



**TISI Canadian Insurance**

**Step 1** Applicant Information

Family Name	First Name	D.O.B	Sex	Relationship
			M / F	
			M / F	
			M / F	
			M / F	

**Step 2** Address in Canada

Address In Canada: _____		
City: _____	Province: _____	Postal Code: _____
Phone Number: ( ) _____ - _____	Fax Number: ( ) _____ - _____	

**Step 3** Travel Dates (DD/MM/YY)

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

Destination: \_\_\_\_\_

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

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

Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Trip Length: \_\_\_\_\_ days

**Step 4** 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

**Step 5** Optional Plans

<input type="checkbox"/> Baggage	<input type="checkbox"/> Trip Interruption / Cancellation
<input type="checkbox"/> Accidental Death & Dismemberment	<input type="checkbox"/> Rental Car Collision Protection
<input type="checkbox"/> Flight Accident	

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: \_\_\_\_\_