



# M Kirsch

Financial Services  
Services financiers

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## REQUEST FOR QUOTATION

<u>Applicant</u>	<u>First Name</u>	<u>Last Name</u>	<u>Gender</u> <u>Male/Female</u>	<u>Date of Birth</u> <u>(DD/MM/YEAR)</u>
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1	_____	_____	_____	_____
2	_____	_____	_____	_____

### Dependent Applicants

1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Travel Insurance

#### **Product you would like:**

Travel medical insurance: \_\_\_\_\_ Student: \_\_\_\_\_ Snowbird: \_\_\_\_\_ Special Risk: \_\_\_\_\_  
Trip cancellation/Interruption: \_\_\_\_\_ Baggage loss, damage or delay: \_\_\_\_\_  
Visitors to Canada: \_\_\_\_\_ Expatriates: \_\_\_\_\_ Super Visa (Parents and Grandparents only): \_\_\_\_\_

#### **Plan type:**

Single Trip: \_\_\_\_\_ Date of departure: \_\_\_\_\_ Date of return: \_\_\_\_\_  
Destination: \_\_\_\_\_ Travel cost per person: \_\_\_\_\_  
Multi trip plan: \_\_\_\_\_ Average number of days of anyone trip: \_\_\_\_\_

### In Canada Insurance

Personal: \_\_\_\_\_ Couple: \_\_\_\_\_ Family: \_\_\_\_\_

#### **Select the benefits you would like:**

Supplemental healthcare: \_\_\_\_\_ Prescription drugs: \_\_\_\_\_ Vision care: \_\_\_\_\_  
Dental care basic preventative: \_\_\_\_\_ Restorative: \_\_\_\_\_ Orthodontic: \_\_\_\_\_

#### **Note:**

- Provincial medical insurance must remain in effect except for "visitors to Canada" and "expatriate" insurance plans.
- Medical questionnaire may be required
- Payment information will be required at time of purchase