



# STANDARD MASSACHUSETTS RENEWAL APPLICATION

This renewal application will be used only for automobile insurance purposes. It is extremely important that all questions be answered completely and that the application be returned before the Policy Renewal Date. Your failure to provide the information requested may affect the application of any discount or may result in the cancellation of your Policy.

ISSUED BY  
NAME AND ADDRESS OF INSURED

POLICY NUMBER:  
PRODUCER:  
POLICY RENEWAL DATE:

The information on your Coverage Selections Page indicate the coverages that you have purchased, and the auto(s) that you are insuring. Please review this information and return this form to your agent or company representative.

### VEHICLE INFORMATION

Please indicate by check mark

If any auto is currently:

Auto 1      Auto 2

Auto 1      Auto 2

1. Used in business

If yes, state the type of business: \_\_\_\_\_

    

If vehicle is a van or pick-up type, is it used in the delivery or transportation of goods?

    

2. Used to transport (for a fee)

Fellow Employees

Passengers

Students

Persons employed by you

       
        
        
     

3. Equipped with

(a) Citizens band radio

Two-way radio

Telephone

Scanning monitor receiver

       
        
        
     

(b) Custom furnishings or custom equipment (applicable to vans or pick-up trucks)

    

4. Estimate the amount of miles that each auto will be driven in the next twelve (12) months.

\_\_\_\_\_

5. What is the number of miles shown on the odometer of each auto?

\_\_\_\_\_

**Check carefully that all operators of your auto(s) are shown on the Coverage Selections Page. 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.**

### DRIVER INFORMATION

If the information on the Coverage Selections Page is incorrect or if you are adding or deleting an operator, please complete the following.

OPER. NO.	OPERATOR NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	LICENSE STATE	DATE FIRST LICENSED IN ANY STATE	APPROVED DRIVER TRAINING	% OF USE		PLEASE INDICATE REASON FOR CHANGE
							Auto 1	Auto 2	

During the last year has any listed operator:

(A) had two (2) or more "total loss" insurance claims because of auto theft or fire?

YES  NO

(B) been convicted of vehicular homicide, auto insurance related fraud or auto theft?

YES  NO

If "yes" please complete:

OPERATOR NAME	DESCRIPTION OF INCIDENT	DATE

During the last six years has any newly added operator:

- |   |  |                                       |   |  |                                       |
|---|--|---------------------------------------|---|--|---------------------------------------|
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <b>YES</b><br><input type="checkbox"/> | <b>NO</b><br><input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire?  | <b>YES</b><br><input type="checkbox"/> | <b>NO</b><br><input type="checkbox"/> |
| (B) been assigned to an Alcohol Education Program?  | <input type="checkbox"/>               | <input type="checkbox"/>              | (D) been convicted of vehicular homicide, auto insurance related fraud or auto theft? | <input type="checkbox"/>               | <input type="checkbox"/>              |

If "yes" please complete:

OPERATOR NAME	DESCRIPTION OF INCIDENT	DATE

#### DISCOUNTS

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

#### ADDITIONAL INFORMATION

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 3 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

**NOTICE:** If you or someone 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature