**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**

**The following applies to British Columbia ONLY - If your purchase of insurance is referred to us through a school or agency - an administration fee or referral fee is paid to that school or agency**

Policy #: _____

**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:** ☐ $10,000 ☐ $20,000

☐ $30,000 ☐ $50,000 ☐ $100,000

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

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

**Total Premium**: $ _____

Paid by: ☐ Cash/Cheque ☐ Visa ☐ Mastercard ☐ AE

Cheque made payable to Johnson Fu Insurance Agency Inc.

Credit Card #:

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Cardholder Name: _____

Signature of Cardholder: _____

Expiry Date (MM/DD/YY): _____ Date (MM/DD/YY): _____

The signatory confirms that every person named on this application is in good health and knows of no reason to seek medical attention. Applicants are aware that if they have any condition affecting their health, claims relating to this condition may be excluded under this policy.

_____
Insured's signature (or person acting on behalf of insured)

Date _____