



# MEXICAN CAR RENTAL LIABILITY INSURANCE APPLICATION

Date Submitted:

**Instructions:** Please complete application and email to [info@sanbornsinsurance.com](mailto:info@sanbornsinsurance.com) or fax to (956) 686 0732

<b>Travel Dates:</b>	<b>Mexican Destination:</b>
Enter dates and times of arrival and departure to your Mexican Destination. Policy is in 24 hour intervals.	
<b>Arriving Mexico</b>	<b>Departing Mexico</b>
/ /	/ /
	<b>at</b>
	<b>AM / PM</b>
	<b>Time Zone</b>

<b>Coverage includes:</b>
<b>* Third Party Liability \$150,000 USD CSL (combined single limit) + \$150,000 USD Excess Liability</b> <b>OR \$300,000 USD CSL (combined single limit) + \$150,000 USD Excess Liability</b>
<b>* Medical Expenses for occupants of the Insured Vehicle: \$5,000 per person up to \$25,000 per accident</b>
<b>* Legal Aid and Bailbond</b>
<b>* Roadside Assistance</b>

Driver #1	Home #	Cell #	
Address:	City	State	Zip
EMAIL	Driver's License #	Driver's License State	

Driver #2	Home #	Cell #	
Address:	City	State	Zip
EMAIL	Driver's License #	Driver's License State	

Name of Rental Car Company	Phone		
Address:	City	State	Zip
Email:			

<b>Method of Payment &amp; Policy Terms:</b>
<b>Refund policy</b> - Policies can be cancelled and fully refund if you contact Sanborn's via phone or email prior to the start of the policy. After the policy starts and with proof of other coverage, policy will be refunded <b>less the policy fee</b> . Your signature below represents agreement to these terms and the charge of your credit card for this policy. <b>Contact us:</b> 800-222-0158, 956-686-3601 or <a href="mailto:info@sanbornsinsurance.com">info@sanbornsinsurance.com</a>

Credit Card Type	VISA	MC	DISCOVER	AMEX	
Credit Card Number	_____				<b>Signature</b>
Expiration Date:	_____				_____
CSV Code:	_____				_____

<b>For office use:</b>	
# Days of Coverage	
Quote	
Date Charged	
By	