

Foreign Automobile Insurance Program

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

Automobile Insurance

The Foreign Automobile Insurance Program, designed specifically for U.S. and Canadian citizens touring or living in countries outside of North America. We provide you with insurance that meets foreign regulatory requirements for tourists or expatriates. You may purchase coverage for liability only or liability with fire, theft, vandalism and collision. *If you are planning to register a vehicle in the foreign country where you will be living, please contact the company for details on how to insure your vehicle.*

Assistance Service

In addition, you automatically receive Assistance, a service designed especially for tourists and expatriates who have travel related questions and/or problems. Some of our customers believe this service is worth the price of the entire policy. You may access Assistance from any telephone 24 hours per day. This service can provide you with lost passport and luggage assistance, medical and dental emergency referral, hospital admissions, emergency message service, emergency legal assistance and emergency cash transfers and advances. In case you need translation services, virtually all languages are spoken at Assistance. In the case of medical emergency, this can be very comforting!

Eligibility Requirements


You are eligible for this insurance program if:

- You are not a citizen of the country in which you will be travelling or living
- You will keep US license plates on your vehicle
- The vehicle to be insured is not a sports car or high performance vehicle
- You are at least 25 years of age and not over 75 years of age†
- You own the vehicle to be used

†Drivers between the ages 21-24 may be eligible.

The Insurance Company will not consider this application unless ALL requirements or requisites are met. Failure to do so will only **delay** consideration. Please forward all needed documents, copies, etc. that are requested.

This particular insurance company, under this particular program (Central & South America) does not afford coverage in the following countries: *Mexico, Belize, Costa Rica, Nicaragua, Panama, and Colombia*. Call us for details.

Note: **ICI Insurance Agency can insure you for Mexico:** Go to mxici.com for 3 separate quotes on the best, most economical, and highest valued insurance by the finest insurance companies in Mexico. Additionally, the best, highly valued Int'l Health & Accident policy and rates can be viewed, and purchased by going to the same Home Page to the "Other Products" and click on the caduceus 

The description of insurance coverage in this brochure is a summary only. The coverage is subject to terms and conditions outlined above and to certain restrictions, limitations and exclusions contained in the policy of insurance. In the event of any conflict between the above description of coverage and the policy of insurance, the provisions contained in the policy of insurance shall govern.

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 to us. Instructions will follow at the end of the application.

COVERAGE PERIOD DESIRED:

(Please mark the boxes you wish to have quoted)

1 Month 3 Months 6 Months 12 Months

If coverage is needed for a period not listed, please contact us for rates. Expected length of Stay: _____

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

Registered Owner/Named Insured _____

Permanent Home Address _____

Telephone Number _____

Temporary Foreign Address (if any) _____

Countries you will be visiting _____

How did you learn about us? _____

ICI Insurance Agency

mxici.com

ici@mxici.com

Phone (915) 591-8279

Fax (888) 519-4101

Vehicle Information

Vehicle Year/Make 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**

\$ _____

**High Performance/Sports Cars are ineligible. Certain unusual vehicles may result in an additional surcharge.*

To determine your vehicles value, you can get information here:

www.kbb.com or www.nadaguides.com

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

Rates and Options

(All rates & coverages are listed in U.S. Dollars and a one month minimum premium will apply to each policy)

Coverages are written by the Month. Please call or write for time limits not mentioned, i.e. 2 months, 4 months etc.

Option 1: Liability Only Coverage

\$500,000 BI/PD Combined Single Limit

\$2,000 Medical Payments coverage (Included)

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

Rate:	1 Month	3 Months	6 Months	12 Months
	\$219	\$357	\$559	\$884

Option 2: Physical Damage

**Only available if Option 1 is purchased.* Coverage includes protection for: Fire, Theft and Vandalism with deductibles of \$250 for Comprehensive and \$500 for collision and assistance service.

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	\$207	\$369	\$649	\$1,134
\$10,001 - \$15,000	261	464	812	1,409
\$15,001 - \$20,000	315	559	975	1,686
\$20,001 - \$25,000	370	654	1,138	1,961
\$25,001 - \$30,000	424	743	1,301	2,238
\$30,001 - \$35,000	478	844	1,464	2,513
\$35,001 - \$40,000	560	939	1,627	2,790
\$40,001 - \$45,000	648	1,037	1,790	3,065
\$45,001 - \$50,000	741	1,140	1,953	3,342

*If your vehicle is valued over \$50,000, please contact the Company for eligibility and rates. Available discounts include: Companion Policy, Claims Free and Anti-Theft. Please call for more information.

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

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

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 basis 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 previous page (2) of this form, and incepts after the application and full premium payment are received by the agent or broker.

Signature of Applicant

Date

Print out the Application, legibly complete it in its entirety including the Date & Signature, Scan and E-mail back to us at ici@mxici.com, or Fax to us at (888) 519-4101.

A preliminary Quote will be provided you once all of the requested information is received.

Thank you for your business!