

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"/> Family Plan				
<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"/> All-Inclusive Holiday Package <i>(For those 59 and under)</i> Sum Insured prior to Departure \$ _____ <i>(per person)</i> Date Trip was Booked: _____				
<input type="checkbox"/> Non-Medical Package Sum Insured prior to Departure \$ _____ <i>(per person)</i> Date Trip was Booked: _____				
<input type="checkbox"/> Baggage <input type="checkbox"/> Single Plan <input type="checkbox"/> Family Plan				
<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 \$ _____ <i>(per person)</i> 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>