

MASSACHUSETTS ENDORSEMENT – MPY-0027-S

Stated Amount Coverage

The coverage provided under Collision, Limited Collision, and Comprehensive (Parts 7, 8, and 9) applies to the auto as indicated on the Coverage Selections Page. If that auto is damaged or stolen, three amounts must be determined. They are:

- a. The actual cash value of the auto at the time of loss,
- b. The amount necessary to repair or replace the auto, or
- c. The amount shown on the Coverage Selections Page

We will pay only the lowest of these three amounts, less the deductible shown on the Coverage Selections Page.

MASSACHUSETTS ENDORSEMENT – MPY-0027-S

Stated Amount Coverage

The coverage provided under Collision, Limited Collision, and Comprehensive (Parts 7, 8, and 9) applies to the auto [shown below.] as indicated on the Coverage Selections Page. If that auto is damaged or stolen, three amounts must be determined. They are:

- a. The actual cash value of the auto at the time of loss,
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[Auto _____

Amount _____

Deductible _____]

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Bracketed items in Blue are deleted.
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MASSACHUSETTS ENDORSEMENT – M-0047-S

Antique Auto

Any coverage provided under Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) applies to the auto registered as an "Antique Auto" only if it is maintained solely for use in exhibitions, club activities, parades, and other functions of public interest and it is not used primarily to transport passengers or goods over any way.

If any coverage is provided under Bodily Injury Caused By An Uninsured Auto (Part 3), Damage to Someone Else's Property (Part 4), Optional Bodily Injury to Others (Part 5), Medical Payments (Part 6), or Bodily Injury Caused By An Underinsured Auto (Part 12), the most we will pay are the limits we are required to sell if the auto registered as an "Antique Auto" is not maintained solely for use in exhibitions, club activities, parades, and other functions of public interest, or, if it is used primarily to transport passengers or goods over any way.

If Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) applies to the antique auto [\[shown below,\] on the Coverage Selections Page](#), the most we will pay for each loss of, or damage to the auto is either the Actual Cash Value of the auto at the time of the loss or damage, or the Limit shown [\[below\] on the Coverage Selections page](#) for that auto, which ever is less. However, in all cases we will subtract the Deductible Amount shown [\[below\] on the Coverage Selections page](#).

[Description of Antique Auto _____]

Limit \$ _____

Deductible Amount \$ _____]

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If Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) applies to the antique auto on the Coverage Selections Page, the most we will pay for each loss of, or damage to the auto is either the Actual Cash Value of the auto at the time of the loss or damage, or the Limit shown on the Coverage Selections page for that auto, which ever is less. However, in all cases we will subtract the Deductible Amount shown on the Coverage Selections Page.

MASSACHUSETTS ENDORSEMENT – MPY-0016-S

Waiver of Deductible

The deductible amount shown on the Coverage Selections Page for Collision (Part 7) does not apply to any auto to which this endorsement applies as shown on the Coverage Selections Page if:

1. The auto was legally parked when struck by another auto owned by an identified person.
2. The auto was struck in the rear by another auto moving in the same direction and owned by an identified person.
3. The operator of the other auto was convicted of any of the following violations:
 - a. Operating under the influence of alcohol, marijuana, or a narcotic drug.
 - b. Driving the wrong way on a one-way street.
 - c. Operating at an excessive rate of speed.
 - d. Any similar violation of any similar law of another state in which the accident occurs.

However, we will not pay if the operator of the auto covered under this Part was also convicted of one of the above violations.

4. You are entitled to recover in court against an identified person for some reason other than those listed above.

[Description of Auto _____]

Premium _____]

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4. You are entitled to recover in court against an identified person for some reason other than those listed above.

MASSACHUSETTS ENDORSEMENT – MPY-0041-S

Excess Electronic Equipment Coverage

Coverage is provided where, for each applicable auto, a Premium and Limit of Liability are shown on the Coverage Selections Page for this coverage.

The most we will pay for loss to electronic equipment that reproduces, receives or transmits audio, visual or data signals that is permanently installed in the auto, in locations not used by the auto manufacturer for installation of such equipment, is increased from \$1,000 to the amount shown [\[in this Schedule\]](#) [on the Coverage Selections page.](#)

The provisions of the policy that apply to Collision (Part 7), Limited Collision (Part 8), and Comprehensive (Part 9) apply to this endorsement. The policy deductible does not apply to any coverage provided by this endorsement.

