

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

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

<u>Company: The Commerce Insurance Company</u>	
Named Insured	
Mailing Address	
City/State	Zip Code
E-mail address:	
Home Phone:	Cell Phone:

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 with HO-15  Condo (owner occupied)  Renters  
 Homeowners without HO-15
- How long have you been living at your **current residence**? \_\_\_\_\_
- Have you had a **lapse** in auto insurance coverage in the past 12 months? \_\_\_ Yes \_\_\_ No
- Do you currently have a Personal Automobile Insurance Policy? \_\_\_ Yes \_\_\_ No  
 If Yes:

  - What is the name of your **current insurance carrier**? \_\_\_\_\_
  - How many months have you been with your current insurance carrier?
  - Which of the following limit ranges does your **Bodily Injury Limit** belong?  
 (if varying limits by vehicle, please choose based on the highest limit)

< or = \$20/\$60  
 25/50 to <100/100  
 100/100 to <250/500  
 > or = 250/500
- Do you have a **Foreign Driver's License**? If yes, attach a copy of the front and back of the drivers license 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 12,500 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):  
 \_\_\_\_\_
- Are any of the listed operators eligible for the **Smart Driver Discount**? \_\_\_ Yes \_\_\_ No  
 If yes, please check off the appropriate course below including the driver's name and course completion date.

Course:	Drivers Name:	Completion Date:
ADT – Driven _____	_____	_____
ADT – In Control _____	_____	_____
ADT – Stevens _____	_____	_____
teenSMART _____	_____	_____

11. Will you be enrolled in either CIC's Electronic Fund Transfer program (EFT) or Electronic Invoice (EBill) program and signed up to view and receive policy forms electronically on CWEB to qualify for the **Green Discount**? \_\_\_ Yes \_\_\_ No

12. Are you a **AAA Member** Yes No  
If yes, please provide your Member ID Number: \_\_\_\_\_ and the Year you joined: \_\_\_\_\_.

13. If your annual policy premium is paid in full, you are eligible to receive the **Paid-In-Full Discount**.  
The following exceptions apply:  
(1) National Standard and Named Non-Owned Policies  
(2) Finance company payments

14. If you have resided at the same residence for 7 or more years, or your policy is submitted to Commerce at least 7 days prior to the effective date, you may qualify for the **Shop Smart Discount**.  
The following exceptions apply:  
(1) You were insured by Commerce within the last 6 months  
(2) If there has been a lapse in coverage within the last 3 years

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.

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- Do you have **Property Insurance** on your principal place of residence? \_\_\_ Yes \_\_\_ No  
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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 with HO-15  Condo (owner occupied)  Renters  
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 If yes, please check off the appropriate course below including the driver's name and course completion date.

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Signature of Applicant

\_\_\_\_\_  
Date

SERFF Tracking Number: CMRC-127625229 State: Massachusetts  
 Filing Company: The Commerce Insurance Company State Tracking Number: 11SEP15-229  
 Company Tracking Number: CIC-1302.PA  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Supplemental Application Filing  
 Project Name/Number: MAIP Supplemental App/CIC-1302.PA

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification of Compliance Form		
<b>Comments:</b>		
<b>Attachment:</b> Certificate of Compliance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Checklist(s)		
<b>Comments:</b>		
<b>Attachment:</b> PropAndCas checklist.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Copy of Approved Application		
<b>Comments:</b> Approved Filing # CMRC-127192050		
<b>Attachment:</b> Final APP CIC-522 11-11.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Rate Filing Abstract		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Statement of Variability		
<b>Bypass Reason:</b> N/A		

COMPANY: <b>The Commerce Insurance Company</b>		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	\$		\$
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:			
#	YEAR	MAKE, MODEL AND, IF MOTORCYCLE, C.C.	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT FOR VAN, PICK-UP, OR TRAILER	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	% OF USE				
					MASS	OTHER	MOTOR CYCLE		YES / NO	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:			
	YES	NO		YES	NO
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?			D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?		
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)  AUTO 1 _____ AUTO 2 _____			<b>ATTACHMENTS</b>		
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"/> 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.					
<b>REMARKS</b> IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.					
<p><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.</p>					
<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 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.					
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- Are any of the listed operators eligible for the **Smart Driver Discount**? \_\_\_ Yes \_\_\_ No  
 If yes, please check off the appropriate course below including the driver's name and course completion date.

Course:	Drivers Name:	Completion Date:
ADT – Driven _____	_____	_____
ADT – In Control _____	_____	_____
ADT – Stevens _____	_____	_____
teenSMART _____	_____	_____



11. Will you be enrolled in either CIC's Electronic Fund Transfer program (EFT) or Electronic Invoice (EBill) program and signed up to view and receive policy forms electronically on CWEB to qualify for the **Green Discount**? \_\_\_ Yes \_\_\_ No
12. Are you a **AAA Member** \_\_\_ Yes \_\_\_ No  
If yes, please provide your Member ID Number: \_\_\_\_\_ and the Year you joined:\_\_\_\_\_.
13. If your annual policy premium is paid in full, you are eligible to receive the **Paid-In-Full Discount**.  
The following exceptions apply:  
(1) National Standard and Named Non-Owned Policies  
(2) Finance company payments
14. If you have resided at the same residence for 7 or more years, or your policy is submitted to Commerce at least 7 days prior to the effective date, you may qualify for the **Shop Smart Discount**.  
The following exceptions apply:  
(1) You were insured by Commerce within the last 6 months  
(2) If there has been a lapse in coverage within the last 3 years

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.

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