



4/11/08

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 **Massachusetts Property Insurance** on your principal place of residence? Yes No
If yes, please provide the following information, as you may be eligible for an **Account Discount**.
What type of property policy do you have? Homeowners Condo Renters
What company is your property policy with? Commerce Fair Plan Other (Name) _____
- 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 _____
- 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
(Available only to policies effective on or after 8-1-08.)

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 2008 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 elect to receive the "Ways to Save Guide" either electronically, by accessing our company website, or in paper form from your agent. Please indicate via the check boxes below how you elect to receive the "Ways to Save Guide".

- I elect to receive the "Ways to Save Guide" from The Commerce Insurance Company in paper form.
- I elect to receive the "Ways to Save Guide" from The Commerce Insurance Company electronically, by accessing the company website at 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



AAA Member Package Endorsement

The additional benefits and enhancements provided by this endorsement are available only to policies receiving the AAA Member Discount.

This endorsement changes the policy. Please read it carefully.

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.

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

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:

- 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 **your** policy receives the AAA Member Discount.