



# TRIP EXTENSION APPLICATION

APPLICANTS AGE 54 AND UNDER

## INTACT BROKER INFORMATION

Broker Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DD / MM / YY

## 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: 1-519-974-5885