



**For Broker/Sales Agent Use Only**

<b>Applicant 1</b> Policy Number:	<b>Applicant 2</b> Policy Number:	Date Issued (D/M/Y):
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<b>Applicant 1</b>	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Applicant 2</b>	First Name	Last Name	Date of Birth (D/M/Y) ____/____/____
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Refer to the Rates Sheet for your applicable premium.  
For rates to top up the Non-Medical Multi-Trip Annual Plan, or for questions on the applicable sales tax, contact your broker or sales agent.

	Applicant 1	Applicant 2
<b>Emergency Medical Travel Insurance</b>		
<b>A. Enter your MEDICAL MULTI-TRIP ANNUAL Premium</b> The 30-day Multi-Trip Annual Plan option is only available to age 79 or under.	\$ A	\$ A
<b>B. Enter your MEDICAL SINGLE TRIP DAILY or TOP UP Rate</b> Applicable if you are purchasing Single Trip Daily coverage or topping-up a Multi-Trip Annual Plan. Use the total trip duration to determine your daily rate.	\$ B	\$ B
<b>C. MEDICAL SINGLE TRIP DAILY or TOP UP Premium</b> Multiply the number of days required by the SINGLE TRIP DAILY RATE. <input style="width: 50px;" type="text" value="DAYS REQUIRED"/> x BOX B	\$ C	\$ C
<b>D. MEDICAL PLAN SUBTOTAL</b> BOX A + BOX C	\$ SUBTOTAL D	\$ SUBTOTAL D
<b>E. Tobacco User Surcharge</b> If you answered Yes to Question 6 in Section F of the Application, Age 60 or over, add 20% to BOX D. If you answered No to Question 6, carry BOX D forward.	\$ E	\$ E
<b>F. Deductible Options</b>		
<b>Applicant 1</b> <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 US (0%) <input type="checkbox"/> \$500 US (-5%) <input type="checkbox"/> \$1,000 US (-10%) <input type="checkbox"/> \$5,000 US (-30%) <input type="checkbox"/> \$10,000 US (-45%)		
<b>Applicant 2</b> <input type="checkbox"/> \$0 (+10%) <input type="checkbox"/> \$250 US (0%) <input type="checkbox"/> \$500 US (-5%) <input type="checkbox"/> \$1,000 US (-10%) <input type="checkbox"/> \$5,000 US (-30%) <input type="checkbox"/> \$10,000 US (-45%)		
Calculate and add or subtract the appropriate % to BOX E based on your selected deductible.	\$ MEDICAL SUBTOTAL F	\$ MEDICAL SUBTOTAL F

<b>Non-Medical Travel Insurance</b>		
<b>G. Enter your NON-MEDICAL MULTI-TRIP ANNUAL Premium</b> The 30-day Multi-Trip Annual Plan option is only available to age 79 or under.	\$ G	\$ G
<b>H. NON-MEDICAL SINGLE TRIP Trip Value</b> Indicate the amount of Trip Cancellation and Interruption coverage required, rounded up to the nearest \$100.	\$ H	\$ H
<b>I. Enter your NON-MEDICAL SINGLE TRIP Rate</b> Refer to the Rate Sheet for the appropriate rate.	\$ I	\$ I
<b>J. NON-MEDICAL SINGLE TRIP or TOP UP Premium</b> BOX H + 100 x BOX I. For rates to top up a Non-Medical Multi-Trip Annual Plan, contact your broker or sales agent.	\$ J	\$ J
<b>K. NON-MEDICAL PLAN Premium Due</b> BOX G + BOX J. Add the appropriate sales tax of your province or territory of residence.	\$ NON-MEDICAL SUBTOTAL K	\$ NON-MEDICAL SUBTOTAL K

<b>L. SUBTOTAL of MEDICAL and NON-MEDICAL Premiums</b> BOX F + BOX K	\$ SUBTOTAL L	\$ SUBTOTAL L
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<b>Savings</b>		
<b>M. Travel Companion Savings</b> If you are purchasing this Policy with a travel companion, a 5% savings applies (BOX L x 0.05). Otherwise, enter 0.	\$ M	\$ M

<b>N. TOTAL Premium Due</b> BOX L - BOX M. There is a minimum premium of \$25 per applicant.	\$ TOTAL N	\$ TOTAL N
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