

Non - Resident Auto Application



MacAfee and Edwards, Inc

Mexican Insurance Specialist
800-334-7950

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Los Angeles, CA 90017
T. (213) 629-9777
F. (213) 629-9779

INSURED INFORMATION

* NAME _____

* ADDRESS _____

* CITY _____ * STATE _____ * ZIP CODE _____

EMAIL _____ * TEL _____ * FAX _____

INSURANCE COMPANY IN MEXICO _____

INSURED ADDRESS IN MEXICO

DRIVER(S) INFORMATION

* NAME	_____	* DOB	_____	* LICENSE #	_____
1	NAME	DOB	LICENSE #		
2	NAME	DOB	LICENSE #		

VEHICLE INFORMATION

	- AUTO	- TRAILER -	- TOWED VEHICLE -
* YEAR	_____	_____	_____
* MAKE	_____	_____	_____
* MODEL	_____	_____	_____
*VIN NUM	_____	_____	_____

PORT OF ENTRY

- CALIFORNIA
- TEXAS
- ARIZONA
- NEW MEXICO

LIABILITY LIMITS (Option I only applies for California)

- I. BI Liab. (Per Person/Occ) \$15,000 / \$30,000 PD Liab. \$5,000
- II. BI Liab. (Per Person/Occ) \$20,000 / \$40,000 PD Liab. \$15,000
- III. BI Liab. (Per Person/Occ) \$50,000 / \$100,000 PD Liab. \$50,000
- IV. BI Liab. (Per Person/Occ) \$100,000 / \$200,000 PD Liab. \$100,000
- V. BI Liab. (Per Person/Occ) \$100,000 / \$300,000 PD Liab. \$100,000

All limits include Medical Expenses (2,000 per person \$10,000 per accident)

PAYMENT INFORMATION

CC NO. _____

VISA MC AMEX DISCOVER

EXP DATE **Month:** _____ **Year:** _____

(MM) (YYYY)

TRIP DATES

Starting Date: _____ (MM/DD/YY)

Ending Date: _____ (MM/DD/YY)

SIGNATURE _____

I Authorize MacAfee and Edwards, Inc. to charge my credit card the amount of the insurance premium shown on this quote.

QUOTE

TOTAL PREMIUM: _____

NO. DAYS: _____

IMPORTANT:

- * Once a policy has been issued, policy fee is non-refundable.
- * No flat or backdated cancelations. Minimum earned premium applies. days

www.macafeeandwards.com
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"ONLY FOR MEXICAN PLATED VEHICLES"
Application must be completed in order to be processed