



Mexican Insurance...
...the American Way!™

MEXICAN PERSONAL RESIDENT AUTO APPLICATION (Program Code: PRAT)
Insurance Application **EXCLUSIVELY** for Vehicles Registered in Mexico

INSURED INFORMATION

Name of Applicant:		
USA Telephone:	Phone in Mexico (if any):	Cellular Telephone:

ADDRESS IN THE USA / CANADA

Street Address:	City:	State:	Zip Code:
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ADDRESS IN MEXICO

Street Address:	Apartment:	Colony / Fracc./ Resort / Development:	
Municipality:	City:	State:	Zip Code

PROPOSED EFFECTIVE DATE (Only Annual Policies available):

Day: _____	Month: _____	Year: _____
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COVERAGES (Please select coverage option and limits):

MANDATORY: LIABILITY AND MEDICAL PAYMENTS(1): [Please select limit]
 (1)Medical Payments are included with a Limit of \$ 50,000.00 Mexican Pesos per Passenger

OPTIONAL: PHYSICAL DAMAGE(2): Veh. #1: [YES] Veh. #2: [YES] Veh. #3: [YES] Veh. #4: [YES]
 (2)Total Theft of Vehicle, Collision, Upset, Glass Breakage, Fire, Lighting, Explosion, Strikes, Riots, Cyclone, Hurricane, Hail, Earthquake, Volcanic Eruption, Flood and Landslide

VEHICLE(S) INFORMATION (please attached copy of Mexican Registration for each vehicle)

#	Year	Make	Model	Type	Vehicle Identification Number	License Plate	Garaged in: City/State
1							
2							
3							
4							

DRIVER(S) INFORMATION

1	Name:	Date of Birth:(M/DD/YY)	Gender: (M/F)	Marital Status:
	License Number:	Issued Country:	Issued State:	Occupation:
2	Name:	Date of Birth:(M/DD/YY)	Gender: (M/F)	Marital Status:
	License Number:	Issued Country:	Issued State:	Occupation:
3	Name:	Date of Birth:(M/DD/YY)	Gender: (M/F)	Marital Status:
	License Number:	Issued Country:	Issued State:	Occupation:
4	Name:	Date of Birth:(M/DD/YY)	Gender: (M/F)	Marital Status:
	License Number:	Issued Country:	Issued State:	Occupation:

STATEMENT OF APPLICANT AND PRODUCER: I have read this application and I declare that to the best of my knowledge and belief all of the foregoing statements are complete, accurate and true, and that these statements are offered as inducement to the company to issue the policy for which I am applying. I understand that misrepresentation or concealment of the information requested on this application may invalidate this policy. I understand that this policy is subject to a minimum earned premium and that policy fees are fully earned and non-refundable.

Applicant Signature

Producer Signature

Date Signed

PLEASE SEND APPLICATION AND REQUIRED DOCUMENTATION TO:

Personal Lines Department - (FAX) 1.800.639.4329 or (EMAIL) psubmissions@mexipass.com