

Foreign Automobile Insurance Program

FOR U.S. AND CANADIAN CITIZENS WHILE AS TOURISTS
OR EXPATRIATES OUTSIDE OF NORTH AMERICA

Simplified Application With Self-Service Rates:

Please complete the following information and return directly to:
info@motorcycleexpress.com or Motorcycle Express
6800 Jericho Tpke. Suite 120West Syosset, N.Y. 11791 USA
For assistance, call us toll-free in the US/Canada at (800) 245-8726
or direct at (516) 682-9220 or by fax at (516) 393-5996

COVERAGE PERIOD DESIRED:

1 Month 3 Months 6 Months 12 Months

If coverage is needed for a period not listed, please contact us.

COVERAGE DESIRED:

Option 1 Liability Only
Option 2 Liability with Fire, Theft, Vandalism and Collision

Requested Effective Date of Policy* _____

*Coverage becomes effective on the day after your properly completed application and full premium payment is received by the Company, or at a later date, if specified. Please allow time for processing and mailing.

A copy of your registration, title or bill of sale, driver's license(s) and passport(s) for all listed drivers are required.

Registered Owner/Named Insured: _____

Permanent Home Address: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Referred by: _____

Temporary Foreign Address (if any) _____

Countries you will be visiting: _____

Vehicle Information

Vehicle Make/Year _____ Model* _____

*Certain unusual vehicles may result in an additional surcharge.

Vehicle Identification Number (VIN) _____

Name(s) shown on Motor Vehicle Title: _____

State or Country of Registration: _____

What is the Current Value of the Vehicle to be insured: \$ _____

* Failure to accurately state value and pay premium based on that value will result in an additional premium charge.

Rates and Options

(ALL RATES AND COVERAGES ARE LISTED IN U.S. DOLLARS;
MINIMUM EARNED PREMIUM IS \$186)

Option 1: Liability Only Coverage

\$500,000 Combined Single Limit
Includes: \$2,000 Medical Payments coverage

Vehicles over 20 years old are not eligible for Option 1.

Rate:	1 Month	3 Months	6 Months	12 Months
	\$186	\$304	\$476	\$752

Option 2: Liability Coverage Plus

Same coverage as in Option 1, plus the following specific vehicle protection: Fire, Theft, Vandalism with a Deductible of \$250 & Collision with a Deductible of \$500.

Vehicles over 15 years old are not eligible for Option 2.

Rate:	Period of Coverage			
	1 Month	3 Months	6 Months	12 Months
Vehicle Value				
\$5,000 - \$10,000	\$386	\$660	\$1,103	\$1,848
\$10,001 - \$15,000	438	752	1,260	2,114
\$15,001 - \$20,000	491	844	1,418	2,381
\$20,001 - \$25,000	543	936	1,576	2,647
\$25,001 - \$30,000	596	1,028	1,733	2,914
\$30,001 - \$35,000	648	1,120	1,891	3,180
\$35,001 - \$40,000	728	1,212	2,075	3,448
\$40,001 - \$45,000	812	1,304	2,235	3,714
\$45,001 - \$50,000	902	1,396	2,363	3,981

* If your vehicle is valued over \$50,000, please contact our office for eligibility and rates.

List all licensed drivers, including yourself, that reside in the same household or will be travelling with you.

Name	Sex	Date of Birth	Marital Status	Relationship	License # & Country
1. _____					
2. _____					
3. _____					
4. _____					

Please answer the following questions:

	YES	NO
Have you or has any driver listed above been involved in more than one motor vehicle accident or violation in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or has any driver listed above had automobile insurance declined cancelled in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any driver listed above under 25 years of age or over 75 years of age? <i>†Drivers between age 21-24 may be eligible. Please contact Michael I Mandell Inc for more information.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the described vehicle have any cracked or broken glass or other safety deficiency?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or does any driver of this vehicle have a physical or mental deficiency or impairment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or has any driver listed above had a license revoked, suspended or refused?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or any driver listed above been convicted of driving under the influence of drugs or alcohol (DWI, DUI) or hit and run?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or is any driver listed above a citizen of a country in which you will be travelling or living?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been licensed for less than two years?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle used for business or commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle valued at more than US \$50,000 or does it have more than 200 horsepower?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle considered a Sports Car or High Performance Vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle rented or borrowed?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "yes" to any of the above questions, you are not eligible for this insurance. Please contact the Company to discuss eligibility for other insurance programs.

I hereby warrant the truth of the above statements, and declare that I have not withheld any information whatsoever which might tend to influence the acceptance of this application. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void. I agree that this application shall be the bases of the Policy between me and the Company(s). I understand that this policy expires on the expiration date indicated depending on the period of coverage selected on the reverse side of this form, and incept after the application and full premium payment are received by the agent, broker or Michael I. Mandell Inc., or at a later date if specified.

X

Signature of Applicant	Date
Premium Calculation:	
Option #1 or #2 Premium _____	
<i>(Minimum premium of US \$186.00 applies)</i>	
Service-Fee \$60.00	
Express Mail Service (optional) _____	
Within US/Canada \$35.00 Outside US/Canada \$50.00	
Total Premium \$ _____	

Please charge the amount of: \$ _____ USD to my
 VISA _____ MASTERCARD _____
 Expiration Date: ____ / ____ (month/year) Security Code: _____
 Name: _____
 (Print Name on Credit Card)
 Credit Card Billing Address _____

Payment Options: Money Order, Travellers check, Cashier check, or Personal Check payable to Michael I. Mandell Inc. for the full amount. All amounts stated are in US Dollars.

For additional information, contact us directly:

Michael I. Mandell Inc / Motorcycle Express
 6800 Jericho Turnpike, Ste 120West Syosset, New York 11791 USA
 Within US/Canada: (800) 245-8726 or Direct at (516) 682-9220
 Fax: (516) 393-5996 E-Mail: info@motorcycleexpress.com

I agree to pay the above amount according to card issuer agreement

X _____
 Cardholder's Signature
 Date: _____
 (month/day/year)