



## AAA Member Package Endorsement

The additional benefits and enhancements provided by this endorsement are available only to policies **issued to AAA Members, which have not been assigned to Commerce through the Massachusetts Auto Insurance Plan.**

This endorsement changes the policy. Please read it carefully.

Deleted: receiving the AAA Member Discount.¶

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

### OPTIONAL INSURANCE

**Part 5 – Optional Bodily Injury to Others,** Second to the last paragraph is replaced with the following:

We will also pay up to \$500 for the cost of bail bonds required as a result of an **accident** covered under this Part including bail bonds for traffic law violations related to the accident.

**Part 10 – Substitute Transportation**  
The following coverage is being added:

We will pay up to an additional \$30 per day in addition to any limit shown in the Declarations for this coverage part, for which a premium is paid, up to an additional maximum amount of \$900.

Under Comprehensive (Part 9) there is also Substitute Transportation coverage when **your auto** is stolen. If **you** purchase Substitute Transportation and Comprehensive (Part 9), the most **we** will pay under both coverages is the Substitute Transportation limit shown in the Declarations plus this additional coverage.

### GENERAL PROVISIONS AND EXCLUSIONS

**3. Additional Costs We Will Pay,** under Paragraph C., is replaced with the following:

C. Up to \$250 a day for loss of earnings, but not for loss of other income, to any person covered under this policy who attends hearings or trials at **our** request.

### ADDITIONAL COVERAGES

The following Additional Coverages are added:

#### A. Cellular Telephone Replacement

We will pay replacement cost coverage up to \$200 for any cellular telephones (limit one cellular phone per occurrence), provided the loss arises from a covered **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) loss to **your auto**. This coverage is primary in relation to any other valid and collectible insurance. No deductible applies. However, in no event shall **you** be entitled to collect twice for the same loss.

#### B. Glass Repair Coverage

We will waive the Glass Deductible, if one is indicated on your Declarations page, for glass repairs. We will repair at no cost to **you**, simple glass breaks, chips, nicks, and cracks (up to 6 inches in non-critical areas), provided the loss arises from a covered Comprehensive (Part 9) loss to **your auto**.

#### C. Laptop Computer Replacement

We will pay replacement cost coverage up to \$1,000 for any laptop computer (limit one laptop computer per occurrence), provided loss arises from a covered **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) loss to **your auto**. This coverage is primary in relation to any other valid and collectible insurance. No deductible applies. However, in no event shall **you** be entitled to collect twice for the same loss.

Deleted: 7

Deleted: 8

**you** or an odometer reading of 15,000 miles, whichever comes first.

#### D. Personal Belongings

**We** will pay replacement cost coverage up to \$250 for loss or damage of personal property (such as clothing, luggage, sunglasses). This coverage is primary in relation to any other valid and collectible insurance. No deductible applies. However, in no event shall **you** be entitled to collect twice for the same loss. Coverage applies provided the loss arises from a covered **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) loss to **your auto**.

This coverage includes property used in business but excludes property held for sale, display or exhibition.

#### E. Pet Injury Coverage

**We** will pay first-party claims, up to \$500, for veterinary fees related to injuries sustained by a dog or cat that is owned by **you** or any **household member**, while **occupying your auto** and involved in a covered **Collision** (Part 7) or Limited **Collision** (Part 8) loss; and up to \$500 for burial or disposal expenses if the dog or cat dies in a covered **Collision** (Part 7) or Limited **Collision** (Part 8) loss. No deductible applies.

#### F. Seat Belt/Air Bag Benefit

**We** will pay a \$5,000 death benefit for **you** and any **household member** whose death is caused by a covered loss to **your auto** if they were properly wearing their seat belts at the time of the **accident**. **We** will pay a \$10,000 death benefit for **you** and any **household member** whose death is caused by a covered loss to **your auto** if they were properly wearing their seat belts and were protected by an operable air bag at the time of the **accident**. This benefit is in addition to any other collectible coverage endorsements (if applicable).

#### G. Waiver of Collision Deductible

When there is a loss to **your auto** insured for **Collision** Coverage (Part 7), no deductible will apply if **you** are entitled to recover in court against another insured covered by a Personal Auto policy written by **us** at the time of loss.

#### H. Replacement Cost Coverage

The provisions of this coverage apply only to **your auto** that has an odometer reading of less than 500 miles on the date of purchase on the bill of sale. The coverage provided for each such auto will apply until one year from the date of purchase on the bill of sale of each such auto by

#### Definitions

The following definition is added to this policy:

**Replacement cost** means the cost, at the time of loss, of a new **auto** of the same make, model and equipment as the one which had been declared a total loss by **us** without any deduction for depreciation, less prior unrepaired damage.

#### Parts 7. Collision and 9. Comprehensive

Parts 7 and 9 are amended as follows:

If an **auto** to which this endorsement applies:

- is declared a total loss by **us**; and
- the loss is payable under either Comprehensive or **Collision** Coverage; and
- you** have purchased the coverage under which the loss is payable, then the following applies to Parts 7 and 9:

#### Limit of Liability

**Our** limit of liability for loss will be the **replacement cost** of **your auto** which has been declared a total loss by **us**, less any deductible amount **you** selected.

**We** reserve the right to replace **your auto** with a new car of the same make, model and equipment or to pay the **replacement cost** in money.

#### Exclusions

The following exclusions are added to the policy:

There is no coverage under this part for:

- Any non-owned **auto**;
- Any vehicle while used as a temporary substitute for the described **auto** while that **auto** is out of normal use because of a breakdown, repair, servicing, loss or destruction;
- Your auto** if more than one year has elapsed since the date of purchase on the bill of sale for **your auto** or if **your auto** has an odometer reading of 15,000 miles or more.

#### CONDITION

The coverage provided by this endorsement applies only if **you are a AAA Member and your policy was not assigned to us through the Massachusetts Automobile Insurance Plan.**

Deleted: your policy receives the AAA Member Discount.¶

Deleted: 7

Deleted: 8



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This endorsement changes the policy. Please read it carefully.

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### OPTIONAL INSURANCE

**Part 5 – Optional Bodily Injury to Others,** Second to the last paragraph is replaced with the following:

**We** will also pay up to \$500 for the cost of bail bonds required as a result of an **accident** covered under this Part including bail bonds for traffic law violations related to the accident.

### **Part 10 – Substitute Transportation**

The following coverage is being added:

**We** will pay up to an additional \$30 per day in addition to any limit shown in the Declarations for this coverage part, for which a premium is paid, up to an additional maximum amount of \$900.

Under Comprehensive (Part 9) there is also Substitute Transportation coverage when **your auto** is stolen. If **you** purchase Substitute Transportation and Comprehensive (Part 9), the most **we** will pay under both coverages is the Substitute Transportation limit shown in the Declarations plus this additional coverage.

### GENERAL PROVISIONS AND EXCLUSIONS

**3. Additional Costs We Will Pay,** under Paragraph C., is replaced with the following:

**C.** Up to \$250 a day for loss of earnings, but not for loss of other income, to any person covered under this policy who attends hearings or trials at **our** request.

### ADDITIONAL COVERAGES

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**you** or an odometer reading of 15,000 miles, whichever comes first.

