



TISI VTC Insurance Plan

Applicant Information

Family Name	First Name	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)

Arrival Date: ____/____/____ Effective Date: ____/____/____

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

Sum Insured : **\$10,000** **\$50,000** **\$100,000**

Total Premiue Due: _____ days x _____ = _____

I hereby apply for coverage under this insurance policy. I understand that hospital and medical insurance excludes any sickness or injury occurring during the 180 days immediately preceding the effective date and that sickness related coverage begins 48 hours from the effective date unless this coverage is purchased prior to arrival in Canada or before the expiry date of an existing TIC Visitors to Canada Policy. I declare that I am in good health and know of no reason to seek medical attention.

Applicant's Signature: _____ **-Application Date:** _____