

**Massachusetts Private Passenger
Exemption or Waiver of Preinspection**

Name of Insured: _____

Vehicle: _____

Year	Make	Model
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Policy or Binder #: _____

- Exemption**
- * 1. New, unused vehicle from franchised dealership and complete copy of bill of sale or RMV-1 and window sticker/dealer invoice is attached.
 - 2. Applicant is an existing customer (as defined).
 - 3. Motor vehicle is already insured for physical damage coverages with Arbella by the applicant.
 - 4. Vehicle is a temporary substitute (as defined).
 - * 5. Vehicle is leased for less than six months and a copy of lease or rental agreement describing the vehicle and its condition is attached.
 - 6. Completion of a preinspection would cause a serious hardship. Specify why in comments section below.
 - 7. No inspection facility within five miles of city or town of principal garaging.

- Waiver**
- 1. Applicant or the rated operator has a Merit Rating Code of 99, 98, or 0 through 15.
 - 2. Vehicle is at least ten (10) years old when compared to the policy effective year.
 - 3. Non-owned motor vehicle insured by another company for physical damage and preinspected by that company.
 - 4. Commercially rated fleet vehicle.
 - 5. Transfer of a book of business from one insurer to one or more insurers.
 - * 6. Coverage transfer from a company you now represent and a copy of a previous preinspection is attached.
 - * 7. Applicant has been the customer of the producer for at least three years under Massachusetts auto insurance policy with physical damage coverage and copy of current preinspection is attached.
 - * 8. Vehicle is insured for physical damage on the applicant's expiring Massachusetts automobile insurance policy or a copy of a prior pre-insurance inspection is provided.

* NOTE: These items require documentation be submitted with the new business or endorsement transaction. If missing or unavailable, a preinspection must be completed and the insured so notified in accordance with the regulation.

COMMENTS:

Name of Agent: _____

Agency

Representative: _____

Producer Code: _____

Date: _____

COMPANY NAME AND ADDRESS
**ARBELLA MUTUAL INSURANCE COMPANY
1100 CROWN COLONY DRIVE
P.O. BOX 699103
QUINCY, MA 02269-9103**

FORM B



NOTICE OF MANDATORY PRE-INSURANCE INSPECTION REQUIREMENT
(This is **not** a safety inspection)

IMMEDIATE ACTION REQUIRED TO AVOID LOSS OF INSURANCE COVERAGE

Name and Address of Insured:

DATE OF MAILING:

EFFECTIVE DATE
OF COVERAGE:

INSPECTION MUST BE
COMPLETED BY:

POLICY NUMBER: _____

(DATE)

Dear Policyholder:

This will confirm coverage for FIRE AND THEFT/COMPREHENSIVE ; COLLISION ; LIMITED COLLISION ;
on your:

	YEAR	MAKE	MODEL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please disregard this notice if you have already had your vehicle inspected.

This notice will also serve as a reminder that the above described car(s) **must** be inspected by the date indicated above or your physical damage coverages will be **suspended** effective 12:01 A.M. on _____
(DATE)

If you have your car inspected after the above deadline your coverage will only be restored after your car has been inspected **and** the adjusted premium due for the coverages listed above has been paid. You will have **no** coverage for any physical damage loss that occurs during the suspension period.

This is an authorization to complete a pre-insurance inspection report.

