



Information Request Form - Student Group Travel Insurance

Email to jeff@travalama.com. Please indicate in the name of your organization in the subject line.

Date ____/____/____

- Name of Organization/School/Camp:

- Destination(s): _____
- Trip Dates: _____
- Estimated Number of Travellers: _____
- Estimated Total Trip Cost Per Student (If there is scholarship please separate the scholarship amount and the amount paid by parents/students): _____
- Contact Person: _____
- Number and/or Email Address _____
- Best Time to Call _____

Please direct all questions to Jeffrey Barr, General Agent at Travallama Insurance Brokers LLC:
jeff@travalama.com.

Direct - 786-882-7044