



To pre-book your trip, visit
www.travelinsured.com
or call
1-800-243-3174

GROUP TRAVEL INSURANCE

NEW FEATURES!

- ✔ A simpler approach to Group Insurance - Pick from only 2 plans the one that works for you:
Lite or Deluxe
- ✔ Discover easier Group Insurance - One set of rates... No more voluntary or inclusive.
- ✔ Post-Departure, Basic & Motorcoach Plans brought together under 1 Lite Program.
- ✔ Cancel for Any Reason is the Upgrade Option now available. Buy it for the whole group or sell to individual group members.
- ✔ Qualify for a Pre-Existing Condition Waiver when you buy a plan prior to final payment!
- ✔ Now available to cover family groups under 1 plan!



ADMINISTRATION

1. All Group Plans must be pre-booked; pre-book your group online at www.travelinsured.com.
2. This plan may be sold as inclusive or voluntary. For inclusive, the plan must be included for all passengers and payment is included as part of the initial trip deposit. For voluntary, the cost of the protection plan must be invoiced as a separate line item with an option to decline the protection plan by subtracting the plan cost from the total package price.
3. All plan costs on the following page are Net Rates and non-commissionable. You may add your own service fee up to a maximum of 40%.
4. You will be provided Description of Coverage electronically to distribute to your group members.
5. Remember-manifests and credit card payment can now be processed right online! Net payment with the group manifest is due no later than the 15th of the month prior to the date of departure. Payments to Travel Insured International by net agency check, Master Card or Visa only.
Mail to: TII, PO Box 280568, East Hartford, CT 06128-0568
Attn: Group Protection Plan Payment.
Or you may fax your manifest with credit card information to 860-528-8005, attention Group Department.
6. A Group Plan is defined as 10 or more insured passengers on the same policy, traveling to the same destination with the same departure and return dates.
7. You must protect the full cost of the group trip.
8. Pre-Existing Waiver if plan is purchased prior to final payment.

Coverage is underwritten by Arch Insurance Company (a MO corporation, NAIC #11150). Executive offices are located at 300 Plaza Three, Jersey City, NJ 07311. Not all insurance coverages or products are available in all jurisdictions. Coverage is subject to actual policy language.

  **800.243.3174**
 **www.travelinsured.com**

LITE PLAN

Benefit	Limit
Trip Cancellation*	Trip Cost**
Trip Interruption*	100% Trip Cost**
Trip Delay (12 hours)	\$500 (\$150/day)
Baggage/Personal Effects	\$500
Emergency Accident/Sickness Medical Expense	\$10,000
Emergency Evacuation/Repatriation of Remains	\$20,000
Optional Cancel For Any Reason (Not available to residents of WA)	75% of Non-refundable Trip Cost, cancellation must be 2 or more days prior to scheduled departure***

All benefits are Excess

* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

** Up to the Trip Cost insured, up to a maximum of \$5,000 per person

*** Optional Coverage can be selected for individual participants or entire group provided the plan is purchased within 14 days of initial trip deposit and the appropriate additional premium is paid.

Trip Cost	Rate
\$0	\$8
\$1 - \$300	\$10
\$301 - \$500	\$21
\$501 - \$1,000	\$36
\$1,001 - \$1,500	\$49
\$1,501 - \$2,000	\$62
\$2,001 - \$2,500	\$77
\$2,501 - \$3,000	\$91
\$3,001 - \$3,500	\$102
\$3,501 - \$4,000	\$116
\$4,001 - \$4,500	\$128
\$4,501 - \$5,000	\$141

The above are for rates up to 30 days - for each day over 30 add \$4 per person per day

Optional Cancel For Any Reason available for an additional 50% premium per person

DELUXE PLAN

Benefit	Limit
Trip Cancellation*	Trip Cost**
Trip Interruption*	150% Trip Cost**
Trip Delay (6 hours)	\$750 (\$150/day)
Baggage/Personal Effects	\$1,500
Baggage Delay (24 hour)	\$400
Emergency Accident/Sickness Medical Expense	\$50,000
Emergency Evacuation/Repatriation of Remains	\$250,000
24 Hour Accidental Death & Dismemberment	\$25,000
Optional Cancel For Any Reason (Not available to residents of WA)	75% of Non-refundable Trip Cost, cancellation must be 2 or more days prior to scheduled departure***

All benefits are Excess, except Accidental Death & Dismemberment

* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

** Up to the Trip Cost insured, up to a maximum of \$10,000 per person

*** Optional Coverage can be selected for individual participants or entire group provided the plan is purchased within 14 days of initial trip deposit and the appropriate additional premium is paid.

Trip Cost	Rate
\$0	\$10
\$1 - \$200	\$16
\$201 - \$400	\$19
\$401 - \$600	\$22
\$601 - \$800	\$28
\$801 - \$1,000	\$35
\$1,001 - \$1,500	\$50
\$1,501 - \$2,000	\$64
\$2,001 - \$2,500	\$81
\$2,501 - \$3,000	\$94
\$3,001 - \$3,500	\$105
\$3,501 - \$4,000	\$122
\$4,001 - \$4,500	\$132
\$4,501 - \$5,000	\$146

The above are for rates up to 30 days - for each day over 30 add \$4 per person per day

Optional Cancel For Any Reason available for an additional 50% premium per person

You will be provided with a full description of coverage, conditions and exclusions when You purchase Your plan. Please note: Residents of Washington State will receive a separate description of coverage in compliance with state requirements. This coverage is in excess of any other coverage or indemnity, except Accidental Death & Dismemberment.



GROUP SUBMISSION FORM

Use this form to pre-book your group, prior to first trip payment

For office use only

Group #: _____	Product Code: _____
Trip Cost Limit: _____	Net Premium: _____

Date: _____ Agency/Tour Operator Name: _____
 Contact: _____ Phone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____

Email: _____
(email must be provided so electronic confirmation and DOCs can be sent)

TII Agency # _____ Group Name: _____ Tour Name: _____
(if applicable)

Departure Date: _____ Return Date: _____ Deposit Date: _____
(For multiple trips attach separate page with scheduled travel dates)

Destination: _____ Demographics of Group: _____
(include to and from) (church, student, etc)

Purpose of Trip: _____ Cancellation Penalties: Please attach separately
(educational, leisure, etc.)

Total number of passengers: _____ Total cost per person: _____
(All group plans require a minimum of ten insureds per policy)

Payment Method: Check Credit Card

Circle Your Selection of Benefit Level

Lite

Deluxe

Optional Benefit - Cancel For Any Reason

Circle one:
 Will you be offering Cancel For Any Reason Protection?
 Yes No

If Yes, please check one:

- I will be purchasing Optional Cancel For Any Reason for **ALL** of my passengers
- I will be offering Optional Cancel For Any Reason as an **OPTION** to my passengers

