



**Commerce Insurance™**  
**The Commerce Insurance Company™**  
**Citation Insurance Company™**

Members of The Commerce Group, Inc.™  
211 Main Street, Webster, Massachusetts 01570 (508) 943-9000  
www.CommerceInsurance.com

## Com-Pack 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 qualifies for the Excellent Driver Discount Plus or Excellent Driver Discount, 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.



### 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
- Would you like to purchase the **Com-Pack Endorsement** for an additional premium?  Yes  No
- Are any of the listed operators eligible for the **Good Student Discount**?  Yes  No  
Please check applicable operator: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_
- Are any of the listed operators eligible for the **Student Away from Home Discount**?  Yes  No  
Please check applicable operator: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_

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 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 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.

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 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 **Massachusetts Property Insurance** on your principal place of residence?  Yes  No  
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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.
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Please check applicable operator: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_
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Please check applicable operator: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_ #6 \_\_\_\_\_

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.

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Signature of Applicant

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Date and Time

**TO BE COMPLETED BY PRODUCER:**  
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ADVISORY NOTICE TO POLICYHOLDERS**  
**Removal of Com-Pack Endorsement**

Massachusetts Law requires that policyholders be notified of any reductions or eliminations made in coverages, conditions or definitions. Whereas your policy is no longer eligible for the coverage provided by our Com-Pack Endorsement, we are changing your policy at this time. Specifically, we have changed your policy in the following manner:

**Endorsement CIC-2126 has been deleted from your policy.**

You should read your policy and review your declarations page for complete information on the coverage you are provided. If you have any questions regarding this policy and/or coverages it provides, please contact your insurance agent.