



# AMBASSADOR LEADERS

## TRAVEL PROTECTION PLAN WITH CANCEL FOR ANY REASON BENEFIT OPT-IN FORM

Student name \_\_\_\_\_

Parent name \_\_\_\_\_

Program location \_\_\_\_\_ Program dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes, please enroll me in the Travel Protection Plan with Cancel for Any Reason Benefit for **\$227**

*\*I understand that I may add this coverage option for 2020 Summits up until **April 15, 2020**.*

### PAYMENT METHOD

Add the Travel Protection Plan with Cancel for Any Reason Benefit for **\$227** to my account

*\*I understand that I will be charged the full cost of the coverage at the time I add it to my account. If a credit card is not on file, I will be asked to provide payment information.*

### AUTHORIZATION

I represent that all statements made herein are true and correct. I have read and agree to the Terms and Conditions pertaining to the Travel Protection Plan as outlined in the Terms and Conditions of Participation at [www.ambassadorleaders.com/terms](http://www.ambassadorleaders.com/terms).

For information about this Travel Protection Plan, please see [www.ambassadorleaders.com/travel-protection](http://www.ambassadorleaders.com/travel-protection).

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Ambassador Leaders is not an insurer and does not have any liability for any coverage amounts or the authority to alter, extend, amend, or modify any of the insurance provisions, conditions, terms, or coverages. Ambassador Leaders is not authorized to answer technical questions about the benefits, exclusions or conditions of any of the insurance coverages in the plan or to evaluate the adequacy of your existing insurance coverage. You may have coverage from other sources that provides you with similar benefits but may be subject to different restrictions depending upon your other coverages. You may wish to compare the terms of this plan with your existing life, health, home, and automobile insurance policies. If you have any questions about this coverage, contact TripAssure at 1.800.423.3632 and refer to Plan Number AR850P. Purchasing a travel protection plan is not required in order to purchase any other products or services offered by Ambassador Leaders.*