



TRAVEL INSURANCE CERTIFICATE

CONTRACT NUMBER : **P000010**

CARDHOLDER

PAUL JAMES
000 STREET NAME BOUCHERVILLE QC J4B 7M7

DISTRIBUTOR

DISTRIBUTOR NAME : TRAVEL INSURANCE CERTIFICATE
DISTRIBUTOR NUMBER : 000-00000

PRODUCT : DAILY TRAVEL INSURANCE

TYPE OF PLAN : FAMILY

EFFECTIVE DATE : 00-00-0000

TERMINATION : 00-00-0000

STATUS : APPLICATION

MAXIMUM STAY : 4 DAYS

PURCHASE DATE : 00-00-0000

TRANSACTION DATE : 06-06-2004

COVERED PERSONS		
PAUL	JAMES	00
PAUL	JAMES	00

BENEFIT	COVERAGE	PREMIUM	DISCOUNT	TAX	TOTAL
MEDICAL/HOSPITAL ACC.DEATH/DISMEMBERMENT INCL.	0 000 000 00.00	00.00			
	TOTAL PREMIUM	00.00			

PAID BY : VISA					
AUTHORIZATION NUMBER : 000000		TOTAL PREMIUM :			\$ 00.00
PAYER'S NAME : PAUL JAMES		AMOUNT PAID TO DATE :			\$ 00.00
AMOUNT OF TRANSACTION :					\$ 0.00

It is VERY IMPORTANT that you read your policy over carefully as it contains certain restrictions. In addition, please take note of all **exclusions**.

In the event of hospitalization or **medical consultation**, you must contact CANASSISTANCE IMMEDIATELY. Failure to do so may result in REFUSAL of your claims.

BON VOYAGE !



INTERNATIONAL ASSISTANCE CARD



INTERNATIONAL ASSISTANCE CARD

DETACH THIS CARD AND KEEP IT WITH YOU THROUGHOUT THE DURATION OF YOUR TRIP.

PRESENT IT EACH TIME YOU HAVE A MEDICAL CONSULTATION.

POLICY HOLDER :

PAUL JAMES

CONTRACT :
0000000

MEDICARE :
1234567890