

Agency Info  
Trip Details  
Traveler Roster  
Premium Calculation  
Contact Info  
Purchase Confirmation Info  
Traveling Companions

Agency ID \_\_\_\_\_ Travel Agent Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Departure Date (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Return Date (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Country of Destination \_\_\_\_\_ Airline / Cruiseline / Tour Operator \_\_\_\_\_

Name (first and last)	Age	Trip Cost
Primary Traveler _____	_____	\$ _____
Traveler No. 2 _____	_____	\$ _____
Traveler No. 3 _____	_____	\$ _____
Traveler No. 4 _____	_____	\$ _____
Traveler No. 5 _____	_____	\$ _____
Traveler No. 6 _____	_____	\$ _____

	Base Plan	Optional Part A	Optional Part B*	Subtotal
Primary Traveler	\$ _____	+ \$ _____	+ \$ _____	= \$ _____
Traveler No. 2	\$ _____	+ \$ _____	+ \$ _____	= \$ _____
Traveler No. 3	\$ _____	+ \$ _____	+ \$ _____	= \$ _____
Traveler No. 4	\$ _____	+ \$ _____	+ \$ _____	= \$ _____
Traveler No. 5	\$ _____	+ \$ _____	+ \$ _____	= \$ _____
Traveler No. 6	\$ _____	+ \$ _____	+ \$ _____	= \$ _____
For Trips 32-180 days long (include departure and return dates in calculation) } \$5 x _____ x _____ = \$ _____ # of days over 31 # of travelers				

**\*Optional Part B: Flight Accident Coverage**  
(Maximum \$500,000/person)  
\$300,000 Protection for \$18 Per Person; or  
\$500,000 Protection for \$30 Per Person

Processing Fee \$ \_\_\_\_\_ **5.00**

**Total Premium** \$ \_\_\_\_\_

Primary Traveler Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

A Purchase Confirmation/Declaration will be mailed to the address above. If you would like to receive an additional copy by email or fax, please complete the following:

Fax to: \_\_\_\_\_

Email to: \_\_\_\_\_

Beneficiary (Estate if left blank) \_\_\_\_\_

Enter the names of up to five traveling companions that are not listed above.

Please select a payment method.  Check  Visa  Amex  
Make checks payable to: **M.H. Ross Travel Insurance Services**  Mastercard  Discover

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_  
Expiry Date (MM/YY) \_\_\_\_\_

Full Name (as it appears on credit card) \_\_\_\_\_ Card Verification # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department regulatory agencies.

**Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maryland and Oregon Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. OREF-31

**Oklahoma Residents: WARNING** Any person who knowingly, and with intent to injure, defraud, or deceive any Company, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Tennessee Residents:** It is a crime to knowingly provide false or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of coverage.

**Texas Residents:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement will be charged with insurance fraud.

**Washington Residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

 **Submit by Fax**

Toll free at 888-424-8731

 **Submit by Mail**

M.H. Ross Travel Insurance Services  
P.O. Box 9159  
Van Nuys, CA 91409-9159

