



## Insurance Information Form

**Please Write Neatly and Legibly!**

### **Vehicle Information:**

Type: auto/truck/van bus RV  
Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Value:\$ \_\_\_\_\_

### **Coverage Duration:**

Date of entry into Mexico: \_\_\_\_\_  
Time of entry into Mexico: \_\_\_\_\_  
Number of days in Mexico: \_\_\_\_\_

### **Named Insured Information:**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Driver's license #: \_\_\_\_\_  
State license was issued: \_\_\_\_\_  
Expiration: \_\_\_\_\_

### **Vehicle Registration Information:**

License plate: \_\_\_\_\_  
State registered: \_\_\_\_\_  
Vehicle ID number: \_\_\_\_\_

### **Domestic Insurance Information:**

Insurance Company: \_\_\_\_\_  
Does this vehicle have full coverage in the United States? (please circle) Yes No

### **Lien Holder (if applicable):**

Lien holder: \_\_\_\_\_

### **Trailer/Shell/Camper Information:**

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Length \_\_\_\_\_  
ID Number \_\_\_\_\_  
State \_\_\_\_\_  
License Plate \_\_\_\_\_  
Value:\$ \_\_\_\_\_

Insurance Questions? Call Baja Bound toll-free at (888) 552-2252 or send an email to [service@bajabound.com](mailto:service@bajabound.com).