



Date: \_\_\_\_\_

## Mexican Insurance Application

### GENERAL INFORMATION

Full Named Insured: \_\_\_\_\_  
 Web-Page: \_\_\_\_\_ Mexican Tax ID No. (RFC): \_\_\_\_\_  
 Exposure/Operations: \_\_\_\_\_  
 Street & No. \_\_\_\_\_ Municipality/Colony \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country **MEXICO**

Fire & Security Protection:  Smoke Detectors  Burglary Alarm  Fire Alarm  Armed Guards/24Hr Security  Fire Extinguishers  
 (Please check all that apply)  
 Stand Pipe Hoses  Automatic Sprinklers - Pct % : \_\_\_\_\_  Diesel/Gasoline Pump  Electrical Pump  Private Water Supply

Building Construction (please specify materials used): Roof: \_\_\_\_\_ Walls: \_\_\_\_\_ Structure: \_\_\_\_\_  
 Year Built: \_\_\_\_\_ No. Floors: \_\_\_\_\_

Any formal safety program in operation ?  No  Yes - please specify: \_\_\_\_\_  
 Any exposure to Flammables, Explosives, Chemicals ?  No  Yes - please specify: \_\_\_\_\_  
 Any other operations/company within (sharing) same building ?  No  Yes - please specify: \_\_\_\_\_  
 Any process using extreme heat or open flame ?  No  Yes - please specify: \_\_\_\_\_

### PLEASE CHECK THE BOXES AND INDICATE THE LIMITS OF THE COVERAGE DESIRED

**PROPERTY**

**Total Values/Limits - US Dlls (Note: coinsurance in Mexico is 100%)**

Buildings	Improvements & Betterments	Machinery & Equipment	Office Furniture & Equipment	EDP-Electronic Data Processing	Inventory (Raw Material & Finished Product)
_____	_____	_____	_____	_____	_____

Valuation:  Actual Cash Value (ACV)  Replacement Cost (RC)  Net Selling Price (for Finished Product only)  
 Coverage:  Mexican All Risk  Hurricane/Wind/Flood (FHM)  Earthquake/Volcanic Eruption  Other (please specify): \_\_\_\_\_  
 Debris Removal - Limit : \_\_\_\_\_  
 Deductible requested: \_\_\_\_\_ Additional Clauses/Special Conditions requested: \_\_\_\_\_

**NOTE:** The following outdoor property is Excluded for Hurricane/Hail/Flood/Wind/Rain, etc (FHM), unless its specifically scheduled - Outdoor property like:

Outdoor Property Covered - Description: \_\_\_\_\_  
 Limit for Outdoor Property: \_\_\_\_\_

**BUSINESS INTERRUPTION**

**Note:** BI limit/coverage hereby reported is only applicable to the Mexican entity/company. For US contingent BI coverage (Loss of Profits in USA), please see below.

Loss of Profits (due to sales in Mexican only)	Values / Limits should represent 100% / annual (12 month period)				Loss of Rents (as a continuing expense)
	Continuing/Fixed Expenses	Salaries (in Mexico)	Extra Expense	Loss of Rental Income	
_____	_____	_____	_____	_____	_____

Indemnity Period Required (please choose one):  3 Months  6 Months  9 Months or  12 Months



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[ ] CONTINGENT/INTERDEPENDENCY BI (Loss of Profits to the US Parent Company as a result of a covered loss to the Mexican operation)

Additional Information Needed:

- a) Full Address of US Parent Company: \_\_\_\_\_
b) Fee or Service (\$\$) charged by the Mexican Operation (or subcontractor) to manufacture the Insured's product (if any) : \_\_\_\_\_
c) Loss of Annual Gross Earnings (\$\$) of the US Parent company, only related to the products manufactured in Mexico: \_\_\_\_\_

[ ] BURGLARY (Theft of contents within premises with violence and/or assault) Limit requested: \_\_\_\_\_

[ ] MACHINERY BREAKDOWN (breakdown of equipment - PD coverage only): Limit requested: \_\_\_\_\_

[ ] BOILER OR PRESSURE VESSELS (breakdown/explosion of eq - PD coverage only): Limit requested: \_\_\_\_\_

[ ] Blanket limit - 100% of the Boiler/M&E values should be reported to avoid any coinsurance penalties.

[ ] Scheduled limit - Please provide schedule of equipment to be covered, including make, model, ID and replacement value

Additional Coverage: [ ] Extra Expense Limit: \_\_\_\_\_

[ ] ELECTRONIC EQUIPMENT - EDP (breakdown of equipment - PD coverage only) Limit requested = \_\_\_\_\_

[ ] Blanket limit - 100% of the EE/EDP values should be reported to avoid any coinsurance penalties.

