

M Foreign Residence Only (FRO-Policy)

Coverage to be effective: from: _____ to: _____
 Versicherungsbeginn: Day Month Year Day Month Year (Ablauf 00:01 Uhr)

Name of Applicant: _____ **Date of Birth:** _____
 Name des Antragstellers: Geburtsdatum Day Month Year

Mailing Address: _____
 Anschrift: _____

Phone Number: private: _____ business: _____

International Driver's Licence No.: _____ (Add copy!) Kopie unbedingt
 Nummer des Internationalen Führerscheines beifügen nur von 21 bis 24 Jahren!

Authorized Driver:

Berechtigte Fahrer:

| Name | Firstname | Date of birth | Int.Dr. Licence No. |
|----------|-----------|---------------|-----------------------|
| Nachname | Vorname | Geb. Datum | Int. Führerschein Nr. |
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

Add copies! Kopien beifügen!

Description of Vehicle to be insured

Beschreibung des zu versichernden Fahrzeugs

| Year | Make | Type | Chassis Number | ccm |
|------|------------|------|-------------------|---------|
| Year | Hersteller | Typ | Fahrgestellnummer | Hubraum |
| | | | | |

Coverage Options:

Deckungsmöglichkeiten:

- A) Liability only** Bodily Injury and Property Damage with combined single limit (CSL) **\$50.000**, incl. Medical Payment with a limit of **\$2.000**.
Nur Haftpflicht Personen- und Sachschäden sind pauschal mit **\$50.000** versichert, einschl. **\$2.000 Heilkosten.**
- A1) Liability only** Bodily Injury and Property Damage with combined single limit (CSL) **\$300.000**, incl. Medical Payment with a limit of **\$2.000**.
Nur Haftpflicht Personen- und Sachschäden sind pauschal mit **\$300.000** versichert, einschl. **\$2.000 Heilkosten.**
- C) Uninsured Motorist Coverage, UIM** Bodily Injury **\$ 25.000,--** Property Damage **\$10.000,--**
Nicht- oder unterversicherte Fahrzeugführer Personenschäden sind mit **\$25.000,--** versichert, Sachschäden mit **\$10.000,--**
- D) Guest Passenger Liability** Limits **\$5.000,--** per occurrence
Mitfahrerhaftpflicht Pauschalentschädigung **\$5.000,--** pro Ereignis

I am not interested in C) UIM-Coverage and D) Guest Passenger Liability Coverage!

Ich bin nicht an einer Versicherung B) Nicht- oder unterversicherter Fahrzeugführer und C) Mitfahrerhaftpflicht interessiert!

Signed Applicant _____ Date: _____
 Unterschrift Antragsteller Day Month Year

Visited Countries: USA Kanada
Registr. in New York: Yes No

Signed Applicant _____ Date: _____
 Unterschrift Antragsteller Day Month Year

important information on the reverse
 wichtige Informationen auf der Rückseite

Insurance cover:

A) Third part liability insurance:

Amount covered US\$ 50.000, increased US\$ 300.000 overall for damage to property and personal injury. Please note that the statutory amount covered in the USA is only US\$ 50.000 per person and max. US\$ 300.000 for all personal injuries and US\$ 35.000 for property damage.

B) Third part liability and comprehensive insurance (part and fully comprehensive):

In addition to the third part liability insurance, a comprehensive collision insurance is provided. The maximum indemnification is € 20.500,--.

A marine insurance for transportation both ways is recommended. The deductible for each claim, comprehensive, transportation and luggage insurance is € 500,--. In case of damage the insurer pays the repair costs up to a maximum of the current value, in case of total loss the current value is reimbursed.

Please have in mind that 25 up to 30% of the drivers in USA do not have a liability insurance.

This risk can be covered by the "Uninsured Motorists Coverage". The maximum indemnification is US\$ 25.000 for personal injury and US\$ 10.000 for property damage. This coverage is normally not necessary if option B) (comprehensive) is covered and if the driver has a valid international health insurance. So a comprehensive insurance is strongly recommended.

If the driver is involved in an accident in which the passenger (Sozius) is harmed, the driver is not liable for compensation. Even the driver caused the accident he is not liable for compensation. (USA law) against the passenger. This risk can be covered by a "Guest Passenger Liability" (D). The maximum indemnification for each claim is US\$ 5.000. This coverage is not necessary if the passenger has a valid international health insurance and a Luggage insurance for the travelling period.

Important:

If you do not want to cover the above mentioned risks, it is **absolutely necessary** to confirm this on the application form by your signature.

Who is insured:

The basic rule is that only those persons names written in the policy are insured. That is why the application must contain a list of all possible drivers with their dates of birth. Generally, anyone (with a driving license valid for the last three years) between the age of 21 and 80 can be insured. Drivers over 70 years have to pay a surcharge and they have to send us a letter from their doctor which confirms that the driver is under a good condition to drive a Motorcycle.

What is insured:

We insure Motorcycles up to the age of 20 years. For elder motorcycles, we have to request the insurance company. Give us a call.

Duration of insurance:

Insurance can be provided for 1 up to 12 month – see here also the premium schedule. The policy is an expiry, i.e. the insurance cover ends automatically at the appointed date. Extensions must be applied for in good time.

Premiums:

Please see the premium schedules for automobiles and / or camper. It is important to take into account both the policy fee of € 45,-- and, where applicable, the surcharge premium for age.

