

## Invoice

## Border Insurance Services Inc.

**Certificate#: CSP-0022657**

Calexico, CA, 92231

Date: 11/04/2015

JAVIER TOBON

TO

515 W HEIL AVE

CALEXICO, CA, 92243

DESCRIPTION	LINE TOTAL
<b>Certificate #:</b> CSP-0022657	
<b>Total Premium</b>	\$ 172.00
<b>Policy Fee</b>	\$ 20.00
<b>IVA (Mexican Tax)</b>	\$ 30.72
<b>SUBTOTAL</b>	\$ 222.73
<b>SALES TAX</b>	n/a
<b>TOTAL</b>	\$ 222.73

**THANK YOU FOR YOUR BUSINESS!**



## IMPORTANT INFORMATION

You must report all claims before leaving Mexico at the following toll-free numbers within Mexico (not toll-free if dialed from a public phone, charge for a local call will apply), available 7/24 from any Mexican phone line:

<b>US Cel 011 52 (800) 062 0840</b>	<b>MEX Cel (800) 062 0840</b>
<b>011 52 (800) 800 2880</b>	<b>(800) 800 2880</b>
<b>011 52 55 1253 4744</b>	<b>55 1253 4744</b>

**Please advise the operator a/o adjuster that this is a Tourist Policy purchased thru the  
BORDER INSURANCE SERVICES system.**

**To follow up your post-care claim, you may contact a claims executive at the Qualitas  
Tijuana office (664) 634-2781 ext. 229 or 222, Monday to Friday from 8am to 5pm (PST).**

### **FAILURE TO DO SO MAY RESULT IN REJECTION OF THE CLAIM**

1. Remain calm
2. Do not leave the scene of the accident
3. Immediately call the (800) numbers. You will be asked to provide:
  - a. Policy Number: **910554036** and also your **CERTIFICATE NUMBER**, located below the policy number
  - b. Name of the insured and the driver
  - c. Vehicle description: make, model, year, type, color, VIN and license plate
  - d. Place and address where the accident occurred
4. Do not leave the vehicle unattended, as the insurance policy does not cover partial theft of parts
5. If the vehicle is moved from the scene of the accident, you must inform the insurance company the new location
6. When the adjuster arrives, you will be asked for your Insurance Certificate and a valid driver's license
7. You will be asked to fill out the accident report. Please do so, as failure to do that may result in rejection of the claim

## INFORMACIÓN IMPORTANTE

Usted debe reportar cualquier reclamación antes de salir de México a los siguientes números desde cualquier teléfono mexicano (aplica cargo por llamada local en teléfonos públicos), disponibles todo el año las 24 horas:

<b>Cel US 011 52 (800) 062 0840</b>	<b>Mex Cel (800) 062 0840</b>
<b>011 52 (800) 800 2880</b>	<b>(800) 800 2880</b>
<b>011 52 55 1253 4744</b>	<b>55 1253 4744</b>

**Por favor indique al operador y/o al ajustador que este es un seguro Turista comprado a través del sistema de **BORDER INSURANCES SERVICES**.**

**Para seguimiento a su reclamación, podrá comunicarse con un ejecutivo de siniestros al (664) 634-2781 ext. 229 or 222 en horario de 8:00am a 5:00pm (PST) de Lunes a Viernes**

### **DE NO HACERLO, LA COMPAÑÍA PUEDE RECHAZAR SU RECLAMACIÓN**

1. Mantenga la Calma
2. No abandone el lugar del accidente
3. Inmediatamente llame a los teléfonos (800) que aparecen arriba. Le solicitarán los siguientes datos:
  - a. Número de Póliza: **910554036** y su **número de certificado** (se indica debajo del número de póliza)
  - b. Nombre del asegurado y del conductor
  - c. Información del Vehículo: Marca, Modelo, Tipo y Número de Placas
  - d. Dirección donde sucedió el accidente
4. De ser posible no abandone su vehículo. Su póliza no cubre robos parciales
5. Si el vehículo es movido del lugar del accidente, debe informar a la Compañía la nueva ubicación
6. Cuando llegue el ajustador tenga a la mano su Póliza de Seguro y Licencia de manejo vigente del conductor
7. Se le solicitará que llene el Reporte de Accidente. Por favor asegúrese de llenar este reporte, ya que de no hacerlo la Compañía de Seguros puede rechazar la reclamación



**CERTIFICATE**  
**of Mexican Auto Insurance**  
**Quálitas Compañía de Seguros, S.A. de C.V.**  
 Jose Ma Castorena No 426, Col San Jose de los Cedros,  
 Cuajimalpa D.F.  
 C.P. 05200

