

Travel Insurance Referral Document

Name of Agent or Broker Referring Client _____

Broker Contract number _____

Today's date Monday, November 24, 2003

Number in Party _____ single , _____ couple _____ family

Name of Traveler 1) _____

Name of Traveler 2) _____

Name of Traveler 3) _____

Name of Traveler 4) _____

Phone number of person organizing travel _____

Best time to Call _____ morning , _____ afternoon _____ evening

Date of birth of oldest Traveler _____

Are all persons covered by provincial health plan insurance _____

Type of insurance required

1. emergency medical insurance
2. visitor to Canada
3. trip interruption, trip cancellation
4. baggage coverage
5. single trip or multi trip coverage

date of departure

date of return

cost of trip

Does your client have any pre existing medical problems and or on more than 3 medications other than vitamins. Yes No