





# Group Travel Insurance Roster

(CFAR box = cancel for any reason / 50% additional premium added)

**CFAR option is not available to NY residents.**

FIRST NAME	LAST NAME	STATE	ZIP	TRIP COST	CFAR	PREMIUM
1. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
2. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
3. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
4. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
5. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
6. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
7. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
8. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
9. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
10. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
11. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
12. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
13. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
14. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
15. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
16. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
17. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
18. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
19. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____
20. _____	_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____