Johnson Fu Insurance Agency Inc.

128-6061 No. 3 Road, Richmond, BC, V6Y 2B2
Phone: 604-232-0896 Fax: 604-232-0897
Email: vancouver@johnsonfu.com

Application form for Visitors to Canada

_____JF Premier _____TU _____TIC _____ETFS _____21st Century

Insurance is administered by North American Air Travel Insurance Agents Ltd. d.b.a. Travel Underwriters, a licensed insurance broker.
11th floor – 6081 No. 3 Road, Richmond, BC, Canada V6Y 2B2. Insurance is underwritten by
Industrial Alliance Pacific Insurance and Financial Services Inc.

Name Insured (Please print)

1. First Name: _____ Last Name: _____ Date of Birth (MM/DD/YY) _____ Age: ____ Gender: F / M

Other insured (for additional insured, attached a separate page.)

2. First Name: _____ Last Name: _____ Date of Birth (MM/DD/YY) _____ Age: ____ Gender: F / M

3. First Name: _____ Last Name: _____ Date of Birth (MM/DD/YY) _____ Age: ____ Gender: F / M

4. First Name: _____ Last Name: _____ Date of Birth (MM/DD/YY) _____ Age: ____ Gender: F / M

5. First Name: _____ Last Name: _____ Date of Birth (MM/DD/YY) _____ Age: ____ Gender: F / M

Canadian Address: _____
Street City Province Postal Code

Phone Number: _____ **Country of Origin**: _____

Arrival Date (MM/DD/YY): _____ **Effective Date** (MM/DD/YY): _____ **Expiry Date** (MM/DD/YY): _____

Application Date (MM/DD/YY): _____ **Number of Coverage Day**: _____

For renewals only – Previous policy #: _____

Coverage Option: ☐ $20,000 ☐ $30,000 ☐ $50,000 ☐ $100,000

Single: # of Days ____ x $ _____ = $ _____

Family: # of Days ____ x $ _____ = $ _____

Total Premium: $ _____

Paid by: ☐ Visa ☐ Mastercard ☐ AE

Credit Card #:

Cardholder Name: _____

Signature of Cardholder: _____

Expiry Date (MM/DD/YY): _____

I hereby apply for coverage and understand that coverage will become effective on my arrival date in Canada provided I apply on or before that date, otherwise coverage will be effective on the date my application is accepted by the Insurer, or their authorized agent.

I have not seen a doctor nor been to hospital since my arrival in Canada. I am in good health at the present time and have no intention of claiming as of today's date and time.

I hereby certify all the above information is true and accurate.

By signing below, I agree that I have read the coverage and contents of the information concerning my insurance plan provided to me by Johnson Fu Insurance Agency Inc. (JF) and that I understand the contents and details of this information. I further agree and understand that I will direct any inquiries I have regarding insurance to JF and its licensed agents.

I understand that _____ will receive a referral fee for this transaction.

_____
Applicant's Signature

_____
Date