

COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy

This policy is issued by:

The Commerce Insurance Company

[**[INSERT CIC LOGO]**]

[Webster, MA 01570-0758]
[www.mapfreinsurance.com]

Item 1: This policy is issued to:

**Massachusetts Personal Automobile
Policy Number:
Agent:**

Item 2: This policy is in effect from:

to

(12:01 A.M Eastern Standard Time)

Item 3: Description of your Auto:

AUTO	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				AUTO			
COMPULSORY INSURANCE		LIMITS	Deductible	Annual Premium	Adjusted Premium	LIMITS	Deductible	Annual Premium	Adjusted Premium
1	Bodily Injury To Others	\$ per Person per Accident	None	\$	\$	\$ per Person per Accident	None	\$	\$
2	Personal Injury Protection	\$ per Person	\$ — yourself — yourself and household members	\$	\$	\$ per Person	\$ — yourself — yourself and household members	\$	\$
3	Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000 / \$40,000)	\$ per Person per Accident	None	\$	\$	\$ per Person per Accident	None	\$	\$
4	Damage To Someone Else's Property (Compulsory Limits \$5,000)	\$ per Accident	None	\$	\$	\$ per Accident	None	\$	\$
OPTIONAL INSURANCE									
5	Optional Bodily Injury To Others	\$ per Person per Accident	None	\$	\$	\$ per Person per Accident	None	\$	\$
6	Medical Payments	\$ per Person	None	\$	\$	\$ per Person	None	\$	\$
7	Collision	Actual Cash Value	\$	\$	\$	Actual Cash Value	\$	\$	\$
8	Limited Collision	Actual Cash Value	\$	\$	\$	Actual Cash Value	\$	\$	\$
9	Comprehensive	Actual Cash Value	\$	\$	\$	Actual Cash Value	\$	\$	\$
10	Substitute Transportation	Up to \$ a day, maximum \$	None	\$	\$	Up to \$ a day, maximum \$	None	\$	\$
11	Towing and Labor	Up to \$ for each disablement	None	\$	\$	Up to \$ for each disablement	None	\$	\$
12	Bodily Injury Caused By An Underinsured Auto	\$ per Person per Accident	None	\$	\$	\$ per Person per Accident	None	\$	\$
MERIT RATING PLAN		Premium Adjustment		\$	\$	Premium Adjustment		\$	\$
PREMIUM (per AUTO)		AUTO		\$	\$	AUTO		\$	\$
TOTAL PREMIUM (POLICY)									\$

Disappearing Deductible Credits of \$XXX effective XX/XX/XXXX.

DISCOUNTS		Account	Age 65 and older	Annual Mileage	Good Student	MCD	Shop Smart	Student Away	Motorcycle Training	Pay Plan	Smart Driver	Clean in 3	Welcome Back	Drive Advisor	Marketing Partner
AUTO															
AUTO															

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION
PAGE 1 of X (Note: For policies with 3 or 4 autos, there will be 2 of this page)

	Item 5: Principal Place of Garaging	Item 6: Secured Lender/Lessor – Additional Insured, if Rented Auto
AUTO		
AUTO		

OPERATOR INFORMATION																		
Op No.	Operator Name	Date of Birth	License Number	Lic. State	Clean in Three	CIC Merit Rating	Date First Licensed		Driver T=Trning S=Smart B=Both	Student G=Good A=Away B=Both	Def Op Y/N	Operator Status O=Occasional, P=Principal, E=Excluded, M=Military						
							Auto	Motorcycle				V1	V2	V3	V4			
1																		
2																		
3																		
4																		
5																		
6																		

Identification Numbers of Endorsements Forming a Part of This Policy:

Additional Information:

MERIT RATING PLAN

The Merit Rating Plan premium adjustment for each auto is based on the driving records of the operators listed on your policy. Premium adjustments can result from incident-free driving, or from a Merit Rating Board report of an at-fault accident or traffic law violation during the five year period immediately preceding the policy effective date. The Merit Rating Board code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

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 very serious consequences.

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

Auto	Rating Class	Prem. Town	Stat Class	Risk Type	Age	HT CMP	Annual Mileage	Risk Level	UW Tier	Years Lic Group	MR Group	CIC Loy Group	AAA Loy Group	Comp Sym	Coll Sym	Liab Sym	PIP/MP Sym	TNC Driver	
1																			
2																			

CO	Batch	Seq	Rep	Curr Dt	Run Seq	End No	Last Run DT	Rate Type	HH Level	EDF	Countersigned by Authorized Agent
USE											



**MASSACHUSETTS
PRIVATE PASSENGER AUTOMOBILE
INSURANCE PROGRAM**

RULE MANUAL

Edition Date:
January 01, 2019

MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE MANUAL

PRIVATE PASSENGER FORMS

<u>Title</u>	<u>Edition</u>
Application for Massachusetts Motor Vehicle Insurance	CIC-522 (11/11)
Coverage Selections Page	(1/19)
Annual Mileage Form	CIC-750 (5/17)
Application for Benefits – Personal Injury Protection	
Statutory Notice of Cancellation of the Massachusetts Motor Vehicle Liability Policy	AL 9666e (4/09)
Legal Notice of Non-Renewal of Your Massachusetts Automobile Insurance Policy	CIC-2145 (4/09)



**MASSACHUSETTS
PRIVATE PASSENGER AUTOMOBILE
INSURANCE PROGRAM**

RULE MANUAL

Edition Date:

~~December 01, 2018~~

January 01, 2019

MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE MANUAL

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(05/18 01/19)

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AUTO		
AUTO		

OPERATOR INFORMATION																		
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							Auto	Motorcycle				V1	V2	V3	V4			
1																		
2																		
3																		
4																		
5																		
6																		

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1																			
2																			

CO	Batch	Seq	Rep	Curr Dt	Run Seq	End No	Last Run DT	Rate Type	HH Level	EDF	Countersigned by Authorized Agent
USE											