

SCHOOL (Seminole County Public Schools): _____
 INSURANCE PLAN: **Academic Explorer Horizon**
 DESTINATION: _____
 DATES OF TRAVEL: _____
 PARTICIPANT NAME: _____
 PROTECTION PLAN COST: **\$46**

Trip Protection	Trip Cancellation and Interruption
Trip Cancellation	Up to \$4,000
Trip Interruption	Up to \$5,000
Financial Default	10 Day Wait (Trip Cancellation & Trip Interruption)
Terrorism in Itinerary City	Foreign and U.S. Domestic (Trip Cancellation & Trip Interruption)
Baggage Loss	\$1,000 \$250 per article limit \$500 combined max. for specified items <small>(secondary)</small>
Baggage Delay	12+ hours \$200 max. <small>(secondary)</small>
Travel Delay	6+ hours \$150/day \$500 max. <small>(secondary)</small>
Additional Benefits	
24-Hour Emergency Assistance	Yes
There is no coverage for travelers over the age of 70.	All participating students must be included on this plan. If covering faculty, chaperones, or parents, all must be included to have coverage.
Insurance Underwriters	Nationwide Mutual Insurance Company

Please Refer to Certificate of Insurance for Specific Coverage Details

Insurance Election (please sign one)

I, the Participant (over the age of 18) or parent and/or legal guardian (if Participant is under the age of 18), **affirm** that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am **enrolling** in the Nationwide Travel Insurance plan offered through Lyman High School.

_____ Date: _____

I, the Participant (over the age of 18) or parent and/or legal guardian (if Participant is under the age of 18), hereby **waive** the opportunity to enroll in the Nationwide Travel Insurance Plan offered through the Lyman High School. I understand that by **waiving** the enrollment I am responsible for obtaining a separate travel insurance plan that will cover the participant during the specified travel dates.

_____ Date: _____