



Oberlin Marketing

Supporting the direction of your business

TRAVEL INSURANCE QUOTE FORM

Name: _____ **Date of Birth:** _____ **M/F:** _____

Spouse: _____ **Date of Birth:** _____ **M/F:** _____

Children Gender & DOB : _____, _____, _____, _____

State: _____ **Zip Code:** _____ **Country:** _____

Coverage looking for: **Travel Medical** **Trip Cancellation**

Trip Destination: _____

Date of Departure: _____ **Date of Return:** _____

Activities during Trip: _____

For Trip Cancellation:

Prepaid, non-refundable expenses travelers will have by the time they step out the door to start this trip. Include prepaid airline tickets, cruise expenses, accommodations, and trip extras:

Additional Information:

Agent Name: _____

Save & Document quote then: **E-MAIL** **FAX** **PRINT**