



**Quálitas**

Compañía de Seguros, S.A. de C.V.

Jose Maria Velasco #2627-301

Zona Rio Tijuana, B.C. 22010

Mexico



**GRUPO AUSA**

Compañía de Seguros, S.A. de C.V.

Tonala 136, Col. Roma,

Delegacion Cuauhtémoc

Mexico, D.F. C.P. 06700

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**Lewis and Lewis Insurance Agency, Inc.**  
11900 W. Olympic Boulevard, Suite 475, Los Angeles, CA 90064  
Telephone (800) 966-6830 or (310) 207-7700 or Fax (310) 207-7701  
E-mail [Info@MexicanAutoInsurance.com](mailto:Info@MexicanAutoInsurance.com)  
<http://www.MexicanAutoInsurance.com>  
California Surplus Lines Insurance Broker License #0645420

**Application for Endorsement to Change the Vehicle Insured**

Request to CHANGE an Existing Mexican Tourist Auto Insurance Policy

Effective date for this change: \_\_\_\_\_

Name (as it appears on policy): \_\_\_\_\_

Policy / CRT#: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Step One: Please delete the following from my current policy:**

(Please list the item you do not want on the policy. ONLY fill in the vehicle to be DELETED or CHANGED)

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Length (Motor home) \_\_\_\_\_

Vehicle Identification # (VIN) \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Other Auto Insurance Co. \_\_\_\_\_ Lienholder \_\_\_\_\_ Current Market Value \$ \_\_\_\_\_

**Step Two: Please Add/Replace the following to my current policy:**

(Please list the item you do want insured. Fill in EVERYTHING about the vehicle that is to be ADDED on the policy).

Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ Length (Motor home) \_\_\_\_\_

Vehicle Identification # (VIN) \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Other Auto Insurance Co. \_\_\_\_\_ Lienholder \_\_\_\_\_ Current Market Value\* \$ \_\_\_\_\_

**\*Liability Only should be shown with a \$0 value. If the insured value is more than what is currently stated on the insurance policy there may be an additional premium.**

**\$37.00 Endorsement Fee applies to all changes made to the policy.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

American Express, Visa, MasterCard, Discover # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*If adding more than one vehicle or towed unit please provide the same information as requested below on a separate page*

**E-MAIL** E-Mail the completed Lewis and Lewis Insurance application to [Info@MexicanAutoInsurance.com](mailto:Info@MexicanAutoInsurance.com)

**FAX** Fax the completed Lewis and Lewis Insurance application to (310) 207-7701

**MAIL** Mail the completed Lewis and Lewis Insurance application to 11900 W. Olympic Boulevard, Suite 475, Los Angeles, CA 90064