Student Accident Insurance Application Form



Platinum Plan

Email Address (please print clearly)

Premium Summary

Gold

Plan

Silver

Plan

			1 Child		\$33	\$25	\$17
You can purchase online, b	3.		2 Children		\$66	\$50	\$34
To purchase by mail: Complete this application form and mail i along with your payment (no cash please), to:		il it,	3 or more Ch	ildren	\$91	\$69	\$47
Old Republic Insurance Company of Canada c/o Insuremykids® 100 King St W. Suite 1100 Hamilton, ON L8P 1A2 To view our insuremykids® Student Accident Policy, visit www.insuremykids.com. How would you like your policy delivered? By Email By Mail			Premiums are <u>one-time single annual</u> rates. For quotes on our 3 and 5 year policies, please call us at 1.800.463.5437. Automatic Enrollment Option - want to save time and ensure protection is in place each year. Select Yes to Automatic Enrollment located just above the payment section, and add your credit card information. Each year your child will be automatically enrolled and the applicable premium charged to your credit card on the expiry date. (auto-enrollment does not apply to 3 and 5 year plans)				
			Insurance begins on the date when we, Old Republic Insurance Company of Canada, or our authorized representative receive your completed application and the premium.				
e of Student(s) (please print clearly and	list more names on separate sheet if needs	ed)	Plan Type				
Name	Last Name	Date of Birth YYMMDD	Platinum Gold	Silver School	ol Name & School Boa	rd Name	

Automatic Enrollment Option: 2 easy steps and your child is automatically enrolled each year (subject to eligibility).

Postal Code

1. Select Yes below

Parent/Guardian Name

Nam First

City

2. Provide your credit card information

The premium will be charged to your credit card automatically each year on the expiry date of your policy. To cancel, notify us anytime before the policy expiry date. No partial refunds for months or years.

Address

Telephone Number

Automatic Enrollment Option:: Yes No.

(Please print)

Additional Distriction	100 110			
TOTAL PREMIU	IM \$	Credit Card Payment (if applicable) Credit Card Holder Name	MasterCard VISA	AMERICAN EXPRESS
Please check off your method of payment below: No cash please. Make all cheques payable to Old Republic Insurance Company of Canada		Credit Card Number		Expiry Date MMYY
☐ Cheque enclosed	☐ Credit card payment		-	
Name	Signa	ature	Date	

Underwritten by Old Republic Insurance Company of Canada. I 100 King St W. Suite 1100, Hamilton, ON L8P 1A2 Please visit www.insuremykids.com for detailed information on coverages, conditions, limitations and exclusions

