



Bridges International Insurance Services

A division of KRG Insurance Brokers (Western) Inc.

Suite 1406 – 1030 West Georgia Street, Vancouver, BC V6E 2Y3

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International Student Plan Application Form

Name (Please PRINT)				Date of Birth
Last name	First Name	Sex (M/F)	dd / m m / yyyy	
1 _____	_____	_____	_____	
2 _____	_____	_____	_____	
3 _____	_____	_____	_____	
Address in Canada				
City	Province	Postal Code		
_____	_____	_____		
Phone	E-mail			
_____	_____			
School Name				

School Address				

City	Province	Postal Code		
_____	_____	_____		
Phone	_____			
Beneficiary (*Estate unless otherwise indicated)		Relationship		
_____		_____		
Application Date	dd / mm / yyyy	Application Time	:	<input type="checkbox"/> am <input type="checkbox"/> pm
_____	_____	_____		_____
Effective Date	dd / mm / yyyy	Expiry Date	dd / mm / yyyy	
_____	_____	_____	_____	
Date of Entry to Canada	dd / mm / yyyy	Country of Origin		
_____	_____	_____		
Premium	* Optional limits available with \$21 additional premium.			
<u>1.47</u>	×	_____	+	_____
Daily Rate		No. of Days		Optional Limits*
			×	_____
				No. of Persons
				Total Premium
				= _____
Payment Method: Cheque _____ MasterCard _____ Visa _____ American Express _____				
Card No.	_____	Expiry Date	_____ / _____	
Cardholder's Name	Signature X			
_____	_____			

I (We) confirm that I (we) are in good health, that I (we) know of no reason for which I (we) may seek medical attention and that currently no circumstance is known for which a claim may be made. I am aware that pre-existing conditions (as defined in the policy booklet) are excluded in some circumstances. If I (we) have already arrived in Canada, I (we) confirm that I (we) have not seen a physician or other registered medical practitioner since my (our) arrival.

Date

Insured's Signature (or person acting on behalf of Insured): X _____ dd / m m / yyyy