

Phone 1-800-583-3381 for assistance 9 to 4pm Monday to Friday EST

Email 24hrs per day [click here](#)

Subject to underwriting you may be bound immediately after acceptance of policy quote by calling our office and referring to quote number given

## Broker and Client referral Form

Yes Please Have a Broker contact me for Travel Insurance

I currently have an Insurance Broker YES No

If yes the name of your broker is \_\_\_\_\_

Your address \_\_\_\_\_ city \_\_\_\_\_ province

Your name \_\_\_\_\_

You're contact number during the day \_\_\_\_\_

You're contact number during the evening \_\_\_\_\_

Your email number \_\_\_\_\_

Your fax Number \_\_\_\_\_

How do you wish to be contacted , phone \_\_\_\_\_ fax \_\_\_\_\_ email \_\_\_\_\_

Product you are wishing to get a quote on or purchase

- Emergency medical insurance world wide
- Emergency medical insurance USA excluded
- Visitor to Canada Coverage

Student Accident Insurance

Baggage Insurance

Trip Interruption coverage

## Trip Cancellation coverage

How many

- Number Persons are traveling \_\_\_\_\_
- Age of parties traveling a \_\_\_\_\_ b \_\_\_\_\_ c \_\_\_\_\_ d \_\_\_\_\_ e \_\_\_\_\_
- Date leaving \_\_\_\_\_ date returning \_\_\_\_\_
- Leaving from \_\_\_\_\_ arriving in \_\_\_\_\_

Do you currently have a pre existing medical condition? Yes No

Click here for definitions of [pre existing conditions](#) note definitions may be different by company .

After completing the form close the window or use your back button. Your email server will forward this information and we will reply within 24 hours Monday to Friday 9-12 Saturday's EST.