

Travel Interest Form

Capital Insurance Group



Agency Name: _____ Code: _____

Please complete all fields.

Primary Traveler Information *(must match travel documents i.e. Passport or Drivers License)*

First Name:		Middle Name:		Last Name:		Suffix:		Name Badge:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date:		Document Type:		Issue Date:		Citizenship: <input type="checkbox"/> US Citizen Other:		Issuing Authority:			
		Number:		Exp. Date:							
Home Address:				City:		State:		Zip Code:		Traveler Type: <input type="checkbox"/> Agency Owner <input type="checkbox"/> Agency Employee	
Cell Phone:			Secondary Phone:			Email Address (airline itinerary and e-tickets will be sent here):					
If you would prefer trip information sent to an address other than your home, please specify:											
Any special information we should know about, i.e. special assistance, dietary needs etc.? Please give brief explanation: _____ _____											
Emergency Contact Info				Frequent Flyer Programs				Trusted Traveler Programs			
Last Name:		First Name:		Airline: Number:				TSA Pre-Check Number: Expiration Date:			
Phone:		Relationship:		Airline: Number:				Global Entry Number: Expiration Date:			

Full registration forms, as well as a hold harmless agreement and copies of all valid passports/IDs will be required before travel dates can be assigned. You will receive the registration forms once you have fully qualified and date selection begins.

_____ # of couples to register for Rhine River Cruise _____ # of couples to register for Banff

_____ **Total # of registered couples** x **\$600 deposit per registration** = _____ **Total amount due**

Please refer to the Incentive Travel Guide on aotrips.com for more information on who qualifies as an eligible traveler.

Send completed form with check made payable to Auto-Owners Insurance to:

Incentive Travel – Do Not Open
Auto-Owners Insurance Company
PO Box 30660
Lansing, MI 48909-8160

Questions? Call (800) 346-0346 Ext. 50387

