



TRAVEL UNDERWRITERS

TRAVEL INSURANCE MANIFEST LIST

Single Trip - Emergency Medical Outbound Canadians

Agent Code:

Team Name:

District:

Town or City:

Contact:

Telephone:

Departure/ Effective Date: (date of departure from Saskatchewan)

Return/Expiry Date: (date of return to Saskatchewan)

Trip Destination:

Deductible:

| | | |
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| Payment Information | <input type="text"/> | Cheque, Visa, Mastercard, American Express |
| Name on Cheque | <input type="text"/> | |
| Cheque # | <input type="text"/> | |
| Cardholder Name | <input type="text"/> | |
| Card # | <input type="text"/> | |
| Expiry Date | <input type="text" value="mm/yyyy"/> | |

| | Last Name | First Name | Date of Birth dd/mm/yyyy | # of Days |
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