#### **D. Personal Belongings**

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When there is a loss to **your auto** insured for **Collision** Coverage (Part 7), no deductible will apply if **you** are entitled to recover in court against another insured covered by a Personal Auto policy written by **us** at the time of loss.

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The provisions of this coverage apply only to **your auto** that has an odometer reading of less than 500 miles on the date of purchase on the bill of sale. The coverage provided for each such auto will apply until one year from the date of purchase on the bill of sale of each such auto by

#### **Definitions**

The following definition is added to this policy:

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Parts 7 and 9 are amended as follows:

If an **auto** to which this endorsement applies:

- a. is declared a total loss by **us**; and
- b. the loss is payable under either Comprehensive or **Collision** Coverage; and
- c. **you** have purchased the coverage under which the loss is payable, then the following applies to Parts 7 and 9:

#### **Limit of Liability**

**Our** limit of liability for loss will be the **replacement cost of your auto** which has been declared a total loss by **us**, less any deductible amount **you** selected.

**We** reserve the right to replace **your auto** with a new car of the same make, model and equipment or to pay the **replacement cost** in money.

#### **Exclusions**

The following exclusions are added to the policy:

There is no coverage under this part for:

1. Any non-owned **auto**;
2. Any vehicle while used as a temporary substitute for the described **auto** while that **auto** is out of normal use because of a breakdown, repair, servicing, loss or destruction;
3. **Your auto** if more than one year has elapsed since the date of purchase on the bill of sale for **your auto** or if **your auto** has an odometer reading of 15,000 miles or more.

#### **CONDITION**

The coverage provided by this endorsement applies only if **you** are a AAA Member and **your** policy was not assigned to **us** through the Massachusetts Automobile Insurance Plan.



# MASSACHUSETTS RENEWAL FORM

ISSUED BY: The Commerce Insurance Company

Policy Number

[Producer]:

NAME AND ADDRESS OF INSURED

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. 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 the auto(s) and the household members and individuals who customarily operate the auto(s).

## VEHICLE INFORMATION

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

Auto 1    Auto 2
Auto 1    Auto 2

- |   |  |
|---|--|
| <p>1. Used in business.                                _____</p> <p>2. Used to transport (for a fee)<br/>Fellow Employees, Passengers,<br/>Students, or Persons employed by you.        _____</p> <p>_____</p> <p>3. Our information indicates that<br/>your auto (s) is principally<br/>garaged in:    _____</p> | <p>4. (a) Equipped with electronic<br/>equipment that reproduces<br/>audio, visual or data signals<br/>that has been permanently<br/>installed but not in the location<br/>used by the auto manufacturer.                        _____</p> <p>(b) Equipped with custom<br/>furnishings or custom equipment<br/>(applicable to vans or pick-up trucks)                _____</p> |
|---|--|

## 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.

Oper No	Operator Name	Date of Birth	Driver's License Number	Lic. State	Date First Licensed in any		Driver Training Yes/No	% of Use		Please Indicate Reason For Change
					State/Country	Motor cycle		Auto 1	Auto 2	

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

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 a merit rating plan.

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 will be used to assign merit rating points to you.

**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.mass.gov/rmv](http://www.mass.gov/rmv).

**DISCOUNTS**

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 and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

**ADDITIONAL INFORMATION**

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

**Deleted:** 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.¶

\_\_\_\_\_ Date

\_\_\_\_\_ Signature



# MASSACHUSETTS RENEWAL FORM

ISSUED BY: The Commerce Insurance Company

Policy Number  
[Producer]:  
Policy Renewal Date:

NAME AND ADDRESS OF INSURED

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. 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 the auto(s) and the household members and individuals who customarily operate the auto(s).

**VEHICLE INFORMATION**

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

- |   | <u>Auto 1</u> | <u>Auto 2</u> |  | <u>Auto 1</u> | <u>Auto 2</u> |
|---|---------------|---------------|--|---------------|---------------|
| 1. Used in business.  | _____         | _____         |  |               |               |
| 2. Used to transport (for a fee)<br>Fellow Employees, Passengers,<br>Students, or Persons employed by you.  | _____         | _____         |  |               |               |
| 3. Our information indicates that<br>your auto (s) is principally<br>garaged in:  | _____         | _____         |  |               |               |
| 4. (a) Equipped with electronic<br>equipment that reproduces<br>audio, visual or data signals<br>that has been permanently<br>installed but not in the location<br>used by the auto manufacturer. |               |               |  | _____         | _____         |
| (b) Equipped with custom<br>furnishings or custom equipment<br>(applicable to vans or pick-up trucks)   |               |               |  | _____         | _____         |

**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.

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		Please Indicate Reason For Change
					Auto	Motor cycle		Auto 1	Auto 2	

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**



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 a merit rating plan.

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 will be used to assign merit rating points to you.

**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.mass.gov/rmv](http://www.mass.gov/rmv).

**DISCOUNTS**

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 and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

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Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

# COVERAGE SELECTIONS PAGE

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

This Policy is Issued By:

## The Commerce Insurance Company

Webster, MA 01570-0758

www.CommerceInsurance.com



ITEM 1. This Policy Is Issued To:

Massachusetts Personal Automobile

Policy Number

Agent

ITEM 2. This Policy Is Effective From:

To

(12:01 A.M. Eastern Standard Time)

ITEM 3. Description of Your Auto:

Auto	Auto
------	------

ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, Parts 1 - 12	AUTO				AUTO			
COMBUSTORY INSURANCE	LIMITS	DEDUCTIBLE	COINSURANCE	COINSURANCE	LIMITS	DEDUCTIBLE	COINSURANCE	COINSURANCE
1 Bodily Injury To Others	\$ per person per accident	None			\$ per person per accident	None		
2 Personal Injury Protection	\$ per person	<input type="checkbox"/> Yourself <input type="checkbox"/> Yourself and household members			\$ per person	<input type="checkbox"/> Yourself <input type="checkbox"/> Yourself and household members		
3 Bodily Injury Caused By An Underinsured 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 Limit \$5,000)	\$ per accident	None			\$ per accident	None		
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		\$	
<b>TOTAL PREMIUM</b>				\$				

Discount %    Age 85 and Older    Air bag/Automatic seatbelts    Annual Mileage    Anti-Theft    Multi-Car

AUTO -  
AUTO -

Identification Numbers of Endorsements Forming a Part of This Policy

ITEM 5. Place of Principal Garaging

ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto

AUTO

AUTO

### Driver Information:

Oper No.	Operator Name	Date of Birth Mo. Day Yr.	License Number	Lic. State/Country	Date First Licensed Mo. Day Yr.	Motorcycle Date First Licensed Mo. Day Yr.	Driver Training Y-N	Delayed Operator	Operator Status: E-Enrolled P-Permitted C-Commercial M-Military					
									Veh 1	Veh 2	Veh 3	Veh 4		

SEEK 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 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.

