

# EMERGENCY INSURANCE APPLICATION

Your personal information is collected for the purpose of providing you with insurance services, claims analysis and payments.  
Call 1-800-891-0370 for a copy of the ETFS Privacy Statement.

## APPLICANT INFORMATION

<input type="radio"/> F <input type="radio"/> M		Last Name: _____	First Name: _____
Country of Origin: _____	Date of Birth (DMY): / / _____	Date of Arrival in Canada (DMY): / / _____	
Please enclose proof of admission and registration at a recognized Canadian institution of learning.		School Name: Upper Madison College	
Address in Canada: 5075 Yonge St. Suite 500		Apt: _____	
City: Toronto	Province: ON	Postal Code: M2N 7H3	
Phone Number: 416-512-1026	Fax Number: 416-512-0024	E-mail: _____	

## DEPENDENT INFORMATION

Spouse: _____	Legally married	Residing together for at least 12 months	Date of Arrival in Canada (DMY): / / _____
LAST NAME		FIRST NAME	SEX
Spouse: _____	_____	Date of Birth (DMY) _____	F M
Child: _____	_____	Date of Birth (DMY) _____	F M
Child: _____	_____	Date of Birth (DMY) _____	F M

## INSURANCE PERIOD and PAYMENT MODE

Effective Date (DMY): / / _____	Termination date (DMY): / / _____	Number of days: _____
Daily Rate: _____	Number of Persons: _____	Total Premium (Minimum Premium \$20): _____
Cash	Certified Cheque/Money Order	
Visa	Master Card	
Credit Card Number: _____	Expiry Date (MM): ____/____	
Cardholder's Signature: _____		

## MEDICAL AUTHORIZATION and DECLARATION

I hereby apply for coverage under this insurance policy. I am in good health and know of no reason to seek medical attention.

I understand that Royal & Sun Alliance Insurance Company of Canada and Global Excel Management Inc. may investigate my claim. By signing this application, I also hereby direct and authorize any physician, health care practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Royal & Sun Alliance Insurance Company of Canada and to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.

Applicant's Signature: \_\_\_\_\_ Date (DMY): \_\_\_\_/\_\_\_\_/\_\_\_\_