



NCL NORWEGIAN CRUISE LINE

**JOIN iHEART RADIO & POHANKA AUTOMOTIVE GROUP  
CRUISE TO THE BAHAMAS ONBOARD THE BRAND NEW NORWEGIAN ENCORE  
for the Launch of the Inaugural Whiskey and Randy World Tour  
Tuesday, October 13 – Tuesday, October 20, 2020**

**YOUR CRUISE TO THE BAHAMAS INCLUDES**

- Seven (7) Nights' accommodations onboard the "Brand New" **NORWEGIAN ENCORE** (including cruise taxes, government fees & port expenses– subject to change at the discretion of the cruise line)
- All included meals and entertainment while on board the **NORWEGIAN ENCORE**
- **UNLIMITED OPEN BAR PACKAGE \*** (\*Valued at over \$800 per person) (\*Applies only to the 1st & 2nd Guest sharing the same cabin and includes service charges – additional guests in cabin do not qualify. Terms & Conditions apply as per Norwegian Cruise Line.)
- **THREE (3) MEAL SPECIALTY DINING PACKAGE\*** (\*Applies only to the 1st & 2nd Guest sharing the same cabin and includes service charges – additional guests in cabin do not qualify. Terms & Conditions apply as per Norwegian Cruise Line.)
- **PREPAID SHIPBOARD GRATUITIES** (for restaurant & stateroom services)
- **ONBOARD CREDIT \$75 PER STATEROOM**
- **TWO (1) HOUR PRIVATE COCKTAIL PARTIES**
- **SERVICES OF A PROFESSIONAL BOSCOV'S TRAVEL ESCORT**

**RATE PER PERSON\***

**CATEGORY IB - INSIDE  
\$1,255**

**CATEGORY BB – BALCONY  
\$1,605**

Please see your Boscov's Travel Specialist for additional cabin categories that may be available. \*Rates are based on double occupancy. All categories are subject to availability at time of booking.

**YOUR CRUISE TO THE BAHAMAS ITINERARY**

Day	Port of Call	Arrive	Depart
OCT 13	New York City, New York		4:00 PM
OCT 14	<b>Day At Sea</b>		
OCT 15	Orlando-Beaches-Port Canaveral	1:00 PM	9:00 PM
OCT 16	Great Stirrup Cay, Bahamas	10:00 AM	6:00 PM
OCT 17	Nassau, Bahamas	8:00 AM	5:00 PM
OCT 18	<b>Day At Sea</b>		
OCT 19	<b>Day At Sea</b>		
OCT 20	New York City, New York	7:00 AM	

All itineraries are subject to change without notice.



**OPTIONAL: GROUP DELUXE TRAVEL PROTECTION PLAN**

Extensive plans to help protect your trip. We encourage all travelers to purchase a plan at the time of initial trip deposit.

**Category IB - \$112 per person  
Category BB - \$138 per person**

Should anything additional be added to your booking to increase your per person cost, your travel protection plan rates may increase in order to provide complete coverage of your package. Travel Protection Plan becomes NON-REFUNDABLE 14 days from date of purchase.



## General Terms and Conditions

**RESERVATIONS:** A deposit of **\$250 per person** will be necessary in order to secure your cabin (**\$500 per person** will be required for **SINGLE OCCUPANCY** accommodations), along with **FULL LEGAL NAMES & DATES OF BIRTH**. Triple and Quad occupancy cabins are based on availability at time of booking as these cabins are very limited in number. The balance will be due to us by **TUESDAY, AUGUST 4, 2020**.

**PAYMENTS:** You may charge any portion or the entire amount to your Boscov's Charge, MasterCard or Visa. If paying by check, make it payable to **Boscov's Travel**.

**GUARANTEE OF RATES:** All categories are subject to availability at time of booking. Cruise taxes, port expenses and government fees are subject to change at any time without notice at the discretion of the cruise line. All increases would be the responsibility of the cruise participant and must be paid in full prior to departure. Reservations paid in full at time of increase/change would not be exempt. Failure to pay these charges would result in denied boarding/travel.

**GRATUITIES:** Shipboard gratuities, for restaurant and stateroom services **ARE** included in the rates listed on this flyer.