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

Coverage	Age 65 and Older	Air bag/Automatic seatbelts	Annual Mileage		Anti-Theft Device/Vehicle Recovery System	Multi-Car Discount
	All	Parts 2, 3, 6, and 12	0-5000 Parts 1-8 and 12	5001-7500 Parts 1-8 and 12	Part 9	
Discount Available	25%	25%	12%	5%	Depending on the category of device.	8%

**PART 5-OPTIONAL BODILY INJURY TO OTHERS**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (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 AN 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 PLAN**

The Merit Rating Plan premium adjustment shown on the reverse side 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. If a premium adjustment results from a Merit Rating Board report, and is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine the Merit Rating Code for each listed operator. The Merit Rating Code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

ADDITIONAL INFORMATION:

C A R S	PAYING	PRGM	SEAT	CAR	RSE	COMM	AN	P.L.P.						PHY.-DAM.-COV.																																	
								COV	D&D	BI	PD	MED	U1	U2	COL	LOSS	O.T.C.	AGE	SYMBOL	ATD	MCD	PRE	HT	CRP	ER	CRP	EA	COL	EDF	MRC	R	ELEC	EQ	DEM													
CO	BATCH	SEQ	REP	CURR	ACT	RUN	SEQUENCE	END	LAST	C	DT															AUTHORIZED																					



The Commerce Insurance Company  
211 Main Street, Webster MA 01570

## ADVISORY NOTICE TO POLICYHOLDERS

This Notice has been prepared in conjunction with the implementation of changes to your policy. It contains a brief synopsis of restrictions of coverages to your policy. This Notice does not form a part of your insurance contract. If there is any conflict between the Notice and the policy (including its endorsements), **THE PROVISIONS OF THE POLICY (INCLUDING ITS ENDORSEMENTS) SHALL PREVAIL.**

### **REDUCTION IN COVERAGE**

#### **M-0051-S – Use of Other Autos – Vehicles Furnished or Available For Regular Use**

When this endorsement is attached to your policy:

Coverage is reduced by excluding under Damage to Someone Else's Property (Part 4) and Optional Bodily Injury to Others (Part 5), coverage for the following:

- a. The Commonwealth of Massachusetts and any of its agencies and authorities.
- b. The United States of America and any of its agencies.
- c. Any person while using an auto in the course of his employment by the United States government if the Federal Tort Claim Act requires the Attorney General of the United States to defend that person in any civil action or proceeding for bodily injury or property damage, whether or not the accident has been reported to the United States or the Attorney General.



### Supplemental Application for Massachusetts Motor Vehicle Insurance

(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

- Do you have **Property Insurance** on your principal place of residence? \_\_\_ Yes \_\_\_ No  
If yes, and your principal place of residence is in **Massachusetts**, please provide the following information, as you may be eligible for an **Account Discount**.  
What company is your property policy with? \_\_\_ Commerce \_\_\_ Fair Plan \_\_\_ Other (Name) \_\_\_\_\_  
What type of property policy do you have? \_\_\_ Homeowners \_\_\_ Condo (not rented to others) \_\_\_ Renters
- Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. \_\_\_ Yes \_\_\_ No
- Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? \_\_\_ Yes \_\_\_ No  
If yes, attach a 917 Form for possible driving credit.
- Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? \_\_\_ Yes \_\_\_ No  
If yes, attach a copy of the AMD Form to this application.
- Would you like to purchase the **Enhancer Package Endorsement** for an additional premium? \_\_\_ Yes \_\_\_ No
- Would you like to purchase the **Commerce Elite Package Endorsement** for an additional premium? \_\_\_ Yes \_\_\_ No
- Would you like to purchase **Auto Loan/Lease Coverage** for any of your vehicles for an additional premium? \_\_\_ Yes \_\_\_ No  
Please check applicable vehicle: #1\_\_\_\_\_ #2\_\_\_\_\_ #3\_\_\_\_\_ #4\_\_\_\_\_
- Are any of the listed operators eligible for the **Good Student Discount (GSD)**? \_\_\_ Yes \_\_\_ No  
If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
- Are any of the listed operators eligible for the **Student Away from Home Discount**? \_\_\_ Yes \_\_\_ No  
If yes, please provide the name(s) of the operator(s):  
\_\_\_\_\_  
\_\_\_\_\_

I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Time

**TO BE COMPLETED BY PRODUCER:**

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 Producer

\_\_\_\_\_  
Date and Time

**IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:**

I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

## **“Ways To Save” Guide Consumer Notification**

In accordance with Massachusetts General Laws, we, The Commerce Insurance Company, are required to provide you, the consumer, with the following required consumer information guide: “Your Consumer Guide – Ways To Save on your Automobile Insurance” (“Ways to Save Guide”).

The “Ways to Save Guide” is important for all policyholders as it provides a detailed description of compulsory coverages, optional coverages, and ways to lower your premium. In addition, it provides important information to help consumers understand how driving records impact insurance premiums.

You may choose to receive the “Ways to Save Guide” either electronically, by accessing our company website, or in paper form. Indicate by checking the box below if you would like to receive the “Ways to Save Guide” through our company website at [www.commerceinsurance.com](http://www.commerceinsurance.com). If you do not elect to receive the “Ways to Save Guide” electronically, it will be provided to you in paper form.

I elect to receive the “Ways to Save Guide” electronically from The Commerce Insurance Company web site at [www.commerceinsurance.com](http://www.commerceinsurance.com)

If you have any questions regarding the “Ways to Save Guide”, or would like a free paper copy in the future, please contact The Commerce Insurance Company at 1-800-922-8276 extension 14414.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



### Supplemental Application for Massachusetts Motor Vehicle Insurance

(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

1. Do you have **Property Insurance** on your principal place of residence? Yes  No   
 If yes, and your principal place of residence is in Massachusetts.  
 please provide the following information, as you may be eligible for an **Account Discount**.  
What company is your property policy with? Commerce Fair Plan Other (Name)  
What type of property policy do you have? Homeowners Condo (not rented to others) Renters
2. Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. Yes  No
3. Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? Yes  No   
 If yes, attach a 917 Form for possible driving credit.
4. Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? Yes  No   
 If yes, attach a copy of the AMD Form to this application.
5. Would you like to purchase the **Enhancer Package Endorsement** for an additional premium? Yes  No
6. Would you like to purchase the **Commerce Elite Package Endorsement** for an additional premium? Yes  No
7. Would you like to purchase **Auto Loan/Lease Coverage** for any of your vehicles for an additional premium? Yes  No   
 Please check applicable vehicle: #1  #2  #3  #4
8. Are any of the listed operators eligible for the **Good Student Discount (GSD)**? Yes  No   
If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
9. Are any of the listed operators eligible for the **Student Away from Home Discount**? Yes  No   
If yes, please provide the name(s) of the operator(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

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- Deleted: What company is your property policy with? \_\_\_ Commerce \_\_\_ Fair Plan \_\_\_ Other (Name)
- Deleted: 2. If you answered 'No' to Question #1, please indicate if you have **Property Insurance** on ¶ a principal place of residence located outside of Massachusetts? . . . . . \_\_\_ Yes \_\_\_ No¶  
 . If yes, indicate the name of the Insurance Company  
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I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
Signature of Applicant Date and Time

TO BE COMPLETED BY PRODUCER:  
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 Producer Date and Time

IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:  
I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

\_\_\_\_\_  
Applicant's Name Date

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## “Ways To Save” Guide Consumer Notification

In accordance with Massachusetts General Laws, we, The Commerce Insurance Company, are required to provide you, the consumer, with the following required consumer information guide: “Your Consumer Guide – Ways To Save on your Automobile Insurance” (“Ways to Save Guide”).

