



APPLICANT INFORMATION				
Last Name	First Name	Gender	Birth Date (dd/mm/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	
Beneficiary Name & Relationship				

TRAVEL DATES	
Effective Date _____	Departure Date _____
Expiry Date _____	This date is for those applying for a Top Up policy only .
# of Days _____	The Effective Date is the date you want our coverage to start.

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:	_____
If No , what date did you leave your home province:	_____

OPTIONAL SPORTS COVERAGE
If you are planning on participating in any sports or activities during your trip, please contact our office for further information. These optional add-ons will cover hospital and medical expenses while you coach, teach, train or participate in any of the activities listed under these plan options.
Applicants can purchase one or multiple Optional Coverages, depending on the sports or activities they plan on doing.
<input type="checkbox"/> Contact Sport Coverage <input type="checkbox"/> Adventure Sport Coverage <input type="checkbox"/> Extreme Sport Coverage

DEDUCTIBLE OPTIONS	
(for Single Trip, Multi-Trip Annual, & Top Up Policy)	<i>Deductibles are in US dollar</i>
<input type="checkbox"/> \$0 (+ 15%) <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 (-5%) <input type="checkbox"/> \$1,000 (-10%) <input type="checkbox"/> \$2,000 (-20%) <input type="checkbox"/> \$5,000 (-30%) <input type="checkbox"/> \$10,000 (-40%) <input type="checkbox"/> \$25,000 (-55%) <input type="checkbox"/> \$50,000 (-65%) <input type="checkbox"/> \$100,000 (-75%)	

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

