

APPLICANT INFORMATION				
First Name	Last Name	Gender	Birth Date (dd/mm/yyyy)	Age
1.		M F		
2.		M F		
3.		M F		
4.		M F		
5.		M F		
Address:				
City:		Province:	Postal Code:	
Phone #:			Email:	
Beneficiary Name & Relationship:				

TRAVEL DATES	
Effective Date: _____	Departure Date: _____
Expiry Date: _____	*This is for those applying for a Top-Up Policy Only
# of Days: _____	Effective Date is the date you want our coverage to start

CONFIRMATION	
Are you presently in your home province?	Yes No
If No , where are you presently: _____	
If No , what date did you leave your home province: _____	

DEDUCTIBLE OPTIONS (for Single-Trip, Multi-Trip Annual, & Top Up Policy) <i>Deductible is in USD</i>				
\$0	\$300 (-13%)	\$500 (-17%)	\$1,000 (-22%)	\$2,000 (-30%)
\$5,000 (-39%)	\$10,000 (-48%)	\$25,000 (-61%)	\$50,000 (-70%)	\$100,000 (-78%)

Please complete page 2 & 3 of the application

For more information, please call: Simpson Group Insurance Services Inc.

MEDICAL PLANS			
Check all that apply:			
Single Trip			
Worldwide Including USA	Worldwide Excluding USA	Canada Only	Family Plan
Multi-Trip annual (number of days)			
2	5	10	15
20	35	60	
Worldwide	Canada Only		
Automatic Renewal <i>(for those 58 and under)</i>			
Extension Dates	Start Date _____	End Date _____	# of Extension Days _____
Top-Up Policy			
Worldwide Including USA	Worldwide Excluding USA		
Single Trip	Multi-Trip Annual		
Name of Insurance Plan _____			
# of days covered under other insurance _____			
COVID-19 Unvaccinated Plan <i>(sold on a per-trip basis)</i>			

OPTIONAL PLANS & ADD-ONS			
All-Inclusive Holiday Package (For those 59 and under)			
Sum Insured prior to Departure \$ _____ <i>(per person)</i>			
Date Trip was Booked: _____			
Non-Medical Package			
Sum Insured prior to Departure \$ _____ <i>(per person)</i>			
Date Trip was Booked: _____			
Baggage	Single Plan	Family Plan	
Accidental Death & Dismemberment	Single Trip	Multi-Trip	
Trip Cancellation and Interruption	Single Trip	Multi-Trip	
Sum Insured prior to Departure \$ _____ <i>(per person)</i>			
Date Trip was Booked: _____			
Trip Interruption	Single Trip	Multi-Trip	
\$800	\$1,500	\$10,000	\$25,000
Date Trip was Booked: _____			
Cancel For Any Reason <i>(up to 50% of the sum insured)</i>			
Rental Car Protection			

For more information, please call: Simpson Group Insurance Services Inc.

STABILITY ADD-ON

Unstable Pre-Existing Condition

Applicant: 1. 2. 3. 4. 5.

OPTIONAL SPORTS COVERAGE

Check all that apply:

If a traveller selects more than one sport/activity, they will only be charged for the sport/activity with the highest surcharge and be covered.

Backcountry skiing/snowboarding	Mixed martial arts
Base Jumping	Motorized speed contests
Boxing	Mountaineering
Downhill freestyle skiing/snowboarding in organized competitions	Organized Team Sports, includes: - American and Canadian Football - Ice hockey - Rugby <i>*Not required for travellers aged 20 years and under</i>
Downhill mountain biking	Parachuting/skydiving/tandem skydiving
Hang Gliding/paragliding	Rock climbing (includes canyoneering, but does not include indoor rock climbing)
High Risk snowmobiling	Scuba diving or free diving over 40 meters
Ice Climbing	White water sports – Class VI
	Wingsuit flying

Exclusions

All sports/activities not listed in the sports & activities Optional Coverage are covered under the Emergency Medical Insurance plan, without having to purchase this optional coverage, except for:

- Barrel racing
- Bronc riding
- Bull riding
- Chariot racing
- Chuck wagon racing
- Harness racing
- Rodeo bareback riding
- Rodeo clowning
- Rodeo team roping
- Steer wrestling/chutedogging
- Trick riding

*The following are also **excluded** if participating, training or practicing in any areas that have been closed off to public access and/or can typically only be accessed by crossing a fenced, gated, or roped-off area that has been marked as **off limits** according to recommendations of safety authorities in the are.*

- Backcountry skiing/snowboarding
- High risk snowmobiling
- Mountaineering
- Downhill freestyle skiing/snowboarding in competitions
- Ice climbing
- Rock climbing

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Traveller Application



STATEMENT & SIGNATURE

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.

Signature: _____ Date: _____

Typing in your name here, has the same effect as your printed signature.

PAYMENT

Visa MasterCard AMEX Cheque Cash

Name of Card Holder: _____

Card Number _____ Expiry Date ____ / ____ CVV ____

Signature of Card Holder _____

For more information, please call: Simpson Group Insurance Services Inc.

Phone: 403-281-4403

Toll-Free: 1-800-263-0752

Email: info@simpson-group.com