

MASSACHUSETTS RENEWAL FORM

ISSUED BY:

Policy Number:

NAME AND ADDRESS OF INSURED:

Producer:

Policy Renewal Date:

Please help us update our records by providing the following information. This will assist your agent in contacting you to address any coverage needs. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges. This includes the description, ownership, type of usage and place of garaging of your auto(s), listing all the household members and listing all individuals who customarily operate your auto(s). It will not be necessary to return this form unless you indicate changes, respond "yes" to any question, or the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete.

VEHICLE INFORMATION

1. Is your auto(s) used in business? If yes, please explain:

2. Is your auto(s) used to transport passengers for a fee (i.e. use in a ridesharing or car sharing service)? If yes, please explain:

3. Our information indicates that your auto(s) is/are principally garaged in:

4. Is your auto equipped with any custom electronic equipment that has been permanently installed but not in the location used by the auto manufacturer for the installation of such equipment? If yes, please describe:

5. Is your auto equipped with any custom equipment or furnishings? If yes, please describe:

DRIVER INFORMATION

Check carefully that all persons, including all household members, and all individuals who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper No	Operator Name	Date Of Birth	Driver's License Number	Lic. State	Date First Licensed in Any State/Country		Driver Training Yes/No	% Of Use	Any Student Away at School More Than 100 Miles; if yes, provide school name and address	Please Indicate Reason for Change
					Auto	Motor cycle				

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

DRIVER INFORMATION (Continued)

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 may be withheld when operation of the vehicle by the household member, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would otherwise require payment of additional premium. Other optional coverages may be denied for failure to list a household member.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

- | | | | | | |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <input type="checkbox"/> | <input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire? | <input type="checkbox"/> | <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

If in the last six years any newly added operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which may be used in the determination of your premium.

LICENSE INFORMATION

Once you or the principal operator listed on this form become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicles website at www.massdot.state.ma.us/rmv/.

ADDITIONAL INFORMATION

Please indicate any additional changes or coverage revisions you may wish to make to your policy. Contact your agent for more information.

NOTICE: It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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 all household members and the names of all customary operators as well as the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4 of your policy.

Date

Signature

Part 10 - Substitute Transportation

This coverage pays for loss of use to a motor vehicle as a result of an accident or loss. Refer to the Miscellaneous Rating factors page for applicable limits and premiums.

Part 11 - Towing And Labor

This coverage will pay up to a specified limit for towing and labor costs for each auto disablement. It is available only for private passenger motor vehicles as defined in Rule 27, and motorcycles. Refer to the Miscellaneous Rating Factors page for applicable limits and premiums.

Part 12 - Bodily Injury Caused By An Underinsured Auto

The basic limits are \$20,000 each person and \$40,000 each accident. Increased limits are available. The limits may not exceed the limits of Part 5, or if Part 5 is not purchased, Part 1 of this policy. This coverage is excess over Personal Injury Protection.

Other Coverages Available Are For:

Fire, Theft & Combined Additional Coverages subject to a basic deductible of \$500. Higher deductibles are available at the option of the insured.

Theft coverage may be granted only in connection with Fire Coverage, and for a like amount in both cases.

These coverages are written on an actual cash value basis or stated amount basis.

Endorsement MPY-0031-S, titled Other Optional Insurance - Combined Additional Coverage, must be issued with the policy when this coverage is afforded.

Endorsement MPY-0028-S, titled Other Optional Insurance - Fire, Lightning and Transportation, must be issued with the policy when this coverage is afforded.

Endorsement MPY-0029-S, titled Other Optional Insurance - Theft, must be issued with the policy when this coverage is afforded.

RULE 3. MANDATORY OFFER OF COVERAGE

Massachusetts law requires the company that provides Compulsory Insurance Coverages to make a mandatory offer to issue to any person so insured additional coverages consisting of:

1. Limits up to \$35,000 each person and \$80,000 each accident for Parts 3, 5 and 12.
2. \$5,000 each person for Part 6.
3. Parts 7, 8 and 9, subject to a basic deductible of \$500.
4. Part 10 - Substitute Transportation.
5. Fire, Theft and Combined Additional Coverages subject to a basic deductible of \$500.

Companies must charge an extra-risk rate or refuse Collision and Comprehensive coverages under certain circumstances as required by law. Refer to Rule 24 for extra-risk rating procedures.

RULE 4. STANDARD PROCEDURES

A. Renewals

1. The company must mail the Coverage Selections Page not less than thirty days prior to policy expiration. The Coverage Selections Page may be accompanied by a Massachusetts Renewal Form.

At the company's option a Massachusetts Renewal Form may be sent to the policyholder. It is not necessary for the policyholder to return this form to the producer or company representative unless they have responded "yes" to any question, indicated changes, or information contained on the Coverage Selections Page or the Massachusetts Renewal Form is inaccurate or obsolete.

