



# APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

|                 |                 |  |              |                 |
|-----------------|-----------------|--|--------------|-----------------|
| COMPANY         |                 | APPLICANT'S NAME AND RESIDENTIAL ADDRESS (INC ZIP) |              | PHONE:          |
| PRODUCER        | CODE:           |  |              |                 |
| BINDER/POLICY#: |                 |  |              |                 |
| EFFECTIVE DATE  | EXPIRATION DATE | MAIL ADDRESS (IF DIFFERENT)                        |              |                 |
| COMPANY USE     |                 | DIRECT BILL  | PAYMENT PLAN | DEPOSIT PREMIUM |
|                 |                 | AGENCY BILL  |              | \$              |

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or canceled in certain situations as provided for in the law. Part 11, Towing and Labor Coverage is available at the option of the Company.

| COVERAGES: PARTS 1-12  | AUTO 1                                    |   |                         | AUTO 2                                    |   |         |
|--|---|---|-------------------------|---|---|---------|
| COMPULSORY INSURANCE   | LIMITS/DEDUCTIBLE                         |   | PREMIUM                 | LIMITS/DEDUCTIBLE                         |   | PREMIUM |
| 1. BODILY INJURY TO OTHERS   | \$20,000 PER PERSON/\$40,000 PER ACCIDENT |   | \$                      | \$20,000 PER PERSON/\$40,000 PER ACCIDENT |   | \$      |
| 2. PERSONAL INJURY PROTECTION  | \$8,000 PER PERSON                        | YOURSELF<br>YOURSELF & HOUSE-HOLD MEMBERS | \$                      | \$8,000 PER PERSON                        | YOURSELF<br>YOURSELF & HOUSE-HOLD MEMBERS | \$      |
| 3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000) | \$  | PER PERSON                                | \$                      | \$  | PER PERSON                                | \$      |
|  | \$  | PER ACCIDENT                              | \$                      | \$  | PER ACCIDENT                              | \$      |
| 4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)                    | \$  | PER ACCIDENT                              | \$                      | \$  | PER ACCIDENT                              | \$      |
| <b>OPTIONAL INSURANCE</b>  |   |   |                         |   |   |         |
| 5. OPTIONAL BODILY INJURY TO OTHERS: GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE       | \$  | PER PERSON                                | \$                      | \$  | PER PERSON                                | \$      |
|  | \$  | PER ACCIDENT                              | \$                      | \$  | PER ACCIDENT                              | \$      |
| 6. MEDICAL PAYMENTS  | \$  | PER PERSON                                | \$                      | \$  | PER PERSON                                | \$      |
| 7. COLLISION   | ACV                                       | WAIVER OF DEDUCTIBLE                      | \$                      | DED                                       | WAIVER OF DEDUCTIBLE                      | \$      |
|  |   |   | \$                      | DED                                       |   | \$      |
| 8. LIMITED COLLISION   | ACV                                       |   | \$                      | DED                                       |   | \$      |
|  |   |   | \$                      | DED                                       |   | \$      |
| 9. COMPREHENSIVE   | ACV                                       | \$100 GLASS DEDUCTIBLE                    | \$                      | DED                                       | \$100 GLASS DEDUCTIBLE                    | \$      |
|  |   |   | \$                      | DED                                       |   | \$      |
| 10. SUBSTITUTE TRANSPORTATION  | UP TO \$                                  | DAILY \$                                  | MAX                     | \$  | DAILY \$                                  | MAX     |
|  |   |   | \$                      |   |   | \$      |
| 11. TOWING AND LABOR   | UP TO \$                                  | PER DISABLEMENT                           | \$                      | \$  | PER DISABLEMENT                           | \$      |
|  |   |   | \$                      | \$  |   | \$      |
| 12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO                                   | \$  | PER PERSON                                | \$                      | \$  | PER PERSON                                | \$      |
|  | \$  | PER ACCIDENT                              | \$                      | \$  | PER ACCIDENT                              | \$      |
| SAFE DRIVER INSURANCE PLAN (SDIP)  | STEP #:                                   | PREMIUM ADJUSTMENT                        | \$                      | STEP #:                                   | PREMIUM ADJUSTMENT                        | \$      |
|  |   | PREMIUM*                                  | \$                      |   | PREMIUM*                                  | \$      |
| *SUBJECT TO SAFE DRIVER CREDIT OR SURCHARGE  |   |   | ESTIMATED TOTAL PREMIUM | \$  |   |         |

