Application for Mexican Auto Insurance

License # 0826828

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

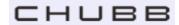
conditions of this policy:

Premium:\$_____









Select Your Mexican Tourist Auto Insurance Plan 1: HDI Annual 120 Day SUPER SAVER Policy Covers a total of ANY 120 Days in Mexico within the 12-month policy period2: CHUBB Annual 120 Day Multiple Entry Policy Covers a total of ANY 120 days in Mexico within the 12-month policy period3: Annual 365 Day Multiple Entry Policy Covers a total of 365 Days in Mexico within the 12-month policy period4: 6 Month Multiple Entry Policy (Not Annual Policy Period) Covers Multiple Entries within the 182-day policy period5: Daily Short Term Policy (Daily policies are for a 24 hr. period)					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 and Platinum Policies also available (covers vandalism and partial theft)		
**IF YOU WILL BE TRAVELING TO MAINLAND MEXICO YOU WILL NEED TO GET A VEHICLE IMPORT PERMIT							
Effective Date of Policy:Start TimeExpiration Date (Daily Policies Only):							
Name of Insured:							
				City:			
E-mail (We can E	-mail yo	ur policy	to you):				
Driver's License Number: State of Issue:							
Year:	Mak	(e:		elf- propelled vehicle Model:			
VIN#:							
Lienholder:Vehicle Actua				tual Cash Value (ACV): \$	Liability Only (\$0 Value)	
	(Put <u>* <i>Vel</i></u>	t \$0 if you nicles ov	want Liabili er 20 years	ity Only or for vehicles of age can be insure	20 yrs. of age or ed for LIABILITY	older) <u>'ONLY</u>	,
	Year	Make	Model	ID#		Plate	Value
Boat							
Boat/Trailer							
Slide-in-Camper							
Other Unit							
Total Value of prin	nary veh	icle and t	owed units: policy for Discov ds after 30 days	er Baja members is for NON-Nos of the effective date (Industry	_ OR □ Liability C lexico registered vehicl Daily Rates are used to	es.	ation credit).
				es covered under this policy Insurance underwritten by HD			

Visa/MC#: _____ Exp Date: ____/__

_____CVC # ______ Billing Zip Code _____