

***Looking for a  
Competitive  
Selling  
Advantage?***



***Provide Automatic  
Flight Insurance***

 **FlightInsurance**<sup>®</sup>  
ACCIDENTAL DEATH INSURANCE

# Automatic Flight Insurance Participation Agreement

Travel Agency Name \_\_\_\_\_

ARC \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

## Is this a Satellite Ticket Printer (STP) Location?

- Yes       No

**\*NOTE - Branch offices to be covered must be listed on a separate agreement**

This Agreement is between the Travel Agency named above and the Chester Perfetto Agency, Inc., DBA TravelSafe Insurance.

Under this agreement the Travel Agency named above, has the authority to provide Automatic Flight Insurance benefits to a specific group of customers who purchase airline tickets.

### **Who is Covered**

*Please identify the customers you would like to extend coverage to: (Check One)*

- All Customers** - This includes **ARC Tickets, MCOs, Tour Orders, PTAs, Air/Cruise, Consolidator, Tour Supplier, and AmTrak tickets**
- All Customers of ARC Issued Tickets Only**
- All Customers of Corporate Accounts**

Please estimate the expected # of covered customers per month: \_\_\_\_\_

### **Level of Coverage**

*Please select the amount of coverage you would like to provide: (Check One)*

<b>Coverage Level</b>	<b>Cost Per Ticket</b>
<input type="checkbox"/> \$ 100,000	\$ 0.11
<input type="checkbox"/> \$ 150,000	\$ 0.16
<input type="checkbox"/> \$ 200,000	\$ 0.21
<input type="checkbox"/> \$ 250,000	\$ 0.28
<input type="checkbox"/> \$ 300,000*	\$ 0.33
<input type="checkbox"/> \$ 500,000*	Call for Rate

\*Benefit Limits For Corporate Customers Only



This Agreement may be terminated by either TravelSafe Insurance or the travel agency within 30 days' written notice by either party. This Agreement may be terminated immediately due to the violation of the law or noncompliance with the terms of the Agreement. TravelSafe Insurance shall be permitted to request copies and examine the travel agency ARC reports at any time during the policy term. The agency may not advertise any matter dealt with herein without the prior approval of TravelSafe Insurance.

By virtue of this application, I wish to become a Participating Travel Agency and I agree to all terms and conditions set forth herein.

**TRAVEL AGENCY OWNER**

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(Please print name)

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Signature

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Title

Date



[www.TravelSafe.com](http://www.TravelSafe.com)