



Bridges International Insurance Services

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Student Travel Insurance Application Form

Name (Please PRINT)		Date of Birth	
Last Name	First Name	Gender(M/F)	(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	____/____/____
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: \$1.77 × _____ + _____ × _____ = \$ _____ Daily Rate No. of Days Optional limits(*) No. of Persons Total Premium			
(*)Optional limits available with \$22 additional premium.			
Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Master <input type="checkbox"/> Visa <input type="checkbox"/> American Express			
Card Number: _____		Expiry Date(mm/yyyy): ____/____	
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(dd/mm/yyyy)

Insured's Signature (or person acting on behalf of insured): **X** _____