## **Cruise Travel Insurance Application Form**

Personal Information Full Name	
Date of Birth	
Email Address	
Phone Number	
Address	
Address	
Cruise Details Cruise Line	
Ship Name	
Departure Date	
Return Date	
Departure Port	
Itinerary / Destinations	
Insurance Coverage Coverage Type	1
	•
Number of Insured Travelers	
Pre-existing Medical Conditions	J

Beneficiary Details Beneficiary Name		
Relationship		