



**APPLICATION FOR EXCESS TRAVEL MEDICAL INSURANCE
FOR COVERAGE OUTSIDE YOUR PROVINCE OR OUTSIDE CANADA**

How to Apply?

The **Application** and **Full Payment** must be received a minimum of **2 weeks prior** to departure date. Coverage is valid **only if premium has been paid in full**. Confirmation will **ONLY** be provided upon receipt of completed application and payment. **Fax copies of applications** will **ONLY** be accepted if payment is made by **on-line banking**. Please ensure this information is provided on the application.

Payment Options

1. By Cheque, payable to: Pearson Dunn Insurance Inc.
2. By On Line Banking
 - (a) Please add Pearson Dunn Insurance as a “new payee”
 - (b) Please enter the following account number as applicable;

<u>Bank</u>	<u>Account Number</u>
SCOTIA BANK	AMAST511
TD CANADA TRUST	MAST51
ROYAL BANK	MAST51
CIBC	AMAST510
BANK OF MONTREAL	MAST51

What Else Should I know?

This coverage is provided for emergency medical care in excess of your provincial or territorial plan, due to an **Illness or Accident** while traveling **Outside of Canada or Outside your Province** to participate in a sanctioned or authorized activity. This coverage is **secondary** to any other health care plan.

Schedule of Benefits

<u>Type of Coverage</u>	<u>Maximum Sum Insured</u>
Accident / Sickness Medical Expense	\$2,000,000.00
Dental Accident	\$5,000.00
Out-of-Pocket Expenses	\$300.00
Trip Interruption	One Way Economy Class
Repatriation Expense	\$3,000.00
Aggregate Expense Payable for one Incident	\$2,000,000.00

Applications and payment to be forwarded to:

Pearson Dunn Insurance Inc.
435 McNeilly Road Suite #103
Stoney Creek ON L8E 5E3
Phone: 905-575-1122 | Toll Free: 1-800-461-5087 | Fax: 905-643-8321 | Email: info@pearsondunn.com

Date: Oct-12



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Name of Provincial Sport Organization you are a Member of _____

Organization's Name _____

Contact Persons Name _____

Mailing Address _____

City & Province _____ Postal Code _____

Phone _____ Email Address _____ Fax # _____

Date of Departure ____/____/____ Date of Return ____/____/____
DAY MONTH YEAR DAY MONTH YEAR

Sport You Are Participating in During the Trip _____

Destination _____

Date of Application _____ Signature _____

Please also attach a list of individuals requiring insurance & their dates of birth

When calculating travel days please include your departure date and return date.

of Travel Days _____ x # of Travelers _____ x Rate _____ = Total Premium

Payment Terms: WE DO NOT ACCEPT CREDIT CARDS OR POST-DATED CHEQUE

Cash Cheque Cheque # _____ On-Line Banking (please enter confirmation # here)

Rate Schedule - Rating Basis: Per Person, Per Day

\$2.00 - Badminton, Baton Twirling, Curling, Dance, Golf, Hiking, Horseshoe, Lawn Bowling, Table Tennis, Yoga

\$3.00 - Archery, Baseball, Basketball, Biathlon, Canoeing, Cross Country Skiing, Disc Sport, Fencing, Figure Skating, Fitness, Flag Football, Handball, Netball Orienteering, Racquetball, Rowing, Sailing, Skipping, Soccer, Softball, Squash, Swimming, Tennis, Track & Field, Volleyball, Water Polo, Weightlifting, Wheelchair Sports

\$4.00 - Ball/floor Hockey, Blind Sports, Broomball, Cerebral Palsy Sports, Cheerleading, Cricket, Cycling, Diving, Field Hockey, Gymnastics, Non-Contact Hockey, Lacrosse, Martial Arts, Ringette, Shooting Sports, Speed Skating, Triathlon, Water Ski, Wrestling

\$5.00 - Alpine Skiing, Bobsleigh, Boxing, Climbing, Football (Tackle), Luge, Pentathlon, Rugby

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