

MotorSport Coverage

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 * _____				
Expiry Date _____				
# of Days _____				
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"/> Family Plan	\$			\$
DEDUCTIBLE				
<small>Single Trip and Multi-Trip Annual Worldwide - deductibles in USD</small>				
<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"/> \$50,000 (-65%) <input type="checkbox"/> \$100,000 (-75%)				
METHOD OF 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 By signing this Application I agree to the terms and conditions of the Travel Underwriters Freedom Policy and acknowledge that I am aware of the Exclusions and Limitations of this policy.
 My electronic signature on this application has the same effect as if I signed it in ink.

Signature of Insured _____ Date _____



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