[ ] Scheduled limit - Please provide schedule of equipment to be covered, including make, model, ID and replacement value

Additional Limits / Coverage: [ ] Media/Software input cost Limit: \_\_\_\_\_ [ ] Extra Expense Limit: \_\_\_\_\_

[ ] Mobile/Portable Equipment - please provide schedule of Eq. & values Limit: \_\_\_\_\_

[ ] ADDITIONAL PROPERTY COVERAGE'S (please check corresponding box and indicate limit required)

[ ] Money & Securities Limit: \_\_\_\_\_ [ ] Accidental Glass Breakage Limit: \_\_\_\_\_

[ ] Luminous Signs Limit: \_\_\_\_\_ [ ] Contractors Equipment \* Limit: \_\_\_\_\_

\* Please provide schedule of equipment to be covered, including make, model, ID and replacement value

[ ] TRANSIT Maximum Limit per Shipment: \_\_\_\_\_

Conveyance: [ ] Land [ ] Air [ ] Water [ ] Common Carrier [ ] Owned Vehicles [ ] Other - please specify: \_\_\_\_\_

Type of Goods Covered (please be specific): \_\_\_\_\_

How are goods packed? \_\_\_\_\_

Point(s) of Origin: \_\_\_\_\_ Final Destination(s): \_\_\_\_\_

Is the Return Shipment also Covered? [ ] Yes [ ] No Any Inter-Location or Customer Shipments within Mexico? [ ] Yes [ ] No

Estimated Annual Values Shipped: \_\_\_\_\_ Loss History (past 5 years): \_\_\_\_\_

[ ] CIVIL GENERAL LIABILITY Limit: \_\_\_\_\_ Basic Coverage: Premises/Operations only

Additional Mexican CGL Coverage's (please indicate coverage and sublimit (if applicable) required, as these coverage's are NOT automatically included)

[ ] Products (sold in Mexico)/Finished Works Annual Sales of Product/Finished Works sold in Mexico only: \_\_\_\_\_

[ ] Independent Contractors (use of independent contractors working on behalf of the Insured - A list of contractors should be provided to activate this coverage)

[ ] Assumed Liability (liability of third parties assumed by the Insured by contract - A list of contract(s) should be provided to activate this coverage)

[ ] Loading & Unloading Operations (damage to third parties during loading & unloading operations)

[ ] Tenant's/Fire Legal Liability (damage to real property (building) under lease due to fire & explosion) Sublimit: \_\_\_\_\_



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## Mexican Insurance Application

### ADDITIONAL SPECIAL LIABILITY COVERAGE S (may require additional information)

- |   |                              |                 |
|---|------------------------------|-----------------|
| <input type="checkbox"/> Excess Auto Liability (in excess of primary auto liability coverage)     | Total No. of Vehicles: _____ | Sublimit: _____ |
| <input type="checkbox"/> Cross Liability  |                              |                 |
| <input type="checkbox"/> Constructions, Extensions or Demolitions Operations                      |                              |                 |
| <input type="checkbox"/> Sudden & Accidental Pollution (a separate application must be completed) |                              | Sublimit: _____ |
| <input type="checkbox"/> Damages due to Hazardous Cargo & Pollution during Transportation         | Total No. of Vehicles: _____ | Sublimit: _____ |
- Type/Description of hazardous cargo transported: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### ADDITIONAL COVERAGE S FOR CONTRATOS/CONSTRUCTORS

- |  |   |
|--|---|
| <input type="checkbox"/> Use or Storage of Explosives  | <input type="checkbox"/> Working Machines (furnishing of self-propelled machinery and supplying electric or pneumatic power)      |
| <input type="checkbox"/> Subterranean/Underground Work | <input type="checkbox"/> Shoring, Bracing and Underpinning Works  |
| <input type="checkbox"/> Welding Works                 | <input type="checkbox"/> Other Special Works/Projects (for foundations, galleries, tunnels, bridges, dams, retaining walls, etc.) |
| <input type="checkbox"/> Demolition Works              | <input type="checkbox"/> Loading & Unloading Operations   |

### ADDITIONAL COVERAGE S FOR HOTEL/TIME SHARE RISKS (an additional application must be completed)

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Innkeepers Liability (checkroom, laundry, luggage, money & securities in safe deposit boxes)   | Sublimit per Item: _____         |
| <input type="checkbox"/> Parking Lot Liability      Valet Parking: <input type="checkbox"/> Yes <input type="checkbox"/> No      No. of Parking Spaces: _____ | Sublimit per Auto/Vehicle: _____ |
| <input type="checkbox"/> Worldwide Jurisdiction (to cover suits brought outside Mexico)   |                                  |

### LOSS HISTORY

LOSS HISTORY (past 5 years - for all sections above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_