



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



Motorcycle Insurance Policy

PRODUCER _____
 PRODUCER CODE _____ PHONE _____

POLICY NO. TBAQUA

PERSONAL MOTORCYCLE INSURANCE IN MEXICO / SEGURO DE MOTOCICLETA PERSONAL EN MEXICO					
<p>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.</p>					
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.					
POLICY TERM AND PERIOD / VIGENCIA Y TERMINO DE LA POLIZA					
Number of Days of Coverage: _____					
Effective Date _____ Time _____ TO Expiration Date: _____ Time: _____					
MOTORCYCLE INSURED / MOTOCICLETA ASEGURADA					
1.	Year	Make / Model	VIN	Lic Plate	State
COVERAGES AND RATES			PREMIUMS / PRIMA		
A. Liability Bodily Injury \$15,000 / \$30,000 B. Liability Property Damage \$10,000 C. Medical Payments \$2,000 / \$10,000 * Legal Assistance Included RATES: \$5.00 PER DAY - 4 DAYS MINIMUM			1. Total Number of Days _____ X \$5.00 (Daily Rate) = _____ 2. Policy Fee + \$10.00 3. Broker Fee + _____ 4. Policy Total = _____ NET DUE (After producers Commission) _____		
<p>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.</p>					
APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE		