



**JOIN FRIENDS OF BOSCOV'S TRAVEL NESHAMINY ON A CRUISE IN 2027  
TO THE CARIBBEAN ONBOARD THE NORWEGIAN PEARL  
SATURDAY, NOVEMBER 27 – WEDNESDAY, DECEMBER 8, 2027**

**YOUR CRUISE TO THE CARIBBEAN INCLUDES**

- Roundtrip motorcoach transportation between Neshaminy and the Philadelphia Cruise Terminal includes driver gratuities
- Eleven (11) Nights' accommodations onboard the **NORWEGIAN PEARL** (including cruise taxes, government fees & port expenses– subject to change at the discretion of the cruise line)
- All included meals and entertainment while onboard the **NORWEGIAN PEARL**
- **UNLIMITED OPEN BAR PACKAGE** (\*Valued at over \$800 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)
- **FOUR (4) 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**
- **PREPAID SHIPBOARD GRATUITIES** – for restaurant & stateroom services
- **SERVICES OF A PROFESSIONAL BOSCOV'S TRAVEL TOUR DIRECTOR** (based on a MINIMUM of 30 passengers)

**YOUR CARIBBEAN CRUISE ITINERARY**

DAY	PORT OF CALL	ARRIVE	DEPART
NOV 27	Philadelphia, PA		4:00 PM
NOV 28	<b>Day at Sea</b>		
NOV 29	<b>Day at Sea</b>		
NOV 30	Puerto Plata, Dominican Republic	11:30 AM	6:30 PM
DEC 1	San Juan, Puerto Rico	10:00 AM	6:00 PM
DEC 2	St. John's, Antigua	9:30 AM	4:30 PM
DEC 3	St. Lucia	8:00 AM	5:00 PM
DEC 4	Philipsburg, St. Maarten	9:00 AM	6:00 PM
DEC 5	<b>Day at Sea</b>		
DEC 6	<b>Day at Sea</b>		
DEC 7	<b>Day at Sea</b>		
DEC 8	Philadelphia, PA	8:00 AM	

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

**RATE PER PERSON\***

**CATEGORY IA – INSIDE**  
**\$1,953**

**CATEGORY OB - OCEANVIEW**  
**\$2,205**

**CATEGORY BA - BALCONY**  
**\$2,443**

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

**BOOK AN OCEANVIEW OR BALCONY STATEROOM AND RECEIVE:**

- 150 MINUTES OF SURF WI-FI PER PERSON
- \$50 SHORE EXCURSION CREDIT PER PORT PER CABIN

Restrictions Apply per Norwegian Cruise Line.



## 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). 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 **THURSDAY, JULY 15, 2027**.

**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.

**ROUNDTRIP MOTORCOACH TRANSPORTATION TO PHILADELPHIA:** Round-trip motorcoach transportation from Neshaminy to the Philadelphia Cruise Terminal is included in the rates as listed on this flyer, and includes driver gratuities. The rate is based on a minimum of 30 passengers, should the number be less the rate is subject to increase.

**PREPAID SHIPBOARD GRATUITIES:** 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.

**UNLIMITED OPEN BAR PACKAGE:** The Unlimited Open Bar 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 Four (4) 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:**

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 **30 days or less** prior to sailing, **100% of the cruise package cost** will be assessed and **NO REFUND WILL BE GIVEN**. Travel Protection Plans are available to cover penalties for cancellations due to covered reasons.

**OPTIONAL TRAVEL PROTECTION PLAN:** Please refer to the Travel Protection Pricing Grid attached to this flyer. Once purchased, Travel Insurance becomes **NON-REFUNDABLE**.

**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 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.

**TRAVEL DOCUMENTS:** All United States citizens must carry a **VALID U.S. PASSPORT BOOK** (not a passport card) with expiration date **AT LEAST SIX (6) MONTHS** beyond the return date of travel. If you don't have a passport book, contact your Boscov's Travel Advisor at **215.355.3737** for information on how to apply for one.

