

Application for Visitors to Canada Insurance (21st Century Travel Insurance Limited)

Date: _____ / _____ / _____ (mm/dd/yyyy)

Insured' s Information			
	N A M E	Date of Birth	Coverage
1	Last name:	/ /	\$
	First name:	(mm/dd/yyyy)	
2	Last name:	/ /	\$
	First name:	(mm/dd/yyyy)	
3	Last name:	/ /	\$
	First name:	(mm/dd/yyyy)	
Address in Canada		City	Province
Postal Code	Telephone	E-MAIL	
	()		
Arrival Date in Canada		Contact Person	Fax No. (optional)
/ / (mm/dd/yyyy)			
<p>I would like to purchase the insurance from ____/____/____ (mm/dd/yyyy) to ____/____/____ (mm/dd/yyyy) for the insured(s). I choose to pay the premium by: credit card (Visa or Master Card) [<input type="checkbox"/>] or check [<input type="checkbox"/>].</p> <p>Applicant's Name: _____ Date: ____/____/____ (mm/dd/yyyy)</p> <p>(If you choose to use credit card to pay the premium, we will contact you for the card number.)</p> <p>What is the best time you would like our agent to call you to confirm the information?</p> <p style="text-align: center;">_____ <i>am</i> or _____ <i>pm</i> Date : ____/____/____ (mm/dd/yyyy)</p> <p style="text-align: center;">Thank You</p>			

Administration: 21st Century Travel Insurance Limited
 Underwritten by: Manulife Financial
 Agency: Kintrust Financial Limited
 Contact Person: Tony S. Ke
 Tel: (613)722-5005, 296-6688
 Check Payable to: Kintrust financial Limited
 Account No. TD Canada Trust 0164 5201945