



AUTO LOAN/LEASE COVERAGE

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

In the event of a covered total loss to an **auto** shown in the Coverage Selections Page for which a premium charge indicates that Auto/Loan Lease Coverage applies, **we** will pay any unpaid amount due on the lease or loan for that vehicle less:

1. The amount paid under **Collision** (Part 7) or **Comprehensive** (Part 9) of the policy;
2. The applicable deductible; and
3. Any:
 - a. Overdue lease/loan payments, penalties, taxes, interest or charges resulting from overdue payments or lease termination fees at the time of the loss;
 - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - c. Security deposits not refunded by a lessor;
 - d. Costs for extended warranties, Credit Life insurance, Health, Accident or Disability insurance or any other insurance purchased with the loan or lease;
 - e. Carry-over balances from previous loans or leases or increases to your loan balance occurring after the date of purchase; and
 - f. Amount by which your original loan balance exceeded the overall purchase price of your covered auto.

Condition

This coverage shall be excess over any other applicable insurance for this coverage.

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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 **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
- 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 _____

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 below if you would like to receive the “Ways to Save Guide” through our company website at 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

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