



A Division of American International Group

Foreign Automobile Insurance Program

FOR U.S. AND CANADIAN CITIZENS WHILE AS TOURISTS
OR EXPATRIATES OUTSIDE OF NORTH AMERICA

Automobile Insurance

AIU is proud to offer the Foreign Automobile Insurance Program, designed specifically for U.S. and Canadian citizens touring or living in countries outside of North America. We provide you with insurance that meets foreign regulatory requirements for tourists or expatriates, including Green Cards for Europe. You may purchase coverage for liability only or liability with fire, theft, vandalism and collision. *If you are planning to register a vehicle in the foreign country where you will be living, please contact the company for details on how to insure your vehicle.*

Assistance Service

In addition, if you buy your auto policy through AIU, you automatically receive Assistance, a service designed especially for tourists and expatriates who have travel related questions and/or problems. Some of our customers believe this service is worth the price of the entire policy. You may access Assistance from any telephone 24 hours per day. This service can provide you with lost passport and luggage assistance, medical and dental emergency referral, hospital admissions, emergency message service, emergency legal assistance and emergency cash transfers and advances. In case you need translation services, virtually all languages are spoken at Assistance. In the case of medical emergency, this can be very comforting!

Eligibility Requirements

You are eligible for this insurance program if:

- You are not a citizen of the country in which you will be travelling or living
- You will keep US license plates on your vehicle*
- The vehicle to be insured is not a sports car or high performance vehicle
- You are at least 25 years of age and not over 75 years of age†
- You own the vehicle to be used

***NOTE:** If you are registering a vehicle in the foreign country in which you will be travelling or living, contact your agent, broker or our Customer Service Representatives for assistance at (302) 594-2175 or (800) 343-5761.

†Drivers between the age 21-24 may be eligible. Please contact AIU for more information.

About the Company

American International Underwriters (AIU) is a division of American International Group, Inc. (AIG), the largest U.S. based international insurance organization, and the nation's leading underwriter of commercial and industrial coverages. We have over 92,000 employees in approximately 130 countries and jurisdictions worldwide.

The Foreign Automobile Insurance Program is underwritten by the Insurance Company of the State of Pennsylvania and the New Hampshire Insurance Company, member companies of American International Group, Inc.

The description of insurance coverage in this brochure is a summary only. The coverage is subject to terms and conditions outlined above and to certain restrictions, limitations and exclusions contained in the policy of insurance. In the event of any conflict between the above description of coverage and the policy of insurance, the provisions contained in the policy of insurance shall govern.

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Simplified Application With Self-Service Rates:

Please complete the following information and return to your insurance agent or directly to: AIU, 600 King Street, AIUX, Wilmington, DE 19801, USA. For assistance, call us toll-free in the U.S. at (800) 343-5761, or direct at (302) 594-2175 or by fax at (302) 594-2152.

COVERAGE PERIOD DESIRED:

1 Month 3 Months 6 Months 12 Months

If coverage is needed for a period not listed, please contact AIU for rates. Expected length of Stay: _____

COVERAGE DESIRED:

Option 1 Liability Only

Option 2 Liability with Fire, Theft, Vandalism and Collision

Requested Effective Date of Policy* _____

*Coverage becomes effective on the day after your properly completed application and full premium payment is received by the Company, or at a later date, if specified. Please allow time for processing and mailing.

A copy of your driver's license, registration, bill of sale or title are required.

Registered Owner/Named Insured _____

Permanent Home Address _____

Telephone Number: _____

Temporary Foreign Address (if any) _____

Countries you will be visiting: _____

*For other European countries, contact the Company

How did you learn about AIU? _____

Would you like to receive information about our other insurance programs? If yes, check all that apply:

Personal Property Motorcycle

Vehicle Information

Vehicle Make/Year _____ Model* _____

*High Performance/Sports Cars are ineligible. Certain unusual vehicles may result in an additional surcharge.

Vehicle Identification Number (VIN) _____

Name(s) shown on Motor Vehicle Title: _____

State or Country of Registration: _____

What is the Current Value of the Vehicle to be insured: \$ _____

* Failure to accurately state value and pay premium based on that value will result in an additional premium charge.

Rates and Options

(ALL RATES AND COVERAGES ARE LISTED IN U.S. DOLLARS;
MINIMUM EARNED PREMIUM IS \$186)

Option 1: Liability Only Coverage

\$500,000 Combined Single Limit

Includes: \$2,000 Medical Payments coverage

Vehicles over 20 years old are not eligible for Option 1.

