



New Century Travel Consulting Services of Canada
63 Dundurn St. S. Hamilton Ontario L8P 4J9 Canada
Tel: 905-577 6260 Fax: 905- 525 0499
Email: travel@n-century.net Website: www.n-century.net

TRAVEL INSURANCE APPLICATION

Office use only: By: _____ Receipt# _____

Application Date: _____

Insured Details:

Sex	Last Name	Given Name	Date of Birth dd/mm/yyyy
M <input type="checkbox"/>			
F <input type="checkbox"/>			

Address: _____

City / Province: _____ Post Code: _____

Phone number: _____ Email Address: _____

Beneficiary Name: _____ Relationship to applicant : _____

Destination _____ Effective Date _____ Expiry Date _____

Type of Travel Insurance plan : _____ Sum insured prior to departure: _____

PRODUCTS (PLEASE CHECK (✓) ON YOUR SELECTION BELOW:

*(Please click on the link below for travel insurance rates and coverage before making your decision
<http://www.n-century.net/ncentury/index.php?page=shownews&newsid=368>*

- EMERGENCY HOSPITAL & MEDICAL FOR CANADIANS
- ALL- INCLUSIVE PACKAGE PLAN INCLUDE:** Emergency Hospital & Medical for Canadians, Trip Cancellation & Interruption - Select Plan, Accidental Death & Dismemberment, Flight Accident, AND Baggage
- Trip Cancellation & Interruption - Basic or Select Plan
- Group (*If you select group package, please write down all insured FULL name, sex, Date of birth on an extra paper*)
 - a) will apply a 5% discount on groups of 10 or more travellers;
 - b) All members of the group must be insured for the same travel dates and coverage

OR OPTIONAL PLAN:

- 1. BAGGAGE
- 2. ACCIDENTAL DEATH & DISMEMBERMENT
- 3. FLIGHT ACCIDENT
- 4. TRIP INTERRUPTION



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Payment Method:

PLEASE CHECK WITH US THE TOTAL COST BEFORE COMPLETING BELOW

I would like to pay by cash for \$_____

Please find attached my cheque made payable to New Century Travel for \$_____

You can debit my VISA/MasterCard/Bankcard/Amex for \$_____

Name on credit Card (Print) _____ credit Card No: _____

Expiry Date: _____ Auth. No. _____ *(last 3 number at the back)*

credit Cardholder's Signature: _____

To be eligible for coverage I must:

Be in good health at the time I purchase my policy and on the effective date, and know of no reason to seek medical attention or reason to cancel. I know of no reason to cancel my trip or to make any claim. I am aware that if I have any condition affecting my health, claims relating to this condition may be excluded under this policy. Coverage for losses resulting from any sickness will begin 48 hours after effective date.

Signature of insured (or person acting on behalf of insured)

(MM/DD/YYYY)