INGLE™ INSURANCE

Snowbird network

1.866.736.2355

t.i.c travel insurance coordinators

Visitors to Canada
Travel Insurance Application Form

Full Name of Insureds (please print) FIRST	LAST	Date of Birth Y / M / D
1.		
2.		
3.		
4.		
5.		

Address in Canada:

City/Province: Postal Code:

Telephone: Country of Origin:

Beneficiary ("Estate" unless otherwise indicated) For Top-ups, extensions & renewals only: Previous Policy No. ___TIC_____

Application Date: Y / M / D Date of Entry: Y / M / D

Effective Date: Y / M / D Number of Days Coverage:

Expiry Date: Y / M / D Time of Application: _____:_____ ❑ am ❑ pm

VISA ❑ MC ❑ Expiry Date:_____/_____ Auth. No.:_____

AMEX ❑ DINERS ❑ Signature _____

Credit Card Number: | | | | | | | | | | | | | | | | | | | | |

PLANS	SUM INSURED	NO. OF PERSONS x	NO. OF DAYS x	DAILY RATE PER PERSON	TOTAL
Basic Plan	❑ $10,000 ❑ $25,000 ❑ $50,000 ❑ $150,000				
Select Plan	❑ $10,000 ❑ $25,000 ❑ $50,000 ❑ $150,000				
Accidental Death and Disablement	❑ $25,000 ❑ $100,000 ❑ $250,000				

I acknowledge this coverage excludes any loss as a result of an Injury or Sickness for which symptoms occurred or which required any or all of, Medical Consultation, hospitalization, prescription medication or medical treatment, within 180 days prior to the Effective Date, or for symptoms or Sickness occurring within 48 hours of the Effective Date.
The signatory confirms that every person named on this application is in good health and knows of no reason to seek medical attention.

Subtotal

Total Premium Due

_____ _____
INSURED'S SIGNATURE (or person acting on behalf of Insured) DATE

SEND TO:

INGLE Insurance: Fax: 416-730-1878 Mail: 460 Richmond Street West, Ste 701, Toronto On, Canada, M5V 1Y1

Agency Code:
2749