



This form can be mailed, faxed to 802-851-8080, scanned & emailed to Book.Me@cwcruses.com, or filled out electronically by clicking the "Forms" tab at ClearwaterCruises.com.

CLIENT INFORMATION

Sail Date _____ Agent _____ Invoice # _____

Lead Passenger Name: _____

Email Address: _____

Emergency Contact Name: _____

Relation to you: _____ Phone Number: _____

The invoice number is a 5 digit number located on the top left side of your invoice.

TRAVEL INSURANCE CHOICE

_____ **Option 1:** "I agreed to purchase Allianz Travel Insurance at time of deposit or within 14 days of initial deposit. My travel protection begins 24 hours after payment of insurance premium. By purchasing at time of trip deposit and covering all nonrefundable trip costs I am receiving the added benefit of coverage for Existing Medical Conditions for myself, travel partner, and immediate family at no additional cost. I have authorized my credit card to be charged for Allianz Travel Insurance coverage for all persons on this booking."

_____ **Option 2:** "I will purchase Allianz Travel Insurance at final payment but no later than 48 hours prior to trip departure and acknowledge that my policy excludes coverage for Existing Medical Conditions that have been active in the previous 120 days. My travel protection begins 24 hours after the premium is paid. I authorize my credit card to be charged for Allianz Travel Insurance for all persons on this booking."

_____ **Option 3:** " No – I decline Allianz Travel Insurance coverage and accept the inherent liabilities. The benefits have been explained, but by signing below I choose to decline Allianz Travel Protection".

Credit Card Authorization: Your signature confirms your agreement to pay the charges to your credit card as per the invoice referenced above and that you have read and agree to the Terms and Conditions provided with that invoice.

___ **Deposit** ___ **Insurance** ___ **Final Payment** (will be processed to the same credit card when due)

Note: If Final Payment will be made on a different credit card or paid by check, please contact your agent before Final Payment date.

Name as it appears on card: _____

Last 4 digits of card: _____ Expiration Date: _____

Signature _____

Signature Date _____