



GROUP TRAVEL INSURANCE QUESTIONNAIRE

For Groups of more than 10 and reside in the same State and have the same travel dates.

Date: _____

Name of Group: _____

Contact Person: _____

Address of Group: _____

Telephone: _____ Email: _____

Type of Group:

- Affinity Group(Club, Church, etc):
- Business
- Employer - Employee:
- Incentive Group:
- Student:
- Family:
- Other:

Destination: _____

Departure Date: _____

Return Date: _____

Total # of Travelers by age:	Age	# of Travelers – use comments if needed.
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_____	_____
_____	_____
_____	_____
_____	_____

Activities Planned: _____

Airline: _____

Cruise Line: _____

Tour Operator: _____

Check those that apply Coverages Most Interested In:

- Accidental Death
- Medical Expense
- Trip Cancellation/Trip Interruption
- Travel Baggage
- Emergency Medical Evacuation



Please answer if desired coverage includes Trip Cancellation/Trip Interruption:

Initial Trip Deposit Date: _____

Final Trip Payment Date: _____

Trip Costs per (May be several): _____

Once you have completed the above questions please return it by email your response to:
service@QuoteWright.com If you have any questions please call or write us at:

email: service@quotewright.com

voice: 1-800-821-4940

Comments:

Instructions:

1. Complete above form.
2. Save form to your computer.
3. Open your email program.
4. Create an email and address To: service@quotewright.com
5. Attach the file that you saved in step #2.