



JOIN OSIRIS SHRINE ON AN ALL-INCLUSIVE TRIP TO THE IBEROSTAR COSTA DORADA IN PUERTO PLATA, DOMINICAN REPUBLIC HOSTED BY CHIEF RABBAN JOHN PAGLIALUNGA

SATURDAY, AUGUST 14 TO FRIDAY, AUGUST 20, 2021

YOUR ALL-INCLUSIVE TRIP TO THE IBEROSTAR COSTA DORADA INCLUDES

- Round trip air transportation from Pittsburgh to Puerto Plata, Dominican Republic (Rate includes air taxes, fees and current fuel surcharges which are subject to increase at any time without notice at the discretion of the airline)
- Round trip airport/hotel transfers in Puerto Plata
- Six (6) nights' Accommodations at the All Inclusive **Iberostar Costa Dorada**, a beachfront resort nestled in a lush landscape
- 24 Hour All Inclusive Experience
- Four (4) Dining Options including a Buffet restaurant and Three (3) Themed restaurants (Japanese, Mediterranean and Mexican)
- Six (6) Bars including a pool bar and beach bar offering Unlimited Domestic and Imported alcoholic and non-alcoholic drinks
- Three (3) Pools
- Complimentary Wi-Fi
- Daily Activities including Beach Volleyball, Tennis, Football, Basketball in addition to organized activities
- Fitness Center
- Shows & Live Music
- Hotel Taxes & Service Fees



RATE PER PERSON*

DOUBLE ROOM
DOUBLE ~ \$1,237
SINGLE ~ \$1,443

DOUBLE OCEANVIEW ROOM
DOUBLE ~ \$1,305
SINGLE ~ \$1,545

* Space is subject to availability at time of booking.



OPTIONAL: GROUP DELUXE CANCEL FOR ANY REASON & GROUP DELUXE TRAVEL PROTECTION

Extensive plans to help protect your trip. Bosco's Travel offers Group Deluxe and Group Deluxe Cancel For Any Reason for travel protection options. These plans have time sensitive benefits; please purchase a plan at the time of trip deposit.

GROUP DELUXE CANCEL FOR ANY REASON RATES**:

Double Room: \$168 pp, Double or Single
Double Oceanview Room: \$168 pp, Double; \$207 pp Single
**Cancel for Any Reason coverage is up to 75% of the nonrefundable trip cost (subject to \$20,000 maximum).

GROUP DELUXE RATES:

Double Room: \$112 pp, Double or Single
Double Oceanview Room: \$112 pp, Double; \$138 pp Single

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 trip. Travel Protection Plan becomes NON-REFUNDABLE 14 days from the date you receive your plan document.

GENERAL TERMS & CONDITIONS

This agreement sets forth the terms and conditions under which Boscov's Travel & Apple Vacations in return for payment of the amount indicated as the total price, agree to provide this tour.

PAYMENT INFORMATION: A deposit of **\$150 per person**, along with this signed reservation form, is due in order to secure your room and air seat. Final payment, full names, date of birth, and gender of **ALL PERSONS** traveling are due on or before **MAY 31, 2021**. If final payment is **NOT** received by deadline date, reservation will be automatically cancelled and deposit will be forfeited. **No extensions or exceptions will be permitted.**

IMPORTANT INFORMATION: All space is subject to availability at time of booking. All rates are based on a **MINIMUM** of 20 fully paid adult passengers and 10 rooms at double occupancy and are subject to increase should this minimum not be met. **A COPY OF YOUR PASSPORT WILL BE REQUIRED AT THE TIME OF AIR TICKETING.**

ROUNDTRIP AIR TRANSPORTATION: Air transportation between **PITTSBURGH, PENNSYLVANIA** and **PUERTO PLATA, DOMINICAN REPUBLIC** is included in the rates listed on this flyer and includes air taxes, government fees & current fuel surcharges – subject to increase at the discretion of the airline. Once ticketed, airfare becomes non-refundable and any changes will incur a fee.

CANCELLATIONS: Regardless of reason, cancellations are a costly process. To offset these expenses, an administrative fee of **\$25.00 per person will apply**. **IN ADDITION**, the following assessments will be incurred: from **65 to 51 days prior to arrival – \$150 per person will be assessed, in addition to any non-recoverable air costs**; from **50 to 36 days prior to arrival – \$300 per person will be assessed, in addition to any non-recoverable air costs**; **35 days or less prior to date of arrival or "NO SHOWS" – 100% PENALTY - NO REFUND WILL BE GIVEN.**

TOUR COSTS: It is assumed that each individual will use all portions of the tour; there is no refund for unused portions of the tour.

OPTIONAL TRAVEL PROTECTION PLAN: Group Deluxe Cancel For Any Reason Travel Protection or Group Deluxe Travel Protection is **OPTIONAL** and **NOT** included in the price. 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 you receive your plan document. *CFAR coverage is up to 75% of the nonrefundable trip cost (subject to \$20,000 maximum). CFAR is optional and available for individuals or your entire group. Trip cancellation must be 48 hours or more prior to scheduled departure. CFAR is available if purchased at the time of original plan purchase and within 14 days of the date your initial deposit for your trip is received, and you paid your Travel Supplier for the full cost for all non-refundable trip costs for your trip prior to your cancellation of your trip. For \$0 Trip Cost there is no CFAR. **This benefit is not available to residents of New York State.**

VERY IMPORTANT: Optional Travel Protection Plan rates are based 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.**

PROTOCOLS: Travel protocols are put in place for the safety and well-being of all clients. The protocols may make things look different and some activities or attractions may have restrictions. These protocols are subject to change and additional protocols may be added at any time.

