

**Order Form: Please complete and email to [info@parentsupervisa.ca](mailto:info@parentsupervisa.ca) Toll Free 1877 525 1278**

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Crescent, Unit 100 Vaughan,  
Ontario L4K 0C3

Type your text

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**Visitor One**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Country of Origin: \_\_\_\_\_

Arrival Date: \_\_/\_\_/\_\_

Effective Date: \_\_/\_\_/\_\_

Expiry date: \_\_/\_\_/\_\_

Coverage Amount (Circle one): \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$150,000

Deductible Option (Circle one): \$1000 \$500 \$100 \$0

**Visitor Two**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Country of Origin: \_\_\_\_\_

Arrival Date: \_\_/\_\_/\_\_

Effective Date: \_\_/\_\_/\_\_

Expiry date: \_\_/\_\_/\_\_

Coverage Amount (Circle one): \$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$150,000

Deductible Option (Circle one): \$1000 \$500 \$100 \$0

Method of Payment (Circle one):- Visa | Master Card | Check | Cash

Card Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ exp: \_\_/\_\_\_\_