



Excess Markets (B.C.) Corporation
富邦保險有限公司
Insurance Underwriters & Services
Lloyd's Coverholder

Tel: 604-273-2786 · Fax: 604-273-2089 · 1225 – 8888 Odlin Crescent, Richmond, B.C. Canada V6X 3Z8
 Email: emcins@telus.net · Website: www.emcins.net

TRAVEL INSURANCE APPLICATION

1. Applicant Information:

Sex: Male / Female

First Name: _____

Last Name: _____

Address in Canada: _____

Birth Date: _____

Postal Code: _____

City/Prov.: _____

Telephone Number: _____

Email Address: _____

Beneficiary Name: _____

Relationship: _____

2. Applicant Details:

Application Date: _____

Time of Application: _____ am _____ pm

Effective Date: _____

Expiry Date: _____

Destination: _____

Departure Date: _____

No. of Days coverage: _____

Departure Point: _____

For purchase of additional coverage. Previous Policy Number: _____

3. Coverage Selection:

Plans Purchased (check all that apply)

	Premium Rate	# of Persons	# of Days	Total Premium
Emergency Hospital & Medical Plans <input type="checkbox"/> U.S.A Plan <input type="checkbox"/> Non-U.S.A Plan <input type="checkbox"/> Sports Plan	\$			\$
Multi-trip Plans Trip Days: <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 35 <input type="checkbox"/> 60 <input type="checkbox"/> 105 <input type="checkbox"/> Basic Plan <input type="checkbox"/> Select Plan: Option 1 Option 2	\$			\$
Trip Cancellation & Interruption Plans <input type="checkbox"/> Basic Plan <input type="checkbox"/> Select Plan After Departure Sum Insured - \$ 25,000 Enter Prior Departure Sum Insured \$ _____	\$			\$



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All-inclusive Package Plans <input type="checkbox"/> U.S.A Plan <input type="checkbox"/> Non-U.S.A Plan <input type="checkbox"/> Youth Adventure Plan After Departure Sum Insured - \$ 25,000 Enter Prior Departure Sum Insured \$ _____	\$			\$
Optional Plans <input type="checkbox"/> Baggage <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 1,500 <input type="checkbox"/> A.D.&D. <input type="checkbox"/> \$ 25,000 <input type="checkbox"/> \$ 100,000 <input type="checkbox"/> \$ 250,000 <input type="checkbox"/> Flight Accident <input type="checkbox"/> \$ 200,000 <input type="checkbox"/> \$ 500,000 <input type="checkbox"/> Trip Interruption <input type="checkbox"/> \$ 800 <input type="checkbox"/> \$ 1,500 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> Rental Car Collision Damage: \$50,000	\$			\$
Minimum premium levels apply.	TOTAL PREMIUM DUE			\$

4. Payment And Declaration:

Visa MC Amex Diners Cheque

Card No.

Expiry Date ____ / ____ Auth. No. _____

 Cardholder's Signature

Submit this Application to:

Agency Code _____

I am in good health and know of no reason to seek medical attention. I am aware that if I have any condition affecting my health, claims relating to this condition may be excluded under this policy.

 Signature of Insured (or person acting on behalf of Insured)

 Date (MM/DD/YYYY)