FOR FURTHER INFORMATION PLEASE CALL:

(NAME AND PHONE NUMBER OF COMPANY REPRESENTATIVE)

Very truly yours,

**CC: INSURANCE COMPANY
PRODUCER OF RECORD**

COMPANY NAME AND ADDRESS **ARBELLA MUTUAL INSURANCE COMPANY
1100 CROWN COLONY DRIVE
P.O. BOX 699103
QUINCY, MA 02269-9103**



ACKNOWLEDGMENT OF REQUIREMENT FOR PRE-INSURANCE INSPECTION
(This is **not** a safety inspection)

POLICY NUMBER

Name and Address of Insured or Applicant:

EFFECTIVE DATE OF COVERAGE:

(DATE)

INSPECTION MUST BE COMPLETED BY:

(DATE)

VEHICLE(S) TO BE INSPECTED:

	YEAR		MAKE		MODEL
1.	_____	,	_____	,	_____
2.	_____	,	_____	,	_____
3.	_____	,	_____	,	_____

By my signature below I certify that I have been informed that my vehicle(s) which is (are) being insured for fire and theft/comprehensive and/or collision or limited collision coverage must be inspected by a representative of the insurer. This inspection must be completed within ten (10) calendar days (not including legal holidays and Sundays) after the effective date of coverage, and in no event later than the date shown above to avoid a suspension in coverage.

I understand that failure to submit to the required inspection(s) will result in the suspension (losses will not be covered) of the physical damage coverage (fire and theft/comprehensive, collision, limited collision) as of 12:01 a.m. of the date following the date by which the inspection must be completed, as shown above.

I understand that if coverage is suspended it will be restored only after the inspection has been completed **and** the adjusted premium due for such coverage(s) has been paid.

Signature of Insured or Applicant _____ (DATE)

Signature of Producer or Insurance Company Representative _____ (DATE)

Name, Address and Telephone Number of Producer or Insurance Representative completing this form _____

INSURED/APPLICANT MUST RECEIVE A COMPLETED COPY OF THIS FORM

**CC: INSURANCE COMPANY
PRODUCER OF RECORD**

Acknowledgement of Requirement For Pre-Insurance Inspection

Action Required in Order to Obtain Physical Damage Coverage

(This is not a Safety Inspection)

Name of Insured _____ Date _____

Address _____ Policy # _____

Producer # _____

Vehicle(s) to be inspected

	Year	Make	Model
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

This is a pre-insurance inspection authorization form to be presented at any of the authorized inspection sites listed on the attached "Inspection Site List." This authorization will allow you to have your vehicle(s) inspected in accordance with Massachusetts Mandatory Pre-Insurance Regulation 211 CMR 94:00, at no charge to you.

Important

By my signature below, I certify that I have been informed that my vehicle(s) must be inspected by a representative of the insurer. **This inspection must be completed and returned to the producer listed below BEFORE Physical Damage Coverage (comprehensive fire and theft, collision and/or limited collision) will be offered.**

Signature of Insured
or Applicant _____ (Date)

Signature of Producer
or Insurance Company
Representative _____ (Date)

Name, address & telephone #
of Producer or Insurance
Representative completing
this form _____

(Date)

RULE 55. PRE-INSURANCE INSPECTION PROGRAM

Pre-insurance inspections will be waived for all vehicles insured under the Massachusetts Automobile Insurance Policy. This waiver will apply uniformly to all insureds.

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General Laws Chapter 90, section 113S, and the implementing regulations, 211 CMR 94.00, require the preinsurance inspection of certain private passenger motor vehicles. The following is a summary of the regulation.

Eligibility

Unless specifically exempted or waived, all private passenger motor vehicles and pick-ups or vans having a gross vehicle weight up to 8,000 pounds are required to be inspected by an insurer prior to the issuance of physical damage coverages by the insurer.

Mandatory Waiver of Inspection Requirements An

inspection shall not be required if:

