

# 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](mailto: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](mailto:info@motorcycleexpress.com)

### 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.

Registered Owner/Named Insured \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Temporary Foreign Address (if any) \_\_\_\_\_

Countries you will be visiting: \_\_\_\_\_

Referred by: \_\_\_\_\_

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)/Chasis 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.

This edition supersedes and replaces any and all preceding editions. To verify correct current program definitions, call Michael I. Mandell at 800.245.8726 or  
516.682.9220.

## 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/PPD Combined Single Limit

\$2,000 Medical Expense (Included)

Engine Size (In CCs)	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
0-600	206	249	318	392	485	600	693	785	901	993	1086	1201
601-1500	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

Engine Size (In CCs)	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
0-200	290	353	449	554	684	847	977	1107	1270	1400	1531	1693
201-400	343	417	532	656	811	1004	1159	1312	1506	1660	1815	2007
401-600	395	481	613	755	934	1155	1333	1511	1733	1910	2089	2310
601-800	449	546	695	858	1059	1311	1513	1715	1967	2168	2371	2622
801-1000	501	609	778	958	1184	1466	1691	1917	2199	2424	2650	2932
1001-1250	554	673	860	1061	1310	1622	1872	2121	2433	2683	2932	3244
1251-1500	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: \_\_\_\_\_

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

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 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: \_\_\_\_\_

<b>Premium Calculation:</b>	
Option #1 or #2 Premium	_____
Accessories Coverage (if elected)	_____
Guest Passenger Liability Coverage (if elected)	_____
<b>Subtotal</b>	_____
Motorcycle Safety Foundation Course- Discount 10%	_____
Member of Motorcycle Association- Discount 5% (option 2 rates only)	_____
<b>Subtotal</b>	_____
Policy Fee	\$60.00
Overnight Mail Fee	_____
Within US/Canada \$35.00 Outside US/Canada \$50.00	_____
<b>Total Premium</b>	_____

**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.

For additional information, contact:  
**Michael Mandell, Inc / Motorcycle Express**  
 6800 Jericho Turnpike Syosset, NY 11791 USA  
 Within US/Canada- 800.245.8726 or Direct at 516.682.9220  
 Fax 516.393.5996 Email: info@motorcycleexpress.com

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