

**Order Form: Please complete and email to [info@canadainsuranceplan.ca](mailto:info@canadainsuranceplan.ca) or Fax 416-900-0894**

**Canada Insurance Plan  
10-7003 Steels Ave W  
Toronto ON M9W 0A2**

## **Visitor One**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Country of Origin: \_\_\_\_\_

Arrival Date: \_\_/\_\_/\_\_

Effective Date: \_\_/\_\_/\_\_

Expiry date: \_\_/\_\_/\_\_

Coverage Amount (Circle one): \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$150,000

Deductible Option (Circle one): \$1000 \$500 \$100 \$0

## **Visitor Two**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Country of Origin: \_\_\_\_\_

Arrival Date: \_\_/\_\_/\_\_

Effective Date: \_\_/\_\_/\_\_

Expiry date: \_\_/\_\_/\_\_

Coverage Amount (Circle one): \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$150,000

Deductible Option (Circle one): \$1000 \$500 \$100 \$0

Method of Payment (Circle one):- Visa | Master Card | Check | Cash

Card Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ exp: \_\_/\_\_\_\_