



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: _____
<small>Enter dates and times of arrival and departure to your Mexican Destination. Policy is in 24 hour intervals.</small>	
Arriving Mexico	Departing Mexico
at _____ 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 #	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:			

Method of Payment & Policy Terms:
<small>Refund policy - Policies can be canceled 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 less the policy and agency fees. If the rental car company does not accept this insurance, the policy can be refunded less the agency fee even if you contact our office before the policy starts. Your signature below represents agreement to these terms and the charge of your credit card for this policy. Credit card information can also be provided by calling our office when you are ready to proceed with purchase.</small>
Contact us: 800-222-0158, 956-686-3601 or service@sanborns.com

Credit Card Information			
Credit Card Type	VISA	MC	DISCOVER AMEX
Credit Card Number	_____	Signature	
Expiration Date:	_____	_____	
CSV Code:	_____		

For office use:	
# Days of Coverage	
Quote	
Date Charged	
By	