English

Johnson Fu Insurance Agency Inc.
128-6061 No. 3 Road, Richmond, BC, V6Y 2B2
Phone: 604-232-0896 Fax: 604-232-0897
Email: vancouver@jfuinsurance.com

Application Form for International Student

Eligibility Requirements:

Date: _____

1. Be 69 years or under for inbound student Or 40 years or under for out bound student
2. Be a student of foreign nationality
3. Be enrolled in and attending a recognized institution of learning
4. Be an accompanying family member of the student residing in Canada

Name: _____ Sex: M / F
Last Name First Names

Address in Canada: _____ City: _____

Province: _____ Postal Code: _____ Phone #: _____

Date of Birth: _____ Effective Date: _____ Expiry Date: _____
(MM/DD/YY) (MM/DD/YY) (MM/DD/YY)

Name of School: _____ Phone #: _____

Address: _____ Fax #: _____

Country of permanent residence: _____ Arrival Date in Canada: _____
(MM/DD/YY)

Single: # of Days ____ x $ per day = $_____

Total Premium: $ _____

Payment is either by credit card or check payable to: Johnson Fu Insurance Agency Inc.

Paid by: ☐ Visa ☐ Mastercard ☐ AE

Credit Card #:

Cardholder Name: _____

Signature of Cardholder: _____

Expiry Date (MM/DD/YY):_____

I hereby apply for coverage and understand that coverage will become effective on my arrival date in Canada provided I apply on or before that date, otherwise coverage will be effective on the date my application is accepted by the Insurer, or their authorized agent.

I have not seen a doctor nor been to hospital since my arrival in Canada. I am in good health at the present time and have no intention of claiming as of today's date and time.

I hereby certify all the above information is true and accurate.

By signing below, I agree that I have read the coverage and contents of the information concerning my insurance plan provided to me by Johnson Fu Insurance Agency Inc. (JF) and that I understand the contents and details of this information. I further agree and understand that I will direct any inquiries I have regarding insurance to JF and its licensed agents.

I understand that _____ will receive a referral fee for this transaction.

_____
Applicant's Signature

_____
Date