



Have you applied for insurance coverage for another person (e.g. spouse, parent, sibling, friend, client, etc.)? It is important that this person consents to the transmission of their personal information. Under Quebec's Bill 25, each person must consent to the collection and transmission of his or her personal information. The person to be insured must read this consent form, sign it and return it by e-mail to info@assurancevisiteurs.ca within the next 24 business hours. After this time, the policy will not be activated.

For minors, this authorization must be signed by a parent or guardian.

Authorization and signature

It is important that all persons for whom you are applying authorize and sign the section below. Failure to do so may result in your application being refused and cancelled.

Person 1

I confirm that by purchasing this travel insurance, I authorize Assurance Visiteurs and its agents to share my personal information for the duration of the insurance coverage with insurers, service providers and partners. This personal information may be shared with agents, brokers and credit card processors to facilitate the provision of travel insurance services. This information may be shared outside Quebec (if a resident of Quebec) or Canada for the purposes of insurance application, assistance services, claims processing and dispute resolution.

LAST NAME, FIRST NAME

SIGNATURE

DATE (YYYY/MM/DD)

Person 2

I confirm that by purchasing this travel insurance, I authorize Assurance Visiteurs and its agents to share my personal information for the duration of the insurance coverage with insurers, service providers and partners. This personal information may be shared with agents, brokers and credit card processors to facilitate the provision of travel insurance services. This information may be shared outside Quebec (if a resident of Quebec) or Canada for the purposes of insurance application, assistance services, claims processing and dispute resolution.

LAST NAME, FIRST NAME

SIGNATURE

DATE (YYYY/MM/DD)

Person 3

I confirm that by purchasing this travel insurance, I authorize Assurance Visiteurs and its agents to share my personal information for the duration of the insurance coverage with insurers, service providers and partners. This personal information may be shared with agents, brokers and credit card processors to facilitate the provision of travel insurance services. This information may be shared outside Quebec (if a resident of Quebec) or Canada for the purposes of insurance application, assistance services, claims processing and dispute resolution.

LAST NAME, FIRST NAME

SIGNATURE

DATE (YYYY/MM/DD)

Person 4

I confirm that by purchasing this travel insurance, I authorize Assurance Visiteurs and its agents to share my personal information for the duration of the insurance coverage with insurers, service providers and partners. This personal information may be shared with agents, brokers and credit card processors to facilitate the provision of travel insurance services. This information may be shared outside Quebec (if a resident of Quebec) or Canada for the purposes of insurance application, assistance services, claims processing and dispute resolution.

LAST NAME, FIRST NAME

SIGNATURE

DATE (YYYY/MM/DD)