

## TRIP CANCELLATION PROTECTION – CLAIM FORM

**\*Traveler MUST BE cancelled 48 hours prior to trip departure date or Trip Cancellation Protection will not apply.**

<b>TRAVELER NAME:</b>	<b>CONTACT PHONE:</b>	<b>TRIP DATES:</b>
<b>TRAVELER ADDRESS:</b>	<b>CONTACT EMAIL:</b>	<b>DANCE SCHOOL NAME:</b>

**CANCELLATION INFORMATION:** \*See below for required documentation needed to process your claim. Please be advised by not submitting proper proof of claim this may delay the processing of your claim and that no payment for a payable loss will be made if all documentation necessary to process the claim is not submitted within 30 days of cancellation (no exceptions).

**PLEASE CHECK THE APPROPRIATE BOX BELOW:**

<input type="checkbox"/> SICKNESS/ILLNESS/INJURY
--

**REQUIRED DOCUMENTATION FOR CANCELLATION:**

- **SICKNESS/ILLNESS/INJURY:** Sickness or Injury must be so disabling as to reasonably cause a Trip to be canceled or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your participation in the Trip;
  - A copy of the attending physician statement completed in full by the traveler's physician. This statement must indicate the medical condition treated, the date of first treatment and the physician's reasons for not being able to travel.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law. I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Traveler or Parent/Guardian

\_\_\_\_\_  
Date

Required documentation for trip cancellation must be mailed to World Class Vacations within 30 days of cancellation (no exceptions); 7540 Windsor Dr, Ste 202, Allentown, PA 18195. Questions please call 1-800-222-4432.

If the cancellation is for a covered reason and refund is due (at discretion of insurance company), please indicate parent/guardian name to make check payable to: