



CHOICEST HOLIDAY INC

220 South Linden Ave #201
 South San Francisco , Ca 94080
 Tel: 650-589-9000
 Fax: 650-588-5700

全球旅遊保險 (Kwok Yee Ins. Agency) 88 Talisman, Irvine, CA 92620 / CA Insurance License #: 0761658
 查詢電話 (For information, please call): / (626) 252-1363 Fax: 1-949-415-2618 Agent Number: 53088
 E-Mail: kwokyee@gmail.com

***Please refer to policy certificate for full details. ** Cancellation coverage is \$1000 for age 81 and above**

保障項目 (Benefits)	最高理賠額度 (Max. Coverage)	保費(以 30 天為限) (Plan Rate/30Days)
旅行取消賠償(Trip Cancellation)/(如需更高保額, 請與我們聯絡)	\$ 500	0-34 歲 (Age) \$ 63
旅行中斷賠償(Trip Interruption) (如需更高保額, 請與我們聯絡)	\$ 750	35-58 \$ 74
行程延誤賠償 (Trip Delay)---(6 hrs.)---(\$200/day)	\$ 1,000	59-65 \$ 79
疾病醫療險 (Emergency Medical Benefits)	\$100,000	66-70 \$ 87
牙齒保險 (dental sublimit)	\$ 750	71-80 \$ 112
緊急輸送 (Emergency Medical Evacuation/Repatriation)	\$1,000,000	81- 85 \$ 203**
行李遺失 (Baggage Lost)	\$ 1,000	86 + \$ 236**
行李延誤 (Baggage Delay)---(12 hrs.)	\$ 300	30 天以後每天保費
24 小時意外險 (24 hr. AD&D /Accidental Death & Dismemberment)	\$ 10,000	多加 \$ 5 最高購
飛行意外險 (Flight accident)	\$ 100,000	買期為 180 天
小孩十七歲以下同父母一起旅行, 保險費每人- \$33 per child (Children 17 and under traveling with an insured adult - \$33 per child)		
Trips from 31-180 days please add \$5 per day.	Maximum 180 days	2018-01-23

飛行意外險可更高, 保費如下: (Flight accident plan can increase)
 \$250,000 / \$10 - \$500,000/\$31 - \$1,000,000/\$42

申請表 (Enrollment Form) 傳真至 (Fax to): 949 415-2618 旅遊經紀(Travel Agent): **CHOICEST HOLIDAY INC**

出發日期(Departure Date): _____ / 回程日期(Return Date): _____

前往國家(Country of Destination): _____

遊客姓名(Traveler Name #1): _____ / 生日(Birthday): _____

遊客姓名(Traveler Name #2): _____ / 生日(Birthday): _____

遊客姓名(Traveler Name #3): _____ / 生日(Birthday): _____

遊客姓名(Traveler Name #4): _____ / 生日(Birthday): _____

遊客聯絡電話(Traveler Phone #): _____

遊客郵寄地址(Traveler Mailing Address): _____

遊客電子郵件信箱 (Traveler E Mail): _____

受益人姓名 (Beneficiary): _____

付款(Payment): ___ VISA ___ MasterCard ___ Discover ___ American Express

金額(Total Amount Due): _____ 卡號(Card Number) : _____

信用卡失效日期(Expiration Date): _____

持卡人姓名(Card Holder Name): _____ 信用卡安全碼_(3 digit code) : _____