



Visitor to Canada Application



APPLICANT INFORMATION				
First Name	Last Name	Gender	Birth Date (dd/mm/yyyy)	Age
1.		<input type="checkbox"/> M <input type="checkbox"/> F		
2.		<input type="checkbox"/> <input type="checkbox"/>		
3.		<input type="checkbox"/> <input type="checkbox"/> F		
4.		<input type="checkbox"/> M <input type="checkbox"/> F		
5.		<input type="checkbox"/> M <input type="checkbox"/> F		
Address of stay in Canada:				
City:		Province:	Postal Code:	
Phone #:			Email:	
Beneficiary Name & Relationship:				

TRAVEL DATES	
Application Date: _____	Effective Date: _____
Arrival Date: _____	Expiry Date: _____
	# of Days: _____

COVERAGE OPTIONS						
<i>Amounts are in Canadian Dollar</i>						
\$10,000	\$25,000	\$50,000	\$100,000	\$200,000	\$300,000	\$500,000

DEDUCTIBLE OPTION						
<i>Amounts are in Canadian Dollar</i>						
\$0 (automatic)	\$150	\$500	\$1,000	\$2,500	\$5,000	\$10,000

STABILITY ADD-ON					
Unstable Pre-Existing Condition					
Applicant:	1.	2.	3.	4.	5.

TRIP CANCELLATION AND INTERRUPTION ADD-ON
Sum Insured Before Departure:
Date Trip was Booked:

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

OPTIONAL SPORTS COVERAGE	
<p>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.</p>	
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
<p>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:</p> <ul style="list-style-type: none"> • Barrel racing • Bronc riding • Bull riding • Chariot racing • Chuck wagon racing • Harness racing • Rodeo bareback riding • Rodeo clowning • Rodeo team roping • Steering wrestling/chute dogging • Trick riding <p><i>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.</i></p> <ul style="list-style-type: none"> • Backcountry skiing/snowboarding • High risk snowmobiling • Mountaineering • Downhill freestyle skiing/snowboarding in competitions • Ice climbing • Rock climbing 	

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STATEMENT & SIGNATURE

- The applicant(s) confirms that they have not seen a physician or other registered medical practitioner since arriving in Canada.
- The applicant(s) confirms that they have not submitted a claim and no circumstance is known for which they may submit a claim.
- The applicant(s) understand that if this policy is purchased within 60 days of their arrival in Canada, there is no coverage for sickness occurring or arising during the first 48 hours from the effective date of this policy.
- The applicant(s) understand that if this policy is purchased more than 60 days after their arrival in Canada, there is no coverage for sickness occurring or arising during the first 7 days from the effective date of his policy.

By signing this Application, I agree to the terms and conditions of the TuGo Visitor to Canada Policy and acknowledge that I am aware of the Exclusions and Limitations of this policy.

Signature: _____ Date: _____

My electronic signature on this application has the same effect as if I signed in ink.

PAYMENT

Visa
 MasterCard
 AMEX
 Cheque
 Cash

Name of Card Holder: _____

Card Number _/_/_/_/ _/_/_/_/ _/_/_/_/ _/_/_/_/ Expiry Date __/__/__ CVV ____

Signature of Card Holder _____

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