

APPLICATION: IN PROVINCE AMBULANCE INSURANCE



To be completed in full, and faxed to Linda Baker at Western Financial Group Insurance Solutions at 957-0678.

Fax: 957-0678

Questions? Phone: 942-2555 / 1-800-265-0314 (ext. 7220)

School Division: _____

School: _____

Address: _____

street

city

province

postal code

Contact: _____

Phone Number: _____

Fax Number: _____

Destination: _____

Departure Date: _____

month

day

year

Return Date: _____

month

day

year

= Number of Days: _____

Number of Students: _____ (attach list of students – names only required)

Premium: number of students: _____ x number of days: _____ x \$0.85 = _____
(minimum premium \$50)

Completed by: _____

Name: _____

Signature: _____

Date: _____

month

day

year