

Application Form

TRAVEL INSURANCE SPECIALISTS

	Plan B	0	Plan C ○	(Please tick your cho
Standard Traveller O	Domestic Traveller O	Permanent One-Way Trav	veller (Reminder: Plan A only)	O Incoming Traveller
Departure Date:	Return Date:	Number of days:	Number of weeks:	Number of months:
Applicant(s)				
Applicant 1 - Name:			Date of Birth:	Age:
Applicant 2 - Name:			Date of Birth:	Age:
Dependant children/grandchil	dren 21 years or under			
Child 1 - Name:			Date of Birth:	Age:
Child 2 - Name:			Date of Birth:	Age:
Address:				
			Phone number:	
Extra options: Deposit Premiun	n Option? Yes O No C)	Rental Vehicle Exc	ess Option? Yes O No O
Specified Items				
Applicant:			Item:	Amount \$
Applicant:			Item:	Amount \$
Pre-existing medical condition	s: Is Pre-Existing Medical Cov	er required?	Yes O No O	
(Reminder: A medical certificat	te may need to be completed	by your doctor)		
Applicant 1 - Condition:			Surcharge	\$
Applicant 2 - Condition:			Surcharge	\$
Children - Condition:				
Children - Condition:			Surcharge	\$
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