

Endorsement Form

Trip Cancellation Late Issuance - Client

Date Insured Signed (Y/M/D)	Agent
Agency Name Ingle Insurance	Agency Code 2749
Plan Letter	
Departure Date (Y/M/D)	Return Date (Y/M/D)
Prior to departure amount \$	Date of non-refundable deposit (Y/M/D)
Special Notes	

In consideration of a Trip Cancellation policy being issued, I/we _____
Insured Name/s
 declare that I/we am/are in good health, that I/we know of no reason to seek medical attention and that I/we have no reason to expect that I/we will be prevented from travelling on _____.
Departure Date

By signing this endorsement, I understand the policy contains exclusions, conditions and limitations and that this policy takes effect no sooner than the date I receive an authorization code from T.I.C.

Signatures of all insureds	Names (please print)
1	
2	
3	
4	
5	
Authorized by	Authorization Code No.

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