Product No. 007370 10/98 S034

— Please Print Clearly —

# - FAX GUARD -

Fax this completed form to: **1-800-955-8785.** For questions, call 1-800-826-1300.

TRAVEL GUARD INTERNATIONAL

# Collision Damage Waiver

## $25,000 INSURANCE COVERAGE

## $25,000 Primary Collision Damage Waiver

### Premium: $6.00 per day per car

**Primary Collision Damage Waiver** covers damage to a rental car for which the law holds the Insured responsible because of a collision occurring while the Insured is driving a rental car. We will also pay for loss or damage to the vehicle due to causes other than collision for which the car rental contract holds the Insured responsible. The car must be rented from a recognized licensed auto rental company and arranged through the Insured's tour operator or travel agent.

**$25,000 Primary Collision Damage Waiver:**

| $6.00 | x | | +$3 | = | $ |
|---|---|---|---|---|---|
| Premium | | No. of Days | Policy Fee | | TOTAL |

If this is a duplicate fax, check here:

☐ Coverage Change ☐ Date Change

Policy #

## — METHOD OF PAYMENT —

☐ Check or Money Order Payable to Travel Guard

☐ MasterCard ☐ Visa ☐ Discover/Novus

Expires / /

Name of Cardholder

## TRAVEL AGENT INFORMATION

Travel Agency Name: The Insurance Exchange

Selling Agent's Initials:

ARC #: 009775 Fax #: 661-752-7420

Phone #: 661-285-8550

## — APPLICATION —

Name: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Last

First Middle Initial

☐ Male ☐ Female

Birth Date / /

Social Security #

Address

City

State Zip

Telephone ( )

Destination

Trip Dates- From / /

Trip Dates- To / /

Car Rental Agency

Car Rental Date / /

Return Date / /

*Confirmation will be faxed back within 24 hours. If you do not receive a fax-back confirmation, please contact our office within 72 hours of the original fax. If there is no indication of a missing confirmation, we will not back date the fax/policy for purposes of the "Waiver of Pre-Existing Medical Conditions."*