

**TISI Canadian Insurance**

**Applicant Information**

| Family Name | FirstName | D.O.B | Sex   | Relationship |
|-------------|-----------|-------|-------|--------------|
|             |           |       | M / F |              |
|             |           |       | M / F |              |
|             |           |       | M / F |              |
|             |           |       | M / F |              |

**Address in Canada**

Address In Canada: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Travel Dates (DD/MM/YY)**

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Destination: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Trip Length: \_\_\_\_\_ days

**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

**Optional Plans**

Baggage  Trip Interruption / Cancellation

Accidental Death & Dismemberment  Rental Car Collision Protection

Flight Accident

**Payment Mode**

Cash  Certified Cheque / Money Order

Visa  Master Card

Credit Card Number \_\_\_\_\_

Expiry Date(M/Y) \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

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:** \_\_\_\_\_