



**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 \_\_\_ 21<sup>st</sup> 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 #:**

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**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