

Insured 1 <small>LAST NAME, FIRST NAME</small>	Date of Birth <small>M D Y</small>	Insured 2	Date of Birth <small>M D Y</small>
Insured 3	Date of Birth <small>M D Y</small>	Insured 4	Date of Birth <small>M D Y</small>
Home Address	City	Province	Postal Code
Home Telephone #	Destination (Country)	Destination Telephone #	

Date of Application <small>M D Y</small>	Complete if purchasing Plan D. Annual Medical:	Effective Date <small>M D Y</small>	OR	First Departure Date <small>M D Y</small>
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Point of Departure	Complete if purchasing any other Plan:	Departure Date <small>M D Y</small>	Date of Return <small>M D Y</small>	No. of Days
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PLAN	Premium	Insured 1	Insured 2	Insured 3	Insured 4	Total Premiums 1,2,3 & 4
A. TRIP CANCELLATION* <small>(To be sold by Travel Agents ONLY and must be purchased within 48 hours of booking)</small> Trip Cost \$0 - \$10,000	\$6.00 / \$100	\$ Trip Cost	\$ Trip Cost	\$ Trip Cost	\$ Trip Cost	\$
B. EMERGENCY MEDICAL Maximum - \$2,000,000 per trip per Insured	<input checked="" type="checkbox"/> Rate Basis Daily = D Standard = S Preferred = P	D <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/>	\$
C. BAGGAGE, FLIGHT & TRAVEL ACCIDENT* <small>(Available with Plan A and/or Plan B, for Plan D contact 21st Century)</small>	Days Rate 0-14 \$2.50 15+ \$2.00	\$	\$	\$	\$	\$
D. ANNUAL MEDICAL (17-day Plan) Effective Date or First Departure Date must be within 90 days of Date of Application Maximum - \$2,000,000 per trip per Insured	<input checked="" type="checkbox"/> Rate Basis Under 55 = D Standard = S Preferred = P <small>(maximum age 64)</small>	D <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/>	D <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/>	\$
E. RENTAL CAR* - (Maximum \$60,000) Collision Damage Waiver Insurance	\$18.00 per Rental Day	Driver <input type="checkbox"/>	Driver <input type="checkbox"/>	Driver <input type="checkbox"/>	Driver <input type="checkbox"/>	\$
Pickup Place <input type="checkbox"/> Ontario <input type="checkbox"/> Other <small>(Add Tax below if Ontario)</small>		Pickup Date <small>M D Y</small>	Drop-off Date <small>M D Y</small>	No. of Rental Days		\$
F. PACKAGE TOUR* <small>(To be sold by Travel Agents ONLY)</small>	Insured Persons	Insured 1	Insured 2	Insured 3	Insured 4	Total Package Premium
	Premium	\$	\$	\$	\$	\$
A. Trip Cancellation	Total Trip Cost	\$	\$	\$	\$	\$
B. Emergency Medical	Sum Insured	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$
C. Baggage Loss/Damage	Principal Sum	\$1,000	\$1,000	\$1,000	\$1,000	\$
Baggage Delay	Principal Sum	\$500	\$500	\$500	\$500	\$
Flight Accident	Principal Sum	\$100,000	\$100,000	\$100,000	\$100,000	\$
Travel Accident	Principal Sum	\$50,000	\$50,000	\$50,000	\$50,000	\$

or this policy application to be valid it MUST be countersigned by an authorized 21st Century Travel Insurance representative AND attached to a policy Version T02. All amounts are expressed in Canadian currency.	Signature of authorized representative	Sum of Premiums Above (Policy Min \$15) =	\$
	x _____	OR Family Premium (Plan B & D Only) =	\$
		Less Destination Discounts (if applicable) =	\$
		*Plus Provincial Sales Tax (see rate tables) =	\$
		Total Amount Due =	\$

Payment type: Cheque (payable to the Agent) VISA MASTERCARD

authorize 21st Century to charge the total premium due from my credit card. Card Number _____ Expiry Date ____ / ____

Cardholder's Name: _____ Cardholder's Signature: _____

I certify that all the information I have provided on the Application for Insurance is correct. I understand the terms of coverage that apply to me, including the pre-existing condition exclusion outlined in the policy. I acknowledge receipt of the 21st Century Travel Insurance policy and Blue Copy of this Application for Insurance.

Applicant's Signature: X _____ Date Signed: _____

Agency: RAY BATTISTON _____ Agent's Code: BAT500 _____

Agent's Signature: _____ Agent's name (please print): _____

Head Office	Payment Type	TIPS Policy #	Date Entered
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White Copy - 21st Century

Yellow Copy - Travel Agent

Blue Copy - Insured 01/04

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**RAY BATTISTON, INSURANCE
BROKER**



Ray Battiston, BA, CAIB, CIP, Insurance Broker
Kipp Battiston, Insurance Broker

"Travel Insurance-Canada & World Wide"

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