

Foreign Motorcycle Insurance Program

FOR U.S. AND CANADIAN CITIZENS WHILE AS TOURISTS
OR EXPATRIATES OUTSIDE OF THEIR HOME COUNTRY

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 120 West Syosset, N.Y. 11791 USA
For assistance, call toll-free in the US/Canada at (800) 245-8726 or
direct at (516) 682-9220 or info@motorcycleexpress.com

COVERAGE PERIOD DESIRED:

_____ Weeks (Cannot Exceed 52 Weeks)

COVERAGE DESIRED:

Option 1 Liability Only

Option 2 Liability with Fire, Theft, Vandalism and
Collision

Requested Effective Date of Policy * _____

*Coverage becomes effective 24 hours after your properly
completed application and full premium payment is received by the
Company. Please allow time for processing and mailing.

**A copy of your motorcycle drivers license, registration,
title or bill of sale and passport are required.**

Registered Owner/Named Insured: _____

Permanent Home Address _____

Telephone Number: _____

Email: _____

Referred by: _____

Temporary Foreign Address (if any) _____

Countries you will be visiting: _____

Have you completed a Motorcycle Safety Foundation course? **Y/N**
(attach proof of Motorcycle Safety Foundation course)

Are you a member of Motorcycle of America or American
Motorcycle Association? **Y/N**
(attach copy of membership card)

This edition supersedes and replaces any and all preceding editions. 10/2011

Vehicle Information

Motorcycle Make/Year _____ Model* _____ Engine Size/CC's _____

Vehicle Identification Number (VIN)/Chassis 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, and Vandalism with
deductibles of \$500 for comprehensive and \$500 for collision.
Available for motorcycles 15 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	468	585	702	760
201-400	266	279	293	308	374	455	554	693	832	901
401-600	307	322	338	355	432	525	638	798	957	1,037
601-800	348	365	384	403	490	595	724	905	1,086	1,177
801-1000	389	408	429	450	547	665	810	1,012	1,215	1,316
1001-1250	429	450	473	497	604	734	896	1,120	1,344	1,456
1251-1500	470	494	518	544	661	804	980	1,225	1,470	1,593
Accessories Up to \$2,000	21	22	23	24	30	36	44	55	66	72

**Motorcycles with over 1,800 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: X _____**

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 70 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 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 _____ Date: _____ (month/day/year)

Signature of Applicant

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 \$60.00

Overnight Mail Fee
Within US/Canada \$35.00 Outside US/Canada \$50.00 _____

Total Premium \$ _____

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

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

VISA MASTERCARD

Card # _____

Expiration Date: ____ / ____ (month/year) Security Code: _____

Name: _____
(Print Name on Credit Card)

Credit Card Billing Address _____

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

Signature: X _____

Date: _____ (month/day/year)

For additional information, contact:

Michael I. Mandell Inc. / Motorcycle Express
6800 Jericho Tpke. Ste.120 West Syosset, New York 11791 USA
Within US/Canada - 800.245.8726 or Direct at 516.682.9220
Fax: 516.393.5996 Email: info@motorcycleexpress.com