOTE: If you are travelling with a companion who booked his/her travels with Travel Your World International Ltd. each traveller must individually complete their own Insurance Waiver Form.*

I, hereby, decline to purchase Out-of-Province Travel Insurance for the following types of coverage(s):

TRIP CANCELLATION, TRIP INTERRUPTION
AND TRIP DELAY

EMERGENCY MEDICAL

BAGGAGE LOSS, DAMAGE & DELAY,
FLIGHT & TRAVEL ACCIDENT AND RENTAL
VEHICLE DAMAGE

REASON FOR DECLINE (*CHECK ALL THAT APPLY*)

I have sufficient or satisfactory coverage with my credit card provider.

I have sufficient or satisfactory coverage with my employee benefits.

I have sufficient or satisfactory coverage with my home insurance provider.

I have a sufficient or satisfactory annual coverage which covers me for the duration of my trip.

I found a less expensive provider and have chosen to purchase Out-of-Province Travel Insurance elsewhere.

Other (Please specify _____)

I choose not to disclose why.

*If you have further questions regarding Out-of-Province Travel Insurance please contact
Tracy Unser. tracy@tyw.ca | 780 862 5430*

TRAVEL YOUR WORLD INTERNATIONAL LTD.

Alberta mailing address: 76 South Park Drive • Leduc, AB • T9E 4X8 • T: 780 739 2245
Ontario mailing address: 11 - 139 Guigues Avenue • Ottawa ON • K1N 5J1 • T: 613 513 9463
tours@tyw.ca • TICO Registration #50023987 • www.tyw.ca

Proof of insurance is mandatory for all out-of-province tours planned and facilitated by Travel Your World International Ltd. In the case of an emergency, while you are participating in any Travel Your World International Ltd. tour/travel arrangements, and in the event that you, the traveller/participant, require assistance with contacting your insurance company, Travel Your World International Ltd. must have a record of the following:

- Out-of-Province Insurance Provider
- Policy Number
- 24/7 Canadian or Worldwide Insurance Provider Emergency Contact Number
- Family/Friend Emergency Contact Number

By signing this document I waive any liability against my Travel Agent or my Travel Consultant for any costs I incur as a result of:

a) my choice not to purchase Travel Insurance Coverage or my selection of the principal sums and/or sums insured of the insurance(s) that I have purchased;

b) restricted benefits, conditions and/or exclusions related to my credit card travel insurance, my employer's or personal insurance benefits, my annual insurance coverage or any other travel insurance-related coverage I may be privy to that influenced my decision to decline Travel Your World International's quoted policy;

c) insufficient protection offered by my credit card travel insurance, my employer's or personal insurance benefits, my annual insurance coverage or any other travel insurance-related coverage I may be privy to that influenced my decision to decline Travel Your World International's quoted policy; or

d) non-existent coverage of my credit card travel insurance, my employer's or personal insurance benefits, my annual insurance coverage or any other travel insurance-related coverage I may be privy to that influenced my decision to decline Travel Your World International Ltd.'s quoted policy;

First and Last Name (please type or print)

Travel Agent or Travel Consultant

Date of decision to decline

Signature _____

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