

APPLICATION: OUT OF PROVINCE TRAVEL INSURANCE



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 Persons: _____ (attach list of persons – names only required)

Premium: number of persons: _____ x number of days: _____ x \$1.10: _____
(min. premium \$50) + 8% RST: _____ = \$ _____

Completed by: Name: _____

Signature: _____

Date: _____
month day year