

# JOIN THE CW REGION of PSEA-R CANADA & NEW ENGLAND CRUISE ONBOARD THE NORWEGIAN BREAKAWAY

Sunday, October 13 – Sunday, October 20, 2024

# YOUR CRUISE TO CANADA/NEW ENGLAND INCLUDES

- Round trip motorcoach transfers from Johnstown/Somerset/Bedford to your departure cruise terminal in New York City (\*including driver gratuities and based on a minimum of 30 full paying passengers)
- 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)
- PREMIUM BEVERAGE PACKAGE\* (\*Valued at over \$650 per person) (\*Applies to all guests (age 21 or above) sharing the same cabin and includes service charges. Terms & Conditions apply as per Norwegian Cruise Line)
  - SPECIALTY DINING PACKAGE\*
    - Book INSIDE OR OCEANVIEW and receive ONE (1) MEAL (\*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)
    - Book BALCONY AND ABOVE and receive TWO (2) MEALS (\*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)
- Prepaid Shipboard Gratuities for restaurant & stateroom services
- \$100 ONBOARD CREDIT PER STATEROOM

# YOUR CRUISE TO CANADA & NEW ENGLAND CRUISE ITINERARY

| Day        | Port of Call            | Arrive   | Depart  |
|------------|-------------------------|----------|---------|
| October 13 | New York City, New York |          | 5:30 PM |
| October 14 | Newport, Rhode Island   | 6:00 AM  | 3:00 PM |
| October 15 | Portland, Maine         | 10:00 AM | 7:00 PM |
| October 16 | Bar Harbor, Maine       | 8:00 AM  | 5:00 PM |
| October 17 | Saint John Bay of Fundy | 8:00 AM  | 4:00 PM |
| October 18 | Halifax, Nova Scotia    | 10:00 AM | 8:00 PM |
| October 19 | Day at Sea              |          |         |
| October 20 | New York City, New York | 7:00 AM  |         |

All itineraries are subject to change without notice.



# **RATE PER PERSON\***

CATEGORY IC INSIDE \$1,610

CATEGORY OB OCEANVEIW \$1,760

# CATEGORY BB BALCONY \$2,038

\*Rates are based on double occupancy. All categories are subject to availability at time of booking.

# BOOK AN OCEANVIEW OR BALCONY CABIN AND RECEIVE:

- 150 MINUTES OF WI-FI PER PERSON (1st & 2nd guest only)
- \$50 SHORE EXCURSION CREDIT PER CABIN

Restrictions apply per Norwegian Cruise Line.

# SPECIAL FINANCING AVAILABLE

with your Boscov's Credit Card. See your Boscov's Travel Advisor for details.

# **GENERAL TERMS & CONDITIONS**

<u>RESERVATIONS</u>: 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). 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 <u>THURSDAY, MAY 30, 2024.</u> <u>PAYMENTS</u>: 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**.

**<u>GUARANTEE OF RATES</u>**: 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.

<u>PLEASE NOTE</u>: Rates include roundtrip transfers from Johnstown/Somerset/Bedford to your departure New York City Cruise Terminal. (Including driver gratuities and based on a minimum of 30 full paying passengers. If the number of passengers is less, the rate is subject to increase.)

<u>PREPAID SHIPBOARD GRATUITIES</u>: Prepaid shipboard gratuities in the amount of \$20.00 per person, per day for restaurant and stateroom services are included in the rates listed on this flyer. Gratuities are subject to change at the discretion of Norwegian Cruise Line.

**<u>PREMIUM BEVERAGE PACKAGE:</u>** The Premium Beverage Package applies to all passengers 21 years and over sharing the same cabin and includes service charges. Terms and Conditions apply per Norwegian Cruise Line and these packages can be removed or withdrawn at any time at the cruise line's discretion.

**SPECIALTY DINING PACKAGE**: The 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. **PLEASE NOTE: One (1)** Specialty Dining Meal for Inside & Oceanview Cabins. TWO (2) Specialty Dining Meals for Balcony Cabins and above. Terms & Conditions apply per Norwegian Cruise Line and these packages can be removed or withdrawn at any time at the cruise line's discretion.

<u>CANCELLATION</u>: 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. 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 <u>NO REFUND</u>. **Travel Protection Plans are available to cover penalties for cancellations due to covered reasons**.

<u>OPTIONAL TRAVEL PROTECTION PLAN</u>: Please refer to the Travel Protection Pricing Grid attached to this flyer. <u>PROTOCOLS</u>: 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.

<u>**RESPONSIBILITIES**</u>: 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 cruise line, 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 cruise line, tour operator, motorcoach company, airline or Boscov's Travel may say anything to alter the liability of the foregoing for the cruise line, tour operator, motorcoach company, airline or Boscov's Travel may say anything to alter the liability of the

TRAVEL DOCUMENTS: All United States citizens must carry a VALID U.S. PASSPORT BOOK with expiration date AT LEAST SIX (6) MONTHS beyond the return travel date. A Passport Card will <u>NOT</u> be accepted. If you don't have a passport book, contact your Boscov's Travel Advisor at 570-622-8983 (Pottsville) or 610-779-8640 (Reading East) for information on how to apply for one. <u>NOTE:</u> Due to cruise line security measures, your passport name **MUST** match your cruise line reservation or you may be denied boarding.



