



Auto International Insurance Agency

Surplus Line DOI Lic 0D44031
 P.O. Box 658 Santa Ana, CA 92702
 Phone (800)361-5514 * Fax (877) 361-5514



ANNUAL TOURIST AUTO POLICY

PRODUCER _____
 PRODUCER CODE _____ PHONE _____

POLICY NO. TBAQUA

PERSONAL AUTOMOBILE INSURANCE IN MEXICO / SEGURO DE AUTOMOVILES PERSONALES EN MEXICO

IMPORTANT NOTICE: This insurance will apply only in Mexico. No coverage is afforded in the USA. All accidents must be reported to the Insurance Company in Mexico, by calling the toll-free number 01800-004-9600 or 01800-800-2880 and/or reporting to the Mexican Authorities, prior to returning to the US.

APPLICANT NAME AND ADDRESS / NOMBRE Y DIRECCION DEL ASEGURADO

NAME OF APPLICANT _____ HOME PHONE _____

STREET ADDRESS _____ CITY _____ STATE / ZIP _____

FULL NAME OF DRIVERS	RELATION	BIRTH DATE	AGE	USA DRIVER LIC #	LICENSE STATE
1.					
2.					
3.					

POLICY TERM AND PERIOD / VIGENCIA Y TERMINO DE LA POLIZA Total Number of Days of Coverage 365

Effective Date _____ Time _____ TO _____ Expiration Date _____ Time _____

VEHICLE INSURED / VEHICULO ASEGURADO

1.	Type AUTO	Year	Make / Model	VIN	Lic Plate	State	Current Market Value \$	
2.	BOAT						\$	
3.	TRAILER						\$	
IMPORTANT: Use total value of all items listed to determine rate.							TOTAL VALUE LISTED	\$

ADDITIONAL INTEREST - LOSS PAYEES (LP) AND/OR ADDITIONAL INSURED (AI)

NAME / ADDRESS _____

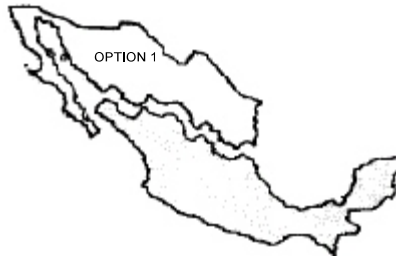
OPTION 1 - LIMITED TERRITORY
 INCLUDES BAJA CALIFORNIA (NORTH & SOUTH), SONORA, CHIHUAHUA, COAHUILA, NUEVO LEON AND TAMAULIPAS

COLL, FIRE, THEFT, GLASS: SUBJECT TO DEDUCTIBLE LIABILITY \$100,000 COMBINED SINGLE LIMIT (CSL)
 MEDICAL PAYMENT US \$4,000 / \$20,000
 INCLUDES POLICY FEES AND LEGAL SERVICES

ACTUAL CASH VALUE	ANNUAL RATE
A. LESS THAN \$5,000	\$ 146.80
B. \$ 5,001 - \$ 9,999	\$ 191.40
C. \$ 10,000 - \$ 14,999	\$ 222.04
D. \$ 15,000 - \$ 19,999	\$ 256.20
E. \$ 20,000 - \$ 24,999	\$ 308.07
F. \$ 25,000 - \$ 29,999	\$ 337.11
G. \$ 30,000 - \$ 34,999	\$ 365.35
H. \$ 35,000 - \$ 39,999	\$ 396.59
I. \$ 40,000 - \$ 44,999	\$ 427.83
J. \$ 45,000 - \$ 50,000	\$ 459.07
L. LIABILITY ONLY RATE	\$ 135.85
M. BOAT LIABILITY (\$100,000 CSL)	\$ 95.00
N. EXCESS LIABILITY	\$ 50.00

(Increases CSL TO \$150,000)

RATE \$ _____
 SURCHARGE \$ _____
 BROKER FEE \$ _____
 TOTAL \$ _____



WARNING: Mexican Insurance Law mandates that all accidents or losses under this policy must be reported in Mexico prior to your return to the USA.
 This policy is for the use of tourist visitors to the Republic of Mexico.

Mexican registered, licensed and/or plated vehicles and Mexican nationals residing in Mexico, do not qualify for this coverage.
 Option "M" applies strictly while afloat, and/or while being launched.

FOR DRIVERS UNDER 21 YEARS OF AGE A 20% SURCHARGE APPLIES. DRIVERS UNDER 21 __ YES __ NO

FIGURES ARE QUOTED IN U.S. CURRENCY AND ARE BASED ON ACTUAL CASH VALUE (ACV). LOSSES ARE PAID IN U.S. CURRENCY

DEDUCTIBLES:
 THEFT \$1,000 / COLLISION & GLASS \$500 PER EVENT

OPTION 2 - FULL TERRITORY

INCLUDES THE ENTIRE REPUBLIC OF MEXICO

COLL, FIRE, THEFT, GLASS: SUBJECT TO DEDUCTIBLE LIABILITY \$100,000 COMBINED SINGLE LIMIT (CSL)
 MEDICAL PAYMENT US \$4,000 / \$20,000
 INCLUDES POLICY FEES AND LEGAL SERVICES

ACTUAL CASH VALUE	ANNUAL RATE
A. LESS THAN \$5,000	\$ 261.77
B. \$ 5,001 - \$ 9,999	\$ 313.47
C. \$ 10,000 - \$ 14,999	\$ 356.81
D. \$ 15,000 - \$ 19,999	\$ 404.48
E. \$ 20,000 - \$ 24,999	\$ 499.75
F. \$ 25,000 - \$ 29,999	\$ 545.55
G. \$ 30,000 - \$ 34,999	\$ 591.40
H. \$ 35,000 - \$ 39,999	\$ 626.49
I. \$ 40,000 - \$ 44,999	\$ 659.71
J. \$ 45,000 - \$ 50,000	\$ 692.92
L. LIABILITY ONLY RATE	\$ 242.40
M. BOAT LIABILITY (\$100,000 CSL)	\$ 95.00
N. EXCESS LIABILITY	\$ 50.00

(Increases CSL TO \$150,000)

RATE \$ _____
 SURCHARGE \$ _____
 BROKER FEE \$ _____
 TOTAL \$ _____

FAX TO BIND COVERAGE - MAIL COMPLETED APPLICATION WITH SUPPORTING DOCUMENTS WITHIN 72 HOURS

APPLICANT'S STATEMENT: I have read this application and I declare that to the best of my knowledge and belief all the foregoing statements are complete, accurate and true, and that these statements are offered as inducement to the company to issue the policy for which I am applying. I understand that misrepresentation or concealment of the information requested on this application may invalidate this policy.

APPLICANT'S SIGNATURE _____

DATE _____

PRODUCER'S SIGNATURE _____

