

**Foreign Residence Only (FRO-Policy) Central & South America**

**Coverage to be effective:** from: \_\_\_\_\_ to: \_\_\_\_\_  
 Versicherungsbeginn: Day Month Year Day Month Year (Ablauf um 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 Nachname	Firstname Vorname	Date of birth Geb. Datum	Int.Dr. Licence No. Int. Führerschein Nr.
------------------	----------------------	-----------------------------	--

1. \_\_\_\_\_
2. \_\_\_\_\_

Add copies! Kopien beifügen!

**Description of Vehicle to be insured**

Sedan / Stationauto  Camper  
 PKW / Kombi Wohnmobil

Beschreibung des zu versichernden Fahrzeugs

Year Year	Make Hersteller	Type Typ	Chassis Number Fahrgestellnummer	Actual Cash Value Zeitwert

**Coverage Options:**

Deckungsmöglichkeiten:

**A) Liability only** Bodily Injury and Property Damage with combined single limit (CSL) **\$500.000**, incl.  
 Nur Haftpflicht Medical Payment with a limit of **\$2.000**.  
 Personen- und Sachschäden sind pauschal mit **\$500.000** versichert, einschl. **\$2.000 Heilkosten**.

Signed Applicant \_\_\_\_\_ Date: \_\_\_\_\_  
 Unterschrift Antragsteller Day Month Year

**important information see below**  
 wichtige Informationen weiter unten

**M Foreign Residence Only (FRO-Policy) Central & South America**

**Coverage to be effective:** from: \_\_\_\_\_ to: \_\_\_\_\_  
 Versicherungsbeginn: Day Month Year Day Month Year (Ablauf um 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 Nachname	Firstname Vorname	Date of birth Geb. Datum	Int.Dr. Licence No. Int. Führerschein Nr.
--	------------------	----------------------	-----------------------------	--

1. \_\_\_\_\_
2. \_\_\_\_\_

Add copies! Kopien beifügen!

**Description of Vehicle to be insured**

Beschreibung des zu versichernden Fahrzeugs

Year Year	Make Hersteller	Type Typ	Chassis Number Fahrgestellnummer	ccm Hubraum

**Coverage Options:**

Deckungsmöglichkeiten:

- A) Liability only** Bodily Injury and Property Damage with combined single limit (CSL) **\$500.000**, incl. Medical Payment with a limit of **\$2.000**.  
 Nur Haftpflicht Personen- und Sachschäden sind pauschal mit **\$500.000** versichert, einschl. **\$2.000 Heilkosten**.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
 Unterschrift Applicant Antragsteller Day Month Year

**important information see below**  
 wichtige Informationen weiter unten

## Information for Middle- and South-America

### Insurance cover:

Third part liability insurance:

Amount covered US\$ 500.000 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\$ 100.000 for all personal injuries and US\$ 35.000 for property damage.

Third part liability and comprehensive insurance (part and fully comprehensive) can at present not be provided.

For transport both ways we recommend taking out transport insurance with the shipping-line. For further information give us a call.

It is possible to increase the amount covered to a limit of US\$ 1.000.000. We can offer you an additional insurance which applies if you suffer an accident through no fault of your own and the other part to the accident is not insured or insufficiently insured. This kind of insurance is not necessary if the drivers have a valid international health insurance.

### 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 65 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 car.

### What is insured:

We insure Automobiles, Camper Cars and Motorcycles. If they are over 20 years old, they have to be required by 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 bank transfer on our account at the Bayerische Hypo- und Vereinsbank AG, giving it the code "South-America".

### 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.

### Application:

Please complete and sign the attached application form, then return it to us. Make sure that you enter 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.

### Claims:

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!**

**This policy is not valid in Mexico, Argentina and Columbia.**

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.

01.01.05

## **I fully understand and agree:**

The coverage is bound no earlier than the application is signed and the premium is payed 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.

## **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.**

---

**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**