

Foreign Motorcycle Insurance Program

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

Motorcycle Insurance

The Foreign Motorcycle Insurance Program, designed specifically for U.S. and Canadian citizens and expatriates touring or living in countries outside of their home country. 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 motorcycle in the foreign country where you will be living, please contact the company for details on how to insure your motorcycle.*

Assistance Service

In addition, you automatically receive Assistance, a service designed especially for tourists 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 toll-free 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 the original license plates on your motorcycle
- The motorcycle to be insured is not a sports- or high performance motorcycle or over 1500 CCs
- You are at least 25 years of age and not over 70 years of age†
- The motorcycle to be insured is not a rental, short term lease or buyback
- You own the motorcycle to be insured
- The motorcycle is not over 20 years old or valued over \$50,000

†Drivers over 70 may be eligible. Please contact us for more information.

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.  PLEASE make certain you investigate this option, especially riding a bike throughout Latin America.

The description of insurance coverage in this brochure is a summary only. The coverage is subject to terms and conditions outlined and 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 will govern.

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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 DESIRED:

(Please mark the boxes you wish to have quoted)

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.**

Registered Owner/Named Insured _____

Permanent Home Address _____

Telephone Number _____

Email _____

Temporary Foreign Address (if any) _____

Countries you will be visiting _____

How did you learn about us? _____

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/CC's

Vehicle Identification Number (VIN)/Chassis Number

State or Country of Registration _____

What is the current Value of The Motorcycle to be insured

\$ _____

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 and Coverages are listed in U.S. Dollars and a one month
minimum premium applies to each policy)

Option 1: Liability Only Coverage

\$500,000 BI/PD Combined Single Limit

\$2,000 Medical Expense (Included)

Months											
1	2	3	4	5	6	7	8	9	10	11	12
Engine Size 0-600 (In CC's)											
206	249	318	392	485	600	693	785	901	1086	1086	1201
601-1500 CC's											
257	313	398	491	606	751	866	982	1127	1242	1357	1502

Option 2: Physical Damage

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

***available for motorcycles 15 years old or newer**

Months											
1	2	3	4	5	6	7	8	9	10	11	12
Engine Size 0-200 CC's											
290	353	449	554	684	847	977	1107	1270	1400	1531	1693
201-400 CC's											
343	417	532	656	811	1004	1159	1312	1506	1660	1815	2007
401-600 CC's											
395	481	613	755	934	1155	1333	1511	1733	1910	2089	2310
601-800 CC's											
449	546	695	858	1059	1311	1513	1715	1967	2168	2371	2622
801-1000 CC's											
501	609	778	958	1184	1466	1691	1917	2199	2424	2650	2932
1001-1250 CC's											
554	673	860	1061	1310	1622	1872	2121	2433	2683	2932	3244
1251-1500 CC's											
606	736	941	1161	1434	1775	2048	2320	2662	2935	3208	3549
Accessories (up to \$2,000)											
27	33	42	52	65	80	92	105	120	133	145	160

**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:** _____



Eligible



Ineligible

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

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?		
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 70 years of age?		
Does the described motorcycle have any existing damage or other safety deficiency?		
Do you or does any driver listed 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 or another serious violation?		
Are you or any driver listed above a citizen of a country in which you will be travelling or living?		
Is the motorcycle used for business or commercial purposes?		
Is the motorcycle considered a Sports-, Off-Road-, 3-Wheeled-, Self-Constructed- or High Performance Motorcycle?		
Is the motorcycle 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 incept 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!