

# PAPUA NEW GUINEA REQUIRED STATEMENT REGARDING TRIP INSURANCE

Dear Client(s),

For the past eight years there have been an unusual number of client cancellations, such as illness, emergencies or illness in the family. We do not sell or recommend a specific travel insurance policy, but know former clients have been grateful for the insurance coverage in their time of need.

The inbound tour operators in Papua New Guinea mandate clients provide details of their travel insurance, including the phone numbers of the insurance company.

Review the various offerings of travel insurance by your automobile club or through such sites as <http://www.insuremytrip.com>

Enjoy a more carefree trip, with less worry about lost or damaged baggage, emergency medical care, evacuation, especially from remote areas such as Papua New Guinea and cancellation fees.

**Important note:** Many insurance companies include pre-existing conditions if insurance is bought within a short period of making the trip deposit.

Please check one:

I understand trip insurance is mandatory and it will be purchased at a later date.  
A signed booking form and the travel insurance policy number and phone contact are required before the reservation is confirmed.

Trip insurance has been purchased through:  
The policy number is:  
and the emergency telephone contact for information and claims is:

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Signatures required for all clients.

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Date and please print your names

Please print:

Name:-----

Address:-----

Please complete both sides of this form and send to: **New Guinea Travel**

c/o 408 East Islay Street

Santa Barbara, CA 93101-1039

Phone (805) 569-0558 • Toll Free: (800) 676-1241

***www.pngtravel.com***

# Booking Form

## *Client 1*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Place/Date of Issue: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Medications being presently taken: \_\_\_\_\_

Special medications/Physical constraints: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

## *Client 2*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Place/Date of Issue: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Medications being presently taken: \_\_\_\_\_

Special medications/Physical constraints: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Each client must sign below, verifying booking terms and conditions as stated on the Trans Niugini Tours Papua New Guinea brochure and on the reverse side of this sheet have been read and are accepted.

Client #1 Signature: \_\_\_\_\_

Client #2 Signature: \_\_\_\_\_

**Send with \$1000.<sup>00</sup> per person deposit payable to: New Guinea Travel  
c/o 408 East Islay St. • Santa Barbara, CA 93101-1039**