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The “Ways to Save Guide” is important for all policyholders as it provides a detailed description of compulsory coverages, optional coverages, and ways to lower your premium. In addition, it provides important information to help consumers understand how driving records impact insurance premiums.

You may choose to receive the “Ways to Save Guide” either electronically, by accessing our company website, or in paper form. Indicate by checking the box below if you would like to receive the “Ways to Save Guide” through our company website at [www.commerceinsurance.com](http://www.commerceinsurance.com). If you do not elect to receive the “Ways to Save Guide” electronically, it will be provided to you in paper form.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Supplemental Application for Massachusetts Motor Vehicle Insurance with MAIP**  
(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

- Do you have **Property Insurance** on your principal place of residence? \_\_\_ Yes \_\_\_ No  
If yes, and your principal place of residence is in **Massachusetts**, please provide the following information, as you may be eligible for an **Account Discount**.  
What company is your property policy with? \_\_\_ Commerce \_\_\_ Fair Plan \_\_\_ Other (Name) \_\_\_\_\_  
What type of property policy do you have? \_\_\_ Homeowners \_\_\_ Condo (not rented to others) \_\_\_ Renters
- Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. \_\_\_ Yes \_\_\_ No
- Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? \_\_\_ Yes \_\_\_ No  
If yes, attach a 917 Form for possible driving credit.
- Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? \_\_\_ Yes \_\_\_ No  
If yes, attach a copy of the AMD Form to this application.
- Are any of the listed operators eligible for the **Good Student Discount (GSD)**? \_\_\_ Yes \_\_\_ No  
If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
- Are any of the listed operators eligible for the **Student Away from Home Discount**? \_\_\_ Yes \_\_\_ No  
If yes, please provide the name(s) of the operator(s):  
\_\_\_\_\_  
\_\_\_\_\_

I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Time

**TO BE COMPLETED BY PRODUCER:**

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 Producer

\_\_\_\_\_  
Date and Time

**IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:**  
I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

## **“Ways To Save” Guide Consumer Notification**

In accordance with Massachusetts General Laws, we, The Commerce Insurance Company, are required to provide you, the consumer, with the following required consumer information guide: “Your Consumer Guide – Ways To Save on your Automobile Insurance” (“Ways to Save Guide”).

The “Ways to Save Guide” is important for all policyholders as it provides a detailed description of compulsory coverages, optional coverages, and ways to lower your premium. In addition, it provides important information to help consumers understand how driving records impact insurance premiums.

You may choose to receive the “Ways to Save Guide” either electronically, by accessing our company website, or in paper form. Indicate by checking the box and signing below if you would like to receive the “Ways to Save Guide” through our company website at [www.commerceinsurance.com](http://www.commerceinsurance.com). If you do not elect to receive the “Ways to Save Guide” electronically, it will be provided to you in paper form.

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If you have any questions regarding the “Ways to Save Guide”, or would like a free paper copy in the future, please contact The Commerce Insurance Company at 1-800-922-8276 extension 14414.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



### Supplemental Application for Massachusetts Motor Vehicle Insurance with MAIP

(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

- Do you have **Property Insurance** on your principal place of residence? Yes \_\_\_ No \_\_\_  
 If yes, and your principal place of residence is in Massachusetts.  
 \_\_\_ please provide the following information, as you may be eligible for an **Account Discount**.  
 What company is your property policy with? \_\_\_ Commerce \_\_\_ Fair Plan \_\_\_ Other (Name) \_\_\_  
 What type of property policy do you have? \_\_\_ Homeowners \_\_\_ Condo (not rented to others) \_\_\_ Renters \_\_\_
- Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. Yes \_\_\_ No \_\_\_
- Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? Yes \_\_\_ No \_\_\_  
 If yes, attach a 917 Form for possible driving credit.
- Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? Yes \_\_\_ No \_\_\_  
 If yes, attach a copy of the AMD Form to this application.
- Are any of the listed operators eligible for the **Good Student Discount (GSD)**? Yes \_\_\_ No \_\_\_  
 If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
- Are any of the listed operators eligible for the **Student Away from Home Discount**? Yes \_\_\_ No \_\_\_  
 If yes, please provide the name(s) of the operator(s): \_\_\_\_\_

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 2. If you answered 'No' to Question #1, please indicate if you have **Property Insurance** on ¶ a principal place of residence located outside of Massachusetts? . . . . .  
 \_\_\_ Yes \_\_\_ No ¶  
 . If yes, indicate the name of the Insurance Company  
 \_\_\_\_\_ ¶

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I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
 Signature of Applicant Date and Time

TO BE COMPLETED BY PRODUCER:  
 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 Producer Date and Time

IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:  
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\_\_\_\_\_  
 Applicant's Name Date

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## “Ways To Save” Guide Consumer Notification

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The “Ways to Save Guide” is important for all policyholders as it provides a detailed description of compulsory coverages, optional coverages, and ways to lower your premium. In addition, it provides important information to help consumers understand how driving records impact insurance premiums.

You may choose to receive the “Ways to Save Guide” either electronically, by accessing our company website, or in paper form. Indicate by checking the box and signing below if you would like to receive the “Ways to Save Guide” through our company website at [www.commerceinsurance.com](http://www.commerceinsurance.com). If you do not elect to receive the “Ways to Save Guide” electronically, it will be provided to you in paper form.

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If you have any questions regarding the “Ways to Save Guide”, or would like a free paper copy in the future, please contact The Commerce Insurance Company at 1-800-922-8276 extension 14414.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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# APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

<input type="checkbox"/> <b>The Commerce Insurance Company<sup>SM</sup></b> <input type="checkbox"/> <b>Citation Insurance<sup>SM</sup></b>		APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP _____ PHONE: _____	
PRODUCER _____ CODE: _____			
BINDER/POLICY #: _____		MAIL ADDRESS (IF DIFFERENT) _____	
EFFECTIVE DATE _____	EXPIRATION DATE _____	DIRECT BILL _____	PAYMENT PLAN _____
AGENCY RECOMMENDATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> CEDED (REASON BELOW) _____		AGENCY BILL _____	DEPOSIT PREMIUM \$ _____

**COVERAGE INFORMATION:** Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused by An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Part 11, Towing and Labor Coverage is available at the option of the Company.

