

Foreign Motorcycle 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:
Michael I. Mandell Inc./Motorcycle Express
6800 Jericho Tpke. Suite 120 West Syosset, NY 11791 USA
For assistance, call us toll-free in the U.S. at (800) 245-8726,
or direct at (516) 682-9220 or by fax at (516) 393-5996
email: info@motorcycleexpress.com

COVERAGE PERIOD DESIRED:

_____ Weeks (Cannot Exceed 26 Weeks)

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 motorcycle driver's license, registration, bill of sale or title and passport are required.

Registered Owner/Named Insured: _____

Permanent Home Address _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Referred by: _____

Temporary Foreign Address (if any) _____

Countries you will be visiting: _____

***Please refer to Global Territory Underwriting Guidelines.**

Have you completed a Motorcycle Safety Foundation course? Y/N

Are you a member of Motorcycle of America or American
Motorcycle Association? Y/N

(attach copy of membership card)

Vehicle Information

Motorcycle Make/Year _____ Model* _____

Engine Size/CCS _____ License Plate# _____

Vehicle Identification Number (VIN)/Chasis Number _____

State or Country of Registration: _____

What is the Current Value of
the Motorcycle 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 of 20% Will Apply to Each Policy)

Option 1: Liability Only Coverage

\$500,000 Per Accident Bodily Injury/Property Damage
Includes: \$2,000 Medical Payments coverage

Engine Size (CCs)	WEEKS									
	1	2	3	4	8	12	16	20	24	26
0-600	151	159	166	175	212	258	314	381	464	511
601-1500	189	198	208	219	266	323	392	447	580	639

Option 2: Liability Coverage and Collision Coverage

Same coverage as in Option 1, plus the following specific vehicle protection includes: Fire, Theft, Vandalism with a Deductible of \$500 & Collision with a Deductible of \$500. (A 20% deductible will apply in the event of a total theft of the motorcycle). Available for motorcycles 10 years old or newer.

Engine Size (CCs)	WEEKS									
	1	2	3	4	8	12	16	20	24	26
0-200	225	236	248	260	317	385	467	567	689	760
201-400	266	279	293	308	374	455	553	673	818	901
401-600	307	322	338	355	432	525	637	774	941	1,037
601-800	348	365	384	403	490	595	722	878	1,067	1,177
801-1000	389	408	429	450	547	665	808	982	1,194	1,316
1001-1250	429	450	473	497	604	734	894	1,086	1,320	1,456
1251-1500	470	494	518	544	630	804	978	1,189	1,445	1,593
Accessories Up to \$2,000	21	22	23	24	30	36	44	53	65	72

Motorcycles with over 1,500 cc's must be referred to the Company for consideration.

GUEST PASSENGER LIABILITY \$10,000 Limit per occurrence.
Weekly rate of \$50 (\$100 minimum.) **IT WILL BE ADDED TO THE PRICE OF THE POLICY UNLESS YOU REJECT IT BY SIGNING YOUR INITIALS HERE:** _____

List all licensed drivers, including yourself, that you expect will use the listed motorcycle during the term of coverage.

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

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 65 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Does the described motorcycle have any existing damage or other safety deficiency?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or does any driver listed 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 or another serious violation?	<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"/>
Is the motorcycle used for business or commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Is the motorcycle considered a Sports-, Off-Road-, 3-Wheeled-, Self-Constructed- or High Performance Motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>
Is the motorcycle 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 this form, and incepts 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	_____
Accessories Coverage (if elected)	_____
Guest Passenger Liability Coverage (if elected)	_____
Subtotal	_____
Motorcycle Safety Foundation Course –Discount 10%	_____
Member of Motorcycle Association – Discount 5% (Option 2 Rates Only)	_____
Subtotal	_____
Policy Fee	\$50.00
Overnight Mail Fee	\$35.00
Total Premium	_____

Make payment to Michael I. Mandell Inc. for the full amount. All amounts stated are US dollars

Payment Options: Credit Card, Money Order, Bank Certified Cashier Check (US Dollars drawn on a US Bank)

For additional information, contact us directly:

Michael I. Mandell/Motorcycle Express
 6800 Jericho Tpke. Suite 120 West
 Syosset, NY 11791 USA
Phone: (800) 245-8726 or (516) 682-9220
Fax: (516) 393-5996
email: info@motorcycleexpress.com
website: www.motorcycleexpress.com