1. The motor vehicle is a new, unused motor vehicle from a franchised automobile dealership where the insurer is provided with either: a copy of the bill of sale which contains a full description of the motor vehicle, including all options and accessories; or a copy of the RMV Form 1 provided by the Registry of Motor Vehicles, which establishes the transfer of ownership from the dealer to the customer and a copy of the window sticker or the dealer invoice showing the itemized options and equipment in addition to the total retail price of the vehicle.
2. The applicant has been insured for three years or longer, without interruption, under a motor vehicle liability policy or policies which include(s) physical damage coverage, issued by the insurer to which the application is submitted; or any applicant involuntarily transferred to another insurer due to the applicant's original insurer's withdrawal from the Commonwealth if the applicant otherwise qualifies under this regulation.
3. An inspection is waived by the insurer.
4. Any private passenger motor vehicle not owned by the applicant, which is used by the applicant, with the permission of the owner, as a temporary substitute due to breakdown, repair, servicing, loss or destruction of the applicant's own motor vehicle.
5. A motor vehicle which is leased less than six months, provided the insurer receives the lease or rental agreement containing a description of the leased motor vehicle, including its condition.
6. When requiring an inspection would cause a serious hardship to the insurer or the applicant and such hardship is documented in the applicant's policy record.
7. When the insurer has no inspection facility or authorized representative either in the city or town in which the motor vehicle is principally garaged or within five miles of said city or town.

Optional Waiver of Inspection Requirements

An inspection may be waived if:

1. The motor vehicle is ten or more model years older for all policies issued or renewed during the current calendar year.
Example: For policies issued or renewed during calendar year 2005, inspection of all 1995 and older model year vehicles may be waived.
2. A non-owned vehicle is insured under a policy providing physical damage coverage issued by an insurer which has inspected such motor vehicle in accordance with the provisions of this regulation.
3. A producer is transferring a book of business from one insurer to one or more insurers.
4. An individual applicant's coverage is being transferred by an independent insurance producer to a new insurer and said producer provides the new insurer with a copy of the inspection report completed on behalf of the previous insurer, provided the independent producer represents both insurers, and the insured vehicle was physically inspected by the

~~previous insurer. However, if the new insurer does not receive a copy of the inspection report sixty days prior to the first annual date, the insurer must, upon renewal of the physical damage insurance, require an inspection.~~

~~5. When a motor vehicle is insured for physical damage on the applicant's expiring Massachusetts Automobile Insurance Policy, or when a copy of a prior Pre-insurance Inspection is provided.~~

~~6. When the applicant has been a customer of the producer for at least three years under a Massachusetts Automobile insurance Policy which included physical damage coverage.~~

~~7. For all policy transactions effective 1/1/10 and later, the applicant or the rated operator has a Merit Rating Code of 99, 98, or 00 through 15.~~

Deferral of Inspection

~~An insurer may defer an inspection for ten calendar days (not including legal holidays and Sundays) following the effective date of coverage on new business and on additional or replacement vehicles to an existing policy, if an inspection at the time of the request for coverage would create a serious inconvenience for the applicant.~~

~~Whenever an inspection is deferred, the Notice of Mandatory Pre-Insurance Inspection Requirement (Form B) or the Acknowledgment of Requirement for Pre-Insurance Inspection (Form D) must be used.~~

~~If an inspection is not conducted within the ten day deferral period, physical damage coverage is automatically suspended on the day following the ten day deferral period.~~

~~Coverage may be reinstated to be effective at the time of inspection or the Notice of Suspension of Physical Damage Coverage (Form C) must be used.~~

ARBELLA MUTUAL MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE RULES/RATES MANUAL

Inspection Procedures

~~Inspections required or permitted shall be made by a designated authorized representative of the insurer at a time and place reasonably convenient to the applicant.~~

~~The inspection shall be recorded on the Motor Vehicle Pre-Insurance Inspection Report (Form A) and include appropriate photos. The agent must retain the original report and photographs for three years subject to an Arbella audit.~~

~~The insurers shall maintain an up-to-date list of all its authorized representatives and inspection sites.~~

~~Pre-inspection requirements will be conducted uniformly and without regard to whether the policy was insured voluntarily or was assigned through the MAIP.~~

