

# APPLICATION: OUT OF PROVINCE TRAVEL INSURANCE



To be completed in full, and faxed to Linda Baker at Western Financial Group Insurance Solutions at 957-0678.

**Fax: 957-0678**

Questions? Phone: 942-2555 / 1-800-265-0314 (ext. 7220)

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

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

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

street

city

province

postal code

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

Phone Number: \_\_\_\_\_

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

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

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

month

day

year

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

month

day

year

= 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)

Completed by:

Name: \_\_\_\_\_

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

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

month

day

year