Premium payment:

Please pay the premium by check or by bank transfer on our account at the Bayerische Hypovereinsbank AG, giving it the code "USA Motorcycle".

Application:

Please complete and sign the attached application form, then return it to us. Make sure that you entered all persons authorised to drive the vehicle with their dates of birth. Please fill in the application very carefully, use only capital letters. If you do not have an international driving license, please enter the number of your national license.

The Policy:

Your policy will be sent to you within 20 days of receipt of the application form and payment. Please note this when making your application.

In urgent cases we can provide insurance cover in a shorter time. Give us a call.

Claim:

To avoid missing any deadlines, please report damage on the same day as it occurs to the claim adjuster under the telephone number given on the policy. All claim documents must be in English.

Settlements of the claim will be carried out directly by the insurance company in USA.

If notification of the claim is not made within 24 hours, the insurance cover **can become completely void!**

Purchasing vehicles in the USA:

In the space of the application form for vehicle data, enter the following: Purchase abroad - details to follow. As soon as you have purchased the vehicle, fill in the details on the fax form provided with the policy. Please send this fax immediately to the fax-number printed on it. Fill in the vehicle data on the insurance Identification Card and the Canada Rider in the space marked in red.

This policy is not valid for registration in the States Massachusetts, North- u. South-Carolina.

Important for Canada:

For registration in Canada the increased liability of US\$ 300.000 is necessary.

This policy is **not** valid in Mexico.

If you do not require insurance cover for the agreed period or should you not purchase a vehicle, we request that you return the policy immediately. We will return the unused premium for the remaining full month, whereby the date of the postmark is the last day of the insurance. We charge € 35,-- for calculating the reimbursed premium and for bank fees.

I fully understand and agree:

The coverage is bound no earlier than the application is signed and the premium is paid by the applicant.

I understand that no coverage will be afforded if this application contains any false statement, omission, or material misrepresentation that would have otherwise altered the company's evaluation of applicant.

I understand that this policy automatically terminates at the end of the policy term.
If I desire prolongation I am to contact Tour-Insure.

The settlement of claims get through the insurance company.

In any case the American text of the insurance company is binding.

If you are not interestet in Coverage Options C) -Uninsured Motorist Coverage- and D) –Guest Passenger Liability- you have to confirm this by your signature on the reverse.

Hiermit bestätige ich:

Es wird keine Deckung übernommen, bevor der Antragsteller nicht den Antrag unterschrieben und die Prämie bezahlt hat.

Mir ist bekannt, daß keine Deckung gewährt wird, wenn dieser Antrag falsche Angaben, Unterlassungen oder falsche Darstellungen hinsichtlich des zu versichernden Risikos enthält.

Mir ist bekannt, daß die Police zum genannten Termin automatisch beendet ist. Eine Verlängerung ist rechtzeitig bei der Firma TourInsure zu beantragen.

Die Schadenregulierung erfolgt grundsätzlich über den Versicherer.

Jeder Schadenfall ist innerhalb von 24 Stunden dem Versicherer zu melden. Die Meldung kann telefonisch unter der in der Police angegebenen Telefonnummer erfolgen.

Wird der Schaden nicht fristgerecht gemeldet, kann der Versicherungsschutz komplett entfallen.

In allen Fällen gilt der Text des amerikanischen Versicherers.

Die Firma TourInsure GmbH ist ausschließlich als Vermittler des angebotenen Versicherungsschutzes tätig. Eine Haftung für die Vertragserfüllung durch den Versicherer wird nicht übernommen.

Wenn Sie die Optionen C) und D) nicht versichern möchten, ist dies durch Ihre Unterschrift umseitig zwingend zu bestätigen.

Additional information

Yes No

- 1. Have you or any additional driver been involved in more than one motor vehicle accident or violation in the past three years?
- 2. Have you or any additional driver had automobile insurance declined or canceled in the past three years?
- 3. Are you or any additional driver under 25 years of age or over 65 years of age?
- 4. Does the described vehicle have any cracked or broken glass or other safety deficiency?
- 5. Do you or any additional driver of this vehicle have a physical or mental deficiency of impairment?
- 6. Have you or any additional driver had a license revoked, suspended or refused?
- 7. Have you or is any additional driver been convicted of driving under the influence of drugs or alcohol (DWI, DUI) or hit and run?
- 8. Are you or is any additional driver a citizen of a country in which you will be traveling or living?
- 9. Is the vehicle used for business or commercial purposes?
- 11. Is the vehicle valued at more than US \$25.000 or does it have more than 200 horsepower?
- 12. Is the vehicle considered a Sports Car of High Performance Vehicle?
- 13. Is the vehicle rented or borrowed?

14. Plate number and state of the vehicle: _____

14. Name of registrated owner and address of the car:

15. Name and address of loss payee: _____

16. Will the vehicle be registrated in any of the following states? (please x)

- | | | | |
|----|------------------|------------------|------------------|
| a) | CT Connecticut | MN Minnesota | RI Rhode Island |
| | CD Washington DC | MO Missouri | SD South Dakota |
| | IL Illinois | NH New Hampshire | VT Vermont |
| | KS Kansas | NY New York | VA Virginia |
| | ME Main | ND North Dakota | WV West Virginia |
| | MD Maryland | OR Oregon | WI Wyoming |

b) If your vehicle will be registered in any of the states listed above, you must obtain "Uninsured Motorist"-Coverage. It will be 150,0 €.

Please tick off yes no

18. **Please add:**
Copy of registration, Driver's Licence, Passport/Visa