

**AFRICA DISCOVERY
TRAVEL INSURANCE FORM**

Please read the required **Travel Agreement** carefully before signing this form. All travelers must sign and complete this form and return it to us at least 8 weeks prior to the departure date of their Tour.

A separate Travel Insurance Form must be completed for each traveler.

Your upcoming Tour booked through Africa Discovery is a significant Investment, which involves risks.

For this reason, Africa Discovery strongly urges all its clients to purchase a comprehensive travel insurance policy valid for the entire duration of their trip. This insurance should cover you for events such as trip cancellation, delay or interruption, lost or delayed baggage, emergency accident, illness and evacuation, 240hour medical assistance, traveler's assistance, and emergency cash transfer.

For coverage, we suggest Travel Guard travel insurance. The total premium will be based on each traveler's age and total per person trip cost. Please note that many insurers require that you take out a policy within 14 days of paying your initial deposit in order to provide coverage for any pre-existing medical conditions and certain others occurrences.

Please visit the Travel Guard website here:

http://www.travelguard.com/agentlink.asp?ta_arc=05714553&pcode=&agencyemail=info2@divediscovery.com

If applying for insurance with Travel Guard by phone, please reference **Dive Discovery Travel** (Africa Discovery) as your travel agent.

Please ask us for a complete description of the travel insurance benefits and assistance services we offer through Travel Guard. We will also include Travel Guard travel insurance in your trip quote upon request.

Please check one of the following:

I have read the insurance coverage information and have purchased a Travel Guard travel insurance policy. I have included the policy number below so you may confirm my / coverage.

I have decided to purchase a comprehensive travel insurance policy from another insurance company and have included details so you may confirm my/our coverage.

Comprehensive travel insurance has been explained and recommend to me relative to my forthcoming trip: however, I have declined to purchase such insurance. I, the undersigned, accept full responsibility for, and will not hold Africa Discovery/Dive Discovery Inc. responsible for any loss or expense incurred which would have been covered by the recommended comprehensive travel insurance.

Participant Signature _____ date: _____

Print Name _____ Trip Dates _____

Insurance Company _____ policy Number _____

Insurance company contact telephone if not using Travel Guard _____

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