Rate: 1 Month 3 Months 6 Months 12 Months
 \$186 \$304 \$476 \$752

Option 2: Liability Coverage Plus

Same coverage as in Option 1, plus the following specific vehicle protection: Fire, Theft, Vandalism with a Deductible of \$250 & Collision with a Deductible of \$500.

Vehicles over 15 years old are not eligible for Option 2.

| Rate: | Period of Coverage | | | |
|---------------------|--------------------|-------------|-------------|--------------|
| | 1 Month | 3 Months | 6 Months | 12 Months |
| Vehicle Value | | | | |
| \$5,000 - \$10,000 | \$386 | \$660 | \$1,103 | \$1,848 |
| \$10,001 - \$15,000 | 438 | 752 | 1,260 | 2,114 |
| \$15,001 - \$20,000 | 491 | 844 | 1,418 | 2,381 |
| \$20,001 - \$25,000 | 543 | 936 | 1,576 | 2,647 |
| \$25,001 - \$30,000 | 596 | 1,028 | 1,733 | 2,914 |
| \$30,001 - \$35,000 | 648 | 1,120 | 1,891 | 3,180 |
| \$35,001 - \$40,000 | 728 | 1,212 | 2,075 | 3,448 |
| \$40,001 - \$45,000 | 812 | 1,304 | 2,235 | 3,714 |
| \$45,001 - \$50,000 | 902 | 1,396 | 2,363 | 3,981 |

* If your vehicle is valued over \$50,000, please contact the Company for eligibility and rates. Available discounts include: Companion Policy, Claims Free and Anti-Theft. Please call for more information.

List all licensed drivers, **including yourself**, that reside in the same household or will be travelling with you.

| Name | Sex | Date of Birth | Marital Status | Relationship | License # & Country |
|----------|-----|---------------|----------------|--------------|---------------------|
| 1. _____ | | | | | |
| 2. _____ | | | | | |
| 3. _____ | | | | | |
| 4. _____ | | | | | |

Please answer the following questions:

| | YES | NO |
|--|--------------------------|--------------------------|
| Have all drivers listed above been involved in more than one motor vehicle accident or violation in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or has any driver listed above had automobile insurance declined/cancelled in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you or any driver listed above under 25 years of age or over 75 years of age? <i>†Drivers between age 21-24 may be eligible. Please contact AIU for more information.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the described vehicle have any cracked or broken glass or other safety deficiency? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you or does any driver of this vehicle have a physical or mental deficiency or impairment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or has any driver listed above had a license revoked, suspended or refused? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or any driver listed above been convicted of driving under the influence of drugs or alcohol (DWI, DUI) or hit and run? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you or is any driver listed above a citizen of a country in which you will be travelling or living? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been licensed for less than two years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the vehicle used for business or commercial purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the vehicle valued at more than US \$50,000 or does it have more than 200 horsepower? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the vehicle considered a Sports Car or High Performance Vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the vehicle rented or borrowed? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "yes" to any of the above questions, you are not eligible for this insurance. Please contact the Company to discuss eligibility for other insurance programs.

I hereby warrant the truth of the above statements, and declare that I have not withheld any information whatsoever which might tend to influence the acceptance of this application. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void. I agree that this application shall be the basis of the Policy between me and the Company(s). I understand that this policy expires on the expiration date indicated depending on the period of coverage selected on the reverse side of this form, and incept after the application and full premium payment are received by the agent, broker or AIU, or at a later date if specified.

| | |
|------------------------------|------------|
| Signature of Applicant _____ | Date _____ |
|------------------------------|------------|

Premium Calculation:

Option #1 or #2 Premium _____
(Minimum premium of US \$186.00 applies)

Express Mail Service (optional) \$25.00

Total Premium _____

Make payment to AIU for the full amount. All amounts stated are US dollars

Payment Options: Money Order, Travellers check, Cashier check, Personal check or Credit Card.

Please charge the amount of: \$ _____ to my
 VISA MC AMEX/OPT DISCOVER

Card # _____
 Expiration Date: ____ / ____
 Name: _____
 (As shown on Credit Card)

Authorization Signature: _____

For additional information, contact AIU directly:

**American International Underwriters Personal Lines Division
 600 King Street, AIUX, Wilmington, DE 19801, USA
 Phone: (800) 343-5761 or (302) 594-2175 Fax: (302) 594-2152**

This edition supersedes and replaces any and all preceding editions. This form and the rates, coverages and limits described herein expire March 1, 2007 unless withdrawn by the company earlier. To verify correct current program definitions, call AIU at 800-343-5761 or 302-594-2152.

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