# INSURED LIST

Compilation of the application forms

**AGENCY'S NAME:** **VOYAGES TOUR ÉTUDIANT**
**SCHOOL NAME:** _____
**GROUP LEADER'S NAME:** _____
**DEPARTURE DATE:** _____
**RETURN DATE**: _____

**Office use only**

**AGENCY'S CODE:** **31051432**
**FILE NUMBER:** _____
**AGENT:** _____
**CONTRACT NUMBER:** _____

| Last name | First name | Dates of birth (MM/DD/YYYY) | Type of coverage |
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**PLEASE FILL-IN THIS GRID AND SEND IT TO US WITH ANOTHER COPY AND THE INSURANCE PAYMENT.**

***** YOU WILL FIND THIS GRID ON OUR WEB SITE (WWW.VTE.QC.CA) IN THE TEACHERS / DOWNLOADS SECTION. *****