



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 Premium 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: _____