

# INTERNATIONAL INSURANCE GROUP, INC.

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Underwritten by **National Unity Insurance Company**

COVERAGE ONLY VALID IN THE UNITED STATES  
COVERAGE NOT VALID IN MEXICO

## INSURANCE APPLICATION FOR MEXICAN COMMERCIAL VEHICLES

POLICY NUMBER: \_\_\_\_\_ APPLICANT'S PHONE NUMBER: \_\_\_\_\_ US DOT #: \_\_\_\_\_ MX #: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

ADDRESS WHERE THE VEHICLES ARE STORED: \_\_\_\_\_

EFFECTIVE DATE OF THE POLICY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ 12:00 AM  
THE STANDARD TIME CORRESPONDS TO THE APPLICANT'S ADDRESS

THE APPLICANT IS:  INDIVIDUAL  LLC  CORPORATION

Premium	\$	_____
Policy Fee	\$	_____
Total	\$	_____

### DESCRIPTION OF OPERATIONS

1. DEFINE THE UNITED STATES BORDER ENTRIES: \_\_\_\_\_
2. MAXIMUM RADIUS OF OPERATIONS ALL VEHICLES IN THE UNITED STATES: \_\_\_\_\_
3. WILL THE TRUCKS BE USED FOR THE DELIVERY OF WHOLESALE, RETAIL OR INDUSTRIAL GOODS: \_\_\_\_\_
4. LIST ALL TYPES AND VARIETY OF CARGO THAT IS BEING TRANSPORTED: \_\_\_\_\_
5. IS THERE ANY MAINTENANCE/SECURITY PROGRAM OF THE OPERATING VEHICLES: \_\_\_\_\_
6. ARE THERE OTHER VEHICLES OF THE COMPANY THAT ARE NOT INCLUDED IN THIS POLICY: \_\_\_\_\_

**THE COMMERCIAL VEHICLES CAN ONLY BE DRIVEN BY DRIVERS OLDER THAN 21 YEARS OLD AND YOUNGER THAN 65 YEARS OLD, WITH A VALID DRIVER'S LICENSE FOR THE VEHICLE TYPE BEING DRIVEN.**

### INFORMATION ABOUT THE DRIVER'S - INCLUDE ALL THE DRIVER'S, IF NECESSARY ATTACH ANOTHER APPLICATION

NAME(S) OF DRIVERS	BIRTHDATE	LICENSE NUMBER	PLACE OF DISPATCH	ACCIDENTS IN THE LAST 3 YEARS	INFRACTIONS IN THE LAST 3 YEARS	YEARS OF EXPERIENCE

ABOVE IS A COMPLETE LIST OF ALL THE DRIVERS, INCLUDING PART-TIME AND SUBSTITUTE DRIVERS. I PROMISE TO NOTIFY THE COMPANY IF ANY OTHER DRIVERS ARE HIRED, I UNDERSTAND THAT THE CONTINUATION OF THIS COVERAGE DEPENDS ON MY AGREEMENT TO DO SO.

### VEHICLE LIST - DETAILED INFORMATION ON ALL VEHICLES. IF THERE ARE MORE THAN THREE (3) VEHICLES, ATTACH FLEET INFORMATION

NO.	YEAR	MAKE & MODEL	TYPE - CAPACITY	SERIAL NUMBER	MAX. MILES OF OPERATION	PLATE NUMBER	COVERAGE LIABILITY ONLY (LISTED VEHICLES)	LIMIT \$	COVERAGE MEDICAL PAYMENTS	LIMIT \$2,000.00/\$6000.00

THIS APPLICATION AND THE POLICY THAT WILL BE ISSUED, DOES NOT PROVIDE COVERAGE FOR UNINSURED MOTORISTS FOR BODILY INJURY DAMAGES OR PROPERTY DAMAGES OR ANY OTHER COVERAGE THAT IS NOT SPECIFIED IN THE PREMIUM.

I UNDERSTAND AND ACCEPT THE REJECTION OF COVERAGE FOR BODILY INJURY - THIS REJECTION APPLYS TO THE ISSUED POLICY AND ALL FUTURE ENDORSEMENTS, RENEWALS AND REPLACEMENTS.

**CERTIFICATE OF RESIDENCE** - IT HAS BEEN EXPLAINED TO ME THAT THIS POLICY IS ONLY VALID FOR MEXICAN CITIZENS OR THOSE PEOPLE THAT RESIDE IN MEXICO FULL-TIME. I HAVE PROVIDED MY AGENT WITH PROOF OF RESIDENCY AND I CERTIFY THAT I AM A FULL-TIME RESIDENT OF MEXICO. I UNDERSTAND THAT IN WHENEVER I NO LONGER AM A FULL-TIME RESIDENT OF MEXICO THAT THIS INSURANCE POLICY WILL NO LONGER BE VALID Y WILL NOT PROVIDE COVERAGE IN THE UNITED STATES.

THIS COVERAGE IS APPLICABLE WHILE THE COVERED VEHICLE IS IN THE UNITED STATES. ONLY FULL-TIME RESIDENTS OF MEXICO QUALIFY FOR THIS PROGRAM THIS COVERAGE DOES NOT APPLY, WHETHER PART-TIME OR FULL-TIME, TO RESIDENTS OF THE UNITED STATES. IF YOU ARE NOT A FULL-TIME RESIDENT OF MEXICO THIS COVERAGE WILL BE CANCELLED.

\_\_\_\_\_  
SIGNATURE AND NAME OF INSURED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AND NAME OF AGENT

THIS APPLICATION AND POLICY NOT APPLY TO THE TRANSPORTATION OF HAZARDOUS, EXPLOSIVE, OR RADIOACTIVE MATERIALS OR SUBSTANCES AS DEFINED SUBSTANCES AS DEFINED IN 49 CFR OF THE MOTOR CARRIER ACT OF 1980