# **Reservation Coupon**

| SEND TO: Boscov's Travel Pottsville, I<br>Boscov's Travel Advisor at 1-570.622.8<br>OR                          |  |                             |                             | 1. For more info   | rmation call you | ır |
|---|--|-----------------------------|-----------------------------|--------------------|------------------|----|
| Boscov's Travel, Reading Mall, 4500 Pe<br>bostraveast@boscovs.com.  | erkiomen Avenue, Read                              | ing, PA 19606. For          | further information         | call 610.779.864   | 0 or email       |    |
| I would like to join the CW REGION<br>OCTOBER 13 - 20, 2024.  | N of PSEA-R GROUP on                               | board Norwegian Cru         | uise Line's NORWEG          | AN BREAKAWA        | <b>r</b> sailing |    |
| My FULL deposit of <u>\$250 per pers</u>  | <u>on</u> is enclosed for                          | _# of person(s);            | <u>) per person</u> will be | required for Sing  | le Occupancy]    |    |
| Cabin Category Selec  | ted: IC (Inside)                                   | OB (O                       | ceanview)                   | BB (Balcor         | ıy)              |    |
| I/We wish to depart from:John   | stonSome   | ersetl                      | Bedford                     |                    |                  |    |
| I wish to add the OPTIONAL TRAV   |  |                             | Travel Protection Pri       | cing grid attached | d to this flyer. |    |
| DECLINE TRAVEL PROTECTION   |  |                             | Date                        |                    |                  |    |
| A <u>VALID PASSPORT BOOK</u> is required and is t<br>travel date. Due to security requirements any<br>required. |  |                             |                             |                    |                  |    |
| FULL LEGAL NAME (S) MUST BE LISTED  | EXACTLY AS IT APPEARS                              |                             | F BOOK INCLUDING N          | IDDLE NAMES AN     | D/OR INITIALS.   |    |
| #1 First Name Middle N  | ame  | Last Name                   |                             | Gender:            | M F              |    |
| # 1 Date of Birth:/ Pa  |  |                             |                             |                    |                  |    |
| NCL Latitude Number   |  |                             | ·                           |                    |                  |    |
| Address   | City   |                             |                             | Stata              | _Zip             |    |
| Cell phone ( )  | -  |                             |                             |                    | _ 21P            |    |
| Special requests (including but not limite  | ed to a CPAP machine, re                           | efrigerated medicatio       |                             |                    | n dietary        | -  |
| restrictions, special services, etc.):<br>Emergency Contact Name:   |  |                             | Relationshi                 | n                  |                  |    |
| IMPORTANT: I have read and  |  |                             |                             | •                  |                  |    |
|   | norize the use of my cre                           |                             |                             |                    | ent and          |    |
| Signature   |  |                             | Date                        |                    |                  |    |
| I wish to use my BOSCOV'S CHAR  | GE** #   |                             |                             | like the 12 month  |                  |    |
| **Please see your Boscov's Travel A   |  | F D .                       |                             | purchases of \$299 | or more)         |    |
| I wish to use my MASTERCARD/VI<br>I wish to pay by CHECK – please m   |  | Exp. Date: _<br>DV'S TRAVEL | CHECK # Sect                | urity Code:        |                  |    |
| #2 First Name Middl   | e Name   | Last Name                   |                             | Gender:            | MF               | =  |
| # 2 Date of Birth:/ Pas   | sport Number:                                      |                             | Expiration Date:            |                    |                  |    |
| NCL Latitude Number   |  |                             |                             |                    |                  |    |
| Address   |  |                             |                             |                    |                  |    |
| Cell phone ( )  |  |                             |                             |                    |                  |    |
| Special requests (including but not limite restrictions, special services, etc.):                               |  |                             |                             |                    | n dietary        |    |
| Emergency Contact Name:   | Phon   | e                           | Relationshi                 | p                  |                  |    |
| IMPORTANT: I have read and agree to<br>I auti   | the attached terms and<br>norize the use of my cre |                             |                             |                    |                  |    |
| Signature   |  |                             | -                           | Date               |                  |    |
| I wish to use my BOSCOV'S CHAR  | GE** #   |                             | l would                     | like the 12 month  | No Interest      |    |
| **Please see your Boscov's Travel A<br>I wish to use my MASTERCARD/VI   | dvisor for details.                                |                             | (**on pur                   | chases of \$299 or | · more)          |    |
| I wish to pay by <b>CHECK</b> – please  |  |                             |                             |                    |                  |    |



