



Dreams Come True Travel, LLC

Making Your Dreams Come True One Vacation at a Time

TRAVEL INSURANCE WAIVER

I, _____, have been informed of the coverage available to me to purchase. I understand that the insurance plan offered to me includes, but is not limited to, the following coverages: **Trip Cancellation & Interruption, Emergency Medical Expense Coverage, Emergency Medical Transportation, Lost/Damaged Baggage & Personal Effects.**

I do not wish to purchase a travel insurance plan. I understand that I am solely responsible for any and all expenses incurred in any event that disrupts, interrupts and/or causes the trip to be cancelled. This includes the following but is not limited to: **Trip Cancellation & Interruption, Emergency Medical Expense Coverage, Emergency Medical Transportation, Lost/Damaged Baggage & Personal Effects.**

I choose to decline travel insurance offered to me by Dreams Come True Travel, LLC and

PLEASE SELECT AGENT WORKING WITH:

☐ Stacie Palma ☐ Paula Vallejo ☐ Nan Futch ☐ Donna Farmer ☐ Luisa Cepeda

I, the undersigned will not hold either agency or agent responsible for any expenses incurred as a result of my refusal* to purchase travel insurance through Dreams Come True Travel, LLC, or their travel protection partners.

This form **MUST** be returned within 7 days after making initial deposit on booking. **Please sign confirming you have declined the travel insurance offered to you to purchase.**

Signature/Date

Print Name

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