BLUE CROSS®

TRAVEL INSURANCE

List of insured persons
Group Tour

Distributor s name: _____ Blue Cross code: _____

Your name: _____ Contract number: _____

Departure date: _____ Return date: _____ Issue date: _____

Name of insured	Date of birth	Chosen product*	Cancellation before departure	Premium	Tax	Commission rate	Method of payment		Amount to charge on the credit card	Net amount
							Credit card number	Exp. date		