

Email this form to DCIS at info@david-cummings.com or fax to 604 228 9807

Language preference English French

1. Coverage is NOT AVAILABLE to any individual who, as of their effective date:
 - a) has been diagnosed with a terminal illness; or
 - b) has been diagnosed with stage 3 or 4 cancer; or
 - c) has received treatment for any cancer (other than basal or squamous cell skin cancer or breast cancer treated only with hormone therapy) in the past 3 months; or
 - d) requires assistance with activities of daily living as the result of a medical condition or state of health.
2. To be eligible for coverage you must as of the effective date:
 - a) be at least 15 days old and not more than 89 years old; and
 - b) not be insured or eligible for benefits under a Canadian government health insurance plan; and
 - c) be in good health at the time you purchase your policy and on the date you exit your country of origin, and know of no reason to seek medical consultation during the period of coverage.

Step 1 – Applicant Information - Include all individuals to be covered

Sex	First Name	Last Name	Birth Date
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY
M / F			MM/DD/YYYY

Address in Canada: _____

City/Province: _____ Postal Code: _____

Telephone Number: () _____ E-mail Address: _____

Beneficiary Name: _____ Relationship: _____

Country of Origin: _____

Step 2 – Coverage Dates

Effective Date: MM/DD/YYYY _____ Expiry Date: MM/DD/YYYY _____

Date of Entry to Canada: MM/DD/YYYY _____ No. of Days Coverage: _____

Step 3 – Coverage Selection and Premium Calculation

A. Visitors to Canada plan (AD&D is included up to the maximum sum selected)		Single Premium	Family Premium
➤ 1. Maximum Aggregate	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$300,000		
2. Family Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Rate Per Day	Family rate (maximum age: 59) = 2 x Single rate of eldest person		
4. Total Number of Days			
5. Total Premium	Rate per day x Total number of days		
➤ 6. Deductible Options	<input type="radio"/> \$0 (default) <input type="radio"/> \$100 (-5% savings) <input type="checkbox"/> \$250 (-10% savings) <input type="radio"/> \$1,000 (-20% savings) <input type="checkbox"/> \$3,000 (-30% savings)		
7. Deductible Savings	Total premium x Savings %		
8. Total Visitors to Canada Plan Premium Due	Total Premium – Deductible Savings		
B. Flight Accident ❖ Contact Agent	<input type="checkbox"/> \$200,000 <input type="checkbox"/> \$500,000		N/A
C. Trip Interruption ❖ Contact Agent	<input type="checkbox"/> \$800 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000		N/A
Total Premium Due = A + B + C		\$	\$

Minimum premium for the Visitors to Canada plan is \$20 per policy.

Product is underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies and administered by Allianz Global Assistance. Allianz Global Assistance is the registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.

➤ Please see payment method options on next page

PAYMENT METHOD INFORMATION FORM

Please complete all fields


1. Applicant Information

This payment authorization regards the insurance application for

Name of Primary Applicant (Person to be insured) _____

2. Method of Payment (Select One)

- Cash or Debit (in person only)
- CAD Cheque, payable to David Cummings Insurance Services Ltd.
- Credit Card (Visa, MasterCard, or American Express)

CREDIT CARDS ACCEPTED  VISA, MASTERCARD, & AMEX CREDIT CARDS* FROM CANADIAN, AND MOST NON-CANADIAN BANKS ACCEPTED. *DO NOT ENTER A VISA-DEBIT OR MASTERCARD-DEBIT CARD NUMBER ON THIS FORM. PAYMENT BY DEBIT CARD MAY ONLY BE MADE IN PERSON AT OUR OFFICE.

Card Number _____

Card Expiry Date (mm/yy) _____ Secure CVV code (see below) _____

Cardholder Name (as on card) _____

3. CREDIT CARD PAYMENT Authorization

I hereby authorize ALLIANZ GLOBAL ASSISTANCE to charge my credit card listed above with the amount of premium due to process the attached insurance application.

Signature of Cardholder _____

Date _____

What is a secure CVV code?

The secure CVV (customer verification value) code is a 3 or 4 digit code printed on your credit card. We require this code as a security measure to our clients. Requiring this information helps to ensure that the credit card is present at the time of purchase. If you cannot find this code, or it is illegible, please contact your credit card issuer.