RULE 56. SAFE DRIVER INSURANCE PLAN

Driving Experience/Experience Period

~~Each listed operator on a policy is assigned a merit rating based on the operator's driving record. The merit rating adjustment is a percentage multiplied by the otherwise applicable premium that reflects the number, type, and age of at fault accidents and traffic violations of the rated operator during the policy experience period. The percentage can be either positive or negative. The policy experience period is the six years immediately preceding the effective date of the policy. At fault accidents or traffic violations that occurred more than five years prior to the policy effective date are not considered in the determination of the merit rate adjustment. The merit rating adjustment will be determined based on the merit rating code reported to us by the Merit Rating Board.~~

Accident Forgiveness

~~Accidents used in the computation of the Operator Adjustment Factor will not include those that have been forgiven, consistent with Rule 35 — Accident Forgiveness.~~

Operators New to Massachusetts

~~If an application for insurance indicates that an operator new to Massachusetts was licensed outside of Massachusetts within the last six years, or such operator is being added to an existing policy, the operator's policy experience period will begin as of the effective date of that policy until Arbella receives an authorized inquiry response from the Merit Rating Board indicating the operator's merit rating code.~~

~~If an operator's Motor Vehicle Report (MVR) is electronically available, Arbella will be responsible for obtaining it from the state or country where the operator was licensed. Driving history on MVRs obtained from more than one state or country will be combined by Arbella and considered as one report. An acceptable MVR must have three years or more driving history, unless the operator has been licensed less than three years. If there are no motor vehicle violations or at fault accidents shown on the MVR, Arbella will submit an SDIP policy inquiry to the~~

Merit Rating Board in compliance with its Administrative Procedures. An operator's MVR with motor vehicle violations or at-fault accidents will be submitted to the Merit Rating Board. The Merit Rating Board will determine the operator's merit rating code.

If an operator's MVR is not electronically available, the policy experience period for the operator will begin as of the effective date of the policy until Arbella receives an authorized inquiry response from the Merit Rating Board with the operator's actual merit rating code. The operator may obtain an official driving record or a record from a previous insurer and submit it to Arbella. If the driving record is not in English, a translation certified as true and correct by the translator must be obtained by the operator and attached to the driving record submitted to Arbella. An acceptable driving record must have three or more years driving history, unless the operator has been licensed less than three years. If there are no motor vehicle violations or at-fault accidents shown on the operator's record, Arbella will submit an SDIP policy inquiry to the Merit Rating Board in compliance with its Administrative Procedures. An operator's record with motor vehicle violations or at-fault accidents will be submitted to the Merit Rating Board. The Merit Rating Board will determine the operator's merit rating code.

Determination of Merit Rating Code

Points are assigned to an operator for each of the following at-fault accidents and traffic violations that occurred during the five years immediately preceding the effective date of the policy:

Minor traffic law violation 2 points	Major at-fault accident 4 points
Minor at-fault accident 3 points	Major traffic law violation 5 points

An "at-fault" accident is one in which Arbella determines that the involved operator is more than 50% at fault. An at-fault accident is defined as minor only if it resulted in a claim payment for bodily injury liability, damage to someone else's property, collision or limited collision of at least \$500 and up to \$2,000. An at-fault accident is defined as major only if it resulted in a claim payment of more than \$2,000.

If the most recent at-fault accident or traffic violation occurred less than three years prior to the policy effective date, the operator's merit rating code will equal the sum of the points accumulated for at-fault accidents and traffic violations that occurred during the five years immediately preceding the effective date of the policy. If the most recent at-fault accident or traffic violation occurred more than three years prior to the policy effective date, and the number of at-fault accidents or traffic violations in the past five years is three or less, the operator's merit rating code is equal to the sum of the points accumulated for at-fault accidents or traffic violations that occurred during the five years immediately preceding the effective date of the policy minus the total number of at-fault accidents or traffic violations that occurred during that same time period. In no event shall the points for any at-fault accident or traffic violation be reduced below zero. Points are not assigned to a non-criminal minor motor vehicle traffic law violation if it is the first such violation.

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