



TRIP CANCELLATION & INTERRUPTION

Application for Coverage in Excess of \$10,000

This form must be completed by ALL insureds with a total *Prior to Departure Sum Insured* in excess of \$10,000 under any *Trip Cancellation & Interruption Basic and Select Insurance* and all package plans (Plans I, K, L, M & R). *If you are insuring the deposit initially but the total sum is in excess of \$10,000, this form must be completed and approval obtained prior to issuing the policy in order to ensure the upgrade is available later.*

Insured's Name: _____ Date of Birth: _____

Agency Name: Ingle Insurance Agency Code: 2749

Agent's Name: _____ Plan Type: Basic (I) Select (K) Other: _____

Sum Insured: _____ Destination: _____ No. of Travel Companions: _____

Application date: _____ Departure date: _____ Return date: _____ Mode of Transport: _____

Deposit date: _____ Partial Penalty date(s): _____ Full Penalty date: _____

Is this an upgrade? _____ Other Notes: _____

Important: This application forms part of your Policy. The non-disclosure or misrepresentation of any material fact concerning this coverage or subject thereof, or fraudulent or false swearing by the Insured, shall void the Policy (refer to General Condition #10). Completion of this application will not vary, alter, waive, or extend any provision or condition of the policy except where approval of coverage is subject to endorsement, which attaches to your policy.

1. Within the 90 days immediately preceding this application, have you received medical treatment, been admitted to hospital for, or sought Medical Consultation for any medical condition? Yes No

If yes, please describe fully the medical condition: _____

2. Description and nature of treatment received: _____

3. When was your last treatment received? _____

4. Are you currently taking any medication(s)? Yes No

If yes, please list your current medications: _____

5. Are you currently being tested for any medical condition, which has not yet been diagnosed? Yes No

If yes, please list: _____

6. Do you know of any cause, which might reasonably be expected to prevent you from traveling as scheduled? Yes No

If yes, Please explain: _____

7. Do you know of any Family Member or Traveling Companion who has any medical condition or has any other insured reason that would cause you to cancel your trip? Yes No

If Yes, Please explain: _____

I declare the information provided is complete and true to the best of my knowledge. I understand this Application forms part of my Policy. I further understand that any misrepresentation or non-disclosure of any Pre-existing Medical Condition, which leads to a claim, may result in non-payment of that claim. In conjunction with the purchase of this Policy, I hereby authorize release to T.I.C. Agencies Ltd., or its representative, any information, including medical records, needed to process a claim filed under this Policy.

Insured's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Underwritten by The Co-Operators Life Insurance Company