

Decline Insurance Waiver

I understand that the suppliers, NOT Armstrong Travel, Inc., are financially responsible to me when I cancel my trip or the supplier does not perform as promised, since Armstrong Travel, Inc. is not the source, nor supplier, of the travel services I have requested, and acts solely as an agent for the actual suppliers of such services.

I have been advised by Armstrong Travel, Inc. that the suppliers whose names appear in the information supplied to me are those who are actually responsible for providing the travel services I have purchased. I consent to and request the use of those suppliers and agree not to hold my travel agency responsible should any of these suppliers fail to provide the travel services I have purchased.

I have read the information provided by Armstrong Travel, Inc. about cancellation penalties, refund policies, bankruptcies, and other major disruptions that may cause me a financial loss. I have been advised by Armstrong Travel, Inc. that I can purchase travel insurance to obtain some protection.

Purchased insurance with _____ Insurance Company

Declined insurance

Insurance not available

Signature: _____

Print Name: _____ Date: _____