

High-Risk Destination Travel Insurance Consent Form

Full Name

Email Address

Travel Destination (Country/Region)

Travel Dates

Purpose of Travel

Emergency Contact Information

Known Risks (political instability, health risks, etc.)

Consent & Acknowledgement

I hereby acknowledge that I am traveling to a destination classified as high-risk. I confirm that I have thoroughly reviewed and understood the potential risks associated with my travel. I consent to proceed with the application for travel insurance coverage under the terms, limitations, and exclusions specific to high-risk destinations. I agree to provide any additional information as required and accept responsibility for my decision to travel.



I have read and understood the above declaration.

Signature

Date