2. The Company may elect to secure payment of a deposit premium. The premium quotation shall be based on the latest classification information and premium charges established for the renewal policy.

3. Failure to pay the deposit premium may result in cancellation of the policy or removal of the annual mileage discount. The specific reason for cancellation is non-payment of any required premium. The Cancellation Notice must also contain the following statement:

MASSACHUSETTS RENEWAL FORM

ISSUED BY:

Policy Number:

NAME AND ADDRESS OF INSURED:

Producer:

Policy Renewal Date:

~~The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.~~

~~It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. However, you must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of your auto(s) and the household members and individuals who customarily operate your auto(s).~~

Please help us update our records by providing the following information. This will assist your agent in contacting you to address any coverage needs. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges. This includes the description, ownership, type of usage and place of garaging of your auto(s), listing all the household members and listing all individuals who customarily operate your auto(s). It will not be necessary to return this form unless you indicate changes, respond "yes" to any question, or the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete.

VEHICLE INFORMATION

~~If a notation is shown, our records indicate that your auto(s) is:~~

1. ~~Used in business.~~ _____

Is your auto(s) used in business? If yes, please explain:

2. ~~Used to transport (for a fee) —
Fellow Employees, Passengers,
Students, or Persons employed by you.~~ _____

Is your auto(s) used to transport passengers for a fee
(i.e. use in a ridesharing or car sharing service)?

If yes, please explain:

3. Our information indicates that
your auto(s) is/are principally
garaged in:

4. ~~(a) Equipped with electronic~~

~~equipment that reproduces~~

~~audio, visual or data signals
that has been permanently
installed but not in the location
used by the auto manufacturer.~~ _____

~~(b) Equipped with custom~~

~~furnishings or custom equipment
(applicable to vans or pick-up trucks)~~ _____

~~If your auto is equipped with any of the
items listed in Question 4, you may need to
insure the item. Please contact your agent for
more information.~~

4. Is your auto equipped with any custom electronic equipment that has been permanently installed but not in the _____ location used by the auto manufacturer for the installation of such equipment? If yes, please describe:

5. Is your auto equipped with any custom equipment or furnishings? If yes, please describe:

DRIVER INFORMATION

~~According to our information listed operator # _____ has~~

~~_____ (a) had two (2) or more "total loss" insurance claims because of auto theft or fire. _____~~
~~_____ (b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. _____~~

~~If this information is not accurate please explain:~~

~~Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.~~

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Oper No	Operator Name	Date Of Birth	Driver's License Number	Lic. State	Date First Licensed in Any State/Country		Driver Training Yes/No	% Of Use	Any Student Away at School More Than 100 Miles; if yes, provide school name and address	Please Indicate Reason for Change
					Auto	Motor cycle				

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

~~**NOTICE:** It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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 all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.~~

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

DRIVER INFORMATION (Continued)

~~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 require payment of additional premium.~~

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 may be withheld when operation of the vehicle by the household member, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would otherwise require payment of additional premium. Other optional coverages may be denied for failure to list a household member.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

- | | | | | | |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <input type="checkbox"/> | <input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire? | <input type="checkbox"/> | <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

If in the last six years any newly added operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which may be used in the determination of your premium.

LICENSE INFORMATION

Once you or the principal operator listed on this form become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicles website at www.massdot.state.ma.us/rmv/.

COVERAGES / DISCOUNTS

~~We have recently introduced new coverages which are available for purchase, including a Personal Property Endorsement, a Pet Lover's endorsement, and a Snowplow endorsement if any of your vehicles are used for plowing. Subject to availability and acceptance, Arbella offers many discounts, including a Paid In Full discount, and we continue to offer discounts for combining your home, condo or renters policy with your auto. 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.~~

ADDITIONAL INFORMATION

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Date

Signature

Part 10 - Substitute Transportation

This coverage pays for loss of use to a motor vehicle as a result of an accident or loss. Refer to the Miscellaneous Rating factors page for applicable limits and premiums.

Part 11 - Towing And Labor

This coverage will pay up to a specified limit for towing and labor costs for each auto disablement. It is available only for private passenger motor vehicles as defined in Rule 27, and motorcycles. Refer to the Miscellaneous Rating Factors page for applicable limits and premiums.

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A. Renewals

1. The company must mail the Coverage Selections Page not less than thirty days prior to policy expiration. The Coverage Selections Page may be accompanied by a Massachusetts Renewal Form.

~~The~~At the company's option a Massachusetts Renewal Form ~~will~~may be sent to the policyholder ~~at least once every three years.~~ It is not necessary for the policyholder to return this form to the producer or company representative unless ~~the~~they have responded "yes" to any question, indicated changes, or information contained on the Coverage Selections Page or the Massachusetts Renewal Form is inaccurate or obsolete.

2. The Company may elect to secure payment of a deposit premium. The premium quotation shall be based on the latest classification information and premium charges established for the renewal policy.

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