

• 2009 CORNHILL HOLIDAY INSURANCE SUBSCRIPTION- (OPTIONAL INSURANCE)

CAMPSITE DE LA PLAGES	Mr and Mrs.....
20 RUE DU POULQUER
29 950 BENODET
France
Phone N°: 33(0)2 98 57 00 55
Fax N°: 33(0)2 98 57 12 60
2009

• CAMPSITE DE LA PLAGES- 29 950 BENODET - France
CONTRACT N°: 92 600/2011

Dear Mr.....
 Dear Mrs.....

We thank you very much for your booking in our campsite.
 For even more safety for you and your family during your holidays,
 we suggest you to subscribe to Cornhill holiday Insurance along with your camping booking
 before your departure.

This insurance is optional; you are completely free to subscribe or not , to this insurance.
 If you do not subscribe to Cornhill Insurance , you will then respond to the Campsite de la
 Plage's own cancellation policy (see written conditions in our brochure).

If you choose Cornhill Insurance, please fill the following insurance booking form down
 below and join it along with your campsite booking.

The Cornhill Insurance rate is based on 2,5% of your holiday total cost
 (camping-caravanning or rental).

(Booking fees and local tourist taxes are not to be included).

You can join the 2,5% insurance amount along with your campsite booking deposit.

Once your booking registered, you will get a written confirmation in return.

Looking forward to welcoming you and your family

Yours sincerely

Camping de la Plage Management

- Cornhill Insurance subscription form to be completed and sent to:
- CAMPING DE LA PLAGES 29950 BENODET-FRANCE

N°CONTRACT: 92600/2011

WE CONFIRM OUR BOOKING IN CAMPING DE LA PLAGES BENODET FOR THE FOLLOWING
 PERIOD FROM.....TO.....2009.

WE WISH TO SUBSCRIBE TO CORNHILL HOLIDAY INSURANCE FOR OUR HOLIDAY IN :

(PLEASE THICK YOUR CHOICE)

- | | |
|--|-------------------------|
| <input type="checkbox"/> A CAMPING-CARAVANNING PITCH | - PRICE/WEEK:.....EUROS |
| <input type="checkbox"/> A CARAVAN RENTAL | - PRICE/WEEK:.....EUROS |
| <input type="checkbox"/> A MOBIL-HOME RENTAL | - PRICE/WEEK:.....EUROS |
| <input type="checkbox"/> A CHALET RENTAL | - PRICE/WEEK:.....EUROS |

TOTAL AMOUNT OF YOUR HOLIDAY:.....EUROS

X 2,5% INSURANCE RATE=TOTAL INSURANCE COST:.....EUROS TO BE PAID.

PLEASE MENTION THE NAME AND SURNAME OF RESIDENTS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

DATE.....YOUR FULL NAME IN CAPITAL LETTERS.....

PLEASE SIGN THIS DOCUMENT:.....