This edition supersedes and replaces any and all preceding editions. This form and the rates, coverages and limits described herein expire October 1, 2006, unless withdrawn by the company earlier. To verify correct current program definitions, contact our office.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**FOREIGN AUTOMOBILE
POLICY PERIOD, TERRITORY, PURPOSE OF USE AND JURISDICTION**

It is hereby understood and agreed that **INSURING AGREEMENTS**, Section VIII. **Policy Period, Territory, Purpose of Use**, is deleted in its entirety and replaced by the following:

VIII. Policy Period, Territory, Purpose of Use and Jurisdiction

This policy applies only to accidents which occur, and to direct and accidental losses to the automobile which are sustained, during the policy period, while the automobile is owned, maintained and used for the purposes stated as applicable thereto in the declarations and is within the following geographical territory:

Territory

Worldwide, excluding: The United States of America, its territories and possessions, Puerto Rico, Canada, Cuba, Iran, Iraq, Libya, North Korea and any country or territory against which the Government of the United States of America has established embargoes or sanctions.

In the event the insured has other insurance covering the same perils insured under this provision, the insurance under this policy shall be excess insurance over any such insurance and the limits of liability under this policy shall be reduced by an amount equal to the limits of liability afforded under such other policy.

Purpose of Use Defined: (a) The term "pleasure and business" is defined as personal, pleasure, family and business. (b) The term "commercial" is defined as the transportation or delivery of goods, merchandise or other materials and uses incidental thereto, in direct connection with the named insured's business occupation as expressed in the declarations, including occasional use for personal, pleasure, family and other business purposes. (c) Use of the automobile for the purposes stated includes the loading and unloading thereof.

Jurisdiction

The company shall have the right and duty to defend any lawsuit against the insured seeking damages on account of such bodily injury or property damage, even if any of the allegations of the lawsuit are groundless, false or fraudulent, and may make such investigation and settlement of any claim or lawsuit as it deems expedient, provided that the claim or lawsuit is not brought in the following countries or territories:

- (a) any jurisdiction in which this policy may be prohibited by statute, regulation or local laws, or
- (b) Cuba, Iran, Iraq, Libya, North Korea or any country or territory for which a United States of America Governmental embargo, sanction or ban is in effect.

With respect to claims brought or lawsuits litigated within the countries in (a) above, the company shall have the right but not the duty to investigate, settle or defend any claim made or lawsuit brought against the insured. The insured shall arrange for the investigation and defense as are reasonably necessary and shall effect such settlement as they are legally obligated. Upon reasonable proof, the company shall reimburse the insured for the reasonable costs of such investigation, defense and the amount of any settlement.

With respect to claims brought or lawsuits litigated within the countries in (b) above, it is agreed that no coverage is provided under this policy, unless the existing United States of America governmental embargoes or sanctions prohibiting the transactions of business with or within those countries are removed for any reason, or no longer operate to prevent the conduct of business with or within those countries. For purposes of this clause, "transactions of business" is understood to include, but not be limited to, the ability of the company to conduct claims investigations.

The company shall not be obligated to pay any claim or judgment or to defend any lawsuit after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

Nothing herein contained shall be held to vary, alter, waive, or change any of the terms, limits, or conditions of the Policy, except as herein above set forth.

PAYMENT OPTIONS

CLIENTS NAME: _____

CHECK

All payments must be made in U.S. Dollars, drawn on a U.S. Bank, by bank certified check or money order payable to Michael I. Mandell Inc. for the total premium.

CREDIT CARD

Please charge the amount of \$ _____ USD to my:

VISA _____ MASTERCARD _____ Expiration Date: _____ / _____

Card # _____

Security Code: _____ (Last 3 digits on the back of your card)

Name: _____
(Print name as shown on Credit Card)

Credit Card Billing Address: _____

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

X _____ Date: _____
(Cardholder's Signature)

Submit Completed Application with Documentation by fax, email or mail

Fax: 516-393-5996

Email: info@motorcycleexpress.com

Mailing Address:

Motorcycle Express
6800 Jericho Turnpike - Suite 120 West
Syosset, New York 11791