



Application Form

Benefit Summary*	Platinum Plan	Gold Plan	Silver Plan
24 Hours/Day Coverage	✓	✓	✓
Out-of-Province Emergency Medical & Other Travel Benefits	\$200,000	n/a	n/a
Total & Permanent Disability**	\$350,000	\$150,000	\$75,000
Dismemberment/Loss of Use**	\$150,000	\$150,000	\$75,000
Accidental Death	\$30,000	\$20,000	\$15,000
Unlimited Dental	10 years	10 years	10 years
Per Tooth After 10 Years	\$1,650	\$1,400	\$1,250
Premium Summary			
Premium for 1 Child	\$33	\$25	\$13
Premium for 2 Children	\$66	\$50	\$26
Premium for 3 or more Children	\$91	\$69	\$36

Apply Online and Save!
 Save on premium with 3 or 5 year policies - *online only*.
 Offer ends September 30, 2019.

You can view and download our [insuremykids® Student Accident Policy](#) online from [www.insuremykids.com](#). If you would like us to send you a copy, please check off the desired method.

By Email By Mail

Premiums are one-time single annual rates. For quotes on our 3 and 5 year policies, please visit [insuremykids.com](#).

Insurance begins on the date when we, Old Republic Insurance Company of Canada, or our authorized representative receive your completed application and the premium.

*For ages 21 or over, some benefits are limited (see policy for details)

**Only one of these two benefits is payable per child in the event of an accident

Name of Student(s) (please print clearly and list more names on separate sheet if needed)

Name of Student(s)		Date of Birth	Plan Type	School Name & School Board Name
First Name	Last Name	YYMMDD	Platinum Gold Silver	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

Parent/Guardian Name Address

City Province Postal Code Telephone Number Email Address (please print clearly)

<p>TOTAL PREMIUM \$ <input type="text"/></p> <p>Please check off your method of payment below: <small>No cash please. Make all cheques payable to Old Republic Insurance Company of Canada</small></p> <p><input type="checkbox"/> Cheque enclosed <input type="checkbox"/> Credit card payment</p>	<p>Credit Card Payment (if applicable)</p> <p></p> <p>Credit Card Holder Name <input type="text"/></p> <p>Credit Card Number <input type="text"/> Expiry Date <input type="text"/></p>
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Name Signature Date

(Please print)

Underwritten by Old Republic Insurance Company of Canada. | Box 557, 100 King Street West, Hamilton, Ontario L8N 3K9
 Please visit [www.insuremykids.com](#) for detailed information on coverages, conditions, limitations and exclusions.
 After purchase, if you are not satisfied with the insurance, you may return the policy within 10 days of receipt and receive a full refund.