

# 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: _____
Telephone Number:	Email Address:	
Mailing Address _____ _____		<input type="checkbox"/> Online Web Search <input type="checkbox"/> Yellow Pages Ad <input type="checkbox"/> Other:
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	Smoker? Y or N
1					
2					
3					
4					

## ③ Additional Details:

A. Are you covered by Canadian Provincial Health Insurance?  No  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.)  
 No  Yes (list activities)

C. i) Do any persons to be insured have an existing (or past) medical condition?  
 No  Yes (please list conditions, date of diagnosis, treatment history, and the prognosis – see next page)

ii) Has any person to be insured taken (or had recommendation to take) **prescription medication** in the last 12 months  No  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?  No  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](mailto:jason@david-cummings.com)**  
**Fax: 604-228-9807 Tel. 1-800-818-3188**  
[www.david-cummings.com](http://www.david-cummings.com)

## Health History Information

The detail you provide regarding past and existing medical conditions will inform our proposal of suitable insurance solutions. For each medical condition please provide the following information:

- Name of medical condition (or name the primary symptoms if the condition is not yet diagnosed)
- Date condition was first diagnosed (or date symptoms began if condition is not yet diagnosed)
- History or surgery / hospitalization
- Number of medications currently prescribed or taken for said condition
- Date of the MOST RECENT change in prescribed treatment (I.E. dosage change, or addition or discontinuation of a medication)
- Whether you have been referred for consultation with a specialist or for a medical test still pending
- Whether you are waiting on results of a medical test

**Name of Applicant:**

### **Respecting your Privacy:**

David Cummings Insurance Services Ltd. (DCIS) recognizes and respects every individual's right to privacy. When you do business with us, you share personal information so that we may provide you with products and services that best meet your needs. We assume your consent for our firm to use this information in an appropriate manner. When you inquire about and/or apply for insurance coverage we establish a confidential client record of personal information. All employees, associated advisors and suppliers who are granted access to client records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. We use the information solely for the purpose of responding to your request for insurance services. Unless requested to do so by you, we do not share information with organizations outside of our relationship with you that would use it to contact you about their own products or services. We do not sell client information to anyone. If you have any questions or concerns about the protection of your personal information please contact our Privacy Officer: Jason Cummings. Phone (604) 228-8816 Fax (604) 228-9807 Email: jason@david-cummings.com