

EYES ON AFRICA 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 Eyes on Africa is a significant investment, which involves risks.

For this reason, Eyes on Africa 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, 24-hour medical assistance, traveler's assistance, and emergency cash transfer.

For coverage, we suggest the Travel Insurance Center, which offers multiple products and allows you to easily select the policy best suited for your needs. 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. Some plans exclude pre-existing conditions regardless.

Please visit the Travel Insurance Center website here: [Travel Insurance Center](#). If applying for insurance with Travel Insurance Center by phone, please reference Eyes on Africa / Eyes on Adventure as your travel agent.

To speak to our representative personally about a travel insurance policy or with any travel insurance questions, call (toll-free) 866-979-6753/ext.3636 or (direct) 402-343-3636. You may also email by using this link: <mailto:eyesonadventure@travelinsurancecenter.com?subject=Travel Insurance / Eyes on Africa>

Please check one of the following:

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

Comprehensive travel insurance has been explained and recommended 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 Eyes on Africa 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 Insurance Center):
