

NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

FORWARD THIS FORM TO (name of the person you are sending this form to) \_\_\_\_\_

**The  
DOMINION OF CANADA  
General Insurance Company - *the Insurer***

RETURN THIS PORTION WITH YOUR PAYMENT  
A return envelope is enclosed for your convenience.

Telephone and internet banking  
*(Payments may be made through most financial institutions)*

INSURED'S NAME AND ADDRESS

---



---



---



---

***Credit Card Authorizaion:***

VISA

Expiry Date

mm yy

MASTER CARD

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

Clicking below has the same legal effect as your handwritten signature:

I agree

I do not agree

\_\_\_\_\_  
*Cardholder's Signature*

POLICY NUMBER

DATE DUE

AMOUNT PAID