# **BOSCOV'S TRIP PROTECTOR**

# TRAVEL PROTECTION PLAN

## SCHEDULE OF INSURANCE COVERAGE AND OTHER NON-INSURANCE SERVICES



| Benefit   | Maximum Benefit Amount    |                        |
|---|---------------------------|------------------------|
| Trip Cancellation**                                   | Trip Cost*                |                        |
| Trip Interruption**                                   | 150% of Trip Cost*        |                        |
| Trip Delay – 6 hours                                  | \$750 (\$150/day)         |                        |
| Single Supplement                                     | Included                  | <b>BOSCOV'S TRAVEL</b> |
| Missed Tour or Cruise Connection – 3 hours            | \$300                     |                        |
| Medical Evacuation and Repatriation of Remains        | \$150,000                 | Trip Name:             |
| Political or Security Evacuation and                  | \$150,000                 |                        |
| Natural Disaster Evacuation                           | \$150,000                 |                        |
| Travel Inconvenience                                  | \$500                     | Trip Dates:            |
| navei meonvemence                                     | (\$100 per inconvenience) |                        |
| Baggage and Personal Effects                          | \$1,000                   |                        |
| Baggage Delay – 24 hours                              | \$250                     |                        |
| Emergency Accident & Sickness Medical Expense         | \$50,000                  |                        |
| Optional Cancel for Any Reason (CFAR)***              | 75% of Trip Cost*         |                        |
| Non-Insurance Worldwide Emergency Assistance Services | Included                  |                        |
|   |                           |                        |

\* Up to the lesser of the Trip Cost paid or the limit of coverage on the confirmation of coverage.

\*\* For \$0 Trip Cost, there is no Trip Cancellation and Trip Interruption is limited to \$500 return air only

\*\*\* CFAR coverage is up to 75% of the prepaid, nonrefundable trip cost (subject to \$20,000 maximum). CFAR is optional and available for purchase at the individual level. 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. For \$0 Trip Cost there is no CFAR. **This benefit is not available to residents of New York State**. This Cancel for Any Reason Benefit does not cover penalties associated with any air or other Travel Arrangements not provided by Travel Supplier or the failure of Travel Supplier to provide the bargained-for Travel Arrangements due to cessation of operations for any reason.

# PLAN COST PER PERSON

Age of Traveler

|           | Age of Traveler |       |       |       |        |
|-----------|-----------------|-------|-------|-------|--------|
| Trip Cost | 0-50            | 51-60 | 61-70 | 71-80 | 81-120 |
|           |                 |       |       |       |        |
|           |                 |       |       |       |        |
|           |                 |       |       |       |        |
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|           |                 |       |       |       |        |
|           |                 |       |       |       |        |

# PLAN COST PER PERSON – with Optional CFAR Age of Traveler

| Trip Cost | 0-50 | 51-60 | 61-70 | 71-80 | 81-120 |
|-----------|------|-------|-------|-------|--------|
|           |      |       |       |       |        |
|           |      |       |       |       |        |
|           |      |       |       |       |        |
|           |      |       |       |       |        |
|           |      |       |       |       |        |
|           |      |       |       |       |        |

The above rates are for trips up to 30 days – for each day over 30 add \$6 per person per day. All of the above rates are for the plan which includes insurance and non-insurance services.

# **GENERAL LIMITATIONS AND EXCLUSIONS**

Unless otherwise shown below, these exclusions apply to the Insured, the Insured's Traveling Companion, or Family Member scheduled and booked to travel with the Insured.

#### The following exclusion applies to the Trip Cancellation and Trip Interruption and Medical Expense:

We will not pay for any loss or expense caused due to, arising or resulting from a Pre-Existing Medical Condition, as defined in the plan.

#### The following exclusions apply to the Medical Expense benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

- 1. routine physical examinations or routine dental care;
- 2. traveling for the purpose or intent of securing medical treatment or advice;
- 3. Alcohol or substance abuse or treatment for the same;
- 4. Normal pregnancy (except Complications of Pregnancy) or childbirth, or elective abortion;
- 5. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the plan is in effect;
- 6. the Insured's participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator;
- 7. the Insured's participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

The plan also contains exclusions specific to Baggage & Personal Effects and Baggage Delay.

### In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.

We will not pay for any loss or expense caused due to, arising or resulting from:

- 1. suicide, attempted suicide or any intentionally self-inflicted injury of the Insured, a Traveling Companion, Family Member, or Business Partner booked and scheduled to travel with the Insured, while sane or insane;
- 2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed;
- 3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage;
- 4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
- 5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by the Insured, a Traveling Companion, Family Member, or Business Partner;
- 6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
- 7. piloting or learning to pilot or acting as a member of the crew of any aircraft.

#### **Pre-Existing Medical Condition Exclusion Waiver**

The Pre-Existing Condition Exclusion will be waived if the protection plan is purchased within 14 days of the date the initial trip payment/deposit is received, and you are medically able and not disabled from travel at the time you pay for the plan, based on assessment of a physician.

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

This document contains highlights of the plans, which include travel insurance coverages underwritten by United States Fire Insurance Company under form series T7000 et. al., T210 et. al. and TP-401 et. al. The Crum & Forster group of companies is rated A (Excellent) by AM Best 2020. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company. The plans also contain non-insurance Travel Assistance Services provided by C&F Services through Active Claims Management (2018) Inc., operating as Active Care Management. Coverages may vary and not all coverage is available in all jurisdictions. **Insurance coverages are subject to the terms, limitations and exclusions in the plan, including an exclusion for pre-existing conditions.** 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. Your travel retailer maybe compensated for the purchase of a plan.