## **Application for Mexican Auto Insurance**

License # 0826828

Your vehicle can be repaired in the US or Canada. Settlements can be followed up from

Signature: \_\_\_







## the US or Canada

Select Your Mexican Tourist Auto Insurance Plan 1: HDI Annual 365 Day Multiple Entry Policy Covers a total of 365 Days in Mexico within the 12-month policy period2: CHUBB Annual 365 Day Multiple Entry Policy Covers a total of 365 Days in Mexico within the 12-month policy period3: Daily Short Term Policy (Daily policies are for a 24 hr. periods / i.e.: 6 am to 6 am)  If your stay in Mexico is over 20 days, the YEARLY premium is LOWER.						Where will you be traveling in Mexico? Prices vary between states  Check states in which you'll travel below: Baja Norte Baja Sur States in Mainland Mexico  Premier / Platinum Policies available (adds vandalism and partial theft) \$1,000,000 Liability 10k/50K Medical			
				ID MEXICO YOU WIL					
Effective Date of Policy:Start TimeExpiration Date (Daily Policies Only):  Name of Insured:Date of Birth:									
Name of Insured:				O:t		Date of Birth:	Otata:		
Address: Zin aada:		Tolon	hono:	City:		 Fov:	State: <sub>_</sub>		
E-mail (We can E-mail your policy to you): State of Issue:									
Dilver's License i	Mullibel.				. 01	ate of 133de			
Vehicle Data: Au	uto/RV/I	Motorcy	cle : One s	elf- propelled vehic	le p	er application			
Year:	Mak	ке:		Model:					
VIN#:				Plate	#: _	Plate State:			
l ienholder				Actual Cash Value (ACV		: <b>\$</b> Liability Only (\$0 Value)			
	(Put	t \$0 if you	ı want Liabil	ity Only or for vehicles of age can be insu	es 2	5 yrs. of age or	older)	((*************************************	
	Year	Make	Model	IC	)#		Plate	Value	
Boat									
Boat/Trailer									
Slide-in-Camper									
Other Unit									
Total Value of prin	nary veh	icle and t	policy for Discov	er Baja members is for NOIs of the effective date (Industration Policy Fee is non-refund	N-Mex	OR Liability C	es.	ation credit).	
				es covered under this pol Insurance underwritten by					
Premium:\$			Visa/MC#: _				Exp Date:	/	

\_CVC # \_\_\_\_\_ Billing Zip Code \_\_\_