

| 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 | | | | |

| APPLICATION DETAILS | |
|----------------------|------------------------|
| Effective Date _____ | * Departure Date _____ |
| Expiry Date _____ | # of Days _____ |

| 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: | _____ |

| 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 | |
|--|--|
| <i>Deductibles are in US dollar</i> | |
| (for Single Trip, Multi-Trip Annual, & Top Up Policy) | |
| <input type="checkbox"/> \$0 (+ 15%) <input type="checkbox"/> \$300 (automatic) <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



| COVERAGE DETAILS | | | | |
|---|--------------|--------------|-----------|-------------------|
| Check all that apply: | Premium Rate | # of Persons | # of Days | Total Premium |
| <input type="checkbox"/> Single Trip <input type="checkbox"/> Worldwide Incl. USA <input type="checkbox"/> Worldwide Excl. USA <input type="checkbox"/> Canada Only | | | | |
| <input type="checkbox"/> Multi-Trip Annual <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 35 <input type="checkbox"/> 60 <input type="checkbox"/> 95 <input type="checkbox"/> 125 <input type="checkbox"/> 155 <input type="checkbox"/> 182 <input type="checkbox"/> Worldwide <input type="checkbox"/> Canada Only | | | | |
| <input type="checkbox"/> Top Up Policy * <input type="checkbox"/> Worldwide Incl. USA <input type="checkbox"/> Worldwide Excl. USA # of days covered under other insurance _____ Name of Insurance Plan _____ | | | | |
| <input type="checkbox"/> Non-Medical Package Sum Insured prior to Departure \$ _____ (per person) Date Trip was Booked: _____ | | | | |
| <input type="checkbox"/> Baggage | | | | |
| <input type="checkbox"/> Accidental Death & Dismemberment <input type="checkbox"/> Single Trip <input type="checkbox"/> Multi-Trip | | | | |
| <input type="checkbox"/> Trip Cancellation and Interruption <input type="checkbox"/> Single Trip <input type="checkbox"/> Multi-Trip Sum Insured prior to Departure \$ _____ (per person) Date Trip was Booked: _____ | | | | |
| <input type="checkbox"/> Trip Interruption <input type="checkbox"/> Single Trip <input type="checkbox"/> Multi-Trip <input type="checkbox"/> \$800 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 | | | | |
| <input type="checkbox"/> Rental Car Protection | | | | |
| Minimum premium levels apply. | | | | Total Premium Due |

| PAYMENT |
|--|
| <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Cheque <input type="checkbox"/> Cash Name of Card Holder _____ Card Number __/__/__/__ __/__/__/__ __/__/__/__ __/__/__/__ Expiry Date __/____ Signature of Card Holder _____ |

| STATEMENT & SIGNATURE |
|---|
| <p>By signing this Application I agree to the terms and conditions of the TuGo Traveller policy and acknowledge that I am aware of the Exclusions and Limitations of this policy.</p> <p>_____ Date _____</p> <p>Signature of Insured</p> <p><i>My electronic signature on this application has the same effect as if I signed it in ink.</i></p> |