



COVERAGE SELECTIONS PAGE

This page and any attached endorsements form part of your policy

This policy is issued by: **CITIZENS INS CO OF AMERICA** Massachusetts Personal Auto **1 OF 3 #**

Reason for coverage selection page **POLICY RENEWAL** Policy Number **APN 1234567**
Agent **97 - 0000 - 00**

Phone **123-456-7890**

ITEM 1. This Policy Is issued To:

INSURED NAME
STREET ADDRESS
CITY, STATE ZIP

AGENT NAME
STREET ADDRESS
CITY, STATE ZIP

Effective date

ITEM 2. This policy is effective from: **NOVEMBER 18, 2009 To: NOVEMBER 18, 2010**

ITEM 3. DESCRIPTION of your AUTO: **(12:01 A.M. Eastern Standard Time)**

Auto 1 98 TOYT COROLL 2T1BR12EXWC097994	Auto
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ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, Parts 1-12	AUTO 1		PREMIUM		AUTO		PREMIUM	
	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ 20,000 Per person \$ 40,000 Per accident	NONE	\$ 170		\$	per person Per accident	NONE	
2. Personal Injury Protection	\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$ 56		\$	per person <input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members		
3. Bodily Injury Caused By An Uninsured AUTO (Compulsory Limit \$20,000/\$40,000)	50,000 Per person 100,000 Per accident	NONE	\$ 10		\$	per person Per accident	NONE	
4. Damage To Someones Else's Property (Compulsory Limit \$5000)	\$ 100,000 Per accident	NONE	\$ 229		\$	Per accident	NONE	
OPTIONAL INSURANCE								
5. Optional Bodily Injury To Others	\$ 100,000 Per person \$ 300,000 Per accident	NONE	\$ 109		\$	per person Per accident	NONE	
6. Medical Payments	\$ Per person	NONE			\$	per person	NONE	
7. Collision	Actual Cash Value	\$ 500	\$ 261		Actual Cash Value	\$		
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$		
9. Comprehensive	Actual Cash Value	\$ 300	\$ 69		Actual Cash Value	\$		
10. Substitute Transportation	Up to \$ 30 a day, maximum 900	NONE	\$ 59		Up to \$ a day, maximum	NONE		
11. Towing And Labor	Up to \$50 for each disablement	NONE	\$ 8		Up to \$ for each disablement	NONE		
12. Bodily Injury Caused By An Underinsured Auto	\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$ 13		\$	per person Per accident	NONE	
MERIT RATING								
ADJUSTMENT					ADJUSTMENT			
TOTAL PREMIUM FOR AUTO			\$ 984		TOTAL PREMIUM FOR AUTO			

Identification Numbers of Endorsements Forming A Part Of This Policy **SEE PAGE 3**

ITEM 5. Place of Principal Garaging		TOTAL PREMIUM	\$ 984.00
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Auto 1	Auto	
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DISCOUNTS SEE PAGE 3 FOR ADDITIONAL DISCOUNTS

Anti-Theft	Auto 1 YES	Auto	Age 65 and older	Auto 1 NO	Auto	Transit	Auto 1 NO	Auto
Annual Mileage	Auto 1 NO	Auto	Passive Restraint	Auto 1 Y	Auto	Multi-car	Auto 1 NO	Auto
Group Deviation	Auto 1 YES	Auto	SDIP Discount	Auto 1 NA	Auto			

ITEM 6. Secured Lender/
Lessor-Additional Insured, if rented auto

1
ADDITIONAL INSURED
STREET ADDRESS
CITY, STATE ZIP

Issue Date **10/09/09**

PAYROLL DEDUCTION
INSURED COPY

DRIVER INFORMATION - CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW.					
OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic. State	Status	
				VEH1	
OPERATOR ONE	MM / DD / YY	S11111111	MA	P	
OPERATOR TWO	MM / DD / YY	S22222222	MA	D	

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have serious consequences.

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information 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 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 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. 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.

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 on your policy under the Merit Rating Plan.

DISCOUNTS: Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. 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.

	Age 65 and Older	Air Bag/Automatic Seatbelts	Annual Mileage		Anti-Theft Device*, Vehicle Recovery System	Multi-Car Discount	Account Credit	Public Transit	Driver Skills Development
			0 - 5000	5001 - 7500					
Coverage	All	Parts 2,3,6 and 12	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1-9 and 12	Parts 1-9 and 12	Parts 4 and 7	Parts 2,7 and 8
Discount	25%	YES	up to 17%	up to 10%	5-36% * Depending on the Category of device	up to 33%	up to 30%	25%	10%

PART 5 OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Other (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

PART 12 BODILY INJURY CAUSED BY UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

MERIT RATING

The Merit Rating credit or adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If an adjustment is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The Merit Rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

