

# THE CANADIAN KENNEL CLUB

## Travel & Accident Insurance Plan

### \$1,000,000 Worldwide Emergency Travel Coverage - \$71.50/person

Covers the member/individual (under age 70)

Comprehensive coverage applies 24 hours a day, 365 days a year. Includes all travel outside Canada on both Business & Pleasure

Insures losses due to both ACCIDENT and SICKNESS. The loss does not have to be Dog related to respond to a claim

Coverage applies during the first 30 days & any number of Trips per year.

Excess of 30 days \$6.50 per person / per day to a maximum of 180 consecutive days out of Country.

#### Note:

\*\* All members must have Provincial Health Insurance Plan in effect and must be a Canadian Citizen or Landed Immigrant to be eligible for this coverage. Please note that if you are out of country for over 3 consecutive months, your Provincial Health may be null and void.

If you are not eligible, please contact our office for the appropriate policy.

"Applicant must be 18 years of age and under 70 years of age".

**If over 70, please call 1-800-491-0851 and use broker code 7184 to obtain a quote for insurance.**

Please note that to be eligible for this coverage, you must reside in Canada, have a valid Government Health Insurance number and pay Canadian Taxes.

This is a summary of coverage; policy wordings apply & are available on request

**INSURER:** AIG Insurance Company of Canada

**POLICY TERM:** January 1, 2017 12:01 am to January 1, 2018 12:01am

**POLICY NUMBER:** SRG 9138467A

#### EMERGENCY CLAIM PHONE NUMBER:

Canada / USA 1-800-411-0118

Anywhere outside of North America call collect 0-416-977-0504

Underwritten by AIG Insurance Company of Canada



**In order to incept coverage, a completed form (below) and full payment is required.**

Payments by credit card may be emailed to Claire Cosme at: [ccosme@bflcanada.ca](mailto:ccosme@bflcanada.ca) or by fax to 416 599 5458

If payment by cheque please forward completed form and cheque to:

**BFL CANADA Risk and Insurance Services Inc.**

1700-181 University Avenue, Toronto, Ontario M5H 3M7

**(Keep the above for policy reference in case of a loss.)**

NAME OF MEMBER: \_\_\_\_\_ CKC MEMBERSHIP # \_\_\_\_\_  
(Surname, Given name)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Married:  or Single:   
(yy/mm/dd)

MasterCard or Visa Number : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

Name of the Cardholder \_\_\_\_\_