**FOR YOUR PERSONAL  
 RECORDS**  
**COVERAGE ONLY IN MEXICO**

<u>INFORMATION OF CERTIFICATE</u>		<u>TERM OF INSURANCE</u>		Net Premium:	\$172.00
Policy Number: 910554036		Issuance Date: 11/04/2015		Policy Fee:	\$20.00
Certificate Number: CSP-0022657		Effective Date: 11/07/2015	13:15	IVA (Mexican Tax):	\$30.72
Prior Certificate #:		Expiration Date: 11/06/2016	13:15	Total Premium:	\$222.73
Agent's Code: CSP		Total Days: 365		Electronic Transaction Authorization:	

**INSURED'S INFORMATION**

**Name:** JAVIER TOBON  
**Address:** 515 W HEIL AVE  
**City:** CALEXICO      **State:** CA      **Zip:** 92243      **Phone #:**  
**Date of Birth:**      **Driver's License #:**      **Expiration Date:**

Type	Year	Make	<u>VEHICLE DATA*</u>		
			Model	ID Number (VIN)	Lic. No. (Plates)
Auto/SUV/Pick Up/Cargo & Passengers Van/Light Truck up to 2.5	1999	Ford	F-150	1FTZX1723XKB33740	TRAMITE
					A.C.V.

**TRAILERS, TOWED UNITS AND SPECIAL EQUIPMENT\*\***

Special Equipment	Year	Make	Model/Description	ID Number (VIN)	Length (in ft.)	Value
Boat Motor ****						
Boat Trailer						
Utility Trailer						
Travel Trailer						
Towed Vehicle						

**Product:** Full Coverage

**DETAIL OF COVERAGES**

**Mexican Territory:** Full

	<b>LIMIT</b>	<b>DEDUCTIBLE</b>
1. Property Damage	A.C.V.	\$ 500
2. Total Theft	A.C.V.	\$1,000 USCy
Territory Extension in the USA +	Excluded	None
3. Civil Liability (CSL for PD & BI)	\$150,000	None
4. Guaranteed Bond & Legal Assistance	Included	None
5. Medical Expenses For Occupants	\$10,000-\$50,000	None
6. Roadside Assistance	Included	As per attached specifications
7. Travel Accident Assistance	\$10,000	\$ 200
8. Vandalism	Included	\$500
9. Deductible Waiver for UM	Included	None

**ADDITIONAL INFORMATION**

**Notes:**

**NOTES:**

+ For Property Damage and Total Theft

All Figures are in US Dollars

\* Each self-propelled road vehicle (Power Unit) must be listed on its own separate insurance certificate.

\*\* Boats and trailers are only insured if they are expressly listed here with its corresponding market value, and only while attached to power vehicle.

\*\*\* In the event of a total loss, the claim settlement will not exceed the current market value of the vehicle, or also known as "Actual Cash Value (ACV)".

\*\*\*\* Boats insured under this certificate are only covered while towed or attached to towing vehicle. No coverage while being launched or afloat .

\*\*\*\*\* The specified limit for Property Damage and Total Theft includes the stated values for the vehicle, towed unit, trailer, boat and special equipment.

\*\*\*\*\*Any person with a valid U.S. or Canadian Drivers License is covered by this policy.

**IMPORTANT:**

- Vehicles used for commercial freight purposes are excluded.

- For certificates with term of 6 months or annual, the premium will be totally earned after 30 days in force.

- This Insurance Certificate is issued in the United States of America and is only valid within the Republic of México and is governed by the Mexican Jurisdiction.

- For more details on your coverage, please refer to the attached Terms and Conditions.

-Premium will not be refundable after 60 days of inception and will be considered fully earned.

**DEDUCTIBLES:**

- Collision: 2% with minimum of USD \$500 for Autos, Pick Ups & Vans, and USD \$1,000 for other vehicles (RV's, SUV's). Fixed deductible of USD \$500 in annual policies

- Total Theft/Fire: 5% with minimum of USD \$1000 for Autos, Pick Ups & Vans, and USD \$1,500 for other vehicles (RV's, SUV's). Fixed deductible of USD \$1,000 in annual policies

IN CASE OF AN ACCIDENT OR THEFT, PLEASE CALL 01 (800) 062-4471 FROM ANY MEXICAN PHONE.

IF YOU NEED ROAD-SIDE ASSISTANCE PLEASE CALL 01-800-253-0553. NOTICE: DO NOT LEAVE MEXICO BEFORE YOU REPORT YOUR CLAIM.

