Japanese

Johnson Fu Insurance Agency Inc.
128-6061 No. 3 Road, Richmond, BC, V6Y 2B2
Phone: 604-232-0896 Fax: 604-232-0897
Email: vancouver@jfuinsurance.com

Application Form for International Student

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

Agent Code: _____ **Date:** _____

Eligibility Requirements:
1. Be 69 years or under for inbound student Or 40 years or under for out bound student
2. Be a student of foreign nationality
3. Be enrolled in and attending a recognized institution of learning
4. Be an accompanying family member of the student residing in Canada

Name: _____ Sex: M / F
Last Name (姓) First Names (名) (性別) 男 / 女

Address in Canada: _____ City: _____
（カナダの住所） （市）

Province: _____ Postal Code: _____ Phone #: _____
（州） （郵便番号） （電話番号）

Date of Birth: _____ Effective Date: _____ Expiry Date: _____
（誕生日） (MM/DD/YY) （有効期限） (MM/DD/YY) （契約終了日） (MM/DD/YY)

Name of School: _____ Phone #: _____
（学習機関名） （電話番号）

Address: _____ Fax #: _____
（住所） （ファックス番号）

Country of permanent residence: _____ Arrival Date in Canada: _____
（市民権のある国） （カナダ到着日） (MM/DD/YY)

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 #:

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.

_____
Applicant's Signature (被保険者サイン)

_____
Date (日付)

_____
Agent's Signature