



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 date my payment is received and I will 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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Method of Payment: (check one) enclose a cheque or provide credit card information:**

\_\_\_ I have enclosed my cheque for \$ \_\_\_\_, \_\_\_ for my first year's premium  
(payable to AssurePro Insurance)

Or

\_\_\_ Charge my credit card: \_\_\_ Visa \_\_\_ MasterCard

Card # \_\_\_\_\_ Expiry date: \_\_\_/\_\_\_ month/year