

Foreign Automobile Insurance Program

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

VEHICLE INFORMATION

Simplified Application With Self-Service Rates:

Please complete the following information and return directly to:
info@motorcycleexpress.com or Motorcycle Express
6800 Jericho Turnpike Suite 120 West Syosset, NY 11791 USA
For assistance, call toll free in the US/Canada 800.245.8726 or
Direct at 516.682.9220 or info@motorcycleexpress.com

COVERAGE PERIOD DESIRED:

1 Month 3 Months 6 Months 12 Months

If coverage is needed for a period not listed, please contact
Michael I. Mandell 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. Please
allow time for processing and mailing.

**A copy of your driver's license, passport(s) for all listed
drivers; registration, title or bill of sale or title are
required.**

Registered Owner/Named Insured _____

Permanent Home Address _____

Telephone Number: _____

Fax Number: _____

E-mail address: _____

Referred by: _____

Temporary Foreign Address (if any) _____

Countries you will be visiting: _____

Vehicle Make/Year _____ 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: \$ _____

* 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)

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	749	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
1. _____					
2. _____					
3. _____					
4. _____					

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? †Drivers between age 21-24 may be eligible. Please contact Michael I Mandell for more information.	<input type="checkbox"/>	<input type="checkbox"/>
Does the described vehicle have any cracked or broken glass or other safety deficiency?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or does any driver of this vehicle 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?	<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"/>
Have you been licensed for less than two years?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle used for business or commercial purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle valued at more than US \$50,000 or does it have more than 200 horsepower?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle considered a Sports Car or High Performance Vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle 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 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 reverse side of this form, and incept 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.

Signature of Applicant: X _____ Date: _____

Premium Calculation:	
Option #1 or #2 Premium (Minimum premium of US \$207.00 applies)	_____
Service Fee	\$60.00
Express Mail Service (optional) Within US/Canada \$35.00 Outside US/Canada \$50.00	_____
Total Premium	_____

Payment Options: Money Order, Travellers check, Cashier check, Personal check made payable to Michael I Mandell for the full amount in US Dollars.

For additional information, contact us directly:
Michael I. Mandell / Motorcycle Express
 6800 Jericho Turnpike Suite 120 West Syosset, NY 11791 USA
 Within US/Canada 800.245.8726 or Direct at 516.682.9220
 Fax: 516.393.5995 Email: info@motorcycleexpress.com

PAYMENT

An invoice will be emailed to you through PayPal after we receive your completed application and a copy of your title/ registration (proof of ownership), motorcycle drivers license, passport and proof of discounts (if applicable). Please pay the invoice as soon as possible using your PayPal account or your credit card.

Please note: The PayPal invoice will be under Motorcycle Express Services/Michael I. Mandell Inc. our parent company. Please check your Spam Email if you do not see it in your Inbox.