TRIP EXTENSION APPLICATION

APPLICANTS AGE 54 AND UNDER – (Effective December 2011)

Date: _____
(DD / MM / YY)

INTACT BROKER INFORMATION

Broker Name: _____ Company Name: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

CLIENT INFORMATION

Intact Policy Number: _____

Applicant 1 Name: _____ Date of Birth: _____
First Last DD / MM / YY

Applicant 2 Name: _____ Date of Birth: _____
First Last DD / MM / YY

Dependant 1 Name: _____ Date of Birth: _____
First Last DD / MM / YY

Dependant 2 Name: _____ Date of Birth: _____
First Last DD / MM / YY

ORIGINAL TRIP INFORMATION

Departure Date: _____ Return Date: _____
DD / MM / YY DD / MM / YY

Extension Effective Date: _____
DD / MM / YY

IMPORTANT INFORMATION

- This extension requires a three (3) month stability period. If you have any questions or concerns about this requirement, contact CanAm at 1-877-717-7267 or refer to the policy wording.
- After departure extensions are only issued if no claim has been incurred on the existing policy and there is no intent to claim.
- Upon receipt of this completed application, CanAm will contact the broker to confirm premium and to obtain payment.
- Coverage is not bound until policy is issued by CanAm Insurance.

Fax completed application to CanAm Insurance at 1-519-974-5885 or e-mail to travelwell@canamins.com