



# TOUR RESERVATION



## NATIONAL PARKS & PRESIDENTS TOUR with Heart Mountain

**September 3-15, 2019**



Please complete one form for each traveler.

DOUBLE OCCUPANCY

	<u>PRICE PER PERSON</u>	<u>NO. OF TRAVELERS</u>	<u>AMOUNT DUE</u>
<input type="checkbox"/> Double Occupancy	\$3,695 per person	X _____ guests	\$ _____
<input type="checkbox"/> Please add the optional Group Travel Protection	Add \$242 per person	X _____ guests	\$ _____
<input type="checkbox"/> I am declining the Group Travel Protection			

SINGLE OCCUPANCY

<input type="checkbox"/> Single Occupancy	\$4,690 per person	X _____ guests	\$ _____
<input type="checkbox"/> Please add the optional Group Travel Protection	Add \$319 per person	X _____ guests	\$ _____
<input type="checkbox"/> I am declining the Group Travel Protection			

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

Deposit: \$200 per person is due to confirm your reservation  
 Full Payment: Due no later than July 10, 2019  
 Make Checks Payable to: JEMS  
 Cancellations/Refunds: Cancel prior to July 10, 2019, for a full refund.  
 Cancel on or after July 10, 2019, no refunds

**Please complete one reservation form per person and send with your deposit to:**

**JEMS**  
**Attention: Rev. Dr. Sam Tonomura**  
**948 E. Second Street**  
**Los Angeles, CA 90012**

Traveler Name: \_\_\_\_\_  
 Roommate (if double occupancy — please complete separate forms): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Space or Apt. # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Emergency Contact Name and Phone: \_\_\_\_\_  
 Preferred Pick Up Point (please select one):  WPC  GVBC  JEMS

***For further information, please contact:***

**Rev. Dr. Sam Tonomura**  
**Email: [samt@JEMS.org](mailto:samt@JEMS.org)**  
**Phone: (213) 613-0022**  
**JEMS WEBSITE: [WWW.JEMS.ORG](http://WWW.JEMS.ORG)**

# GROUP DELUXE

## GROUP TRAVEL PROTECTION PLAN



### SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES

<b>Trip Cancellation**</b>	<b>Trip Cost*</b>
Cancel for Work Reasons Coverage for cancellation due to work-related reasons in addition to job loss	
<b>Trip Interruption**</b>	<b>150% of Trip Cost*</b>
<b>Travel Delay – 6 hours</b>	<b>\$750 (\$150/day)</b>
<b>Missed Connection – 3 hours</b>	<b>\$500</b>
<b>Baggage/Personal Effects</b>	<b>\$1,500</b>
<b>Baggage Delay – 24 hours</b>	<b>\$400</b>
<b>Non-Medical Emergency Evacuation</b>	<b>\$150,000</b>
<b>Accident &amp; Sickness Medical Expense</b>	<b>\$50,000</b>
<b>Emergency Evacuation &amp; Repatriation</b>	<b>\$250,000</b>

**Non-Insurance Worldwide Emergency Assistance Services** **Included**

Coverages may vary and not all coverage is available in all jurisdictions.  
 \* Up to the lesser of the Trip Cost paid or the limit of Coverage for which benefits are requested and the appropriate plan cost has been paid. Maximum limit of \$20,000  
 \*\* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

### PER PERSON RATES

Cost of Trip	Rates	Cost of Trip	Rates
\$0	\$21	\$7,001-\$7,500	\$519
\$1-\$300	\$33	\$7,501-\$8,000	\$537
\$301-\$500	\$39	\$8,001-\$8,500	\$561
\$501-\$1,000	\$58	\$8,501-\$9,000	\$595
\$1,001-\$1,500	\$93	\$9,001-\$9,500	\$623
\$1,501-\$2,000	\$115	\$9,501-\$10,000	\$665
\$2,001-\$2,500	\$145	\$10,001-\$11,000	\$734
\$2,501-\$3,000	\$172	\$11,001-\$12,000	\$802
\$3,001-\$3,500	\$194	\$12,001-\$13,000	\$870
\$3,501-\$4,000	\$242	\$13,001-\$14,000	\$938
\$4,001-\$4,500	\$276	\$14,001-\$15,000	\$1,006
\$4,501-\$5,000	\$319	\$15,001-\$16,000	\$1,074
\$5,001-\$5,500	\$353	\$16,001-\$17,000	\$1,142
\$5,501-\$6,000	\$388	\$17,001-\$18,000	\$1,210
\$6,001-\$6,500	\$422	\$18,001-\$19,000	\$1,278
\$6,501-\$7,000	\$485	\$19,001-\$20,000	\$1,346

The above rates are for trips up to 30 days – for each day over 30 add \$5.00 per person per day.  
 All of the above rates are for the plan which includes insurance and non-insurance services.



FROM MAIN STREET TO THE ROAD LESS TRAVELED

### PAYMENT INFO:

To purchase the Travel Insured Group Deluxe Protection Plan, please mail this form with a check to:

Main Street Experiences  
 4010 Watson Plaza Dr, Ste 139  
 Lakewood, CA 90712  
 (310) 212-0791

### APPLICATION:

Applicant Name(s): \_\_\_\_\_

Trip Name: \_\_\_\_\_

Trip Dates/Tour #: \_\_\_\_\_

Phone: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Trip Cost: \_\_\_\_\_

Premium Amount: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Travel Insured International  
 844-440-8113  
 groups@travelinsured.com  
 www.travelinsured.com

## GENERAL LIMITATIONS AND EXCLUSIONS

Insurance benefits are not payable for any loss due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition; 7. participating in bodily contact sports, skydiving or parachuting, hang gliding or bungee cord jumping; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being Intoxicated, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided); 13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits; 14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 15. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 16. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; 17. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

**The following limitation applies to Trip Cancellation:** All cancellations must be reported directly to the Travel Supplier within 72 hours of the event causing the need to cancel, unless the event prevents it, and then as soon as is reasonably possible. If the cancellation is not reported within the specified 72 hour period, the Company will not pay for additional charges, which would not have, been incurred had You notified the Travel Supplier in the specified period. If the event prevents You from reporting the cancellation, the 72-hour notice requirement does not apply; however, You must, if requested, provide proof that said event prevented him or her from reporting the cancellation within the specified period.

**Additional Limitations and Exclusions Specific to Baggage and Personal Effects:** Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

### **Purchase up to final Trip Payment for Pre-Existing Condition Waiver!**

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased before final trip payment for the trip, for the full non-refundable cost of the trip and the booking for the covered trip is the first and only booking for this travel period and you are not disabled from travel at the time you pay the premium.

## **PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.**

This document contains highlights of the plan. The plan contains insurance benefits underwritten by the United States Fire Insurance Company. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2016. The plan also contains non-insurance Travel Assistance Services that are provided by an independent organization, and not by United States Fire Insurance Company or Travel Insured International. Coverages may vary and not all coverage is available in all jurisdictions.