Activity Insurance
TRAVEL · CONFERENCES · STUDY · SPORTS · CAMP

SeaTrek BVI

Many times, the fun and excitement of a program is interrupted by unfortunate circumstances such as a family emergency or sickness, bags are lost or stolen, or you may need to cancel due to other unforeseen circumstances. SeaTrek BVI recommends Activity Insurance. After reviewing the link(s) below, please return this form to the Student Forms portal showing your selection.

U.S. Residents click here to learn more: U.S. Residents

Non-U.S. Residents click here to learn more: Non-U.S. Residents

This advertisement contains highlights of the plans developed by Travmark.com, Inc., which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al and non-insurance Travel Assistance Services provided by On Call International. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions. In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number is 800-927-4357. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travmark.com, Inc. 1 Hollywood Avenue #24B Ho Ho Kus, NJ 07423 CA License# 0I96377. While Travmark.com, Inc. markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Travmark.com, Inc., and Travmark.com, Inc. does not receive compensation from USF for providing the non-insurance components of the plans.

**********PLEASE RETURN THIS FORM TO YOUR PROGRAM DIRECTOR**********

☐ We have ACCEPTED the program protection as offered by Travmark. We have applied and made payment directly to Travmark. Our plan id # is: _____

☐ We have NOT ACCEPTED the program protection offered by Travmark; we have accepted insurance offered through another insurance provider.

☐ We have NOT ACCEPTED the program protection offered by Travmark or any other insurance provider. We understand that all program payments are not refundable. PARTICIPANT

NAME:_____ PROGRAM & DATES: _____

PARENT/GUARDIAN PRINTED NAME:_____

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____