COVERAGES PARTS 1 - 12	AUTO 1		AUTO 2	
COMPULSORY INSURANCE	LIMITS/DEDUCTIBLE	PREMIUM	LIMITS/DEDUCTIBLE	PREMIUM
1. BODILY INJURY TO OTHERS	\$20,000 PER PERSON/\$40,000 PER ACCIDENT	\$	\$20,000 PER PERSON/\$40,000 PER ACCIDENT	\$
2. PERSONAL INJURY PROTECTION	\$8,000 PER PERSON DED <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$	\$8,000 PER PERSON DED <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)	\$ PER PERSON \$ PER ACCIDENT	\$	\$ PER PERSON \$ PER ACCIDENT	\$
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)	\$ PER ACCIDENT	\$	\$ PER ACCIDENT	\$
<b>OPTIONAL INSURANCE</b>				
5. OPTIONAL BODILY INJURY TO OTHERS	\$ PER PERSON \$ PER ACCIDENT	\$	\$ PER PERSON \$ PER ACCIDENT	\$
6. MEDICAL PAYMENTS	\$ PER PERSON	\$	\$ PER PERSON	\$
7. COLLISION ACV	WAIVER OF DEDUCTIBLE \$ DED \$	\$	WAIVER OF DEDUCTIBLE \$ DED \$	\$
8. LIMITED COLLISION ACV	\$ DED \$	\$	\$ DED \$	\$
9. COMPREHENSIVE ACV	\$100 GLASS DEDUCTIBLE \$ DED \$	\$	\$100 GLASS DEDUCTIBLE \$ DED \$	\$
10. SUBSTITUTE TRANSPORTATION	UP TO \$ A DAY, MAXIMUM \$	\$	UP TO \$ A DAY, MAXIMUM \$	\$
11. TOWING AND LABOR	UP TO \$ FOR EACH DISABLEMENT	\$	UP TO \$ FOR EACH DISABLEMENT	\$
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO	\$ PER PERSON \$ PER ACCIDENT	\$	\$ PER PERSON \$ PER ACCIDENT	\$
MERIT RATING PLAN	PREMIUM ADJUSTMENT	\$	PREMIUM ADJUSTMENT	\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	PREMIUM	\$	PREMIUM*	\$
<b>TOTAL PREMIUM</b>				\$

VEHICLE INFORMATION		PLACE OF PRINCIPAL GARAGING - AUTO 1:		AUTO 2:					
#	YEAR	MAKE, MODEL AND, IF MOTORCYCLE, C.C.	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT RATING FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	VEHICLE COST NEW OR MOTORCYCLE AVERAGE RETAIL VALUE	MILES AUTO WAS DRIVEN IN PAST 12 MOS	ODOMETER READING
1									
2									
#	AIR BAG/PASSIVE SEAT BELT (YES/NO)	ANTI-THEFT (YES/NO)	VEHICLE RECOVERY SYSTEM (YES/NO)	LEASED AUTO (YES/NO)	SECURED LENDER AND/OR LESSOR (Please include name and address)				
1									
2									

**NOTICE:** Evidence of installation of an anti-theft device or a vehicle recovery system is required to receive a discount for Part 9, Comprehensive. If your auto is not equipped with an anti-theft device or a vehicle recovery system and your auto is on the High-Theft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

**DRIVER INFORMATION** Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a Household Member. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

OPERATOR NAME	DATE OF BIRTH	CURRENT DRIVER'S LICENSE #/LICENSED STATE <small>If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.</small>	MERIT RATING POINTS	DATE FIRST LICENSED			DRIVER TRAINING	% OF USE			
				MASS	OTHER	MOTOR CYCLE		YES/NO	AUTO 1	AUTO 2	AUTO 3
				1							
2											
3											
4											

**NOTICE** 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 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. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. We may also limit our payments under Part 3 and Part 4.

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.

DRIVER INFORMATION (CONTINUED)		Explain all "Yes" responses in the REMARKS Section. During the last six years have you or any listed operator:			
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES	NO	D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES	NO
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		
<b>LICENSE INFORMATION</b> Once you or the principal operator listed on this application 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 Vehicle's website at <a href="http://www.mass.gov/rmv">www.mass.gov/rmv</a> .					
<b>MERIT RATING INFORMATION</b> If in the last six years any listed 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 will be used in assigning merit rating points.					
<b>GENERAL INFORMATION</b> Explain all "Yes" responses in the REMARKS Section; on Questions 3 - 8 include the auto number.					
1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?	YES	NO	5. IS ANY AUTO USED TO TRANSPORT (To or From Work or School): A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE? B. PERSONS EMPLOYED BY YOU?	YES	NO
2. HAS YOUR AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE YEARS?			6. IS ANY VAN OR PICK-UP EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (If Yes, You May Wish to Purchase Additional Coverage.)		
3. ARE ANY LISTED OPERATORS INCLUDED ON ANOTHER POLICY OR DO THEY HAVE THEIR OWN MASSACHUSETTS PERSONAL AUTOMOBILE POLICY? (LIST OPERATOR #, INSURANCE COMPANY, AND POLICY#)			7. IS ANY AUTO EQUIPPED WITH ELECTRONIC EQUIPMENT PERMANENTLY INSTALLED BUT NOT IN LOCATIONS USED BY THE AUTO MANUFACTURER FOR SUCH EQUIPMENT? (If You Wish to Purchase Coverage For these Items, list Make, Model, Serial #, Amount of Ins. for Items).		
4. IF A VEHICLE IS A MOTORCYCLE, HAS THE PRINCIPAL OPERATOR COMPLETED AN APPROVED MOTORCYCLE RIDER TRAINING PROGRAM?  (ATTACH COPY OF CERTIFICATE OR OTHER EVIDENCE OF COMPLETION)			8. IS ANY AUTO USED IN BUSINESS? (Type of Business) A. IF VAN/PICK-UP, IS IT USED TO DELIVER/TRANSPORT GOODS? B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE?		
9. IF ANY AUTO(S) TO BE INSURED IS TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE. (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9)			<b>ATTACHMENTS</b>		
AUTO 1 _____ AUTO 2 _____			<input type="checkbox"/> ANTI-THEFT DEVICE CERTIFICATE <input type="checkbox"/> APPRAISAL <input type="checkbox"/> APPROVED DRIVER TRAINING CERTIFICATE <input type="checkbox"/> APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE. <input type="checkbox"/> CUSTOMIZED EQUIPMENT EVIDENCE <input type="checkbox"/> OPERATOR EXCLUSION FORM <input type="checkbox"/> OUT-OF-STATE DRIVER RECORD <input type="checkbox"/> PRE-INSURANCE FORM <input type="checkbox"/> VEHICLE RECOVERY SYSTEM CERTIFICATE		
10. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7, 8 OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.					
11. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW:  MOTORCYCLE ONLY - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON JANUARY 1ST AND DO NOT RENEW. TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW.					
<b>REMARKS</b> IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.					
<b>FAIR CREDIT REPORTING ACT:</b> In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.					
<b>DECLARATIONS AND SIGNATURES</b> I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION AND ACCIDENT OR CLAIM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.					
_____ Signature of Applicant			_____ Date and Time		
<b>TO BE COMPLETED BY AGENT:</b> 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		
<b>IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:</b> I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.					
_____ Applicant's Name					



## Commerce Elite Package Endorsement

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless expressly modified by this endorsement.

For an additional premium, the following additional coverages apply:

### 1. Collision and Limited Collision Deductible Savings Program

If a listed operator on **your** policy, who is assigned a Merit Rating Code of 98 or 99, is involved in an **accident** while operating an **auto** covered under **Collision** (Part 7) or Limited **Collision** (Part 8), the applicable deductible will be waived up to a maximum of \$500.

### 2. Original Equipment Manufacturer Parts Coverage

**We** will pay to replace any damaged crash part which cannot be repaired, with a part manufactured or licensed by the original equipment manufacturer. The damage must involve an auto described on the Coverage Selections Page for which a premium charge is shown for **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9), and the damage must:

- (1) Arise from a covered loss under **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9);
- (2) Occur to an **auto** with less than 50,000 miles; and
- (3) Occur to an **auto** that is no more than 10 model years old.

