



# SUPPLY ORDER REQUEST

Company Name: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Canada Post

ICS

Supply Order please indicate quantity below			
Product	Policy Wordings	Wallet Cards	Applications
PrimeLink Quick Issue			
PrimeLink Universal			
PrimeLink Visitors to Canada			
Individual Medical Underwriting			n/a
Manulife Student Plan			

CanAm Insurance Referral Business Cards	
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**Fax completed form to: 519-974-5885  
or email: [brokerservices@canamins.com](mailto:brokerservices@canamins.com)**

Supplies are distributed every Tuesday unless requested otherwise.