

Application Form

Student Accident Insurance

You can purchase online, by phone or by mail.

To purchase by mail: Complete this application form and mail it, along with your payment (no cash please), to

**Old Republic Insurance Company of Canada
Box 557, 100 King Street West
Hamilton, ON L8N 3K9**

You can view and download our [Student Accident Policy](#) online from [www.manitobastudentinsurance.ca](#). If you would like us to send you a copy, please check off the desired method:

By Email By Mail (allow 6-8 weeks)

Premium Summary

	Platinum Plan	Gold Plan	Silver Plan
1 Child	\$42	\$32	\$17
2 Children	\$84	\$64	\$34
3 or more Children	\$116	\$88	\$47

Premiums are one-time single annual rates. For quotes on our 3 and 5 year policies, please call us at 1.800.463.5437.

Insurance begins on the date when we, Old Republic Insurance Company of Canada, or our authorized representative receive your completed application and the premium.

Name of Student(s) (please print clearly and list more names on separate sheet if needed)

First Name	Last Name	Date of Birth YMMDD	Plan Type			School Name & School Board Name
			Platinum	Gold	Silver	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Parent/Guardian Name

Address

<input type="text"/>	<input type="text"/>
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City **Province** **Postal Code** **Telephone Number** **Email Address** (please print clearly)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TOTAL PREMIUM \$

Credit Card Payment (if applicable)



Credit Card Holder Name

Credit Card Number

Expiry Date MMYY

Please check off your method of payment below:

No cash please. Make all cheques payable to Old Republic Insurance Company of Canada

Cheque enclosed Credit card payment

Name _____
(Please print)

Signature _____

Date _____

Underwritten by Old Republic Insurance Company of Canada. | Box 557, 100 King Street West, Hamilton, Ontario L8N 3K9

Endorsed by the Manitoba School Boards Association and arranged by Hub International and Milnco Insurance.

Please visit [www.manitobastudentinsurance.ca](#) for detailed information on coverages, conditions, limitations and exclusions.

After purchase, if you are not satisfied with the insurance, you may return the policy within 10 days of receipt and receive a full refund.