



## TRAVEL PROTECTION FORM

Please complete this form in its entirety. All completed forms should be returned to [theresa@rubyredtravel.com](mailto:theresa@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)