



Collision Damage Waiver Refund Request Form

Policy Number: _____

Name: _____

Address: _____

Daytime Phone: _____

Fax: _____

Email: _____

Trip Destination: _____

City: _____ Country: _____

Departure Date: _____

Return Date: _____

Tour Operator: _____

Car Rental Counter Used: _____

Name of Car Rental Agent: _____

Please state the reason for refund request:

Signature: _____ Date: _____

1145 Clark Street, Stevens Point, WI 54481

Fax#: 800-955-8785

Please attach proof of any other insurance coverage you purchased; this is required to process your refund.

TGCS002G

This Refund Request form is provided in case you rent from an agency that refuses to accept this CDW, and pressures you into purchasing their CDW. TravelGuard strongly recommends that you have the rental agency call TravelGuard to verify all coverage and claim procedures, and to recognize TravelGuard as the "Primary" carrier for CDW coverage. After clarification, TravelGuard has never had a rental agency refuse to accept this CDW.