## **INSTANT MEXICO AUTO INSURANCE SERVICES**

## 24-HOUR SERVICE

223 VIA DE SAN YSIDRO · SAN YSIDRO, CA 92173
(619 428-4714 · TOLL FREE ALL U.S. & CANADA 800-345-4701
FAX SERVICE (619) 690-6533 · YOUR POLICY FAX'D IN MINUTES.
www.INSTANT-MEX-AUTO-INSUR.com · Lic. # 0516723

DATE:
-------

ATTN. TO: \_\_\_\_\_

## APPLICATION FOR MEXICAN AUTO INSURANCE

NAME:			TEL.( )		FAX: ( )	
ADDRESS:						
Stre	eet	City		State		Zip
LIEN HOLDER (	If Applicable):		ACCT #:		FAX TO: ( )	
CLUB MEMBER	SHIP NO. (If Applica	ble)			Do you have a pass	port? ☐ Yes
I want to purcha	se a Mexican Auto	Insurance Policy for:				days.
Starting From:_	Data	To:	Date	At:_	Time Crossing Border	*for the following
2.5	Date		Date		* All policies begin and e	end at same time.
☐ Vehicle:						
	Year	Make	Model		Vehicle ID No.	
☐ Trailer:	Year	Make	Model		Trailer ID No.	
□ Boat:						
<u> Боаг</u>	Year	Make	Model		Boat ID No.	
☐ Motorcycle						
	Year	Make	Model		Motorcycle ID No.	
☐ Vehicle pulled by —						
Motorhome:	Year	Make	Model		Vehicle ID No.	
COVERAGE: Circle a plan:		PLAN 1 Collision			AN 2 pility - (PD, PL & Medical	\
		Fire & Theft			jal Services(Optional)	)
		Liability - (PD	. PL & Medic		ar Gor vidoo (optional)	
		Legal Service		,		
		ACTUAL CASH VA	LUE OF: (If fu	ıll coverage des	sired)	
	□ Vehicle:\$			Motorcycle:	\$	_
	□ Trailer: \$			ehicle pulled by Motorhome:	\$	
	□ Boat: \$			Other:	\$	_
			Fishing I	Permit One Year On	Boat Permit ly One Year Only	Length

WE ACCEPT THE FOLLOWING CREDIT CARDS: VISA, MASTERCHARGE, AMERICAN EXPRESS, DISCOVER.

Credit Card Holder Name: \_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_Expiration Date: \_\_\_\_\_\_

Credit Card Holder Authorized Signature: \_\_\_\_\_