This is an Internet Transaction



**CERTIFICATE  
of Mexican Auto Insurance**

**Quálitas Compañía de Seguros, S.A. de C.V.**  
Jose Ma Castorena No 426, Col San Jose de los Cedros,  
Cuajimalpa D.F.  
C.P. 05200

**COPY FOR YOUR VEHICLE**

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**TOURIST AUTO INSURANCE POLICY**CERTIFICADO DE POLIZA/  
POLICY CERTIFICATEENDOSO/  
ENDORSEMENTINCISO/  
ITEM

CSP-0022657

T-776

001

**DESCRIPTION**

T776 LICENCIA PERMITIDA

ENDOSO QUE SE ADHIERE Y/O FORMA PARTE INTEGRANTE DE LA POLIZA DE REFERENCIA.  
POR MEDIO DEL PRESENTE ENDOSO SE HACE CONSTAR LO SIGUIENTE:  
SERÁ VALIDA LA LICENCIA DE CONDUCIR MEXICANA O AMERICANA Y/O INTERNACIONAL VIGENTE PARA LOS SIGUIENTES CASOS:

A) CUALQUIER PERSONA FÍSICA O EN EL CASO DE PERSONA MORAL, EL CONDUCTOR HABITUAL QUE CONDUZCA EL AUTOMÓVIL/PICK UP DE USO PERSONAL ASEGURADO, SIEMPRE Y CUANDO SEA MAYOR A 16 AÑOS Y TENGA UNA LICENCIA O PERMISO OFICIAL PARA CONDUCIR AUTO/PICK UP USO PERSONAL, AL MOMENTO DE PRODUCIRSE UN ACCIDENTE AUTOMOVILÍSTICO.

LOS DEMAS TERMINOS Y CONDICIONES QUEDAN SIN MODIFICACION ALGUNA.-----  
FECHA DE ELABORACION DE ESTE TEXTO: 13 DE DICIEMBRE DE 2010  
ESTE ENDOSO EN NINGUN CASO TENDRA EFECTOS RETROACTIVOSA SU FECHA DE ELABORACION.

FECHA ELABORACION DEL ENDOSO: **11/04/2015** - OFICINA TIJUANA RIO - QJ/03 0122 TAA

T776 PERMITTED DRIVER LICENSE

ENDORSEMENT THAT ADHERES TO AND/OR IS AN INTEGRAL PART OF THE REFERENCE POLICY. THROUGH THIS ENDORSEMENT, THE FOLLOWING IS CERTIFIED:

THE ACTIVE MEXICAN, AMERICAN AND/OR INTERNATIONAL DRIVER'S LICENSE WILL BE VALID FOR THE FOLLOWING CASES:

A) ANY INDIVIDUAL, OR IN THE CASE OF A BUSINESS ENTITY, THE HABITUAL DRIVER OF THE INSURED AUTOMOBILE/PICK UP, FOR PERSONAL USE AND MUST BE OVER 16 YEARS OLD AND HOLDS AN OFFICIAL DRIVER LICENSE OR PERMIT TO DRIVE AUTO/PICK UP FOR PERSONAL USE, AT THE TIME OF AN AUTOMOBILE ACCIDENT.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. -----DATE OF PREPARATION OF THIS TEXT:  
DECEMBER 13, 2010 IN NO CASE SHALL THIS ENDORSEMENT BE RETROACTIVE TO ITS DATE OF PREPARATION.

ENDORSEMENT ELABORATION DATE: **11/04/2015** - TIJUANA RIO OFFICE - QJ/03 0122 TAA

In compliance with Article 202 of the Law of Insurance Institutions and Surety, the contractual documentation and Technical Note comprising this insurance product were registered with the National Commission of Insurance and Bonds from

**INFORCE CONDITIONS: ()**



## QUALITAS CANCELLATION AGREEMENT

This Cancellation Agreement, written or oral, represents the complete and exclusive Cancellation Agreement between the Insurance Company, Agent and Insured. This Agreement shall be effective upon the issuance of the policy and shall continue in full force and effect until amended or terminated.

	CANCELLATION BEFORE EFFECTIVE DATE	CANCELLATION AFTER EFFECTIVE DATE
DAILY POLICY		<b>PARTIAL REFUND:</b> Policy fee, days used and corresponding tax will not be reimbursed.
6 MONTHS POLICY	<b>PARTIAL REFUND:</b> Policy fee and corresponding tax will not be reimbursed.	<b>NO REFUND:</b> If cancelled after 10 days of effective date. <b>PARTIAL REFUND:</b> If cancelled within the first 10 days of effective date.
ANNUAL POLICY		<b>NO REFUND:</b> If cancelled after 10 days of effective date. <b>PARTIAL REFUND:</b> If cancelled within the first 10 days of effective date.
Please Note:		No changes to this policy can be made. No change of vehicle or registered owner is permitted.

Agent Code: CSP

Date: 11/04/2015

Insured's Name: JAVIER TOBON

## GENERAL CONDITIONS

