

**CRUISE LINE  
DEPOSIT FORM  
PRINCESS**

**Destination: Greenland & Canada**  
**Group Leader: John Rannazzisi**  
**Departure Date: August 17, 2020**  
*Since 1986*



**t o u r s a n d c r u i s e s**

5 South Morton Avenue . Morton, PA 19070

PLEASE PRINT CLEARLY - EACH PASSENGER MUST FILL OUT HIS/HER OWN FORM

NAME \_\_\_\_\_

(Check One) (Mr.) \_\_\_\_\_ (Mrs.) \_\_\_\_\_ (Miss) \_\_\_\_\_ (Ms.) \_\_\_\_\_

**(First, Middle and Last Name. Exactly as printed on your Passport.)**

\*The Charge To Change An Incorrect Name On Documents Is \$150.00 Including FedEx Charges.)\*

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

E-MAIL \_\_\_\_\_

U.S. PASSPORT NUMBER \_\_\_\_\_ ISSUING AUTHORITY \_\_\_\_\_

*For example: United States Department of State (USDOS)*

DATE ISSUED \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_

NAME OF PERSON WITH WHOM YOU WILL BE ROOMING: \_\_\_\_\_

**CRUISE CATEGORY \_\_\_\_\_ COST \$ \_\_\_\_\_ AMOUNT OF DEPOSIT ENCLOSED FOR CRUISE \$ \_\_\_\_\_**

*YOUR DEPOSIT WILL SECURE YOUR RESERVATION. THE REST OF YOUR TRIP COST IS DUE BY YOUR FINAL PAYMENT DATE.*

**AMOUNT OF INSURANCE PREMIUM ENCLOSED\* \$ \_\_\_\_\_ DATE OF INSURANCE PAYMENT \_\_\_\_\_**

*\*TRAVEL PROTECTION IS RECOMMENDED AND OPTIONAL. SEE OTHER SIDE FORMORE INFORMATION AND PLAN RATES.*

CHOICE OF DINING

MAIN SEATING \_\_\_\_\_ LATE SEATING \_\_\_\_\_

ANYTIME DINING \_\_\_\_\_

SPECIAL OCCASION? BIRTHDATE \_\_\_\_\_ ANNIVERSARY DATE \_\_\_\_\_

ARE YOU A PAST PASSENGER WITH THIS CRUISE LINE? YES \_\_\_\_\_ NO \_\_\_\_\_ Captain's Circle # \_\_\_\_\_

IS AIRFARE INCLUDED ON THIS RESERVATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF INCLUDED, PLEASE FILL IN DEPARTURE CITY: \_\_\_\_\_ AIRPORT: \_\_\_\_\_

**EMERGENCY CONTACT NAME, RELATIONSHIP TO YOU ADDRESS & PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*When we book your cruise, we must tell the cruise line if you would like to be automatically upgraded, if an upgraded cabin becomes available. This WILL change your cabin and LOCATION on the ship. WOULD YOU PREFER TO KEEP YOUR ORIGINAL CABIN OR TO BE UPGRADED AND MOVED?**

Keep my original cabin \_\_\_\_\_ OR Upgrade and change my cabin \_\_\_\_\_ (Please check one)

1-800-423-0247 • 610-328-4181 • Fax: 610-328-4769

[www.grandamericantours.com](http://www.grandamericantours.com)

**Tour Protection Plan through Arch RoamRight Travel Insurance**

Trip Cost	Plan Cost per Person
\$0 - \$500	\$54
\$501 - \$1,000	\$95
\$1,001 - \$1,500	\$138
\$1,501 - \$2,000	\$186
\$2,001 - \$2,500	\$236
\$2,501 - \$3,000	\$288
\$3,001 - \$3,500	\$348
\$3,501 - \$4,000	\$411
\$4,001 - \$4,500	\$465
\$4,501 - \$5,000	\$527
\$5,001 - \$6,000	\$611
\$6,001 - \$7,000	\$731
\$7,001 - \$8,000	\$849
\$8,001 - \$9,000	\$961
\$9,001 - \$10,000	\$1,074

**For trip costs greater than \$10,000, please contact us.**

Benefits	Coverage Per Person (up to limits below)
Trip Cancellation	100% of insured trip cost
Trip Interruption	150% of insured trip cost
Trip Delay (5 hours)	\$750
Missed Connection (3 hours)	\$750
Baggage Delay (12 hours)	\$250
Baggage / Personal Effects	\$1,000
Emergency Medical Expense	\$50,000
Emergency Evacuation / Repatriation	\$250,000
Accidental Death & Dismemberment	\$25,000
Political & Security Evacuation	\$25,000
Emergency Travel Assistance*	Included

**To be eligible for the waiver of the Pre-Existing Condition Exclusion, the plan must be purchased within 21 days of initial trip deposit, full trip cost must be insured, and you must be medically fit to travel at the time of plan purchase.**

View a full description of coverage online at: <https://grandamerican.archinsurancesolutions.com/description-of-coverage>

\*Travel Assistance provided by the designated provider listed in the Description of Coverage.

Maximum trip length allowed is 180 days. This provides a broad overview of your policy provisions and does not revise or amend the policy. Insurance coverages are underwritten by Arch Insurance Company, NAIC #11150, under policy series LTP 2013 and endorsements thereto. Policies are administered by Arch Insurance Solutions, 1-844-827-9996, CA License #0118111, TX License #1787195. Your policy is the contract that specifically and fully describes your coverage. Certain restrictions and exclusions apply and coverages may vary in certain states. Please refer to your policy for detailed terms and conditions.

Consumer disclosures can be found at: <https://grandamerican.archinsurancesolutions.com/disclosures>

Insurance payments must be made out to Grand American Tours from the individuals traveling, not from an organization or group leader. This is to protect the organization from liability. We are an agency providing travel services for 3<sup>rd</sup> parties and hence we are not responsible for delays, damages, injuries or incorrect visa/passport information.

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