



Total Leisure Services Ltd

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INSURANCE INDEMNITY FORM

The booking conditions of Total Leisure Services Ltd. in common with most tour operators require you to obtain adequate holiday insurance. Such insurance should ensure that you are fully covered against unexpected cancellation charges, medical expenses arising abroad, loss of luggage or money and personal liability claims.

It is strongly recommended that you accept either the insurance offered by your travel agent or the insurance arrangements described in our brochure and / or web site. However, you are entirely free to make your own arrangements provided that the resultant policy affords cover comparable to that offered by the tour operator. If you elect to make your own arrangements, please sign the indemnity statement shown below. The signing of this form in no way limits the legal obligations to you where the providers of your holiday / travel arrangements (such as a tour operator, airline or hotel) are at fault. Some of these obligations may be set out in your holiday / travel contract.

PLEASE NOTE THAT CERTAIN BUILT IN INSURANCE COVERS OFFERED BY CREDIT CARD COMPANIES ON HOLIDAYS PAID FOR BY CREDIT CARDS MAY NOT BE ADEQUATE AND NOT NECESSARILY OFFER COMPARABLE PROTECTION. REFER TO OUR TRAVEL INSURANCE DATA SHEET FOR ALL ASPECTS AND DETAILS OF COVER OFFERED BY US.

I have declined to take out the holiday insurance cover offered by the tour operator and have also declined to take out comparable insurance cover offered by the travel agent through whom the arrangements have been made. I hereby undertake on behalf of myself and all members of my party:

- (i) To arrange holiday insurance which provided comparable cover to that offered by the Tour Operator.
- (ii) Not to hold the tour operator or travel agent responsible for any cost incurred by my party due to my failure to take out adequate insurance.
- (iii) To indemnify the tour operator and travel agent for any costs incurred by them due to my failure to take out adequate insurance cover.

I understand that nothing in this agreement shall limit or exclude my statutory rights.

Signed _____

Date of Departure: _____

Date _____

Name _____

Address _____

POLICY NO. _____
Insurer: _____
Emergency Contact Number(s) _____ _____
REMARKS: _____ _____ _____

Tour Operator _____	Holiday Ref _____
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