Application – (Please fax to Fok's Insurance Agency at 905-480-9939
OUT-OF-COUNTRY TRAVEL INSURANCE

A. ***Name of Insured:***

Last name (Mr./Mrs./Ms./Miss) **First Name** **Date of Birth (mm/dd/yy)**

1. _____,_____;_____
2. _____, _____; _____
3. _____, _____; _____
4. _____, _____; _____

B. ***Address in Canada:***

_____, _____, _____ , _____

Apt No. **Street** **City / Province** **Postal Code**

C. ***Telephone Nos:*** ***Home:*** _____ ***Office/Cell:*** _____

Email: _____

D. ***Destinations*****: USA** ***(please indicate name of State)*****:** _____ **Non-USA:** _____

E. ***Departure Date*****:** _____ ***Effective Date*****:** _____ ***Return Date*****:**_____

(MM/DD/YY) **(MM/DD/YY)** **(MM/DD/YY)**

F. ***Name of Sponsor:*** _____ ***Relationship*****:** _____

G. ***Types of Plan*****:**

- **Emergency Medical & Hospital Plan USA ( ) Non-USA ( )**
- **Take Flight Plan (Emergency Hospital & Medical for Seniors) ( )**
- **Flight Accident: $200,000 ( ) $500,000 ( )**
  Beneficiary: _____ Relationship:_____
- **Accidental Death & Dismemberment:**
  $25,000 ( ) $100,000 ( ) $250,000 ( )
  Beneficiary: _____ Relationship: _____
- **Annual Multi-Trip <u>Basic Plan:</u>**
  8 Days per Trip ( ) 15 Days per Trip ( )
  35 Days per Trip ( ) 60 Days Per Trip ( )
  105 Days per Trip ( )
- **Annual Multi-Trip <u>Select Plan</u>:**
  35 Days per Trip: Option 1 ( ) Option 2 ( )
  Beneficiary: _____ Relationship: _____
- **Trip Cancellation & Interruption:**
  Basic Plan ( ) Select Plan ( )
  Sum Insured (non-refundable amount): _____
  Name of Beneficiary: _____ Relationship: _____
- **All-Inclusive Package Plan:**
  Sum Insured (non-refundable amount): _____
  Name of Beneficiary: _____ Relationship: _____
- **Others: _____**

H. Payment Method:
By Visa or Master Card No. _____ Expiry Date: _____
By Direct Deposit at TD Canada Trust, A/C No. 233-520-6192.

(This insurance premium you paid is inclusive of a standard commission that 21st Century Travel Insurance and/or TIC Travel Insurance Ltd allows us.)

I am in good health and know of no reason to seek medical attention. In conjunction with the purchase of the policy, I hereby authorize to release to TIC Travel Insurance Coordinators Limited, or its representative any information, including medical records that is needed to process a claim filed under the policy.

Applicant's Signature: _____ Date : _____

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