



## ANNUAL MULTI-TRIP APPLICATION FOR CANADIAN TRAVELLERS

If medical underwriting is required please  
use the appropriate form.

INTERCITY TIC

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)**  
include name of all dependants applying for coverage

Sex	First Name	Last Name	Birth Date
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY
M / F			MM / DD / YYYY

Address in Canada

City/Prov. Postal Code

Telephone (    ) E-mail

Beneficiary Name Relationship

**STEP 2 - APPLICANT DETAILS (Please Print)**

Application Date <span style="float: right;">MM / DD / YYYY</span>	For Policy Renewal
Time of Application <span style="float: right;">am                      pm</span>	Previous Policy Number:
Effective Date <span style="float: right;">MM / DD / YYYY</span>	

**STEP 3 - COVERAGE SELECTION**

Multi-trip Plans	Premium Rate	# of Persons	Total Premium
<input type="checkbox"/> Basic Plan Trip Length: <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 35 <input type="checkbox"/> 60 <input type="checkbox"/> 105 Family Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$
<input type="checkbox"/> Select Plan Coverage Options: <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2* Family Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$
* Option 2 is subject to provincial sales Tax in Ontario and Quebec. Ontario: 8% Quebec: 9%			TAX
<b>Use the Applicant's age on the effective date.</b>			\$
<b>Total Premium Due</b>			\$

**STEP 4 - PAYMENT AND DECLARATION**

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Cheque Card No. <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Expiry Date ____ / ____    Auth. No. _____  Cardholder's Name (Please Print) _____  Cardholder's Signature _____	Submit this Application to: <span style="float: right;">Broker Code: 1345</span>  <h3 style="text-align: center;">Bridges International Insurance Services</h3> <p style="text-align: center;">Fax: 604-331-1042 or 1-888-298-6526</p> <p style="text-align: center;">Mail: PO Box 113, The Burrard Building 1030 West Georgia St, Vancouver BC V6E 2Y3</p> <p style="text-align: center;">Phone: 604-408-8695 or 1-888-267-4461</p> <p style="text-align: center;">E-mail: info@biis.ca</p> <div style="text-align: right;"> </div>
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I understand that Annual Multi-Trip 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.