



**Privacy Notice:** The information requested in connection with this application for insurance is required by Industrial Alliance Pacific Life Insurance Company and Industrial Alliance Pacific General Insurance Company (the "Insurer"), its reinsurers, authorized administrator, and its representatives, including PC Financial Insurance Agency Inc. ("PC Financial") in order to process this application for insurance and administer any policy of insurance. In the event of a claim further information may be required in order to consider any such claim. From time to time, PC Financial may also use your personal information to offer you insurance products like travel, auto, property, life and health insurance, and may disclose your personal information to other companies within the Loblaw group so that they may offer you other products which may be of interest to you. You may decline or revoke your consent to this optional use and disclosure of your personal information at any time by calling 1-866-283-9233, toll-free.

**Declaration:** I hereby apply to the Insurers for travel insurance distributed by PC Financial. All statements and information provided by me in connection with this application are true and no material fact has been withheld. I understand that non-disclosure or misrepresentation will render any insurance null and void. I also understand that the Insurer has the right to refuse an application for insurance in which case a full refund of any premium paid will be made. I understand that coverage is not effective until approval of my application and until the

Insurer has received the full premium. I agree that any member of my immediate family or in the alternative my travelling companion may act on my behalf with the Insurer in the event that due to a medical condition I am unable to make or communicate necessary decisions about myself.

**Authorization.** I authorize, for a period of not less than twelve and not more than twenty-four months from the date hereof, any insurance company, any health care provider, any physician, hospital, health care institution or practitioner, and any other medical or medically related facility, to provide to Industrial Alliance Pacific Life Insurance Company and Industrial Alliance Pacific General Insurance Company, or representatives thereof, personal information about me in its possession that is requested in the event of a claim.

Signature of Applicant: \_\_\_\_\_

Date: (MM/DD/YY)\_\_\_\_\_

Name of Applicant:(*please print*) \_\_\_\_\_