**Bridges International Insurance Services**
A division of KRG Insurance Brokers (Western) Inc.
**Suite 1406 – 1030 West Georgia Street, Vancouver, BC V6E 2Y3**
**Tel:(604) 408-8695 Fax:(604) 331-1042 URL: www.biis.ca**

TRAVEL UNDERWRITERS

# Visitors to Canada - Platinum, Travel Insurance Application Form

| Full Name of Insureds (please print) FIRST | LAST | SEX (M/F) | Date of Birth Y / M / D |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

**Address in Canada**:

**City**: **Province**: **Postal Code**:

**Telephone**: **Email**: **Country of Origin**

**Beneficiary Name** (*Estate unless otherwise indicated) **Relationship**

**Application Date: Y / M / D** **Time of Application**: : ☐ am ☐ pm

**Effective Date: Y/ M / D** **Expiry Date: Y / M / D**

**Arrival Date in Canada: Y / M / D**

| Plans | Sum Insured | No. of Persons | × No. of Days | × Daily Rate Per Person | TOTAL |
|---|---|---|---|---|---|
| Platinum | ☐ $20,000 ☐ $30,000 ☐ $40,000 ☐ $50,000 ☐ $60,000 ☐ $70,000 ☐ $80,000 ☐ $90,000 ☐ $100,000 ☐ Other – $_____ Indicate Sum Insured (up to $300,000 by 10,000 increments) | | | | |

**Optional**

☐ Deductible option ($100 - 5% discount, $500 -15%discount, $1,000 -25%discount) x 0. (If applicable)

☐ Pre-existing condition coverage (25% surcharge) for age 70-79 only x 1.25 (If applicable)

**Total Premium Due $**_____

**Paid by**: Cheque ____ Master ____

Visa ____ American Express ____

Office use only
Auth. No.

**Card Number**: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

**Expiry Date**: /

**Card Holder's Name**: **Card Holder's Signature** ✕

I (We) have not seen a physician or been to the hospital since my (our) arrival in Canada, have not incurred any expenses for which I (we) may claim under the policy, am (are) in good health at the present time and have no intention of making a claim under the policy as of the date and time of this application.

I (We) understand that if this policy is purchased within 60 days after my (our) arrival in Canada, there is no coverage for sickness occurring or arising during the first 48 hours from the effective date of this policy. I (We) understand that if this policy is purchased more than 60 days after my (our) arrival in Canada, there is no coverage for sickness occurring or arising during the first 7 days from the effective date of this policy.

Date:

Insured's Signature (or person acting on behalf of Insured): ✕ Y M D