TIC travel insurance ®

TRAVEL INSURANCE APPLICATION FOR CANADIAN TRAVELLERS

If medical underwriting is required please use the appropriate form.

Language preference ❑ English ❑ French

Coverage is NOT AVAILABLE to any individual who:

a) has been diagnosed with a terminal illness;
b) has been diagnosed with or has had an episode of congestive heart failure;
c) has Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
d) has Alzheimer's disease or any other type of dementia;
e) has received any type of treatment for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
f) has been prescribed or used home oxygen treatment in the last 12 months;
g) has had a major organ transplant (heart, kidney, liver, lung); or
h) has received kidney dialysis treatment in the last 12 months.

Underwritten by Co-operators Life Insurance Company.
Property risks are underwritten by The Sovereign General Insurance Company.

STEP 1 – APPLICANT INFORMATION (Please Print)

Sex	First Name	Last Name	Birth Date
M / F			M M / D D / Y Y Y Y
M / F			M M / D D / Y Y Y Y

Address in Canada

City/Prov. Postal Code

Telephone Number ( ) E-mail Address

Beneficiary Name Relationship

STEP 2 – APPLICATION DETAILS (Please Print)

Application Date M M / D D / Y Y Y Y

Time of Application _____ am _____ pm

Effective Date M M / D D / Y Y Y Y

Expiry Date M M / D D / Y Y Y Y

For purchase of additional coverage.
Previous Policy Number: _____

Destination _____

Departure Date M M / D D / Y Y Y Y

No. of days coverage _____

Departure Point _____

STEP 3 – COVERAGE SELECTION

Plans Purchased (check all that apply)	Premium Rate	# of Persons	# of Days	Total Premium
Emergency Hospital & Medical Plans ❑ Canada-only Plan ❑ USA Plan ❑ Non-USA Plan ❑ Group Sports Plan Family Coverage ❑ Yes ❑ No Family rate (maximum age: 59) =2X single rate	$			$
Multi-trip Plans ❑ Basic Plan ❍Option 1 ❍Option 2 Trip Days: ❍8 ❍15 ❍35 ❍60 ❍105 | ❑ Select Plan ❍Option 1 ❍Option 2 Trip Days: ❍8 ❍15 ❍35 Family Coverage (available for USA and Non-USA Plans only) ❑ Yes ❑ No Family rate (maximum age: 59) =2X single rate of the eldest family member	$			$
Trip Cancellation and Interruption Plans ❑ Basic Plan ❑ Select Plan After Departure Sum Insured – unlimited Enter Prior Departure Sum Insured $ _____ If prior departure sum insured is more than $15,000, please complete a Medical Questionnaire for Trip Cancellation and Interruption in excess of $15,000 and provide a detailed copy of your itinerary.	$			$
All-inclusive Package Plans ❑ USA Package Plan ❑ Non-USA Package Plan ❑ Youth Adventure Package After Departure Sum Insured – unlimited Enter Prior Departure Sum Insured $ _____ If prior departure sum insured is more than $15,000, please complete a Medical Questionnaire for Trip Cancellation and Interruption in excess of $15,000 and provide a detailed copy of your itinerary.	$			$
Optional Plans ❑ Baggage ❍ $1,000 ❍ $1,500 ❑ A.D.&D. ❍ $25,000 ❍ $100,000 ❍ $250,000 ❑ Flight Accident ❍ $200,000 ❍ $500,000 ❑ Trip Interruption ❍ $800 ❍ $1,500 ❍ $2,000 ❑ Rental Car Collision Damage: $50,000	$			$
Minimum premium levels apply.			TOTAL PREMIUM DUE	$

STEP 4 – PAYMENT AND DECLARATION

❑ Visa ❑ MC ❑ Amex ❑ Diners ❑ Cheque

Card No. _____

Expiry Date _____ / _____ Auth. No. _____

_____
Cardholder's Signature

Submit this Application to: Broker Code 1345

Bridges International Insurance Services

Fax: 604-331-1042
Phone: 604-408-8695
Toll Free Phone: 1-888-267-4461
Toll Free Fax: 1-888-298-6526

Mailing Address:
Suite 1406 - 1030 W Georgia St.,
Vancouver, BC V6E 2Y3
Email: info@biis.ca

I understand that Emergency Hospital and Medical insurance is subject to limitations and exclusions. I am aware that pre-existing medical conditions may be excluded as set out in the Limitations and Exclusions section of the policy document unless I have completed a Medical Questionnaire, have been approved in writing by TIC and have paid the required premium. I am in good health and know of no reason to seek medical attention.

_____ _____
Signature of insured (or person acting on behalf of Insured) Date (MM/DD/YYYY)

TIC will collect, use and/or disclose your personal information only to provide you with the insurance products and services you've requested, for other uses authorized by you, or as required by law. **READ POLICY BOOKLET CAREFULLY** – The policy of Insurance contains important Limitations, Exclusions and Privacy Policy Information.
For a copy of the policy, ask your Broker.