



# Bridges International Insurance Services

URL: [www.biis.ca](http://www.biis.ca) E-mail: [info@biis.ca](mailto:info@biis.ca)  
 Toronto Office Tel: (647) 349-7101 Fax: (416) 967-6262  
 Vancouver Office Tel: (604) 408-8695 Fax: (604) 331-1042



## Visitors to Canada, Travel Insurance Application Form

Name (Please PRINT)		Date of Birth
Last Name	First Name	(dd/mm/yyyy)
1. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____ / _____ / _____
2. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____ / _____ / _____
3. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____ / _____ / _____
4. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____ / _____ / _____
5. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F _____ / _____ / _____
Address in Canada: _____		
City: _____	Province: _____	Postal Code: _____
Phone: _____	E-mail: : _____	
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): _____ / _____ / _____		
If you are in Canada: Have you ever seen a physician since arriving in Canada within 182 days? <input type="checkbox"/> Yes <input type="checkbox"/> NO		

Sum Insured:	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$300,000

Deductible option:	<input type="checkbox"/> \$0-automatic <input type="checkbox"/> Other \$ _____
Additional options:	<input type="checkbox"/> Accidental death & dismemberment <input type="checkbox"/> Sports rider <input type="checkbox"/> 7 days stability coverage for pre-existing medical conditions (this option available for under 79 years only)

Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Master <input type="checkbox"/> Visa <input type="checkbox"/> American Express	CVV: _____
Card Number: _____	Expiry Date(mm/yyyy): _____
Cardholder's Name: _____	Signature: X _____

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(dd/mm/yyyy)

Insured's Signature (or person acting on behalf of insured): X \_\_\_\_\_