

Travel Insurance Extension Renewal Notice

Policy Number: _____

Insured Name: _____

Original Policy Period: _____ to _____

Extension Period: _____ to _____

Contact Information:

Email: _____

Phone: _____

**Renewal Premium
Summary**

| Description | Amount |
|-----------------|--------|
| Base Premium | |
| Extension Fee | |
| Taxes & Charges | |
| Total | |

Instructions:

- Please verify all information above.
- Contact your agent for any queries or corrections.
- Renewal is subject to timely payment before the extension period start date.

Insured Signature: _____

Date: _____