



200 Albert St. N. Regina, SK S4R 5E2
Phone: 1-866-222-3021
Fax: 306-949-4461

PERSONAL ACCIDENT INSURANCE APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: _____ DATE OF BIRTH: ____/____/____ day/month/year

EMAIL: _____

Please enroll me in the Personal Accident Insurance plan through AssurePro Insurance. I understand that I will be protected for one year from the effective coverage date that I have requested below. I will then receive an annual renewal offer for continued coverage.

Premium Plan: provides up to \$50,000 coverage \$29.95 per year

Elite Plan: provides up to \$100,000 coverage \$49.95 per year

Effective Coverage Date: ____/____/____ day/month/year

Signature: _____ Date of Signature: ____/____/____ day/month/year

Payment Methods: I have enclosed my cheque for \$_____ ._____ for my first year's premium (payable to AssurePro Insurance)

To pay with credit card please call or visit a CAA Store.