

Foreign Motorcycle Insurance Program

**FOR U.S. AND CANADIAN CITIZEN TOURISTS OR EXPATRIATES
LIVING OR TRAVELLING OUTSIDE OF NORTH AMERICA**

Motorcycle Insurance

Motorcycle Express, a division of Motorcycle Services, is proud to offer a Foreign Motorcycle Insurance Program, designed specifically for U.S. and Canadian citizens touring or living in countries outside of North America. Our insurance meets all foreign regulatory requirements for tourists or expatriates, including Green Cards for Europe. Liability only or liability with fire, theft, vandalism and collision coverage is available within this program.

Eligibility Requirements

You are eligible for this insurance program if:

- You are not a citizen of the country in which you will be travelling or living
- You will keep US/Canadian license plates on your motorcycle
- The motorcycle to be insured is not a sports or high performance motorcycle or over 1500 CCs
- You are at least 25 years of age and not over 65 years of age (Drivers over 65 may be eligible)
- The motorcycle to be insured is not a rental, short term lease or buyback
- You own the motorcycle to be insured
- The motorcycle is not over 20 years old or valued over \$30,000

The description of insurance coverage in this brochure is a summary only. The coverage is subject to terms and conditions outlined and certain restrictions, limitations and exclusions contained in the policy of insurance. In the event of a conflict between the below description of coverage and the policy of insurance, the provisions contained in the policy of insurance will govern.

If you are not eligible for this program, please contact us to discuss eligibility for other insurance programs.

For additional information, contact us directly at:

Motorcycle Express/Motorcycle Services
6800 Jericho Turnpike, Suite 201W
Syosset, New York 11791-4488
phone: (800) 245-8726 or (516) 682-9220
fax: (516) 682-8231
email: info@motorcycleexpress.com
website: www.motorcycleexpress.com

Foreign Motorcycle Insurance Program ***FOR U.S. AND CANADIAN CITIZENS WHILE AS TOURISTS OR EXPATRIATES OUTSIDE OF NORTH AMERICA***

Simplified Application With Self-Service Rates:

Please complete the following information and return directly to: **Motorcycle Express/Motorcycle Services**
6800 Jericho Tpke. Suite 201W Syosset, NY 11791-4488 USA
For assistance, call us toll-free in the U.S. at (800) 245-8726,
or direct at (516) 682-9220 or via fax at (516) 682-8231
email: info@motorcycleexpress.com

COVERAGE PERIOD DESIRED:

_____ Months (Cannot Exceed 6 months)

COVERAGE DESIRED:

Option 1 Liability Only

Option 2 Liability with Fire, Theft, Vandalism and Collision

Requested Effective Date of Policy* _____

*Coverage becomes effective on the day after your properly completed application and full premium payment is received by the Company, or at a later date, if specified. Please allow time for processing and mailing.

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

Registered Owner/Named Insured:

Permanent Home Address _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Referred by: **HORIZONS**

Temporary Foreign Address (if any) _____

Countries you will be visiting _____

Vehicle Information

Motorcycle Make/Year

Model*

Engine Size/CCS

License Plate#

Vehicle Identification Number (VIN) / Chassis Number

State or Country of Registration: _____

"IN THE EVENT OF A CLAIM" - The Insurance Company will pay the NADA Average Retail Value, in US Dollars, Less Applicable Deductible.

Rates and Options

(All Rates and Coverages are Listed in U.S. Dollars; Minimum Earned Premium of 20% Will Apply to Each Policy)

Option 1: Liability Only Coverage

\$750,000 Per Accident Bodily Injury/Property Damage
Includes: \$2,000 Medical Payments coverage

Option 2: Liability Coverage and Collision Coverage

Same coverage as in Option 1, plus the following specific vehicle protection includes: Fire, Theft, Vandalism with a Deductible of \$750.00 & Collision with a Deductible of \$750.00 A 20% deductible will apply in the event of a total theft of the motorcycle. Available for motorcycles 10 years old or newer.

**Motorcycles with over 1,500 cc's must be referred to the Company for consideration.*

GUEST PASSENGER LIABILITY **\$50,000 Limit per occurrence.**

Rate: \$50.00 Per Month

IT WILL BE ADDED TO THE PRICE OF THE POLICY
UNLESS YOU REJECT IT BY SIGNING YOUR INITIALS

INITIAL HERE TO REJECT X

Are you a member of Motorcycle of America (MOA), American Motorcycle Assoc. (AMA) or Harley Owners Group (HOG)? **YES NO** (*attach copy of membership card for 10% discount*)

List all licensed drivers, including yourself, which 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 65 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 is 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 incepts 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.

X _____
 Signature of Applicant Date

All Rates and Coverages are listed in US dollars

Payment Options: Visa/Mastercard, Bank Certified Check or Money Order (US Dollars drawn on a US Bank) payable to Michael I. Mandell Inc./Motorcycle Express for the total premium.

This edition supersedes and replaces any and all preceding editions. This form and the rates, coverages and limits described herein expire December 31, 2005, unless withdrawn by the company earlier. To verify correct current program definitions, contact our office.

For additional information, contact us directly:

Motorcycle Express/Motorcycle Services
6800 Jericho Turnpike, Suite 201W
Syosset, New York 11791-4488
phone: (800) 245-8726 or (516) 682-9220
fax: (516) 682-8231
email: info@motorcycleexpress.com
website: www.motorcycleexpress.com

GREEN CARD INSURANCE RATES

MONTHS	FULL PACKAGE		LIABILITY ONLY
	UNDER 1200CC	1200CC & over	ALL CC'S
1	\$425.00	\$544.00	\$150.00
2	\$580.00	\$694.00	\$220.00
3	\$725.00	\$845.00	\$290.00
4	\$938.00	\$1,027.00	\$375.00
5	\$1,141.00	\$1,248.00	\$485.00
6	\$1,456.00	\$1,593.00	\$595.00

Over 6 months-Contact our office

ACCESSORY COVERAGE: Available with Full Package Only
 RATE: \$35.00 PER MONTH Maximum Coverage \$2,000

GUEST PASSENGER COVERAGE: \$50,000 Limit Per Occurrence
 RATE: \$50.00 PER MONTH

PREMIUM CALCULATION FOR GREEN CARD

LIABILITY ONLY	\$	
FULL PACKAGE	\$	
ACCESSORY COVERAGE	\$	
GUEST PASSENGER COVERAGE	\$	
SUB TOTAL	\$	
MEMBERS OF AMA,HOG,BMW MOA		
<i>DEDUCT 10% DISCOUNT</i>	\$	
SUB TOTAL	\$	
POLICY FEE	\$	35.00
OVERNIGHT MAIL FEES	\$	30.00
TOTAL TO REMIT	\$	

POLICY PERIOD:

Effective Date: _____ Expiration Date: _____

Name: _____

Signature: _____ Date: _____

PAYMENT OPTIONS

CLIENTS NAME: _____

CHECK

All payments must be made in U.S. Dollars, drawn on a U.S. Bank, by bank certified check or money order payable to: Michael I. Mandell Inc./ Motorcycle Express for the total premium.

Mail to:

Michael I. Mandell Inc./ Motorcycle Express
6800 Jericho Turnpike - Suite 201W
Syosset, New York 11791-4488

CREDIT CARD

Please charge the amount of \$ _____ **USD** to my:

VISA _____ MASTERCARD _____ Expiration Date: _____ / _____

Card # _____

Name: _____
(Print name as shown on Credit Card)

Credit Card Billing Address: _____

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT.

X _____ Date: _____
(Cardholder's Signature)