

Order Form: Please complete and email to info@parentsupervisa.ca or Call us 306-500-5393

Location: Vaughan | Deloitte

Building | 400 Applewood Crescent, Unit 100 Vaughan, Ontario L4K 0C3

Call toll-free: 1-877-525-1278 ext 137

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: __/____