| VEHICLE INFORMATION |                                  |                               |                                | PRINCIPAL GARAGING (CITY/TOWN & ZIP) - AUTO 1: |  |                           |                  | AUTO 2:  |                    |                       |  |
|---------------------|----------------------------------|-------------------------------|--------------------------------|--|--|---------------------------|------------------|----------|--------------------|-----------------------|--|
| #                   | YR                               | MAKE, MODEL AND MOTORCYCLE CC |                                | VEHICLE IDENTIFICATION NUMBER                  |  | REGISTRATION PLATE NUMBER | DATE OF PURCHASE | COST NEW | EST ANNUAL MILEAGE | ODOMETER READING      |  |
| 1                   |                                  |                               |                                |  |  |                           |                  |          |                    |                       |  |
| 2                   |                                  |                               |                                |  |  |                           |                  |          |                    |                       |  |
| #                   | AIR BAG/PASSIVE SEAT BELT YES/NO | ANTI-THEFT YES/NO             | VEHICLE RECOVERY SYSTEM YES/NO | LEASED AUTO YES/NO                             | SECURED LENDER AND/OR LESSOR (Please include name and address) |                           |                  |          |                    | DATE OF FINAL PAYMENT |  |
| 1                   |                                  |                               |                                |  |  |                           |                  |          |                    |                       |  |
| 2                   |                                  |                               |                                |  |  |                           |                  |          |                    |                       |  |

NOTICE: Evidence of installation of an anti-theft device or a vehicle recovery system is required to receive a discount for Part 9, Comprehensive. If your auto is not equipped with an anti-theft device or a vehicle recovery system and your auto is on the High-Theft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

| DRIVER INFORMATION: Furnish info for applicant & each individual who customarily operates auto(s) whether or not a household member. |               |  |               |   |  |                     |       |                          |               |               |          |        |
|--|---------------|--|---------------|---|--|---------------------|-------|--------------------------|---------------|---------------|----------|--------|
| #  | OPERATOR NAME |  | DATE OF BIRTH | DRIVER'S LICENSE #/LICENSED STATE (If previously licensed in another state, indicate the state and the state license number in REMARKS) |  | DATE FIRST LICENSED |       | APPR DRIVER TRAIN YES/NO | OWNER         |               | % OF USE |        |
|  |               |  |               |   |  | MASS                | OTHER |                          | AUTO 1 YES/NO | AUTO 2 YES/NO | AUTO 1   | AUTO 2 |
| 1  |               |  |               |   |  |                     |       |                          |               |               |          |        |
| 2  |               |  |               |   |  |                     |       |                          |               |               |          |        |
| 3  |               |  |               |   |  |                     |       |                          |               |               |          |        |
| 4  |               |  |               |   |  |                     |       |                          |               |               |          |        |
| 5  |               |  |               |   |  |                     |       |                          |               |               |          |        |
| 6  |               |  |               |   |  |                     |       |                          |               |               |          |        |

Your failure to list a household member may have very serious consequences. We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would be assigned a higher rating step under the Safe Driver Insurance Plan.

