

# 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](mailto: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](mailto:tracy@tyw.ca) | 780 862 5430*

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TRAVEL YOUR WORLD INTERNATIONAL LTD.

Mailing Address: 76 South Park Dr, Leduc, AB T9E 4X8 | T: 780 739 2245

[www.tyw.ca](http://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

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***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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