**NOTE:** Due to cruise line security measures, your passport name **MUST** match your cruise line ticket or you may be denied boarding.



# Reservation Coupon

Send to: **Boscov's Travel**, 200 Neshaminy Blvd, Bensalem, PA 19020. For further information call your **Boscov's Travel Advisor** at 215.355.3737 or email at [bostravneshaminy@boscovs.com](mailto:bostravneshaminy@boscovs.com).

\_\_\_\_ I would like to join **THE FRIENDS OF BOSCOV'S TRAVEL NESHAMINY IN THE CARIBBEAN IN 2027** sailing onboard Norwegian Cruise Line's **NORWEGIAN PEARL** sailing **NOVEMBER 27 – DECEMBER 8, 2027**.

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

**Cabin Category Selected:** \_\_\_\_ **IA (Inside)** \_\_\_\_ **OB (Oceanview)** \_\_\_\_ **BA (Balcony)**

\_\_\_\_ I wish to add the **OPTIONAL TRAVEL PROTECTION PLAN** – Please refer to the Travel Protection Pricing grid attached to this flyer.  
**\*\*\*ONCE PURCHASED, TRAVEL PROTECTION BECOMES NON-REFUNDABLE\*\*\***

\_\_\_\_ **Group Deluxe** \_\_\_\_ **Optional Cancel for Any Reason (CFAR)**

\_\_\_\_ I **DECLINE TRAVEL PROTECTION PLAN** \_\_\_\_\_ Signature \_\_\_\_\_ Date

A **VALID Passport Book** is required and is the responsibility of each passenger. Passport Books should be valid for up to six (6) months beyond the return travel date. Due to security requirements any name changes after documents are issued will incur a change fee.  
A clear and readable copy of a Passport Book is required at time of booking.

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

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

Gender: \_\_\_\_ M \_\_\_\_ F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ NCL Latitude Number: \_\_\_\_\_

Special requests (including but not limited to a CPAP machine, refrigerated medications, epi pen, assistance devices, oxygen, dietary restrictions, special services, etc.): \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
(\*THIS SHOULD BE SOMEONE NOT TRAVELING WITH YOU)

**IMPORTANT: I have read and agree to the attached terms and conditions of the operator participant agreement.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_ I wish to use my **BOSCOV'S CHARGE #**: \_\_\_\_\_

**EXP**: \_\_\_\_\_

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

**EXP**: \_\_\_\_\_

**Security Code**: \_\_\_\_\_

\_\_\_\_ I authorize the use of my credit card if indicated as form of payment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

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

Gender: \_\_\_\_ M \_\_\_\_ F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ NCL Latitude Number: \_\_\_\_\_

Special requests (including but not limited to a CPAP machine, refrigerated medications, epi pen, assistance devices, oxygen, dietary restrictions, special services, etc.): \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
(\*THIS SHOULD BE SOMEONE NOT TRAVELING WITH YOU)

**IMPORTANT: I have read and agree to the attached terms and conditions of the operator participant agreement.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_ I wish to use my **BOSCOV'S CHARGE #**: \_\_\_\_\_

**EXP**: \_\_\_\_\_

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

**EXP**: \_\_\_\_\_

**Security Code**: \_\_\_\_\_

\_\_\_\_ I authorize the use of my credit card if indicated as form of payment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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



# BOSCOV'S TRAVEL PROTECTION PLAN

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

Benefit	Maximum Benefit Amount
Trip Cancellation**	up to 100% of Trip Cost*
Trip Interruption**	up to 150% of Trip Cost*
Trip Delay - 6 hours	up to \$150 per day, to a maximum of \$750
Single Supplement	Included
Missed Connection	up to \$300
Medical Evacuation and Repatriation of Remains Benefit	up to \$250,000
Political or Security Evacuation and Natural Disaster Evacuation	up to \$150,000
Baggage and Personal Effects	up to \$1,000 (\$250 per article)
Baggage Delay - 12 hours	up to \$500
Accident & Sickness Medical Expense	up to \$100,000
Dental Expense sublimit	up to \$750
Non-Insurance Travel Assistance Services	Included