**UNLIMITED OPEN BAR PACKAGE/THREE (3) MEAL SPECIALTY DINING PACKAGE:** The Unlimited Open Bar Package & The Three (3) Meal Specialty Dining Package is inclusive of service charges and is **ONLY** available to the 1<sup>st</sup> & 2<sup>nd</sup> guest sharing the same cabin. Additional guests in the same cabin do **NOT** qualify. Terms & Conditions apply per Norwegian Cruise Line and these packages can be removed or withdrawn at any time at the cruise line's discretion.

**CANCELLATION:** For cancellations made between **August 5, 2020** and **September 12, 2020**, **75%** of the cruise cost will be assessed. Cancellations made on or after **September 13, 2020** will receive **NO REFUND**.

**OPTIONAL TRAVEL PROTECTION PLAN:** Group Deluxe Travel Protection is **OPTIONAL** and **NOT** included in the price quoted. If you decide to purchase a Travel Protection Plan, it is encouraged at the time of initial trip deposit. Plans help provide coverage for Trip Cancellation/Interruption, Baggage Delay/Loss, Missed Connection, Emergency Accident and Sickness Medical Expense, Emergency Evacuation/Repatriation of Remains, and more! These are only the highlights of the plan so please refer to your Plan Document for benefit limits and specifications. Travel Protection Plan becomes **NON-REFUNDABLE** 14 days from date of purchase.

**VERY IMPORTANT:** Optional Travel Protection Plan rates are based on double occupancy and on the rates as listed on this flyer. Should anything additional be added to your booking to increase your per person cost, your travel protection plan rates may increase in order to provide complete coverage of your package.

**TRAVEL DOCUMENTS:** All United States citizens must carry a **VALID U.S. PASSPORT** with expiration date **AT LEAST SIX (6) MONTHS** beyond the last day of travel. If you don't have a passport, contact your Boscov's Travel Specialist at 410.219.9063 or 302.478.8563 for information on how to apply for one. **NOTE:** Due to cruise line security measures, your passport name **MUST** match your cruise line name or you may be denied boarding. **IMPORTANT:** We recommend that our clients traveling abroad take a photocopy of their passport (packed separately from your actual passport) and /or take a photo of their passport on their cell phone. We also recommend leaving a copy at home with your emergency contact.

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### GENERAL LIMITATIONS AND EXCLUSIONS

**Insurance benefits are not payable for any loss due to, arising or resulting from:** 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked to travel with You, while sane or insane; 2. an act of declared or undeclared war; 3. participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the National Guard; 4. riding or driving in races, or speed or endurance competitions or events; 5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); 6. participating as a member of a team in an organized sporting competition; 7. participating in bodily contact sports, skydiving or parachuting, hang gliding or bungee cord jumping; 8. piloting or learning to pilot or acting as a member of the crew of any aircraft; 9. being intoxicated, or under the influence of any controlled substance unless as administered or prescribed by a Legally Qualified Physician; 10. the commission of or attempt to commit a felony or being engaged in an illegal occupation; 11. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion; 12. dental treatment (except as coverage is otherwise specifically provided); 13. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits; 14. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or return of remains coverage; 15. medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; 16. a mental or nervous condition, unless hospitalized for that condition while the Policy is in effect for You; 17. due to loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act and regardless of any other sequence thereto.

The following limitation applies to Trip Cancellation: All cancellations must be reported to the Travel Supplier within 72 hours of the event causing the need to cancel. If the event delays the reporting of the cancellation beyond the 72 hours, the event should be reported as soon as possible. All other delays of reporting beyond 72 hours will result in reduced benefit payments.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects: Benefits are not payable for any loss caused by or resulting from: breakage of brittle or fragile articles; wear and tear or gradual deterioration; confiscation or appropriation by order of any government or custom's rule; theft or pilferage while left in any unlocked or unattended vehicle; property illegally acquired, kept, stored or transported; Your negligent acts or omissions; or property shipped as freight or shipped prior to the Scheduled Departure Date; or electrical current, including electric arcing that damages or destroys electrical devices or appliances.

