

## 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 Inc.** as a "new payee"
  - (b) Please enter the following account number; **EXCES4**

### What Else Should I know?

**Before applying for this coverage, you must obtain approval for this trip, in writing from your Provincial Sport Organization otherwise we will not be able to process your application.**

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.

**\*Pre-Existing Medical Conditions** are covered provided they have been **stabilized at the time of booking** and in the opinion of the Insured's physician are not expected to interfere with normal activities including travel for the foreseeable future.

**\*Coverage is provided only for expenses incurred by Canadian residents** that are in excess of the benefits available under any Canadian Federal or Provincial Hospital and/or Medical Plan regardless of whether or not the Insured is enrolled in such a plan.

### Schedule of Benefits

Accident/Sickness Medical Expense	\$2,000,000
Dental Accident	\$5,000
Out of Pocket Expenses	\$300
Trip Interruption	One Way Economy Class
Repatriation Expense	\$3,000
Aggregate Expense Payable for any one Incident	\$2,000,000
<b>Insurer: GameDay Insurance Inc. / Aviva Insurance Company of Canada</b>	

*This document is a coverage summary for your convenience, not a contract or legal or tax advice. This document contains proprietary and confidential information belonging to Jones Brown. The unauthorized reproduction or use of this document or information contained herein is prohibited by law. It is provided to facilitate your understanding of the relevant insurance program. Please refer to the actual policies when issued for the specific terms, conditions, limitations and exclusions that will govern coverage in the event of a loss.*

*In evaluating your exposure to loss on your insurance policies, we have been dependent upon certain information that was provided by you. If there are other areas that need to be evaluated prior to binding coverage, please bring these areas to our attention. Higher limits for the program's policies may be available; if you wish to pursue this option please advise our office as soon as practicable so that we may solicit market quotations on your behalf. Please refer to the actual policies for specific terms, conditions, limitations, and exclusions that may impact the scope of your insurance coverage.*

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Name of Provincial Sport Organization you are a Member of \_\_\_\_\_

**Please confirm if this trip has been approved in writing by your Provincial Sport Organization.**  Yes  No  
(If yes, please complete the rest of the application. If no, you are not eligible for this coverage).

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, Cricket, Cycling, Diving, Field Hockey, Gymnastics, Non-Contact Hockey, Lacrosse, Martial Arts, Ringette, Shooting Sports, Speed Skating, Triathlon, Water Ski, Wrestling, Cheerleading

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