

## **MEXICAN CAR RENTAL LIABILITY**

## INSURANCE APPLICATION

Date Submitted:		

*Instructions*: Please complete application and email to service@sanborns.com or fax to (956) 686 0732

Travel Dates: Mexican Destination:							
Enter dates and times of arrival and departure to your Mexican Destination. Policy is in 24 hour intervals.  **Arriving Mexico** Departing Mexico** at AM / PM**  **AM / PM**							
_			Time Zone				
Coverage :							
* Third Party Liability	\$150,000 USD CSL (combined single limit) + \$150,000 USD Excess Liability						
	\$500,000 USD CSL (combined single limit) + \$150,000 USD Excess Liability						
* Medical Expenses	for occupants of the Insured Vehicle: \$5,000 per person up to \$25,000 per accident						
* Legal Aid and Bailbond							
* Roadside Assistance							
Driver #1			Home #	Cell #			
Address:			City	State	Zip		
EMAIL			Driver's License	<u> </u>	Driver's License State		
Driver #2			Home #	Cell #			
Address:			City	State	Zip		
EMAIL			Driver's License	<del>2</del> #	Driver's License State		
Name of Rental Car Company			Phone				
Email:			City	State			
Method of Payment & Policy	Terms:						
<b>Refund policy -</b> Policies can be cancele policy starts and with proof of other cover policy can be refunded less the policy and o <b>Your signature below represents a</b> Payment information should be provided b	age, policy will be r agency fees even if <b>greement to the</b>	efunded less the policy and you contact our office befo se terms and the cha	d agency fees. If the ore the policy starts. <b>rge of your cred</b>	rental car company lit card for this po	does not accept this insurance, the		
	Contact us: 80	0-222-0158, 956-686-	3601 or service	@sanborns.com			
Signature							
For office use:							
# Days of Coverage							
Quote Date Charged							