

Phone 1-800-583-3381 for assistance 9 to 4pm Monday to Friday EST

Email 24hrs per day [click here](#)

Subject to underwriting you may be bound immediately after acceptance of policy quote by calling our office and referring to quote number given

Broker and Client referral Form

Yes Please Have a Broker contact me for Travel Insurance

I currently have an Insurance Broker YES No

If yes the name of your broker is _____

Your address _____ city _____ province

Your name _____

You're contact number during the day _____

You're contact number during the evening _____

Your email number _____

Your fax Number _____

How do you wish to be contacted , phone _____ fax _____ email _____

Product you are wishing to get a quote on or purchase

- Emergency medical insurance world wide
- Emergency medical insurance USA excluded
- Visitor to Canada Coverage

Student Accident Insurance

Baggage Insurance

Trip Interruption coverage

Trip Cancellation coverage

How many

- Number Persons are traveling _____
- Age of parties traveling a _____ b _____ c _____ d _____ e _____
- Date leaving _____ date returning _____
- Leaving from _____ arriving in _____

Do you currently have a pre existing medical condition?

[Click here for definitions of pre existing conditions](#)