



Trip Cancellation & Interruption Application



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:		

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?		

TRAVEL DATES AND COSTS OF TRIPS

Single Trip	Multi Trip
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	Departure Date	Return Date	Date the Trip was Booked
1.			
2.			
3.			

	Cost of Non-Refundable Deposit Per Person	Total Non-Refundable Cost of Trip Per Person
1.		
2.		
3.		

Please complete Page 2 of the application
For more information, please call: Simpson Group Insurance Services Inc.

ADD ON PLANS

PLAN OPTIONS
<p>Cancel For Any Reason - In addition to Trip Cancellation</p> <p>Only Applicable if purchased within 5 days of making initial deposit. Up to 50% of the cost insured</p>
<p>Accidental Death and Dismemberment (AD&D):</p> <p>A payout of up to \$100,000 for AD&D as per policy wording Beneficiary:</p>
<p>Baggage: - only applicable to single trip plans</p> <p>up to \$1,500 per individual plan up to \$3,000 per family and friends plan</p>
<p>Rental Car Protection- only applicable to single trip plans</p> <p>Up to \$75,000</p>
<p>Non Medical Package- only applicable to single trip plans</p> <ol style="list-style-type: none"> 1. Trip Cancellation and Interruption 2. AD&D 3. \$500 Baggage Insurance

STATEMENT & SIGNATURE
<p><i>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.</i></p> <p>Signature: _____ Date: _____</p> <p><i>Typing in your name here, has the same effect as your printed signature.</i></p>

PAYMENT - can provide later				
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash
Name of Card Holder: _____				
Card Number _____			Expiry Date ____ / ____	
CVV ____				
Signature of Card Holder _____				

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