

## How to Buy Insurance Through The Link





**Click "Buy Travel Protection"** 

## TRIP PROTECTION INFORMATION

Jeanie's Journeys encourages the purchase of a Travel Protection Plan to help protect you importantly you! Jeanie's Journeys makes the Tour & Cruise Travel Protection Plan easily ar purchase the plan, click Buy Travel Protection button below.

## For ANY plan questions or help with a claim call 1.833.297.2258



## Enter in the Fields and then Click "Get Quote"

Enter your age (at the time of enrollment, not the age at time of travel) and trip cost. If there will be more than one person on the enrollment, click add traveler right below the age box. Then click next in the orange box.



Choose Your Plan & Click Buy Now on the plan you wish to purchase. A new browser window will open upon clicking Buy Now.



Enter Your Information and Complete the Payment Process & Done!

Enter your personal information.

Any box with an asterisk is a required field.

Any boxes without an asterisk can be left blank.

Please note that for the Postal Code, that field needs to be entered manually. If you use autofill to fill in the Postal Code, the city will not populate correctly.

For the Trip Information section, choose the arrangements to be insured and destination (EX: Air). **The Booking ID and Deposit date can be left blank**. Then click next in the orange box.

Enrollment Information										
Primary Traveler							Purchase De	tails		
First Name *	MI Last Name *		Suffix			Basic Plan Plan Documents				
					~	Travelers			Cost	
Age * Gender Ben		aficiary			Traveler 1	\$210	\$210			
Frankli Addresse F	Obere 1		All Dhone			Traveler 2 Total Cost			\$420	
Email Address -	Phone -		An Phone			Consumer Disc	losures.			
Address Line 1 *		Address Line 2				>/				
Postal Code *	City		State OH			9	Peanie Oou	, s rnei	us	
Additional Travelers	Same email and Same address for	phone for all travele r all travelers.	·s.				000	0		
First Name *	мт	Last Name *		Suffic						
Age * Gender		Bene	ficiary							
	~									
Email Address *	Phone *		Alt Phone							
			Trip Information							Consumer Disclosures.
	Arto			Insured				Primary Destination *		
			Cruise		~			Alaska		× · · ·
			Booking #/ID?							Jeanie's
			Todd Lovelace Departing * Returning			Deposit Date		Trip Cost		Journeys
			05/01/2024	=	05/08/2024	=		=	\$ 3000	
			The quoted price for the trav	el protectio	on plan includes t	he travel plan paymer	t and a separate fee for tr	avel assistance	Cor e services. You may obtain infor	ntinue

Review all information that has been entered to ensure it is correct. Enter credit card type, credit card number, and expiration date. Then click box agreeing to terms and conditions. Then click Buy Now. A globe will spin for a few seconds and then a message on the screen will appear with your enrollment number.

	Trip Information	r ur chase Details		
	Arrangements to Be Insured Cruise Booking Number Not Provided	Trip Type Select	Destination Alaska	Basic Plan Plan Documents Travelers Co:
	Length Depart	Return	Deposit Cost	Todd Lovelace \$21 Bradeo Lovelace \$21
	Todd Lovelace 8 05/01/2024 Braden Lovelace	05/08/2024	02/13/24 \$3000	Total Cost \$420.0 Consumer Disclosures.
	8 05/01/2024	05/08/2024	02/20/24 \$3000	
	Payment Information			
	First Name *	мі	Last Name *	Ocanie's
	Todd		Lovelace	Juna
	Card * Num	ber * CCV	* Expiration*	Journeus
	~		v v	Jung
	Street Address *	Apar	rtment	
	9170 Farmersville West Carrolton Road			
	Postal Code *	City *	State *	
	45327	Germantown	OH	
	Email Address *		Phone *	
	tiovelace45327@yahoo.com		9374302103	
	By checking this box, I agree to the Terr	ns and Conditions of the plan I'm p	urchasing.	
	If you are not satisfied with your plan for an premium will be refunded (less the enrollme	y reason, you may return your plan nt processing fee, if applicable), pro	documents to us within 14 days of purchase, and your ovided you have not filed a claim or departed on your trip.	
	Make Changes		Buy New	
	Huke changes		Buy Now	