



TRAVEL PROTECTION FORM

Please complete this form in its entirety. All completed forms should be returned to shiron@rubyredtravel.com.

Insurer's Full Name:

(As it appears on your policy)

Phone Number:

(Ex. 9081234567)

Email Address:

Street Address:

City

State

Zip Code

Do you have your own travel protection insurance?

YES If yes, please provide your insurance details.

NO If no, skip the insurance questions below.

Insurance Provider's Name:

Complete Address:

Phone Number:

Policy Number:

Type of Insurance Insured:

Amount:

Travel Destination:

Total Travel Amount:

Date of Departure:

(mm/dd/yyyy)

Date of Return:

(mm/dd/yyyy)

I would like for my travel agent at Ruby Red Travel to provide me with travel protection options.

I have been advised and offered travel protection insurance options by my travel agent at Ruby Red Travel. I have decided to decline travel protection insurance at this time.

I acknowledge that Ruby Red Travel has offered travel protection for my trip. If I decline this protection, I understand Ruby Red Travel will not cover my travel insurance or any costs associated with trip cancellation. It is my responsibility to obtain appropriate travel insurance independently.

Signature:

Date Signed:

(mm/dd/yyyy)