

**ARBELLA MUTUAL INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR
MASSACHUSETTS MOTOR VEHICLE INSURANCE**

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period.

1.) Do you have other Arbella policies or any homeowner, tenant, or condominium policies with a company or facility that does not sell auto insurance in Massachusetts? Yes No

If yes, please check those that apply:

- Arbella Auto ___# of years of uninterrupted coverage with Arbella
- Homeowner, Tenant, or Condominium
___Arbella ___Other (include company name)_____
- Arbella Dwelling Fire
- Arbella Umbrella

2.) Years with prior automobile carrier? _____

3.) Does this policy include a full time student living more than 100 miles from home without a vehicle at school? Yes No

Driver Name _____ School Name/City/State _____

4.) Has any operator with less than 3 years driving experience successfully completed [please answer both (a) & (b)]:

- a. Basic Driver Training AND *Advanced Driver Training program approved by the MA RMV? Yes No
- b. Basic Driver Training AND an advanced driver training program with both simulator based and on-line components that is preapproved by Arbella. Yes No

*A copy of the certificate must be attached for verification.

5.) Has any rated operator been licensed for the 12 month period preceding the effective date of the policy and insured without a lapse in coverage for the 12 month period preceding the effective date of the policy? Please complete the grid below:

Rated Operator	Licensed in MA in the Last 12 Months		No Lapse in Coverage in the Last 12 Months	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto 1 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto 2 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto 3 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auto 4 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Applicant

Date and Time

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.

Signature of Agent

Date and Time

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Auto 2 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto 3 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto 4 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.) Is the application accompanied by payment in full, not including funds from a finance company? Yes No
(Paid in full discount is not available in Category 7)

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