

TRAVEL INSURANCE APPLICATION FOR VISITORS TO CANADA

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 Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV);
- c) has Alzheimer's Disease or any other type of dementia;
- d) has received any type of treatment for pancreatic cancer, liver cancer or any type of cancer that has metastasized;
- e) has been prescribed home oxygen treatment in the last 12 months;
- f) has had a major organ transplant (heart, kidney, liver, lung) ; or
- g) 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			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 Number ()		E-mail Address	
Beneficiary Name		Relationship	
Departure Country			

STEP 2 APPLICATION DETAILS (Please Print)

Application Date MM / DD / YYYY	Effective Date MM / DD / YYYY	For purchase of additional coverage. Previous Policy Number: _____
Time of Application ____ am ____ pm	Expiry Date MM / DD / YYYY	
Date of Entry to Canada MM / DD / YYYY	No. of Days Coverage _____	

STEP 3 COVERAGE SELECTION AND PREMIUM CALCULATION

A. Emergency Hospital & Medical (AD&D is included up to the aggregate limit selected)		Single Premium	Family Premium
1. Maximum Aggregate	<input type="radio"/> \$10,000 <input type="radio"/> \$25,000 <input type="radio"/> \$50,000 <input type="radio"/> \$100,000 <input type="radio"/> \$150,000		
2. Family Coverage	<input type="radio"/> Yes <input type="radio"/> No		
3. Rate Per Day	Family rate (maximum age:69) = 2 x Single rate		
4. Total Number of Days			
5. Total Premium	Rate per day x Total number of days		
6. Deductible Options	<input type="radio"/> \$100 (-5% savings) <input type="radio"/> \$250 (-10% savings)		
7. Deductible Savings	Total premium x Savings %		
8. Total EHM Premium Due	Total Premium - Deductible Savings		
B. Flight Accident	<input type="radio"/> \$200,000 <input type="radio"/> \$500,000		N/A
C. Trip Interruption	<input type="radio"/> \$800 <input type="radio"/> \$1,500 <input type="radio"/> \$2,000		N/A
Total Premium Due = A + B + C		\$	\$

Highlighted fields must be completed, where applicable. Minimum premium for Hospital & Medical is \$20 per policy.

STEP 4 PAYMENT AND DECLARATION

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/> Cheque Card No. _____ Expiry Date ____ / ____ Auth. No. _____ Cardholder's Signature _____	Submit this Application to: _____ Agency 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
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I understand that 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 also understand that sickness related coverage begins 48 hours from the effective date unless this coverage is purchased prior to arrival in Canada or at least 5 days before the expiry date of my existing TIC Visitors to Canada policy. I declare that 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 agent/broker or visit our website: www.travelinsurance.ca.