



Supplemental Application for Massachusetts Motor Vehicle Insurance

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

Company: The Commerce Insurance Company
Named Insured
Mailing Address
City/State Zip Code
E-mail address:
Home Phone: Cell Phone:
Producer Name:
Producer Code:
Policy Effective Date:

- 1. Do you have Property Insurance on your principal place of residence?
2. How long have you been living at your current residence?
3. Have you had a lapse in auto insurance coverage in the past 12 months?
4. Do you currently have a Personal Automobile Insurance Policy?
5. Do you have a Foreign Driver's License?
6. Were you previously licensed to drive outside of Massachusetts or in a foreign country?
7. Do you drive less than 12,500 miles annually and qualify for the Annual Mileage Discount (AMD)?
8. Would you like to purchase the Enhancer Package Endorsement for an additional premium?
9. Would you like to purchase the Commerce Elite Package Endorsement for an additional premium?
10. Would you like to purchase Auto Loan/Lease Coverage for any of your vehicles for an additional premium?
11. Would you like to purchase the Motorcycle Accessory Endorsement for an additional premium?
12. Are any of the listed operators eligible for the Good Student Discount (GSD)?
13. Are any of the listed operators eligible for the Student Away from Home Discount?

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14. 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 _____	_____	_____

15. 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

16. Are you a **AAA Member**? Yes ___ No ___
If yes, please provide your Member ID Number: _____ and the Year you joined: _____.

17. 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

18. 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 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.

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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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**MASSACHUSETTS
MANDATORY ENDORSEMENT—M-0099-S (ED. 9-11)**

This endorsement includes changes that affect your auto insurance. Please read this endorsement carefully to see how it affects your policy.

General Provisions and Exclusions (Page 30):

**21. Actual
Cash Value**

Whenever the appraised cost of repair of an auto plus the probable salvage value of the auto may be reasonably expected to exceed the actual cash value of the auto, we shall determine the auto's actual cash value. Our determination shall be based on a consideration of all of the following factors:

- 1.) the retail book value for an auto of like kind and quality, but for the damage incurred;
 - 2.) the price paid for the auto plus the value of prior improvements to the auto at the time of the accident, less appropriate depreciation;
 - 3.) the decrease in value of the auto resulting from prior unrelated damage which is detected by the appraiser; and
 - 4.) the actual cost of purchase of an available auto of like kind and quality but for the damage sustained.
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Supplemental Application for Massachusetts Motor Vehicle Insurance

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

Form with fields for Company, Named Insured, Mailing Address, City/State, Zip Code, E-mail address, Home Phone, Cell Phone, Producer Name, Producer Code, and Policy Effective Date.

- 1. Do you have Property Insurance on your principal place of residence?
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AUTOMOBILE INSURERS BUREAU OF MASSACHUSETTS

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