OPERATOR STATUS CODES

P = Principal Operator, O = Occasional Operator, D = Deferred Operator, E = Excluded Operator

Countersigned by: _____

CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS	CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS
1	13	12	PP	10			0	0	0	Y													

REFER TO NEXT PAGE FOR ADDITIONAL INFORMATION

COVERAGE SELECTIONS PAGE

This page and any attached endorsements form part of your policy

This policy is issued by: **CITIZENS INS CO OF AMERICA** Massachusetts Personal Auto **1 OF 3 #**

Reason for coverage selection page **POLICY RENEWAL** Policy Number **APN 1234567**
Agent **97 - 0000 - 00**

Phone **123-456-7890**

ITEM 1. This Policy Is issued To:

INSURED NAME
STREET ADDRESS
CITY, STATE ZIP

AGENT NAME
STREET ADDRESS
CITY, STATE ZIP

Effective date

ITEM 2. This policy is effective from: **NOVEMBER 18, 2009 To: NOVEMBER 18, 2010**

ITEM 3. DESCRIPTION of your AUTO: **(12:01 A.M. Eastern Standard Time)**

Auto 1 98 TOYT COROLL 2T1BR12EXWC097994	Auto
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ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, Parts 1-12	AUTO 1		PREMIUM		AUTO		PREMIUM	
	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ 20,000 Per person \$ 40,000 Per accident	NONE	\$ 170		\$	per person Per accident	NONE	
2. Personal Injury Protection	\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$ 56		\$	per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	
3. Bodily Injury Caused By An Uninsured AUTO (Compulsory Limit \$20,000/\$40,000)	50,000 Per person 100,000 Per accident	NONE	\$ 10		\$	per person Per accident	NONE	
4. Damage To Someones Else's Property (Compulsory Limit \$5000)	\$ 100,000 Per accident	NONE	\$ 229		\$	Per accident	NONE	
OPTIONAL INSURANCE								
5. Optional Bodily Injury To Others	\$ 100,000 Per person \$ 300,000 Per accident	NONE	\$ 109		\$	per person Per accident	NONE	
6. Medical Payments	\$ Per person	NONE			\$	per person	NONE	
7. Collision	Actual Cash Value	\$ 500	\$ 261		Actual Cash Value	\$		
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$		
9. Comprehensive	Actual Cash Value	\$ 300	\$ 69		Actual Cash Value	\$		
10. Substitute Transportation	Up to \$ 30 a day, maximum 900	NONE	\$ 59		Up to \$ a day, maximum	NONE		
11. Towing And Labor	Up to \$50 for each disablement	NONE	\$ 8		Up to \$ for each disablement	NONE		
12. Bodily Injury Caused By An Underinsured Auto	\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$ 13		\$	per person Per accident	NONE	
MERIT RATING								
ADJUSTMENT					ADJUSTMENT			
TOTAL PREMIUM FOR AUTO			\$ 984		TOTAL PREMIUM FOR AUTO			

Identification Numbers of Endorsements Forming A Part Of This Policy **SEE PAGE 3**

ITEM 5. Place of Principal Garaging	TOTAL PREMIUM \$984.00
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Auto 1	Auto	
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DISCOUNTS SEE PAGE 3 FOR ADDITIONAL DISCOUNTS

Anti-Theft	Auto 1 YES	Auto	Age 65 and older	Auto 1 NO	Auto	Transit	Auto 1 NO	Auto
Annual Mileage	Auto 1 NO	Auto	Passive Restraint	Auto 1 NA	Auto	Multi-car	Auto 1 NO	Auto
Group Deviation	Auto 1 YES	Auto	SDIP Discount	Auto 1 NA	Auto			

ITEM 6. Secured Lender/
Lessor-Additional Insured, if rented auto

1
ADDITIONAL INSURED
STREET ADDRESS
CITY, STATE ZIP

Issue Date **10/09/09**
PAYROLL DEDUCTION
INSURED COPY

DRIVER INFORMATION - CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW.					
OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic. State	Status	
				VEH1	
OPERATOR ONE	MM / DD / YY	S11111111	MA	P	
OPERATOR TWO	MM / DD / YY	S22222222	MA	D	

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have serious consequences.

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information 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 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 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. 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.

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 on your policy under the Merit Rating Plan.

DISCOUNTS: Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. 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.