| <b>DRIVER INFORMATION (CONTINUED) -- During the last six years have you or any listed operator:</b>  |                         |     |    |   |   |      |    |
|--|-------------------------|-----|----|---|---|------|----|
| A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?   |                         | YES | NO | D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?  |   | YES  | NO |
| B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?  |                         |     |    | E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COLLISION OR COMPREHENSIVE LOSS INCLUDING FIRE, THEFT, VANDALISM, MALICIOUS MISCHIEF, OR GLASS?   |   |      |    |
| C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT LOSSES?   |                         |     |    | F. HAD YOUR LICENSE REVOKED OR SUSPENDED?   |   |      |    |
| IF "YES", PLEASE EXPLAIN. -- ANY ADDITIONAL INCIDENTS SHOULD BE LISTED IN REMARKS.   |                         |     |    |   |   |      |    |
| OPER NO  | DESCRIPTION OF INCIDENT |     |    | LOCATION (City and State)   |   | DATE |    |
|  |                         |     |    |   |   |      |    |
|  |                         |     |    |   |   |      |    |
| <b>GENERAL INFORMATION -- Explain all "yes" responses in the Remarks Section; on Questions 4-9 include the auto number.</b>  |                         |     |    |   |   |      |    |
| 1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?  |                         | YES | NO | 7. IS ANY AUTO EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (Applicable to Vans or Pick-Ups. If Yes, You May Wish to Purchase Additional Coverage.)                                      |   | YES  | NO |
| 2. HAS ANY AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON?  |                         |     |    | 8. IS ANY AUTO EQUIPPED WITH:   |   |      |    |
|  |                         |     |    | A. CITIZENS BAND RADIO  |   |      |    |
|  |                         |     |    | B. TWO-WAY MOBILE RADIO   |   |      |    |
| 3. ARE ANY LISTED OPERATORS INCLUDED ON ANOTHER POLICY OR DO THEY HAVE THEIR OWN MASSACHUSETTS PERSONAL AUTOMOBILE POLICY? (List Operator#, Insurance Company, and Policy#)  |                         |     |    | C. TELEPHONE  |   |      |    |
|  |                         |     |    | D. SCANNING RECEIVER  |   |      |    |
| 4. IF A VEHICLE IS A MOTORCYCLE, HAS THE PRINCIPAL OPERATOR COMPLETED AN APPROVED MOTORCYCLE RIDER TRAINING PROGRAM? (Attach Copy of Certificate or Other Evidence of Completion)  |                         |     |    | (If You Wish to Purchase Coverage For Items A-D, List Make, Model, Serial#, Amount of Ins. for Items Not Permanently Installed in the Opening of the Dash Normally Used by the Auto Manufacturer) |   |      |    |
| 5. IS ANY AUTO USED TO COMMUTE TO WORK OR SCHOOL? (List Days Per Month and Miles One Way)  |                         |     |    | 9. IS ANY AUTO USED IN BUSINESS? (Type of Business)   |   |      |    |
|  |                         |     |    | A. IF VAN/PICK-UP, IS IT USED TO DELIVER/TRANSPORT GOODS?   |   |      |    |
| 6. IS ANY AUTO USED TO TRANSPORT (To or From Work or School):  |                         |     |    | B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE?   |   |      |    |
| A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE?  |                         |     |    |   |   |      |    |
| B. PERSONS EMPLOYED BY YOU?  |                         |     |    |   |   |      |    |
| 10. IF ANY AUTO(S) TO BE INSURED IS TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE. (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9)  |                         |     |    |   | ATTACHMENTS                             |      |    |
| AUTO 1 _____ AUTO 2 _____  |                         |     |    |   | ANTI-THEFT DEVICE CERTIFICATE           |      |    |
| 11. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7, 8, OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.   |                         |     |    |   | APPRAISAL (ANTIQUER AUTO)               |      |    |
| 12. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW:  |                         |     |    |   | APPROVED DRIVER TRAINING CERTIFICATE    |      |    |
| <input type="checkbox"/> MOTORCYCLE ONLY- ISSUE MY POLICY TO EXPIRE AT 12:01 AM ON JANUARY 1ST AND DO NOT RENEW.   |                         |     |    |   | APPROVED MOTORCYCLE RIDER TRAINING CERT |      |    |
| <input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE- ISSUE MY POLICY TO EXPIRE AT 12:01 AM ON DECEMBER 1ST AND DO NOT RENEW.  |                         |     |    |   | CUSTOMIZED EQUIPMENT EVIDENCE           |      |    |
|  |                         |     |    |   | OPERATOR EXCLUSION FORM                 |      |    |
|  |                         |     |    |   | VEHICLE RECOVERY SYSTEM CERTIFICATE     |      |    |
|  |                         |     |    |   | PRE-INSPECTION FORM                     |      |    |
| <b>REMARKS</b>   |                         |     |    |   |   |      |    |
|  |                         |     |    |   |   |      |    |
| <p>FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.</p> <p>NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.</p> |                         |     |    |   |   |      |    |
| <b>DECLARATIONS AND SIGNATURES</b>   |                         |     |    |   |   |      |    |
| I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.  |                         |     |    |   |   |      |    |
| _____  |                         |     |    | _____   |   |      |    |
| Time and Date  |                         |     |    | Signature of Applicant  |   |      |    |
| TO BE COMPLETED BY AGENT:  |                         |     |    |   |   |      |    |
| The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.  |                         |     |    |   |   |      |    |
| _____  |                         |     |    | _____   |   |      |    |
| Time and Date  |                         |     |    | Signature of Agent  |   |      |    |
| <b>ACORD 90 MA (1/95)</b>  |                         |     |    |   |   |      |    |