## OPTIONAL UPGRADE BENEFITS - AVAILABLE FOR AN ADDITIONAL COST

Benefit	Maximum Benefit Amount
Cancel for Any Reason***	75% of Trip Cost*

Cost Of Trip per person	Rates per person	With CFAR***	Cost of Trip per person	Rates per person	With CFAR***
\$0-\$500	\$25.00	\$61.00	\$6,501-\$7,000	\$582.00	\$875.00
\$501-\$1,000	\$70.00	\$106.00	\$7,001-\$8,000	\$623.00	\$937.00
\$1,001-\$1,500	\$112.00	\$169.00	\$8,001-\$9,000	\$673.00	\$1,012.00
\$1,501-\$2,000	\$138.00	\$208.00	\$9,001-\$10,000	\$748.00	\$1,124.00
\$2,001-\$2,500	\$174.00	\$262.00	\$10,001-\$11,000	\$881.00	<b>\$1,324.00</b>
\$2,501-\$3,000	\$206.00	\$310.00	\$11,001-\$12,000	\$962.00	\$1,445.00
\$3,001-\$3,500	\$233.00	\$351.00	\$12,001-\$13,000	\$1,044.00	\$1,569.00
\$3,501-\$4,000	\$290.00	\$436.00	\$13,001-\$14,000	\$1,126.00	\$1,692.00
\$4,001-\$4,500	\$331.00	\$498.00	\$14,001-\$15,000	\$1,207.00	\$1,814.00
\$4,501-\$5,000	\$383.00	\$576.00	\$16,001-\$17,000	\$1,370.00	\$2,058.00
\$5,001-\$5,500	\$424.00	\$637.00	\$17,001-\$18,000	\$1,452.00	\$2,181.00
\$5,501-\$6,000	\$466.00	\$700.00	\$18,001-\$19,000	\$1,534.00	\$2,305.00
\$6,001-\$6,500	\$506.00	\$760.00	\$19,001-\$20,000	\$1,615.00	\$2,427.00

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

\*\*\$500 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage

\*\*\*Must be purchased within 14 days of the date your initial trip payment or deposit is received. Additional terms apply. Not available to residents of New York. Trip Cancellation and Trip Interruption coverage only applies if trip is cancelled/interrupted by a covered peril.

## General Exclusions and Limitations for Insurance Benefits

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, or Family Member scheduled and booked to travel with You.

The following exclusion applies to the Trip Cancellation and Trip Interruption: 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:

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 certificate is in effect;
6. Your 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. Your 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.

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 You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, 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 You, 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;
8. failure of any tour operator, Common Carrier, or other travel entity, person or agency to provide the bargained-for Travel Arrangements for reasons other than Financial Insolvency or Financial Default. Important: there is no coverage for losses due to, arising or resulting from the Financial Insolvency or Financial Default of Your Travel Supplier or any entity that sold, solicited, negotiated, offered or disseminated this certificate to You or Your Traveling Companion.

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

**Pre-Existing Medical Condition Exclusion Waiver:** The Pre-Existing Medical Condition Exclusion will be waived if you purchase the protection plan within 14 days of the date your initial trip payment or deposit is received and you are medically able and not disabled from travel at the time you purchase the plan, based on the assessment of a physician.

**To purchase this plan, please talk to your Boscov's Travel Advisor.**

This advertisement contains highlights of the plans developed by Travel Insured International, which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al, and non-insurance Travel Assistance Services provided by C&F Services. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical 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 be compensated for the purchase of a plan and 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. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. While Travel Insured International markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Travel Insured International, and Travel Insured International does not receive compensation from USF for providing the non-insurance components of the plans.