

Please Return to: Special Benefits Insurance Services, 860-20 Toronto St, Toronto ON M5C 2B8 Fax: (1) 416-601-0308 (E) general@sbis.ca
Questions? Contact us at 1-800-667-0429 or 416-601-0429 Monday to Friday 8:45am to 4:45 pm ET

FOR OFFICE USE ONLY

Agent: Sbis Web

PERSONAL INFORMATION

APPLICANT 1:

First Name: _____

Last Name: _____

Date of Birth (D/M/Y): _____

Male

Female

APPLICANT 2:

First Name: _____

Last Name: _____

Date of Birth (D/M/Y): _____

Male

Female

MAILING ADDRESS

Street: _____ City: _____ Province: _____

Postal Code: _____ Telephone #: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Telephone #: _____

TRAVEL INFORMATION

Departure / Effective Date (D/M/Y): _____

Return / Expiry Date (D/M/Y): _____

Beneficiary Name: _____

Applicant 1

Applicant 2

1) Date of Initial Deposit (D/M/Y): _____

2) Is the trip paid in Full? Yes No Yes No

If yes, Date Paid (D/M/Y): _____

3) Sum Insured: _____

COVERAGE - Maximum trip length is 60 days

Trip Cancellation - up to sum insured per person
Trip Interruption - up to \$25,000

Accidental Death and Dismemberment:
Air Flight/ Common Carrier - \$100,000 per person
Baggage - \$500 per person

Note: Any pre-existing condition must be stable during the 60 days prior to the date this Insurance is purchased.

Optional Coverage

Cancel for Any Reason Coverage - All Sales currently suspended

- reimbursement of up to 50% of either:

- a) prepaid travel costs which are non-refundable and non-transferable to another date
- b) Up to the sum insured selected before departure which is non-refundable and non-transferable to another date.

Do you wish to purchase the optional Insurance?

Applicant 1

Applicant 2

Cancel for any Reason: Yes No Yes No

*Coverage is subject to the terms and conditions specified in the section entitled Trip Cancellation & Trip Interruption Insurance

METHOD OF PAYMENT

VISA

MASTERCARD

Card #: _____ Expiry Date: _____

Name on Card: _____

Total Premium:

\$ _____