



**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
<b>Emergency Hospital &amp; Medical Plans</b> <input type="checkbox"/> U.S.A Plan <input type="checkbox"/> Non-U.S.A Plan <input type="checkbox"/> Sports Plan	\$			\$
<b>Multi-trip Plans</b> 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	\$			\$
<b>Trip Cancellation &amp; Interruption Plans</b> <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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<b>All-inclusive Package Plans</b> <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 \$ _____	\$			\$
<b>Optional Plans</b> <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	\$			\$
<b>Minimum premium levels apply.</b>	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)