

BALDWIN BROTHERS TRAVEL PROTECTION (BBTP)

General Membership Application

Agreement # _____

Participant Name _____ Date of Birth _____

Current Residence Address _____

City _____ State _____ Zip _____ Home Phone _____

SS # _____ Email Address _____ Cell Phone _____

Designated Authorized Person Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

This Travel Protection Plan Agreement is made between Participant and Baldwin Brothers Travel Protection, LLC (BBTP) on the date of the last signature affixed below.

Membership Plan Benefits

“Leave Home with Confidence and Peace of Mind”

- Access to Baldwin Brothers Travel Protection’s response center and professional staff 24 hours a day
- Access to Baldwin Brothers Travel Protection’s network of qualified service and transport providers
- Guaranteed payment to qualified service and transport providers

In the event Participant dies when more than 75 miles from the address listed by Participant on this Agreement, BBTP will provide the following services (at no additional charge, up to a maximum of \$5,000) to deliver the cremated remains to Participant’s Designated Authorized Person or mortal remains to a deathcare provider in the community in which Participant is a resident at the time of death.

Basic Plan: \$395 (return of cremated remains)

- Contact a local deathcare provider (selected by BBTP) which will arrange all aspects of cremation to occur in the area in which Participant died;
- Facilitate delivery of cremated remains by such local deathcare provider to the Designated Authorized Person identified by Participant for such receipt on the Agreement;

Premium Plan: \$495 (return of mortal remains)

- Contact a local deathcare provider (selected by BBTP) which will arrange transportation of the remains from the location at which death occurred to the provider’s facility to prepare the remains for transportation pursuant to this Agreement;
- Facilitate preparation of remains for transportation pursuant to this Agreement;
- Facilitate provision by local deathcare provider of minimally required casket or air tray for transport;
- Facilitate delivery of remains to a deathcare provider in the area of Participant’s residence (within 75 miles) at time of death; and
- Facilitate obtaining certain necessary documentation and permits if death of Participant occurs outside of the United States.

I choose to be unprotected: _____ By choosing to be unprotected, I acknowledge and agree that my survivors will incur additional fees for expatriation, transportation and other costs if I should pass away more than 75 miles from the coverage area defined in the accompanying Prearrangement Funeral Agreement.

To obtain services, call BBTP at 1-844-283-7118

Services contemplated by this Agreement must be provided by BBTP. Claims for reimbursement for services arranged by any entity or person other than BBTP will not be accepted. This agreement may be cancelled (full refund made) if cancelled within 30 days of the effective date. Participant acknowledges, by signing below, that BBTP is not providing cremation or funeral services or merchandise pursuant to this Agreement, but rather is facilitating logistics for Participant’s Designated Authorized Person or family member. Participant further acknowledges that this Agreement does not constitute insurance or a preneed cremation or funeral contract.

Participant’s Signature _____ Date _____

BBTP Authorized Agent Signature _____ Date _____

BBTP Authorized Agent Name _____ ID # _____

*Baldwin Brothers Travel Protection, LLC
One North Causeway
New Smyrna Beach, FL 32169*

Terms of Payment: ___Cash ___Check ___Credit Card
Amount Paid: \$ _____