

# Application for Temporary US Motorcycle Insurance

FOR VISITING FOREIGN NATIONALS WHILE TOURISTS IN THE U.S.A. AND CANADA

**APPLICATIONS MUST BE SUBMITTED AND PAID FOR NO LESS THAN 45 DAYS BEFORE THE POLICY START DATE**

COVERAGE PERIOD DESIRED - Number of Months (1-4) \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TEMPORARY USA / CANADA ADDRESS:  
\_\_\_\_\_

IN CASE OF EMERGENCY  
CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

REFERRED BY: H-C Travel Ltd

## **MOTORCYCLE INFORMATION:**

REGISTERED OWNER: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ CC'S: \_\_\_\_\_

MOTORCYCLE IDENTIFICATION/CHASSIS (VIN) NUMBER: \_\_\_\_\_

WHAT IS THE CURRENT VALUE OF THIS MOTORCYCLE IN POUNDS STERLING? \_\_\_\_\_

**\*\*THIS VALUE MUST BE DOCUMENTED IN THE EVENT OF A CLAIM\*\***

LIST ANY OTHER DRIVER THAT YOU EXPECT WILL USE THE MOTORCYCLE DURING THE TERM OF COVERAGE:

NAME	SEX	DATE OF BIRTH	DR LICENSE #	COUNTRY
1. _____				
2. _____				

**PLEASE INCLUDE A COPY OF YOUR MOTORCYCLE LICENSE, REGISTRATION DOCUMENT AND PASSPORT WITH THIS APPLICATION. MOTORCYCLE LICENSE AND PASSPORT MUST BE PROVIDED FOR ALL LISTED DRIVERS. IF THIS IS NOT PROVIDED, COVERAGE CANNOT GO INTO EFFECT.**

## Premium Calculation

**CHOOSE ONLY 1 FROM OPTIONS 1, 2 AND 3**

**THEN ADD UN/UNDERINSURED MOTORIST COVER IF REQUIRED**

**THEN MULTIPLY BY THE NUMBER OF MONTHS YOU REQUIRE COVER FOR**

**OPTION 1** LIABILITY ONLY PREMIUM £ \_\_\_\_\_

Cover required in US\$ \_\_\_\_\_

Engine capacity in cc \_\_\_\_\_

Year of manufacture \_\_\_\_\_

**OPTION 2** LIABILITY, FIRE & THEFT PREMIUM £ \_\_\_\_\_

Cover required in US\$ \_\_\_\_\_

Engine capacity in cc \_\_\_\_\_

Year of manufacture \_\_\_\_\_

**OPTION 3** LIABILITY, FIRE, THEFT & CDW PREMIUM £ \_\_\_\_\_

Cover required in US\$ \_\_\_\_\_

Engine capacity in cc \_\_\_\_\_

Year of manufacture \_\_\_\_\_

UN/UNDERINSURED MOTORIST COVER (OPTIONAL) PREMIUM £ \_\_\_\_\_

MULTIPLY BY \_\_\_\_\_ MONTHS PREMIUM £ \_\_\_\_\_

NON-REFUNDABLE SERVICE FEE £ \_\_\_\_\_

**TOTAL PREMIUM TO REMIT** £ \_\_\_\_\_

### **REMINDER**

**Eligibility Requirements:** You are eligible for this insurance if:

- You are not a US or Canadian citizen
- You are not a permanent resident of the U.S. or Canada
- You have a full, unrestricted national driver's license

**In the event of a claim, the value of the motorcycle will be the average retail value in the NADA (Motorcycle Guide of the National Automobile Dealers Association) Appraisal Guide in US dollars, 1 to a maximum of \$40,000.**

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 basis of the Policy between me and the Company(s). I understand that this policy expires after 1, 2, 3 or 4 months depending on the period of coverage selected on this form, after the application and full premium payment are received by the Company, or at a later date if specified.

**Signature of applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**We** have relied on the information that **you** have provided to **us**. For this contract to be valid, all the information **you** have given **us** must be true and complete. If there are any changes in circumstances which may affect **your** policy or your premium, **you** must inform *H-C Travel* as soon as is reasonably possible.

# Payment

**CLIENT'S NAME:** \_\_\_\_\_



## CHEQUE

You can pay by cheque, in pounds sterling, drawn on a UK Bank, payable to *H-C Travel Ltd*. Mail to:  
*H-C Travel Ltd*  
16 High St  
Overton  
Hants. RG25 3HA



## BANK WIRE / INTERNET BANKING

You can wire or transfer electronically the premium directly to our bank. Obtain a confirmation that the funds have been wired. You will be responsible for payment of any fees incurred by you bank for this service in addition to our bank charge of £10.00.

### BANK INFORMATION:

Lloyds TSB  
2 Winchester St  
Basingstoke  
Hants. RG21 7EB

Bank sort code 30-90-53  
Name of Account: *H-C Travel Ltd*  
Account 02037109



## WEBSITE

You can pay by debit, charge or credit card on our website, [www.hctravel.com](http://www.hctravel.com), by completing a booking form and using our Worldpay secure payment account.



## CREDIT CARD/DEBIT CARD

And finally, you can pay by credit or debit card. Please charge the amount of £ \_\_\_\_\_ (GBP), plus a handling charge of 1.5% if paying by credit card to my:

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DELTA \_\_\_\_\_ MAESTRO \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Valid from: \_\_\_\_\_ / \_\_\_\_\_ Issue no. \_\_\_\_\_

Card No. \_\_\_\_\_ 3-DIGIT SECURITY CODE \_\_\_\_\_

Name (as shown on card) \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

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

**Signature of cardholder** \_\_\_\_\_

**Date** \_\_\_\_\_