

# Student Accident Insurance Application Form



You can purchase online, by phone or by mail.  
**To purchase by mail:** Complete this application form and mail it, along with your payment (no cash please), to:

**Old Republic Insurance Company of Canada  
 c/o Insuremykids®  
 Box 557, 100 King Street West  
 Hamilton, ON L8N 3K9**

To view our [insuremykids® Student Accident Policy](#), visit [www.insuremykids.com](#). If you would like us to send you a copy, please check off the desired method:

By Email     By Mail (allow 6-8 weeks)

### Premium Summary

	Platinum Plan	Gold Plan	Silver Plan
<b>1 Child</b>	\$33	\$25	\$17
<b>2 Children</b>	\$66	\$50	\$34
<b>3 or more Children</b>	\$91	\$69	\$47

Premiums are one-time single annual rates. For quotes on our 3 and 5 year policies, please call us at 1.800.463.5437.

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

Name of Student(s) (please print clearly and list more names on separate sheet if needed)			Plan Type			School Name & School Board Name
First Name	Last Name	Date of Birth 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			
<input type="text"/>			<input type="text"/>			
City	Province	Postal Code	Telephone Number		Email Address (please print clearly)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	

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