



Sandals & Stamps
sandalsnstamps@gmail.com

Sandals & Stamps
TRAVEL INSURANCE REFUSAL FORM

This form is required for EVERY client, regardless of age, who chooses not to purchase travel insurance. Sandals & Stamps cannot release any final travel documents to a client unless this form has been completed and returned to our office. You may email it to it to sandalsnstamps@gmail.com

Please indicate your decision by circling your insurance choice below and signing at the bottom. A separate form is required for each passenger, regardless of age.

I DO / DO NOT wish to obtain travel insurance for:

Travel Medical/Accident

Default/Bankruptcy by carrier/operator

Lost/Damaged Baggage

Cancellation/Interruption

I have read the above paragraphs and agree to be bound by those terms. The benefits of Travel Protection Insurance have been explained to me and I do not wish to obtain them.

Signature of Participant _____

Date ____/____/____

Print Name _____

Parent or Guardian of a Minor: I as a parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in the trip and further agree, individually and on behalf of my child or ward, to the terms above:

Name of Minor_____

Age of Minor_____

Name of Parent/Guardian_____

Signature of Parent/Guardian_____

Date___/___/___

THANK YOU FOR YOUR BUSINESS!