A crash part, as used in this endorsement, means a motor vehicle part of sheet metal or plastic that constitutes the visible exterior of the **auto**, including inner and outer panels. It does not include glass or mechanical non-body related parts.

All other provisions of **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) apply.

### 3. Mechanical Parts Replacement Cost Coverage

**We** will pay to replace any damaged mechanical non-body related part, which cannot be repaired, without a deduction for depreciation. The damage must involve an auto described on the Coverage Selections Page for which a premium charge is shown for **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9), and the damage must:

- (1) Arise from a covered loss under **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9);
- (2) Occur to an **auto** with less than 50,000 miles; and
- (3) Occur to an **auto** that is no more than 10 model years old.

This coverage does not apply if your **auto** is a motorcycle or a motor home.

All other provisions of **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) apply.

#### 4. Emergency Travel Expense

**We** will pay additional expenses incurred by **you, your household members** and anyone **occupying your auto**, for lodging and meals, in the event of a covered **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) loss to **your auto**. The loss must occur more than 100 miles from **your** principal residence. Our limit of liability for these additional expenses will be \$100 per day to a maximum of \$300, regardless of the number of occupants in the auto at the time of loss. Coverage will end when the **auto** is returned to use. No deductible applies to this coverage.

All other provisions of **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) apply.

#### 5. Additional Towing and Labor Coverage

**We** will pay up to \$75 in addition to any limit shown in the Coverage Selections Page for Towing and Labor (Part 11) for which a premium is paid.

All other provisions of Towing and Labor (Part 11) apply.

#### 6. Accidental Discharge of Air Bag Coverage

**We** will pay the cost to repair or restore an airbag that accidentally discharges, without the **auto** being in an accident. This coverage applies to any **auto** shown on the Coverage Selections Page for which a premium charge is shown for Comprehensive (Part 9). However, if **you** are entitled by other insurance or warranty for the cost to repair or restore the airbag, **we** will pay only the cost not covered by the other insurance or warranty. No deductible applies to this coverage.

General Provision and Exclusion 9. does not apply to this coverage.





## Commerce Elite Package Endorsement

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless expressly modified by this endorsement.

For an additional premium, the following additional coverages apply:

### 1. Collision and Limited Collision Deductible Savings Program

If a listed operator on **your** policy, who ~~is assigned a Merit Rating Code of 98 or 99~~, is involved in an **accident** while operating an **auto** covered under **Collision** (Part 7) or Limited **Collision** (Part 8), the applicable deductible will be waived up to a maximum of \$500.

Deleted: qualifies for the Excellent Driver Discount Plus or Excellent Driver Discount,

### 2. Original Equipment Manufacturer Parts Coverage

We will pay to replace any damaged crash part which cannot be repaired, with a part manufactured or licensed by the original equipment manufacturer. The damage must involve an auto described on the Coverage Selections Page for which a premium charge is shown for **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9), and the damage must:

- (1) Arise from a covered loss under **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9);
- (2) Occur to an **auto** with less than 50,000 miles; and
- (3) Occur to an **auto** that is no more than 10 model years old.

A crash part, as used in this endorsement, means a motor vehicle part of sheet metal or plastic that constitutes the visible exterior of the **auto**, including inner and outer panels. It does not include glass or mechanical non-body related parts.

All other provisions of **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) apply.

### 3. Mechanical Parts Replacement Cost Coverage

We will pay to replace any damaged mechanical non-body related part, which cannot be repaired, without a deduction for depreciation. The damage must involve an auto described on the Coverage Selections Page for which a premium charge is shown for **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9), and the damage must:

- (1) Arise from a covered loss under **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9);
- (2) Occur to an **auto** with less than 50,000 miles; and
- (3) Occur to an **auto** that is no more than 10 model years old.

This coverage does not apply if your **auto** is a motorcycle or a motor home.

All other provisions of **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) apply.

Deleted: 12

Deleted: 8

#### 4. Emergency Travel Expense

**We** will pay additional expenses incurred by **you, your household members** and anyone **occupying your auto**, for lodging and meals, in the event of a covered **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) loss to **your auto**. The loss must occur more than 100 miles from **your** principal residence. Our limit of liability for these additional expenses will be \$100 per day to a maximum of \$300, regardless of the number of occupants in the auto at the time of loss. Coverage will end when the **auto** is returned to use. No deductible applies to this coverage.

All other provisions of **Collision** (Part 7), Limited **Collision** (Part 8) or Comprehensive (Part 9) apply.

#### 5. Additional Towing and Labor Coverage

**We** will pay up to \$75 in addition to any limit shown in the Coverage Selections Page for Towing and Labor (Part 11) for which a premium is paid.

All other provisions of Towing and Labor (Part 11) apply.

#### 6. Accidental Discharge of Air Bag Coverage

**We** will pay the cost to repair or restore an airbag that accidentally discharges, without the **auto** being in an accident. This coverage applies to any **auto** shown on the Coverage Selections Page for which a premium charge is shown for Comprehensive (Part 9). However, if **you** are entitled by other insurance or warranty for the cost to repair or restore the airbag, **we** will pay only the cost not covered by the other insurance or warranty. No deductible applies to this coverage.

General Provision and Exclusion 9. does not apply to this coverage.



# MASSACHUSETTS RENEWAL FORM

ISSUED BY: The Commerce Insurance Company

Policy Number  
[Producer]:  
Policy Renewal Date:

NAME AND ADDRESS OF INSURED

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. 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 the auto(s) and the household members and individuals who customarily operate the auto(s).

**VEHICLE INFORMATION**

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

- |  | <u>Auto 1</u> | <u>Auto 2</u> |   | <u>Auto 1</u> | <u>Auto 2</u> |
|--|---------------|---------------|---|---------------|---------------|
| 1. Used in business.   | _____         | _____         |   |               |               |
| 2. Used to transport (for a fee)<br>Fellow Employees, Passengers,<br>Students, or Persons employed by you. | _____         | _____         |   |               |               |
| 3. Our information indicates that<br>your auto (s) is principally<br>garaged in:                           | _____         | _____         |   |               |               |
|  |               |               | 4. (a) Equipped with electronic<br>equipment that reproduces<br>audio, visual or data signals<br>that has been permanently<br>installed but not in the location<br>used by the auto manufacturer. | _____         |               |
|  |               |               | (b) Equipped with custom<br>furnishings or custom equipment<br>(applicable to vans or pick-up trucks)   | _____         | _____         |

**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.

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		Please Indicate Reason For Change
					Auto	Motor cycle		Auto 1	Auto 2	

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**

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 a merit rating plan.

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 will be used to assign merit rating points to you.

**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.mass.gov/rmv](http://www.mass.gov/rmv).

**DISCOUNTS**

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 and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

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.

