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:
Enter dates and times of arrival and departure to your Mexican Destination. Policy is in 24 hour intervals.	

Arriving Mexico	**Departing Mexico**	**at**	**AM / PM**
/ /	/ /	**Time Zone**	

Please mark your choice of each coverage

* Third Party Liability		* Medical Expenses	
	☐ $50,000 CSL		☐ $2,000 p person /$10,000 p accident
	☐ $100,000 CSL		☐ $5,000 p person / $25,000 p accident
	☐ $150,000 CSL		☐ $10,000 p person / $50,000 p accident
	☐ $200,000 CSL		☐ $20,000 p person / $100,000 p accident
	☐ $300,000 CSL	* Excess Liability in case of death of third party	
	☐ $500,000 CSL		☐ $150,000
			☐ $300,000

* 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:

Refund policy - Policies can be cancelled 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 fee. Your signature below represents agreement to these terms and the charge of your credit card for this policy.
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:				