



**PRESENT OUR SPECIAL TRAVEL PROTECTION PROGRAM
UNDERWRITTEN BY UNITED STATES FIRE INSURANCE COMPANY**

Benefits	Maximum Amount
Trip Cancellation	Trip Cost
Trip Interruption	Trip Cost
Medical Expense/ Emergency Assistance	
Accident & Sickness Medical Expense	\$ 25,000
Emergency Dental	\$ 750
Emergency Evacuation & Repatriation	\$ 100,000
24-Hour Worldwide Assistance	Included
Baggage & Personal Effects	\$ 1,500
Baggage Delay	\$ 250
Missed Connection	\$ 750
Travel Delay (Up to \$150 Per Day)	\$ 750
Accidental Death & Dismemberment	\$ 25,000

Trip Cost	Rate Per Person
Up to \$2,500	\$119.00
\$2,501 to \$4,000	\$149.00
\$4,001 to \$6,000	\$199.00
\$6,001 to \$8,000	\$299.00

BENEFIT HIGHLIGHTS:

WAIVER OF PRE-EXISTING CONDITIONS – The exclusion for Pre-Existing Conditions will be waived if premium is received within 14 days of the initial deposit/payment for the Trip. See Description of Coverage for complete details.

TERRORISM BENEFIT – The Trip Cancellation/Interruption coverage has been extended to include coverage for a Terrorist Incident that occurs in a city listed on the itinerary of your Trip and within 30 days prior to your Scheduled Departure Date. Benefits are not provided if the Travel Supplier offers a substitute itinerary.

JOB TERMINATION – The Trip Cancellation/Interruption coverage is extended to include coverage for termination or layoff affecting you or a person(s) sharing the same room with you during his/her Trip. Employment must have been with the same employer for at least 1 continuous year.

REVOCAION OF MILITARY LEAVE – The Trip Cancellation coverage includes coverage for revocation of your previously granted leave or re-assignment due to war.

Coral Travel & Tours, Ltd.
 215 Millburn Avenue, Millburn, NJ 07041
 (866) 267-2511 – (973) 921-1166
Info@coraltours.org
www.coraltours.org

**For additional coverage questions call
 Trip Mate at 1-800-888-7292
 Plan Number F418C**

TRIP CANCELLATION - If you cancel your Trip due to a covered Injury, Sickness or Death - your own or that of a Traveling Companion or Family Member - or for Other Covered Reasons, as defined, you will be reimbursed up to the Trip cost for the unused non-refundable prepaid expenses for Travel Arrangements provided by Coral Travel & Tours, LTD.

TRIP INTERRUPTION - If you Interrupt your Trip due to a covered Injury, Sickness or Death - your own or that of a Traveling Companion or Family member - or for Other Covered Reasons, as defined, you will be reimbursed up to the Trip cost for the unused portion of the prepaid expenses for Travel Arrangements and/or the Additional Transportation Cost paid to return home or rejoin the Trip.

MEDICAL EXPENSE/EMERGENCY ASSISTANCE - This benefit is composed of the following package of insurance benefits and medical/legal assistance services:

Accident and Sickness Medical Expense - Coverage for emergency medical treatment if a sickness or injury occurs while traveling up to the covered limits.

Emergency Medical Evacuation – Coverage for emergency evacuation, if necessary to the nearest qualified medical facility, also includes repatriation up to the covered limits.

Return of Remains - Insurance to pay for the preparation and transportation expenses incurred when returning a deceased to his/her place of residence.

One Call Worldwide Travel Services Network - A network of assistance coordination centers providing 24 hour multi-lingual emergency telephone service to insured travelers worldwide to give assistance and advice in the event of a medical or legal emergency.

BAGGAGE AND PERSONAL EFFECTS - Coverage for direct physical loss or damage to your checked Baggage, passports or visas while on your Trip. A \$600 maximum limit applies to jewelry, watches, cameras, camera equipment, and furs - a \$300 per article limit applies to all other items.

BAGGAGE DELAY - If, while on your Trip, your checked Baggage is delayed for more than 24 hours, we will pay up to \$250 for the purchase of necessary additional clothing and personal articles.

MISSED CONNECTION - Provides reimbursement for the additional transportation expense incurred and/or the unused, non-refundable land arrangements if your arrival at your trip destination is delayed for 3 or more hours due to a covered reason.

TRAVEL DELAY - Provides reimbursement up to \$150 per day (maximum \$750) for reasonable accommodation, meal and local transportation expenses if you are delayed for 8 hours or more due to a covered reason such as common carrier delay; quarantine; loss of passport, travel documents or money; natural disaster; or a documented weather condition preventing you from getting to the point of departure.

ACCIDENTAL DEATH & DISMEMBERMENT – These benefits are paid if loss occurs within 180 days of a covered Injury which occurs while on a Coral Travel & Tours, LTD.

TO REGISTER FOR THIS PROGRAM PLEASE COMPLETE THE INFORMATION ON THE ATTACHED FORM AND MAIL ALONG WITH A CHECK MADE PAYABLE TO CORAL TRAVEL & TOURS, LTD. FOR THE TOTAL AMOUNT OF THE PREMIUM OR COMPLETE THE CREDIT CARD AUTHORIZATION AND FAX OR MAIL TO CORAL TRAVEL & TOURS, LTD.

Please Note: This advertisement does not constitute or form any part of the **Description of Coverage** or any other contract of any kind. **This plan is underwritten by:** United States Fire Insurance Company, Eatontown, NJ. **Please Note:** Plan benefits, limits, and provisions may vary by state jurisdiction. To review full plan details online, go to:

www.tripmate.com/wpF418C

Benefits are administered by: Trip Mate, Inc.*, 9225 Ward Parkway, Suite 200, Kansas City, MO, 64114, 1-800-888-7292 (*in CA, dba Trip Mate Insurance Agency).

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TOUR NAME _____

TOUR DATES _____ TO _____

NAME OF TRAVELER	COST OF TRIP	INSURANCE RATE

TOTAL ENCLOSED _____

Please make check payable to: Coral Travel & Tours, Ltd.
and mail your premium with completed form to:

**Coral Travel & Tours
215 Millburn Ave.
Millburn, NJ 07041**

Or complete the credit card information below and mail to address above or fax to (973) 376-9598.

Print Name (As It Appears On Credit Card) _____

Credit card billing address: _____

City: _____ State: _____ Zip: _____

I would like to pay by: MasterCard Visa American Express

Card Number: _____ Expiration Date: _____ / _____

Security Code: _____ Total to be charged \$ _____

Card Holder Signature: _____ Date: _____

PLEASE NOTE: WAIVER OF PRE-EXISTING CONDITIONS – The exclusion for Pre-Existing Conditions will be waived if premium is received within 14 days of the initial deposit/payment for the Trip. See Description of Coverage for complete details.

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