We will pay only the actual cash value of the described item and its related equipment at the time of loss, or the limit shown [\[below\]](#) [on the Coverage Selections page](#), whichever is less.

[\[Schedule](#)

Coverage is provided where a Premium and Limit of Liability is shown for this coverage.

Description of Auto _____
Exces Electronic Equipment _____
Limit Of Liability _____
Premium _____]

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COMPANY:		APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP		PHONE:
PRODUCER CODE:				
BINDER/POLICY #:				
EFFECTIVE DATE	EXPIRATION DATE	MAIL ADDRESS (IF DIFFERENT)		
[COMPANY USE]		DIRECT BILL AGENCY BILL	PAYMENT PLAN	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	<input type="checkbox"/> YOURSELF	\$	\$8,000 PER PERSON	<input type="checkbox"/> YOURSELF	\$
		DED	<input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$	DED	<input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)		\$	PER PERSON	\$	\$	PER PERSON	\$
		\$	PER ACCIDENT	\$	\$	PER ACCIDENT	\$
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)		\$	PER ACCIDENT	\$	\$	PER ACCIDENT	\$
OPTIONAL INSURANCE							
5. OPTIONAL BODILY INJURY TO OTHERS		\$	PER PERSON	\$	\$	PER PERSON	\$
		\$	PER ACCIDENT	\$	\$	PER ACCIDENT	\$
6. MEDICAL PAYMENTS		\$	PER PERSON	\$	\$	PER PERSON	\$
7. COLLISION	ACV	WAIVER OF DEDUCTIBLE	\$	DED	\$	WAIVER OF DEDUCTIBLE	\$
8. LIMITED COLLISION	ACV		\$	DED	\$	\$	DED
9. COMPREHENSIVE	ACV	\$100 GLASS DEDUCTIBLE	\$	DED	\$	\$100 GLASS DEDUCTIBLE	\$
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 PERSON	\$
		\$	PER ACCIDENT	\$	\$	PER ACCIDENT	\$
MERIT RATING PLAN		PREMIUM ADJUSTMENT		\$	PREMIUM ADJUSTMENT		\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE		PREMIUM		\$	PREMIUM *		\$
							TOTAL PREMIUM \$

VEHICLE INFORMATION		PLACE OF PRINCIPAL GARAGING - AUTO 1: STREET ADDRESS,CITY OR TOWN ZIP CODE	AUTO 2:
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#	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	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 If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.	MERIT RATING POINTS	DATE FIRST LICENSED			DRIVER TRAINING YES / NO	% OF USE				
					MASS	OTHER	MOTOR CYCLE		AUTO 1	AUTO 2	AUTO 3	AUTO 4	
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.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

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?				
LICENSE INFORMATION							
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 www.mass.gov/rmv .							
MERIT RATING INFORMATION							
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.							
GENERAL INFORMATION							
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) AUTO 1 _____ AUTO 2 _____			ATTACHMENTS				
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.			<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				
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.							
REMARKS							
IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.							
<p>FAIR CREDIT REPORTING ACT: 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.</p>							
DECLARATIONS AND SIGNATURES							
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 OTHER AUTOMOBILE INSURANCE COMPANIES.							
_____ Signature of Applicant			_____ Date and Time				
TO BE COMPLETED BY AGENT: 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				
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							

MASSACHUSETTS ENDORSEMENT – MPY-0027-S

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[Auto _____

Amount _____

Deductible _____]

[Ed. 04-08 Rev.]

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AIB Manual Rule 41

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[Description of Antique Auto _____]

Limit \$ _____

Deductible Amount \$ _____]

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3. The operator of the other auto was convicted of any of the following violations:
 - a. Operating under the influence of alcohol, marijuana, or a narcotic drug.
 - b. Driving the wrong way on a one-way street.
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However, we will not pay if the operator of the auto covered under this Part was also convicted of one of the above violations.

4. You are entitled to recover in court against an identified person for some reason other than those listed above.

[Description of Auto _____]

Premium _____]

[Ed. 04-08 Rev.]

Page 1 of 1

AIB Manual Rule 2

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[\[Schedule](#)

Coverage is provided where a Premium and Limit of Liability is shown for this coverage.

Description of Auto _____
Exces Electronic Equipment _____
Limit Of Liability _____
Premium _____]

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AIB Manual Rule 46

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