



USA LIABILITY AUTO INSURANCE FOR MEXICO REGISTERED VEHICLES
POLIZA DE SEGURO DE RESPONSABILIDAD CIVIL – PLACAS MEXICANAS – PARA AUTO EN E.U.A.
 (No coverage provided in Mexico / No ampara cobertura en Mexico)

Agency Name _____ Phone _____ Agent Code _____

| | |
|---|------------------|
| Name Insured / Nombre del Asegurado _____ Occupation _____ | Issue Date _____ |
|---|------------------|

Mexico Address / Domicilio en Mexico

 Telephone / Telefono _____
 Policy Period/Vigencia _____ Days/Dias
 From / Desde ____/____/____
 To / Hasta ____/____/____

USA Address / Domicilio en E.U.A.

 Telephone / Telefono _____
 Fax to bind
 POLICY MAY BE BOUND IMMEDIATELY DURING OFFICE HOURS (M-F 9:30am TO 5:00pm)
 APPLICATIONS FAXED AFTER OFFICE HRS WILL BE EFFECTIVE NEXT BUSINESS DAY

SCHEDULE OF COVERED AUTOS / AUTOS AMPARADOS

| Year | Make | Model | Vehicle Identification No. | License Plate |
|------|------|-------|----------------------------|---------------|
| | | | | |

| Liability Coverages / Cobertura Responsabilidad Civil | Limits Of Liability / Limites Responsabilidad Civil | Premium Primas |
|---|---|----------------------|
| Bodily Injury Lesiones Corporales a Terceros | \$ _____ ea/person \$ _____ ea/accident | \$ _____ \$ _____ |
| Property Damage Daños Materiales | \$ _____ ea/accident | \$ _____ |
| Combined Single Limit Limite Unico Combinado | \$ _____ ea/accident | \$ _____ |
| Med. Payments / Gastos Medicos | \$2,000 ea/person \$10,000 ea/accident | Included |
| | RATE | \$ _____ |
| | SURCHARGE | \$ _____ |
| | TOTAL DUE | \$ _____ |

Full Name of Applicant and Drivers / Nombre Completo de Titular Y Conductores

| Name | Relation | DOB | Sex | License Number | Lic. State |
|------|----------|-----|-----|----------------|------------|
| | | | | | |
| | | | | | |

Applicant Signature

Agent Signature