**ADDITIONAL INFORMATION**

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature



## COVERAGE SELECTIONS PAGE

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

This policy is Issued By: The Commerce Insurance Company  
**ITEM 1.** This policy is Issued To:

Massachusetts Personal Automobile  
 Policy Number  
 [Producer]

**ITEM 2.** This policy is effective from: \_\_\_\_\_ To: \_\_\_\_\_ (12:01 A.M. Eastern Standard Time)

**ITEM 3.** Description of your Auto:

AUTO	AUTO
------	------

**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	PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	NONE	\$	\$20,000 per person \$40,000 per accident	NONE	\$
2. Personal Injury Protection	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$
3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small>	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ 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	CREDIT	\$	CREDIT	\$
	SURCHARGE	\$	SURCHARGE	\$
	<b>PREMIUM</b>	\$	<b>PREMIUM</b>	\$
Identification Numbers of Endorsements Forming a Part of This Policy				<b>TOTAL PREMIUM</b>
				\$

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto
AUTO	
AUTO	

Driver Information:

Oper No.	Operator Name	Date of Birth	License Number	Lic. State	Date First Licensed if Less Than 6 Yrs		Driver Training Yes/No	% Use		Operator Status: O - Occasional P - Principal E - Excluded D - Deferred	
					Auto	Motor cycle		Auto 1	Auto 2	Auto 1	Auto2

**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 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.

**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
			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, 2, 4, 5, 7, 8 and 9
Discount Available	25%	25%	10%	5%	5-36% Depending on the category of device	5%

**PART 5 - OPTIONAL BODILY INJURY TO OTHERS**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (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 AN 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 PLAN**

The Merit Rating Plan credit or surcharge 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 a surcharge 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.

Countersigned by: \_\_\_\_\_



### Supplemental Application for Massachusetts Motor Vehicle Insurance

(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

- Do you have **Property Insurance** on your principal place of residence? \_\_\_ Yes \_\_\_ No  
If yes, and your principal place of residence is in **Massachusetts**, please provide the following information, as you may be eligible for an **Account Discount**.  
What company is your property policy with? \_\_\_ Commerce \_\_\_ Fair Plan \_\_\_ Other (Name) \_\_\_\_\_  
What type of property policy do you have? \_\_\_ Homeowners \_\_\_ Condo (not rented to others) \_\_\_ Renters
- Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. \_\_\_ Yes \_\_\_ No
- Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? \_\_\_ Yes \_\_\_ No  
If yes, attach a 917 Form for possible driving credit.
- Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? \_\_\_ Yes \_\_\_ No  
If yes, attach a copy of the AMD Form to this application.
- Would you like to purchase the **Enhancer Package Endorsement** for an additional premium? \_\_\_ Yes \_\_\_ No
- Would you like to purchase the **Com-Pack Endorsement** for an additional premium? \_\_\_ Yes \_\_\_ No
- Would you like to purchase **Auto Loan/Lease Coverage** for any of your vehicles for an additional premium? \_\_\_ Yes \_\_\_ No  
Please check applicable vehicle: #1\_\_\_\_\_ #2\_\_\_\_\_ #3\_\_\_\_\_ #4\_\_\_\_\_
- Are any of the listed operators eligible for the **Good Student Discount (GSD)**? \_\_\_ Yes \_\_\_ No  
If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
- Are any of the listed operators eligible for the **Student Away from Home Discount**? \_\_\_ Yes \_\_\_ No  
If yes, please provide the name(s) of the operator(s):  
\_\_\_\_\_  
\_\_\_\_\_

I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Time

**TO BE COMPLETED BY PRODUCER:**

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 Producer

\_\_\_\_\_  
Date and Time

**IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:**

I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date



## **“Ways To Save” Guide Consumer Notification**

In accordance with Massachusetts General Laws, we, The Commerce Insurance Company, are required to provide you, the consumer, with the following required consumer information guide: “Your Consumer Guide – Ways To Save on your Automobile Insurance” (“Ways to Save Guide”).

The “Ways to Save Guide” is important for all policyholders as it provides a detailed description of compulsory coverages, optional coverages, and ways to lower your premium. In addition, it provides important information to help consumers understand how driving records impact insurance premiums.

You may choose to receive the “Ways to Save Guide” either electronically, by accessing our company website, or in paper form. Indicate by checking the box below if you would like to receive the “Ways to Save Guide” through our company website at [www.commerceinsurance.com](http://www.commerceinsurance.com). If you do not elect to receive the “Ways to Save Guide” electronically, it will be provided to you in paper form.

I elect to receive the “Ways to Save Guide” electronically from The Commerce Insurance Company web site at [www.commerceinsurance.com](http://www.commerceinsurance.com)

If you have any questions regarding the “Ways to Save Guide”, or would like a free paper copy in the future, please contact The Commerce Insurance Company at 1-800-922-8276 extension 14414.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



### Supplemental Application for Massachusetts Motor Vehicle Insurance

(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

1. Do you have **Property Insurance** on your principal place of residence? Yes \_\_\_ No \_\_\_  
 If yes, and your principal place of residence is in Massachusetts.  
 please provide the following information, as you may be eligible for an **Account Discount**.

Deleted: Massachusetts  
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What company is your property policy with? Commerce Fair Plan Other (Name)  
 What type of property policy do you have? \_\_\_ Homeowners \_\_\_ Condo (not rented to others) \_\_\_ Renters

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2. Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. Yes \_\_\_ No \_\_\_

3. Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? Yes \_\_\_ No \_\_\_  
 If yes, attach a 917 Form for possible driving credit.

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 If yes, indicate the name of the Insurance Company

4. Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? Yes \_\_\_ No \_\_\_  
 If yes, attach a copy of the AMD Form to this application.

5. Would you like to purchase the **Enhancer Package Endorsement** for an additional premium? Yes \_\_\_ No \_\_\_

6. Would you like to purchase the **Com-Pack Endorsement** for an additional premium? Yes \_\_\_ No \_\_\_

7. Would you like to purchase **Auto Loan/Lease Coverage** for any of your vehicles for an additional premium? Yes \_\_\_ No \_\_\_  
 Please check applicable vehicle: #1 \_\_\_ #2 \_\_\_ #3 \_\_\_ #4 \_\_\_

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8. Are any of the listed operators eligible for the **Good Student Discount (GSD)**? Yes \_\_\_ No \_\_\_  
 If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.

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9. Are any of the listed operators eligible for the **Student Away from Home Discount**? Yes \_\_\_ No \_\_\_  
 If yes, please provide the name(s) of the operator(s):

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I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date and Time

TO BE COMPLETED BY PRODUCER:

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 Producer

\_\_\_\_\_  
 Date and Time

IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:  
 I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

\_\_\_\_\_  
 Applicant's Name

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## “Ways To Save” Guide Consumer Notification

In accordance with Massachusetts General Laws, we, The Commerce Insurance Company, are required to provide you, the consumer, with the following required consumer information guide: “Your Consumer Guide – Ways To Save on your Automobile Insurance” (“Ways to Save Guide”).

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The “Ways to Save Guide” is important for all policyholders as it provides a detailed description of compulsory coverages, optional coverages, and ways to lower your premium. In addition, it provides important information to help consumers understand how driving records impact insurance premiums.

You may choose to receive the “Ways to Save Guide” either electronically, by accessing our company website, or in paper form. Indicate by checking the box below if you would like to receive the “Ways to Save Guide” through our company website at [www.commerceinsurance.com](http://www.commerceinsurance.com). If you do not elect to receive the “Ways to Save Guide” electronically, it will be provided to you in paper form.