	Age 65 and Older	Air Bag/Automatic Seatbelts	Annual Mileage		Anti-Theft Device*, Vehicle Recovery System	Multi-Car Discount	Account Credit	Public Transit	Driver Skills Development
			0 - 5000	5001 - 7500					
Coverage	All	Parts 2,3,6 and 12	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1-9 and 12	Parts 1-9 and 12	Parts 4 and 7	Parts 2,7 and 8
Discount	25%	NA	up to 17%	up to 10%	5-36% * Depending on the Category of device	up to 33%	up to 30%	25%	10%

PART 5 OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Other (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

PART 12 BODILY INJURY CAUSED BY UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

MERIT RATING

The Merit Rating credit or adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If an adjustment is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The Merit Rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

OPERATOR STATUS CODES

P = Principal Operator, O = Occasional Operator, D = Deferred Operator, E = Excluded Operator

Countersigned by: _____

CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS	CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS
1	13	12	PP	10			0	0	0	Y													

REFER TO NEXT PAGE FOR ADDITIONAL INFORMATION

**Massachusetts Private Passenger Motor Vehicle Insurance
Citizens Insurance Company of America
(A Member of The Hanover Insurance Group)
Revision of Private Passenger Automobile Insurance Program
Explanatory Memorandum
Effective September 26, 2010**

We wish to submit for your approval the following changes to our Coverage Selection pages effective 9/26/10 for new and renewals.

- Indicated that the Passive Restraint discount is not applicable (NA) as this discount is no longer offered
- Clarified the percentages charge for our Annual Mileage discount
- Clarified the percentage charge for our Multi-Car discount
- Clarified the percentage charge for our Account Credit
- Revised the Coverage reference for our Public Transit discount to parts 4 and 7 and clarified the percentage charge
- Revised the Coverage reference for our Driver Skills Development discount to parts 2, 7 and 8
- Corrected Part 12 Bodily Injury Caused by Underinsured Auto to state underinsured instead of uninsured



COVERAGE SELECTIONS PAGE

This page and any attached endorsements form part of your policy

This policy is issued by: **CITIZENS INS CO OF AMERICA** Massachusetts Personal Auto **1 OF 3 #**

Reason for coverage selection page **POLICY RENEWAL** Policy Number **APN 1234567**
Agent **97 - 0000 - 00**

Phone **123-456-7890**

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INSURED NAME
STREET ADDRESS
CITY, STATE ZIP

AGENT NAME
STREET ADDRESS
CITY, STATE ZIP

Effective date

ITEM 2. This policy is effective from: **NOVEMBER 18, 2009 To: NOVEMBER 18, 2010**

ITEM 3. DESCRIPTION of your AUTO: **(12:01 A.M. Eastern Standard Time)**

Auto 1 98 TOYT COROLL 2T1BR12EXWC097994	Auto
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3. Bodily Injury Caused By An Uninsured AUTO (Compulsory Limit \$20,000/\$40,000)	50,000 Per person 100,000 Per accident	NONE	\$ 10		\$	per person Per accident	NONE	
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7. Collision	Actual Cash Value	\$ 500	\$ 261		Actual Cash Value	\$		
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$		
9. Comprehensive	Actual Cash Value	\$ 300	\$ 69		Actual Cash Value	\$		
10. Substitute Transportation	Up to \$ 30 a day, maximum 900	NONE	\$ 59		Up to \$ a day, maximum	NONE		
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MERIT RATING								
ADJUSTMENT					ADJUSTMENT			
TOTAL PREMIUM FOR AUTO			\$ 984		TOTAL PREMIUM FOR AUTO			

Identification Numbers of Endorsements Forming A Part Of This Policy **SEE PAGE 3**

ITEM 5. Place of Principal Garaging		TOTAL PREMIUM	\$ 984.00
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Auto 1	Auto	
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DISCOUNTS SEE PAGE 3 FOR ADDITIONAL DISCOUNTS

Anti-Theft	Auto 1 YES	Auto	Age 65 and older	Auto 1 NO	Auto	Transit	Auto 1 NO	Auto
Annual Mileage	Auto 1 NO	Auto	Passive Restraint	Auto 1 NA	Auto	Multi-car	Auto 1 NO	Auto
Group Deviation	Auto 1 YES	Auto	SDIP Discount	Auto 1 NA	Auto			

ITEM 6. Secured Lender/
Lessor-Additional Insured, if rented auto

1
ADDITIONAL INSURED
STREET ADDRESS
CITY, STATE ZIP

Issue Date **10/09/09**
PAYROLL DEDUCTION
INSURED COPY

DRIVER INFORMATION - CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW.					
OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic. State	Status	
				VEH1	
OPERATOR ONE	MM / DD / YY	S11111111	MA	P	
OPERATOR TWO	MM / DD / YY	S22222222	MA	D	

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Coverage	All	Parts 2,3,6 and 12	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1-9 and 12	Parts 1-9 and 12	Parts 4 and 7	Parts 2,7 and 8
Discount	25%	NA	up to 17%	up to 10%	* Depending on the Category of device 5-36%	up to 33%	up to 30%	25%	10%

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1	13	12	PP	10			0	0	0	Y													

REFER TO NEXT PAGE FOR ADDITIONAL INFORMATION