



Senior Excursions

THE BEST VALUE IN THE TOUR INDUSTRY

Trip Assurance Protection

Senior Excursions is pleased to offer our customers exclusive "Trip Assurance Protection." This covers the entire cost of the trip up till the day of departure for medical reasons. This is straight forward, no frills, basic trip cancellation protection. It does not include any medical, dental or any other protection before, during or after your trip.

THE COST OF THE TRIP ASSURANCE PROTECTION IS \$65 PER PERSON

(THIS ASSURANCE COVERS THE PERSON WHO PURCHASES THE ASSURANCE ONLY)

VERY IMPORTANT INFORMATION FOR YOU TO UNDERSTAND:

1. You must call the Senior Excursions office at **1-888-358-9880** before your bus departs to cancel your trip. If you do not call this office and get your cancellation code, **YOU WILL NOT GET YOUR REFUND.**
2. Customers will be refunded for **medical reasons only**. You must provide a doctor's note in order to receive your refund, there are **NO** exceptions. Refunds are for medical reasons only. The **Only** COVID-related coverage is if you personally test positive for Covid.
3. If a person in a double room must cancel, the other person left in the room has the option to pay the single supplement to go as a "single" or find a new roommate.
4. Checks must be received in the office 30 days prior to the departure date. A separate check for the assurance should be made payable to Senior Excursions and mailed to 4807 Pacific Ave, Wildwood, NJ 08260.
5. **Once purchased, there are no refunds for Trip Assurance for any reason.**
6. Certain parts of a trip may not be refunded such as Broadway show tickets, Airline tickets or other items that are strictly non-refundable items. There may also be times when bus transportation costs may not be refundable due to the nature of the trip.

-----**CUT HERE**-----

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Group Name: **AARP #1917**

Destination: **CANADIAN NEW ENGLAND ADVENTURE**

Date of Trip: **SEPTEMBER 30 – OCTOBER 7, 2024**

By Signing below, I acknowledge that I have read the rules and regulations and I understand that this plan covers the cost of the trip only for medical reasons.

Name

Date