

ACE TRAVEL INSURANCE PROGRAM

1. Insured Person: _____ Marital status: _____ Gender M F

2. Address: _____
State: _____ Zip Code: _____

3. Date of birth (mm/dd/yyyy): _____ Age: _____

4. Mobile: _____ Work Phone: _____ Home Phone: _____

5. E-mail: _____

6. Destination(s): _____ Country: _____
City: _____
Departure Date: _____ Return Date: _____ Total Days: _____

7. Selected Plan: ELITE PREMIUM PREFERRED

8. Payment Method: PREMIUM: \$ _____
 VISA MASTERCARD AMERICAN EXPRESS CHECK MONEY ORDER
Expiration Date: ____ (month) / ____ (year)
Payment by check of Money Order in favor of: ACE Insurance
Bank Name: _____ Routing Number # _____
Account # _____ Check: _____ Saving: _____

BENEFICIARY	RELATION	BENEFIT %

9. Additional Insured
Name: _____ Date of Birth (mm/dd/yyyy): _____
Relation: _____

10. Additional Insured
Name: _____ Date of Birth (mm/dd/yyyy): _____
Relation: _____

11. Producer: _____ Agency: _____

12. Applicant
Name: _____ Date: _____ Signature: _____



insured.

Any person who knowingly and with the intent to defraud provides false information in an insurance application, or presents, assists, or makes a fraudulent claim for the payment of loss or other benefit, or presents more than one claim for the same incident of damage or loss, will commit a felony and if convicted will be sentenced for each violation with a fine no less than five thousand (\$5,000) dollars, or be sentenced to prison for a fixed term of three (3) years, or both penalties. In the event of aggravating circumstances, the term could be increased to a maximum of five (5) years; in the event of intervening extenuating circumstances it could be reduced up to a minimum of two (2) years.