

**APPLICATION FOR TOURIST MOTOR INSURANCE IN EUROPE
LIABILITY MOTORCYCLE/AUTOMOBILE**

Applicant [please fill out on computer]

First Name _____ Last Name _____
Street Address _____ City _____
Zip Code _____ Country _____
Phone _____ Email _____
Date of Birth (d/m/y) ____/____/____

If you are over 65 years old, then you will need a letter from a physician stating you medical history supports you operating a motorcycle.

Description of Vehicle

Make _____ Model/Type _____ Year _____ Plate Number _____
*Actual Value in € _____
Chassis No./VIN _____ Country of Registration _____

Green Card is not valid in the country of registration

*Value to be given including accessories in €. The value will be the basis on which your claim will be settled.

Coverage Options:

Please Mark: Liability only _____ Full Coverage _____
Period of Coverage: From (d/m/y) ____/____/____ to ____/____/____ _____ days
Available in periods of coverage of 30 days (e.g. 30, 60, 90, 120, etc., period can start on any date)

Third Party Coverage Liability: Bodily Injury €2.500.0000, Property Damage € 1.000.000, Financial, Damage € 50.000. -- each claim. No coverage/compensation for a claim against other riders in your same travel group. .

Full Coverage: Third Party Liability and full comprehensive insurance for motorcycles with a compensation of max. € 20.500/ € 2.500 for accessories, deductible of € 500. The theft of the insured vehicle in former Eastern Bloc countries is not covered.

- Full Coverage also available for cars. Please consult with us.
- Full Coverage for motorcycles is not available for: Russia, Ukraine, Poland, Hungary, Bulgaria, Croatia, Albania, Serbia, Bosnia, Estonia, Latvia, Lithuania, Moldova, Czech Republic, Macedonia, Romania, Turkey, Iran, Israel, Morocco, Tunisia, Azerbaijan, Montenegro, Cyprus, Belarus, Slovakia, Slovenia.
- Minimum age required for the insurance is 21.
- For sports cars and people aged 25 years or younger, there will be a 25% surcharge.
- **IMPORTANT:** Knopf Unlimited is not the claims office. Contact the Green Card office (see the back of the original Green Card) in the country where you need to claim. No refund is possible when green card is issued. Always carry the original Green Card with your vehicle.

Full Name and Address Where to Send the Originals

Credit Card Information

Name on Card _____ Credit Card Number _____
Exp. Date (m/y) ____/____ CVV _____

I hereby declare that all information I have given are true.

Date _____ Signature _____