



NCL NORWEGIAN
CRUISE LINE®

JOIN JIMMY LEE ~ SOCIETY HILL RECORDING ARTIST MEMBER OF "BLUE MAGIC" AND THE "TRAMPS" TRIBUTE CRUISING TO BERMUDA ONBOARD THE NORWEGIAN BREAKAWAY

Sunday, October 24 – Sunday, October 31, 2021

RATE PER PERSON*

YOUR CRUISE TO BERMUDA INCLUDES

- Roundtrip deluxe motorcoach transportation between Deptford, NJ and the Manhattan Cruise Terminal in New York City (including driver gratuities)
- Seven (7) Nights' accommodations onboard the **NORWEGIAN BREAKAWAY** (including cruise taxes, government fees & port expenses– subject to change at the discretion of the cruise line)
- Baggage handling at the Manhattan Cruise Terminal (one (1) bag per person)
- All included meals and entertainment while onboard the **NORWEGIAN BREAKAWAY**
- **Prepaid Shipboard Gratuities** (For restaurant and stateroom services)
- **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 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 do not qualify. Terms & Conditions apply as per Norwegian Cruise Line.)
- **\$100 Onboard Credit per Stateroom**
- **One (1) Two (2) Hour Performance**
- **One (1) One (1) Hour Private Cocktail Party**
- **Services of a Professional Boscov's Travel Escort**

BALCONY CABIN
Category BB
\$1,881

OCEAN VIEW CABIN
Category OB
\$1,767

INSIDE CABIN
Category IA
\$1,766

*****BOOK AN OCEANVIEW, BALCONY OR MINISUITE CABIN AND RECEIVE:**

250 MINUTES OF WI-FI (\$130 VALUE)
\$50 SHORE EXCURSION CREDIT PER DAY (\$150 VALUE) . These Additional Amenities are PER CABIN and Restrictions Apply per Norwegian Cruise Line.

*Rates based on double occupancy. Single occupancy pricing available upon request.

All categories are subject to availability at time of booking.

YOUR CRUISE TO BERMUDA ITINERARY

Day	Port of Call	Arrive	Depart
October 24	New York City, New York		4:00 PM
October 25	Day at Sea		
October 26	Day at Sea		
October 27	Royal Naval Dockyard, Bermuda	8:00 AM	Overnight
October 28	Royal Naval Dockyard, Bermuda		Overnight
October 29	Royal Naval Dockyard, Bermuda		3:00 PM
October 30	Day at Sea		
October 31	New York City, New York	7:00 AM	

***All itineraries are subject to change without notice.**

SPECIAL FINANCING AVAILABLE ~ with your Boscov's Credit Card.
See your Boscov's Travel Specialist for details.



OPTIONAL:

GROUP DELUXE & GROUP DELUXE CANCEL FOR ANY REASON TRAVEL PROTECTION

Extensive plans to help protect your trip. We encourage all travelers to purchase a plan at the time of initial trip deposit. Cancel for Any Reason Travel Protection must be purchased within 14 days of initial trip deposit.

GROUP DELUXE RATES:

\$138 per person, Categories IA, OB & BB

GROUP DELUXE CANCEL FOR ANY REASON RATES:

*\$207 per person, Categories IA, OB & BB

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

Should anything additional be added to this trip, your travel protection plan rates may increase. Travel Protection Plan becomes NON-REFUNDABLE 14 days from the date you receive your plan document.

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 **FRIDAY, JUNE 11, 2021**.

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.

PREPAID SHIPBOARD GRATUITIES: Prepaid Shipboard gratuities **ARE** included in the rates as listed on this flyer and are subject to change at the discretion of the cruise line.

UNLIMITED OPEN BAR PACKAGE/THREE (3) MEAL SPECIALTY DINING PACKAGE: The Unlimited Open Bar Package & Three (3) Meal Specialty Dining Package is inclusive of service charges and is only available to the 1st & 2nd 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: Cancellations result in a costly process involving telephone calls, correspondence, record adjustments, refund checks, etc.; therefore, an administrative fee of **\$25.00 per person** will be assessed, in addition to any non-refundable costs. **IN ADDITION**, for cancellations made between **119 days and 91 days** prior to sailing, **25% of the cruise package cost** will be assessed, in addition to any non-recoverable costs. For cancellations made between **90 days and 61 days** prior to sailing, **50% of the cruise package cost** will be assessed, in addition to any non-recoverable costs. For cancellations made between **60 days and 31 days** prior to sailing, **75% of the cruise package cost** will be assessed, in addition to any non-recoverable costs. Cancellations made **30 days or less** prior to sailing will receive **NO REFUND**.

OPTIONAL TRAVEL PROTECTION PLAN: Group Deluxe Travel Protection or Group Deluxe Cancel For Any Reason 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 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 **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 a Joey Bell-Dumoff at 609.383.1880 for information on how to apply for one. **NOTE:** Due to cruise line security measures, your passport name **MUST** match your cruise line 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 actual passport) and/or photocopy with your cell phone. We also recommend leaving a copy at home with your emergency contact. 041520LC/mw



GENERAL LIMITATIONS AND EXCLUSIONS

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. AH-1965T

Reservation Coupon

Send to: **Boscov's Travel, 6725 Blackhorse Pike, Egg Harbor Township, NJ 08234.** For more information, call **Joey Bell-Dumoff** at **609.383.1880** or email at **jbell-dumoff@boscovs.com**.

____ I would like to join **JIMMY LEE SOCIETY HILL RECORDING ARTIST "BLUE MAGIC" AND THE "TRAMPS" TRIBUTE CRUISING TO BERMUDA** onboard Norwegian Cruise Line's **NORWEGIAN BREAKAWAY** sailing to **BERMUDA, October 24 – 31, 2021.**

____ My **FULL** deposit of **\$250 per person** is enclosed for _____ # of person(s); **[\$500 per person will be required for Single Occupancy]**

____ I wish to add the **OPTIONAL GROUP DELUXE TRAVEL PROTECTION PLAN** (Based on Double Occupancy)

____ **\$138 per person – Categories IA, OB & BB**

____ I wish to add the **OPTIONAL *GROUP DELUXE CANCEL FOR ANY REASON TRAVEL PROTECTION PLAN** (Based on Double Occupancy)

*Group Deluxe Cancel for Any Reason Travel Protection **must be purchased within 14 days of initial trip deposit.** Cancel for Any Reason coverage is up to 75% of the nonrefundable trip cost (subject to \$20,000 maximum).

____ **\$207 per person – Categories IA, OB & BB**

******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 after you receive your plan document.**

____ 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 _____

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.): _____

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**** # _____
**Please see 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 # _____

#2 First Name _____ Middle Name _____ Last Name _____

Gender: Male Female Date of Birth _____ Passport Number _____ Date of Expiration _____

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.): _____

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**** # _____
**Please see 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 # _____

Category Selected _____ Rate per Person _____ Latitudes Number(s) _____ / _____

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

