

**APPLICATION FOR  
MANITOBA SCHOOLS – TRAVEL INSURANCE (OUT OF PROVINCE)**

**TO BE COMPLETED IN FULL, AND FAXED TO LINDA BAKER AT WESTERN FINANCIAL GROUP INSURANCE SOLUTIONS, FAX NUMBER: 957-0678, TELEPHONE NUMBER 942-2555/1-800-265-0314, EXTENSION 7220.**

School Division: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Destination: \_\_\_\_\_  
\_\_\_\_\_

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

= Number of Days: \_\_\_\_\_

Number of Persons: \_\_\_\_\_ **(attach list of persons - names only required)**

Premium: number of persons \_\_\_\_\_ x number of days \_\_\_\_\_ x \$1.10 = \_\_\_\_\_  
(minimum premium \$50.00)

Completed by: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_