

TISI Canadian Insurance

Step 1 Applicant Information

Family Name	First Name	D.O.B	Sex	Relationship
			M / F	
			M / F	
			M / F	
			M / F	

Step 2 Address in Canada

Address In Canada: _____		
City: _____	Province: _____	Postal Code: _____
Phone Number: () _____ - _____		Fax Number: () _____ - _____

Step 3 Travel Dates (DD/MM/YY)

Application Date: ____/____/____ Destination: _____

Effective Date: ____/____/____ Departure Date: ____/____/____

Expiry Date: ____/____/____ Trip Length: _____ days

Step 4 Coverage Selection

Emergency Hospital & Medical Plans U.S.A. Plan Non-U.S.A. Plans

Multi-trip Plans Trip days: Basic Plan Select Multi-Plan

Step 5 Optional Plans

- Baggage
- Trip Interruption / Cancellation
- Accidental Death & Dismemberment
- Rental Car Collision Protection
- Flight Accident

I hereby apply for coverage under this insurance policy.

I am in good health and know of no reason to seek medical attention.

Applicant's Signature: _____ Application Date: _____