

New... COLLISION DAMAGE WAIVER

When renting a car in the U.S. or abroad.

\$25,000 or \$35,000 Primary Insurance Coverage

(Not a reimbursement policy)

Covers physical damage to the rental car caused by a collision, or a comprehensive loss such as fire, theft or vandalism, for which the car rental contact holds the Insured responsible. Pays primary for the cost of repairs, and for several incidental fees that the rental agency may charge such as "loss-of-use" - charged for the days the vehicle is out of service, "diminution-in-value" - assessed when the resale value is reduced because of damage, or administrative costs charged for processing the claim on a damaged or stolen vehicle. This CDW is designed to meet the coverage requirements of the car rental contact.

Don't feel pressured to purchase expensive coverage from the rental agency!

Only \$7.00 or \$9.00 per day, per car (+ 3.00 policy fee)

Purchase this policy conveniently online!

www.InsuranceExchangeOnline.com * Click on the CDW graphic.

Or, give us a call! We can handle everything with one quick phone call.

(800) 385-8550

Kim@InsuranceExchangeOnline.com



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.



Collision Damage Waiver
\$25,000 INSURANCE COVERAGE

\$25,000 or \$35,000 Primary Collision Damage Waiver

Premium: \$7 or \$9 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.

\$35,000
\$25,000 Primary Collision Damage Waiver:

<input type="text"/>	X	<input type="text"/>	+\$3	=	\$ <input type="text"/>
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. Mx. Mr. Ms. Last _____

Telephone () _____

First _____ Middle Initial _____

Destination _____

Male Female

Trip Dates- From / /

Birth Date / /

Trip Dates- To / /

Social Security # _____

Car Rental Agency _____

Address _____

Car Rental Date / /

City _____

Return Date / /

State _____ Zip _____

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."

IMPORTANT

When you purchase Collision Damage Waiver insurance from INSURE AMERICA®, rest assured. You will have peace of mind knowing that you're covered for losses occurring as a result of collision as well as losses other than collision for which the car rental contract holds you responsible. See your Certificate for coverage details and limitations. So relax, and don't feel pressured into buying coverage from car rental companies. If a rental car company refuses to allow you to use this coverage, please feel free to have them contact us toll-free at 888-826-1300, for verification.

In case of an emergency, report all claims immediately by calling 715-345-0505. Please be sure to report all accidents to the local police and save copies of the police report and any receipts.

DEFINITIONS

"Insured" means the person named on the car rental agreement as a participant in this insurance program.

"Rental Return Date" is the return date listed on the car rental agreement.

"Rental Start Date" is the rental date listed on the car rental agreement.

COLLISION DAMAGE WAIVER

We will pay this benefit up to the Maximum Limit shown on the Schedule of Benefits. We will pay for collision and comprehensive damage to the rental car for which the car rental contract holds the insured responsible. In addition, we will pay the cost of repairs, for direct loss due to accidental damages of a rental car and loss of use while the rental car is being repaired. The car must be rented from a recognized licensed auto rental company.

Additional Exclusions: We will not pay for any obligation the Insured assumes under any agreement. We will not cover use of the rental car in violation of the rental car agreement. Excluded are rentals of trucks, campers, trailers, off-road vehicles, motorbikes, or recreational vehicles. We also exclude any liability, personal injury, and property damage that the car rental contract may or may not hold the Insured responsible for.

Claims Procedures For Collision Damage Waiver: The Insured must submit to us a copy of the Accident Report and an itemized statement of repairs made. The Insured must cooperate with us in our efforts to investigate the Accident and settle any claims against him. If the Insured fails to cooperate, or fails to send us any of the requested documentation, we reserve the right to refuse any further protection for the Accident.



CIGNA Property and Casualty Insurance Company
Insurance Company of North America
CIGNA Companies

999999-CW

10/98

**INSURE
AMERICA**
A Division of
TRAVELERS GROUP
International

PRIMARY COLLISION DAMAGE WAIVER

-Proof of Purchase Coverage Limit-\$25,000

The Individual named below has purchased primary collision damage coverage for the rental dates shown. This coverage provides Primary Collision Damage Waiver Protection only. For details of coverage, including limits on the amount and duration of coverage, see your Certificate of Insurance. This waiver is valid only if the product number is shown below and appropriate premium has been paid.

Name

Address

City

State, Zip

Rental Start Date

Rental Agreement No.

Rental Agent Signature

Date

ID NUMBER



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.