APPLICATION: IN PROVINCE AMBULANCE INSURANCE

MANITOBA School Boards ASSOCIATION

To be completed in full and forwarded to Carol MacDonald at Western Financial Group, email carol.macdonald@westernfgis.ca or fax 204-957-0678.

QUESTIONS? **Phone:** 942-2555 / 1-800-265-0314 (ext. 7232)

School Division: _____

School: _____

Address: _____ _____ _____ _____
street city province postal code

Contact: _____

Phone Number: _____

Fax Number: _____

Destination: _____

Departure Date: _____ _____ _____
month day year

Return Date: _____ _____ _____
month day year

= Number of Days: _____

Number of Students: _____ **(attach list of students – names only required)**

Premium: number of students: _____ **x** number of days: _____ **x** $0.85: _____

(min. premium $50) **+** 8% RST: _____ **= $** _____

Completed by: Name: _____

Signature: _____

Date: _____ _____ _____
month day year