RESPONSIBILITIES: Boscov's Travel, Inc. acts solely in the capacity of agent on behalf of its patrons, arranging transportation, accommodations, sightseeing, and other services, and, as such is not responsible for damage, loss, delay, injury, accidents, epidemics, pandemics, the spread of infectious diseases, quarantines or any other circumstances beyond our control or any act or default on the part of any company or person engaged in providing transportation, accommodations, sightseeing, or other services which are part of this tour.

LIABILITIES: Boscov's Travel expressly reserves the right to withdraw any tour or make any change in the tour that may become necessary, with or without prior notice. No carrier with whom transportation shall be arranged in connection with the tour shall have or incur any responsibility to any person taking the tour except its liability as a common carrier. Neither the tour operator, motorcoach company, airline nor Boscov's Travel shall be held liable for the loss of any property or valuables left onboard. Furthermore, anything left onboard shall be considered left at the owner's risk. No employee of the tour operator, motorcoach company, airline or Boscov's Travel may say anything to alter the liability of the foregoing for the tour operator, motorcoach company, airline or Boscov's Travel.

DOCUMENTS: ALL UNITED STATES CITIZENS ARE REQUIRED TO CARRY A VALID U.S. PASSPORT WITH EXPIRATION AT LEAST SIX (6) MONTHS BEYOND LAST DAY OF TRAVEL. ANY NON-U.S. CITIZENS MUST CARRY THE APPROPRIATE ADDITIONAL TRAVEL DOCUMENTS ALONG WITH A VALID PASSPORT. PLEASE CALL YOUR BOSCOV'S TRAVEL ADVISOR AT 610.779.8640 FOR DOCUMENTATION REQUIREMENTS. DUE TO TRAVEL SECURITY MEASURES, YOUR PASSPORT NAME MUST MATCH YOUR AIRLINE AND TOUR TICKET 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 PASSPORT) AND/OR TAKE A PHOTO OF YOUR PASSPORT ON YOUR 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 of the Plan; 14. due to a Pre-Existing Condition, as defined in the Plan. 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 Plan 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 Due Date 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 due date 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 plan cost.

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

This document contains highlights of the plans, which includes travel insurance coverages underwritten by United States Fire Insurance Company under form series T210 et. al. and TP-401 et. al. The plans also contains non-insurance Travel Assistance Services provided by C&F Services through Active Claims Management (2018) Inc., operating as Active Care Management. The Crum & Forster group of companies is rated A (Excellent) by AM Best 2019. 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. In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions, and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number: 800-927-4357. MD Insurance Administration: 800-492-6116 or 410-468-2340.

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Reservation Coupon

Send to: Attn: Boscov's Travel, 4500 Perkiomen Avenue, Reading, PA 19606. For more information, call your Boscov's Travel Advisor at 610.779.8640 or email at bostraveast@boscovs.com.

____ I would like to join OSIRIS SHRINE & CHIEF RABBAN JOHN PAGLIALUNGA to IBEROSTAR COSTA DORADA, PUERTO PLATA, DOMINICAN REPUBLIC, AUGUST 14 – 20, 2021.

____ Enclosed is my deposit in the amount of **\$150 per person** for ____ # of person(s).

I would like the following room category: ____ DOUBLE ROOM ____ DOUBLE OCEANVIEW

____ I wish to add the **OPTIONAL *GROUP DELUXE CANCEL FOR ANY REASON TRAVEL PROTECTION PLAN**

* Cancel for Any Reason coverage is up to 75% of the nonrefundable trip cost (subject to \$20,000 maximum).

DOUBLE: ____ \$168 pp – Double or Single **DOUBLE OCEANVIEW:** ____ \$168 pp – Double; ____ \$207 pp Single

____ I was offered Group Deluxe **CANCEL FOR ANY REASON** Travel Protection Plan and **DECLINED** ____ Initials ____ Date

____ I wish to add the **OPTIONAL GROUP DELUXE TRAVEL PROTECTION PLAN**

DOUBLE: ____ \$112 pp – Double or Single **DOUBLE OCEANVIEW:** ____ \$112 pp – Double; ____ \$138 pp Single

____ I was offered Group **DELUXE** Travel Protection Plan and **DECLINED** ____ 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.

A COPY OF YOUR PASSPORT WILL BE REQUIRED AT THE TIME OF AIR TICKETING.

#1 First Name _____ Middle Name _____ Last Name _____

Gender: __Male __Female Date of Birth _____ Passport Number _____ Date of Expiration _____

Airline Name & Frequent Flyer #: _____ Airline Name & Frequent Flyer #: _____

TSA/Known Traveler Number: _____ Global Entry Number: _____ Seat Preference (Not Guaranteed): _____
(WINDOW/MIDDLE/AISLE)

#2 First Name _____ Middle Name _____ Last Name _____

Gender: __Male __Female Date of Birth _____ Passport Number _____ Date of Expiration _____

Airline Name & Frequent Flyer #: _____ Airline Name & Frequent Flyer #: _____

TSA/Known Traveler Number: _____ Global Entry Number: _____ Seat Preference (Not Guaranteed): _____
(WINDOW/MIDDLE/AISLE)

Street Address _____ City _____ State _____ Zip _____

Daytime phone () _____ Cell phone () _____ Email Address _____

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**** # _____ ____ I would like the 12 month **No Interest****

**Please see your Boscov's Travel Advisor for details.

(**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**)

