



TISI VTC Insurance Plan

Aplicant 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 \$25,000 \$50,000 \$100,000

(Please Check the Sum Insured Amount)

Total Premi Due: _____ days x _____ = _____

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 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:** _____