#### Pre-Existing Conditions Exclusion

Your plan contains a Pre-Existing Conditions provision which may have an impact on your insurance coverage. Pre-existing Condition means an injury, sickness or condition of you or your traveling companion, family member or your business partner scheduled or booked to travel with you within the 180 day period prior to the Effective Date of Your Trip Cancellation coverage under the plan. Please refer to the Plan Document for the complete definition of a pre-existing condition.

#### Purchase Up to Final Trip Payment for Pre-Existing Condition Waiver!

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased at or before final trip payment for the trip, for the full non-refundable cost of the trip and you are not disabled from travel at the time you pay the premium.

### PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.

This document contains highlights of the plans. The plans include insurance benefits underwritten by the United States Fire Insurance Company and non-insurance Travel Assistance Services provided by C&F Services through Active Claims Management (2018) Inc., operating as Active Care Management. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. Coverages may vary and not all coverage is available in all jurisdictions. California license #0113223, 855 Winding Brook Drive, Glastonbury, CT 06033. CA DOI toll free number: 800-927-4357. MD Insurance Administration: 800-492-6116.

# Reservation Coupon

Send to: ATTN: Boscov's Travel Salisbury, Centre at Salisbury, 2310 North Salisbury Blvd, Salisbury, MD 21801. For further information call your Boscov's Travel Specialist at 410.219.9063 or email bostravsalisbury@boscovs.com.

Send to: ATTN: Boscov's Travel Wilmington, Concord Mall, 4737 Concord Pike, Wilmington, DE 19803. For further information call your Boscov's Travel Specialist at 302.478.8563 or email bostravwilmington@boscovs.com.

\_\_\_\_ I would like to join iHEART RADIO & POHANKA AUTOMOTIVE GROUP on board Norwegian Cruise Line's **NORWEGIAN ENCORE** sailing to the **BAHAMAS & FLORIDA, OCTOBER 13 - 20, 2020.**

\_\_\_\_ My **PAYMENT IN FULL** is enclosed for \_\_\_\_\_ # of person(s)

\_\_\_\_ I wish to add **OPTIONAL TRAVEL PROTECTION PLAN** (Double Occupancy)

\_\_\_\_\_ \$112 pp – CATEGORY IB

\_\_\_\_\_ \$138 pp – CATEGORY BB

\*\*\*Travel Protection becomes non-refundable 14 days from date of purchase. Should anything additional be added to your booking to increase your per person cost, your travel protection plan rates may increase in order to provide complete coverage of your package.

\_\_\_\_ I **DECLINE** Travel Protection Plan \_\_\_\_\_ Initials \_\_\_\_\_ Date

**Due to security requirements any name changes after documents are issued will incur a change fee.**

**FULL LEGAL NAME (S) MUST BE LISTED EXACTLY AS IT APPEARS ON YOUR PASSPORT INCLUDING MIDDLE NAMES AND/OR INITIALS**

#1 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_Male \_\_Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

#2 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_Male \_\_Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

#3 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_Male \_\_Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

#4 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_Male \_\_Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Category Selected \_\_\_\_\_ Rate per Person \_\_\_\_\_ Latitudes Number(s) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cruise Dining: **DINING IS FREESTYLE ON BOARD NORWEGIAN CRUISE LINE'S – DINING ROOM IS NON-SMOKING**

SPECIAL REQUESTS (including but not limited to a CPAP machine, refrigerated medication, epi pen, mobility assistance devices, oxygen, dietary restrictions, special services, etc.):

Are all passengers U.S. Citizens? \_\_\_\_ Yes \_\_\_\_ No. If No, What Nationality \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**IMPORTANT: I have read and agree to the attached terms and conditions of the operator participant agreement and I authorize the use of my credit card if indicated as form of payment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_ I wish to use my **BOSCOV'S CHARGE\*\*** # \_\_\_\_\_  
\*\*Ask your Boscov's Travel Specialist for details

\_\_\_\_ I would like the 12 month **No Interest**  
(\*\*on purchases of \$299 or more)

\_\_\_\_ I wish to use my **MASTERCARD/VISA** # \_\_\_\_\_ **EXP:** \_\_\_\_\_ **SECURITY CODE:** \_\_\_\_\_

\_\_\_\_ I wish to pay by **CHECK** – please make check payable to **BOSCOV'S TRAVEL** **CHECK #** \_\_\_\_\_

