



REFUND REQUEST FORM

Broker Name: _____ Phone Number: _____

Client Name: _____ Policy Number(s): _____

REFUND DETAILS

- Prior to departure refund
- After departure / early return (\$25.00 fee may apply) Return Date: _____
DD / MM / YY

Proof of return home must be included with this form.
(i.e. receipt of purchase from home, return boarding pass, itinerary, etc.)

PAYMENT DETAILS

Refunds are processed in the same method in which the client originally paid for the policy.
Please indicate which method was used for original payment:

- Broker Cheque
- Client Cheque
- Visa
- Master Card

Credit card #: _____ Expiry: _____ / _____

CLAIM WAIVER

I/We declare that I/we have not made a claim, nor will I/we make any claim against my/our policy(ies). In consideration of a refund, which I/we understand is subject to a cancellation fee; I/we hereby surrender all rights and privileges that I/we may have pertaining to the above-noted policy.

| | |
|-----------------------------|------|
| Insured Signature | Date |
| Insured Signature | Date |
| Signed at: (city, province) | |
| Broker Signature | Date |

Note: Form must be completed in full.
Please allow 3 business day turn around for approved refunds.

Fax completed request to: 519-974-5885
or mail to: PO Box 62 Stn A, Windsor ON N9A 6J5