



Sun 'n Surf Vacation Rentals

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TRAVEL INSURANCE ENROLLMENT FORM

(Please Print)

- 1. Complete Parts I through IV of this enrollment form. Incomplete or incorrect enrollment forms and payments will be returned, unprocessed.
2. Calculate Your Premium: Premium rates are per person based upon your age and cost of your trip. Select your premium from the correct column in the Premium Rate Table. For Trips over 30 Days (up to 90 days in total), there is an additional premium charge of \$5.00 per person per day. You must indicate in Item II of the Enrollment Form the types of prepaid travel arrangements you are insuring... air, land, cruise and/or other. You should insure 100% of those arrangements that have any cancellation penalty or restrictions. If you insure a lesser amount, the exclusion for Pre-Existing Conditions will not be waived and the Trip Cancellation and Trip Interruption Benefits will be limited to the amount of coverage you purchased.
3. Premium Payment: Please print this form and fill it out completely, then fax it to: (407) 359-8829 or mail it to: Sun 'n Surf Vacation Rentals, 1324 Tall Maple Loop, Oviedo, FL 32765.
4. IMPORTANT: After enrolling, you will receive your Travel Insurance Certificate which is your evidence of coverage under the plan.

I. Travel Information

Agency/Agent Name: Sun 'n Surf Vacation Rentals

Travel Agency Code: LAUFL02

Departure Date: Return Date:

Total Trip Days (including departure/return dates):

Travel Destination:

Indicate below the types of travel arrangements you are insuring:

Form with checkboxes for Air, Land, Cruise, Other and corresponding labels: Airline, Travel Supplier, Cruise line.

II. Participant(s) – All Information Below Is Required

Eligibility Notice: This plan is only available to citizens or residents of the U.S. or Canada. Eligibility for purchase will be confirmed on all claims. If it is determined that a person is not a citizen or resident of the U.S. or Canada, his or her claim will be denied and premium will be refunded.

To calculate the Trip Cost per Person, take the total cost of Water's Edge rental fees that are non-refundable and divide that amount by the number of travelers, add any other non-refundable fees, such as airline tickets, etc. That total will reflect the Trip Cost per Person as shown on the Rate Table below. Fill out a separate Travel Insurance Enrollment form for each household that is purchasing travel insurance.

Table with 4 columns: Name, Gender, Present Age, Trip Cost/Person. Rows 1 and 2 for participant information.

Name	Gender	Present Age	Trip Cost/Person
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

Beneficiary(ies): The Insured's Estate (unless otherwise designated)

III. Payment Calculation

Premium Rate Table (For trips less than 30 days)

Trip Cost Per Person	Up to Age 35	Age 36 to 50	Age 51 to 62	Age 63 to 72	Age 73 to 79	Age 80 & over
Up to \$500	\$28	\$34	\$40	\$50	\$68	\$88
\$501 to \$1,000	\$34	\$45	\$50	\$68	\$102	\$129
\$1,001 to \$1,500	\$45	\$56	\$85	\$113	\$158	\$188
\$1,501 to \$2,000	\$62	\$79	\$118	\$158	\$215	\$258
\$2,001 to \$2,500	\$79	\$102	\$152	\$203	\$271	\$328
\$2,501 to \$3,000	\$96	\$124	\$186	\$249	\$328	\$398
\$3,001 to \$3,500	\$113	\$146	\$220	\$294	\$384	\$468
\$3,501 to \$4,000	\$136	\$170	\$254	\$339	\$440	\$538
\$4,001 to \$4,500	\$158	\$192	\$288	\$384	\$498	\$608
\$4,501 to \$5,000	\$181	\$214	\$322	\$429	\$554	\$680
\$5,001 to \$5,500	\$204	\$238	\$356	\$475	\$610	\$750
\$5,501 to \$6,000	\$226	\$260	\$390	\$520	\$666	\$819
\$6,001 to \$6,500	\$248	\$282	\$424	\$565	\$724	\$890
\$6,501 to \$7,000	\$270	\$306	\$458	\$610	\$780	\$960
\$7,001 to \$7,500	\$294	\$328	\$492	\$655	\$836	\$1,030
\$7,501 to \$8,000	\$316	\$350	\$525	\$700	\$894	\$1,100
\$8,001 to \$8,500	\$340	\$372	\$560	\$746	\$950	\$1,170
\$8,501 to \$9,000	\$360	\$396	\$594	\$790	\$1,006	\$1,240
\$9,001 to \$9,500	\$384	\$418	\$628	\$836	\$1,062	\$1,310
\$9,501 to \$10,000	\$406	\$440	\$664	\$880	\$1,120	\$1,380

TravelSafe Base Premium (From Age Rate Table)	Additional Premium for Trips Over 30 Days (\$5.00/Day x No. Days Over 30 Days)	Total Base Premium	Premium Factor Cancel For Any Reason Option (Use Only if buying option)	Total Payment (Round to nearest dollar)
1. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
2. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
3. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
4. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
5. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
6. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
7. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
8. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____

TravelSafe Base Premium (From Age Rate Table)	Additional Premium for Trips Over 30 Days ($\$5.00/\text{Day} \times$ No. Days Over 30 Days)	Total Base Premium	Premium Factor Cancel For Any Reason Option (Use Only if buying option)	Total Payment (Round to nearest dollar)
9. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
10. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
11. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____
12. \$ _____	+ \$ _____	= _____	X 1.40	= \$ _____

Subtotal for all Participants _____

Non-Refundable Enrollment Processing Fee (required) \$ 5.00 .

Total Premium Payable to *TravelSafe* _____

Form of Payment: _____ AMEX _____ Discover _____ MasterCard _____ Visa

Card Number _____

Validation Code _____ Expiration Date _____ / _____

You will find the validation code (last 3 digits) at the end of the signature strip on the back of the card if using Discover, MasterCard or Visa. For American Express, the number (4 digits) is on the front of the card above and to the right of the card number.

Cardholder Name _____

Cardholder Address _____

City _____

State _____ Zip Code _____

I authorize *TravelSafe* to charge my credit card for the total premium.

Cardholder Signature: _____

IV. Primary Traveler Name/Address

First Name _____ M.I. _____

Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone(Day) _____ Phone(Eve) _____

Fax _____ Email _____