



APPLICANT INFORMATION				
First Name	Last Name	Gender	Birth Date (mm/dd/yyyy)	Age
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
Address				
City / Prov		Postal Code		
Telephone Number		Email Address		

TRAVEL INFORMATION	
Departure Date: _____	Airline Name: _____
Expiry Date: _____	Cruiseline Name: _____
Destination Country: _____	Tour Operator: _____
Destination State/Province: _____	

CONFIRMATION	
Are you presently in your home province?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , what is your departure province:	_____
If No , where are you presently:	_____

COVERAGE DETAILS	
Check all that apply:	Total Premium
<input type="checkbox"/> Platinum All-Inclusive Package (Single trip only)	
Sum Insured prior to Departure \$ _____ (per person)	

OPTIONAL COVERAGE (for All-Inclusive Package)	
<input type="checkbox"/> Optional Business Protector Coverage	<input type="checkbox"/> Optional Ski Protector Coverage
<input type="checkbox"/> Optional Cruise and Tour Protection Coverage	<input type="checkbox"/> Optional Golf Protector Coverage
<input type="checkbox"/> Optional Expanded Benefits Coverage	

Please complete page 2 of the application on the following page.



Submit application to:
Simpson Group Insurance Services Inc.

Fax: (403) 281 4503

For more information, please call:
Simpson Group Insurance Services Inc.
Phone: (403) 281 4403
Toll free: 1 800 263 0752
E-mail: info@simpson-group.com



Simpson Group

TRAVEL GUARD
Platinum All-Inclusive

PAYMENT

Visa Master Card Amex Cheque Cash

Name of Card Holder _____

Card Number __/__/__ __/__/__ __/__/__ __/__/__ Expiry Date __/___

Signature of Card Holder _____

STATEMENT & SIGNATURE

By signing this Application, I agree to the Description of Coverage, Terms and Conditions,
Privacy Notice, Alert and Strike lists, and agree to the terms and conditions of the insurance coverage provided.

I acknowledge that I am aware of the Exclusions and Limitations of this policy.

_____ Date _____

Signature of Insured

My electronic signature on this application has the same effect as if I signed it in ink.



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