I elect to receive the “Ways to Save Guide” electronically from The Commerce Insurance Company web site at [www.commerceinsurance.com](http://www.commerceinsurance.com)

If you have any questions regarding the “Ways to Save Guide”, or would like a free paper copy in the future, please contact The Commerce Insurance Company at 1-800-922-8276 extension 14414.

\_\_\_\_\_  
Signature of Applicant

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### Supplemental Application for Massachusetts Motor Vehicle Insurance

(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

- Do you have **Property Insurance** on your principal place of residence? \_\_\_ Yes \_\_\_ No  
If yes, and your principal place of residence is in **Massachusetts**, please provide the following information, as you may be eligible for an **Account Discount**.  
What company is your property policy with? \_\_\_ Commerce \_\_\_ Fair Plan \_\_\_ Other (Name) \_\_\_\_\_  
What type of property policy do you have? \_\_\_ Homeowners \_\_\_ Condo (not rented to others) \_\_\_ Renters
- Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. \_\_\_ Yes \_\_\_ No
- Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? \_\_\_ Yes \_\_\_ No  
If yes, attach a 917 Form for possible driving credit.
- Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? \_\_\_ Yes \_\_\_ No  
If yes, attach a copy of the AMD Form to this application.
- Would you like to purchase the **Enhancer Package Endorsement** for an additional premium? \_\_\_ Yes \_\_\_ No
- Would you like to purchase the **Com-Pack Endorsement** for an additional premium? \_\_\_ Yes \_\_\_ No
- Would you like to purchase **Auto Loan/Lease Coverage** for any of your vehicles for an additional premium? \_\_\_ Yes \_\_\_ No  
Please check applicable vehicle: #1\_\_\_\_\_ #2\_\_\_\_\_ #3\_\_\_\_\_ #4\_\_\_\_\_
- Are any of the listed operators eligible for the **Good Student Discount (GSD)**? \_\_\_ Yes \_\_\_ No  
If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
- Are any of the listed operators eligible for the **Student Away from Home Discount**? \_\_\_ Yes \_\_\_ No  
If yes, please provide the name(s) of the operator(s):  
\_\_\_\_\_  
\_\_\_\_\_

I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Time

**TO BE COMPLETED BY PRODUCER:**

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 Producer

\_\_\_\_\_  
Date and Time

**IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:**

I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Date

## **“Ways To Save” Guide Consumer Notification**

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



### Supplemental Application for Massachusetts Motor Vehicle Insurance

(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

1. Do you have **Property Insurance** on your principal place of residence? Yes  No   
 If yes, and your principal place of residence is in Massachusetts.  
 please provide the following information, as you may be eligible for an **Account Discount**.  
What company is your property policy with? Commerce Fair Plan Other (Name)  
What type of property policy do you have? Homeowners Condo (not rented to others) Renters
2. Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. Yes  No
3. Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? Yes  No   
 If yes, attach a 917 Form for possible driving credit.
4. Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? Yes  No   
 If yes, attach a copy of the AMD Form to this application.
5. Would you like to purchase the **Enhancer Package Endorsement** for an additional premium? Yes  No
6. Would you like to purchase the **Com-Pack Endorsement** for an additional premium? Yes  No
7. Would you like to purchase **Auto Loan/Lease Coverage** for any of your vehicles for an additional premium? Yes  No   
 Please check applicable vehicle: #1  #2  #3  #4
8. Are any of the listed operators eligible for the **Good Student Discount (GSD)**? Yes  No   
If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
9. Are any of the listed operators eligible for the **Student Away from Home Discount**? Yes  No   
If yes, please provide the name(s) of the operator(s):  
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If yes, indicate the name of the Insurance Company  
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I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
Signature of Applicant Date and Time

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Signature of Producer Date and Time

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\_\_\_\_\_  
Applicant's Name Date

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You may choose to receive the “Ways to Save Guide” either electronically, by accessing our company website, or in paper form. Indicate by checking the box below if you would like to receive the “Ways to Save Guide” through our company website at [www.commerceinsurance.com](http://www.commerceinsurance.com). If you do not elect to receive the “Ways to Save Guide” electronically, it will be provided to you in paper form.

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\_\_\_\_\_  
Signature of Applicant

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Date

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**Supplemental Application for Massachusetts Motor Vehicle Insurance with MAIP**  
(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

- Do you have **Property Insurance** on your principal place of residence? \_\_\_ Yes \_\_\_ No  
If yes, and your principal place of residence is in **Massachusetts**, please provide the following information, as you may be eligible for an **Account Discount**.  
What company is your property policy with? \_\_\_ Commerce \_\_\_ Fair Plan \_\_\_ Other (Name) \_\_\_\_\_  
What type of property policy do you have? \_\_\_ Homeowners \_\_\_ Condo (not rented to others) \_\_\_ Renters
- Do you have a **Foreign Driver's License**? If yes, attach a copy to this application. \_\_\_ Yes \_\_\_ No
- Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? \_\_\_ Yes \_\_\_ No  
If yes, attach a 917 Form for possible driving credit.
- Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**? \_\_\_ Yes \_\_\_ No  
If yes, attach a copy of the AMD Form to this application.
- Are any of the listed operators eligible for the **Good Student Discount (GSD)**? \_\_\_ Yes \_\_\_ No  
If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
- Are any of the listed operators eligible for the **Student Away from Home Discount**? \_\_\_ Yes \_\_\_ No  
If yes, please provide the name(s) of the operator(s):  
\_\_\_\_\_  
\_\_\_\_\_

I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Time

**TO BE COMPLETED BY PRODUCER:**

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 Producer

\_\_\_\_\_  
Date and Time

**IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:**  
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Applicant's Name

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



### Supplemental Application for Massachusetts Motor Vehicle Insurance with MAIP

(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

- Do you have **Property Insurance** on your principal place of residence?  Yes  No  
 If yes, and your principal place of residence is in Massachusetts.  
 please provide the following information, as you may be eligible for an **Account Discount**.  
 What company is your property policy with?  Commerce  Fair Plan  Other (Name) \_\_\_\_\_  
 What type of property policy do you have?  Homeowners  Condo (not rented to others)  Renters
- Do you have a **Foreign Driver's License**? If yes, attach a copy to this application.  Yes  No
- Were you previously licensed to drive **outside of Massachusetts or in a foreign country**?  Yes  No  
 If yes, attach a 917 Form for possible driving credit.
- Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**?  Yes  No  
 If yes, attach a copy of the AMD Form to this application.
- Are any of the listed operators eligible for the **Good Student Discount (GSD)**?  Yes  No  
 If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
- Are any of the listed operators eligible for the **Student Away from Home Discount**?  Yes  No  
 If yes, please provide the name(s) of the operator(s): \_\_\_\_\_

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 2. If you answered 'No' to Question #1, please indicate if you have **Property Insurance** on ¶ a principal place of residence located outside of Massachusetts? . . . . .  
 Yes  No ¶  
 If yes, indicate the name of the Insurance Company  
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I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

\_\_\_\_\_  
Signature of Applicant Date and Time

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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.

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Signature of Producer Date and Time

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\_\_\_\_\_  
Applicant's Name Date

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Signature of Applicant

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Date