



Specialists in
Health Insurance

David Cummings Insurance Services

Suite 350 - 2083 Alma Street
Vancouver, B.C. V6R 4N6

Tel. (604) 228-8816 or 1-800-818-3188

Fax. (604) 228-9807

www.david-cummings.com

Quotation Request Form for **Canadian Travelers**

DCIS - Specialists in Health Insurance. Here for you.

David Cummings Insurance Services Ltd. (DCIS) is an independent brokerage with over 20 years specializing in health insurance for Canadian travelers, visitors and new immigrants to Canada, international students, foreign workers, and expatriates. We work to ensure that our clients are:

- Well advised
- Offered competitive options from the marketplace
- Equipped for successful use of their insurance
- Supported at time of claim

Let us put our expertise to work for you!

When buying travel health insurance, these details really matter!

- **Duration and frequency of travel**
- **Age, medical history, and whether one is pregnant**
- **Travel destination(s) – see www.travel.gc.ca to check for travel advisories for your destinations**
- **Whether or not you are covered under a Canadian Provincial Health Insurance plan**
- **Whether you want ‘emergency only’ insurance for travelers, or a robust international health plan**

To start the quotation process, please complete the ‘Quotation Request Form’ on the reverse side of this page, or simply call or email...

David Cummings Insurance Services Ltd.

info@david-cummings.com Fax: 604-228-9807 Tel. 604-228-8816 or **1-800-818-3188**

See the Quotation Request Form

QUOTATION REQUEST FORM – Travel Insurance for Canadian Residents

① Whom should we contact with insurance information?

PLEASE PRINT CLEARLY

First Name:	Last (Family) Name:	How did you hear about David Cummings Insurance Services (DCIS)? <input type="checkbox"/> I was referred by: _____ <input type="checkbox"/> Online Web Search <input type="checkbox"/> Yellow Pages Ad <input type="checkbox"/> Other:
Telephone Number:	Email Address:	
Mailing Address _____ _____ City: _____ Prov: _____ Postal Code:		
If inquiring on behalf of another person, what is your relationship to the people who need insurance? <input type="checkbox"/> Family Member <input type="checkbox"/> Employer <input type="checkbox"/> Other		

② Who needs the medical insurance?

	First Name	Last Name (Optional)	Date of Birth (or Age on date insurance to start)	Home Country (Passport Country) <u>List all</u> if you hold multiple valid passports
1				
2				
3				
4				

③ Additional Details:

A. Are you covered by Canadian Provincial Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, in _____ Province/Territory:
B. Is any person to be insured going to engage in adventure sports or a high risk activity during the trip? (rock climbing, mountaineering, scuba diving, off-piste winter sports, motorized racing, professional sport, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes (list activities)
C. i) Do any persons to be insured have an existing (or past) medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list types of conditions, when the condition was first diagnosed, and the prognosis)
ii) Has any person to be insured taken (or had recommendation to take) prescription medication in the last 12 months <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list the medications, the condition for which the drug was prescribed, when the drug was first prescribed, and when the medication type or dosage was last altered.
iii) Is anyone to be insured pregnant, or expecting to be pregnant during her period of travel? <input type="checkbox"/> No <input type="checkbox"/> Yes **For those currently pregnant, please indicate the expected due date for childbirth: [_____]
D. Tell us about your travel itinerary: Do you take an extended (snowbird) trip each year, and/or multiple short trips? What country/countries will you travel to?
My Next Departure date: _____ Return Date to Home Province: _____



We respect your privacy, and protect all personal information. We will only use the personal information provided for the purpose of responding to your request for an insurance quotation.

Please submit this form to:
David Cummings Insurance Services Ltd.
 Email: jason@david-cummings.com
 Fax: 604-228-9807 Tel. 1-800-818-3188
www.david-cummings.com