



APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

| | | | | | |
|------------------|-----------------|-----------------------------|---|--|-----------------|
| PRODUCER | | CODE: | APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP | | PHONE: |
| BINDER/POLICY #: | | | | | |
| EFFECTIVE DATE | EXPIRATION DATE | MAIL ADDRESS (IF DIFFERENT) | | | |
| [COMPANY USE] | | DIRECT BILL | PAYMENT PLAN | | DEPOSIT PREMIUM |
| | | AGENCY BILL | | | \$ |

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 | 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 DED <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS | \$ | \$8,000 PER PERSON DED <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS | \$ | | |
| 3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000) | \$ PER PERSON \$ PER ACCIDENT | \$ | \$ PER PERSON \$ 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 ACCIDENT | \$ | \$ PER PERSON \$ PER ACCIDENT | \$ | | |
| 6. MEDICAL PAYMENTS | \$ PER PERSON | \$ | \$ PER PERSON | \$ | | |
| 7. COLLISION ACV | W/ WAIVER OF DEDUCTIBLE | \$ DED | W/ WAIVER OF DEDUCTIBLE | \$ DED | | |
| 8. LIMITED COLLISION ACV | | \$ DED | | \$ DED | | |
| 9. COMPREHENSIVE ACV | \$100 GLASS DEDUCTIBLE | \$ DED | \$100 GLASS DEDUCTIBLE | \$ DED | | |
| 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 ACCIDENT | \$ | \$ PER PERSON \$ 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 RATING FOR VAN OR PICK-UP | REGISTRATION PLATE NUMBER | DATE OF PURCHASE | VEHICLE COST NEW OR MOTORCYCLE AVERAGE RETAIL VALUE | MILES AUTO WAS DRIVEN IN PAST 12 MOS | ODOMETER READING |
|---|------|--------------------------------------|-------------------------------|--|---------------------------|------------------|---|--------------------------------------|------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |

| | | | | | |
|---|--------------------------------------|---------------------|----------------------------------|----------------------|--|
| # | AIR BAG/PASSENGER 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 Automobile 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 OWN 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? <small>(ATTACH COPY OF CERTIFICATE OR OTHER EVIDENCE OF COMPLETION)</small> | | | | 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. <i>Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9)</i> | | | | <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"/> CUSTOM ZED 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 | | | |
| AUTO 1 _____ AUTO 2 _____ 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. | | | | | | | |
| 11. IF THE APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW: | | | | | | | |
| <input type="checkbox"/> MOTORCYCLE ONLY - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON JANUARY 1ST AND DO NOT RENEW. | | | | | | | |
| <input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW. | | | | | | | |
| IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER. | | | | | | | |
| | | | | | | | |
| FAR 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. | | | | | | | |
| 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 MY PREVIOUS AUTOMOBILE INSURANCE COMPANY. | | | | | | | |
| _____ 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 | | | | | | | |



COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy

This policy is Issued By: Farm Family Casualty Insurance Company

Massachusetts Personal Automobile

ITEM 1. This policy is Issued To:

Policy Number
[Producer]

ITEM 2. This policy is effective from:

To:

(12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

| | |
|------|------|
| AUTO | AUTO |
|------|------|

ITEM 4. This policy provides only the coverages for which a premium charge is shown.

| COVERAGES, Parts 1-12 | AUTO | | | AUTO | | |
|--|--|--|---------|--|--|---------|
| COMPULSORY INSURANCE | LIMITS | DEDUCTIBLE | PREMIUM | LIMITS | DEDUCTIBLE | PREMIUM |
| 1. Bodily Injury To Others | \$ 20,000 per person \$ 40,000 per accident | NONE | \$ | \$20,000 per person \$40,000 per accident | NONE | \$ |
| 2. Personal Injury Protection | \$ 8,000 per person | \$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members | \$ | \$ 8,000 per person | \$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members | \$ |
| 3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small> | \$ per person \$ per accident | NONE | \$ | \$ per person \$ per accident | NONE | \$ |
| 4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small> | \$ per accident | NONE | \$ | \$ per accident | NONE | \$ |
| OPTIONAL INSURANCE | | | | | | |
| 5. Optional Bodily Injury To Others | \$ per person \$ per accident | NONE | \$ | \$ per person \$ per accident | NONE | \$ |
| 6. Medical Payments | \$ per person | NONE | \$ | \$ per person | NONE | \$ |
| 7. Collision | Actual Cash Value | \$ | \$ | Actual Cash Value | \$ | \$ |
| 8. Limited Collision | Actual Cash Value | \$ | \$ | Actual Cash Value | \$ | \$ |
| 9. Comprehensive | Actual Cash Value | \$ | \$ | Actual Cash Value | \$ | \$ |
| 10. Substitute Transportation | Up to \$ a day, maximum \$ | NONE | \$ | Up to \$ day, maximum \$ ^a | NONE | \$ |
| 11. Towing and Labor | Up to \$ For each disablement | NONE | \$ | Up to \$ for each disablement | NONE | \$ |
| 12. Bodily Injury Caused By An Underinsured Auto | \$ per person \$ per accident | NONE | \$ | \$ per person \$ per accident | NONE | \$ |

| | | | | | |
|--|----------------|----|----------------|----------------------|----|
| MERIT RATING PLANM | CREDIT | \$ | CREDIT | \$ | |
| | SURCHARGE | \$ | SURCHARGE | \$ | |
| | PREMIUM | \$ | PREMIUM | \$ | |
| Identification Numbers of Endorsements Forming a Part of This Policy | | | | TOTAL PREMIUM | \$ |

| | |
|-------------------------------------|--|
| ITEM 5. Place of Principal Garaging | ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto |
| AUTO | |
| AUTO | |

| Driver Information: | | | | | | | | | | | |
|---------------------|---------------|---------------|----------------|------------|--|-------------|------------------------|--------|--------|---|-------|
| Oper No. | Operator Name | Date of Birth | License Number | Lic. State | Date First Licensed if Less Than 6 Yrs | | Driver Training Yes/No | % Use | | Operator Status: O - Occasional P - Principal E - Excluded D - Deferred | |
| | | | | | Auto | Motor cycle | | Auto 1 | Auto 2 | Auto 1 | Auto2 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. 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 has knowingly given us false, deceptive, misleading or incomplete information 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. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

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.

DISCOUNTS:

Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

| | Age 65 and Older | Air Bag/ Automatic Seatbelts | Annual Mileage | | Anti-Theft Device/ Vehicle Recovery System | Multi-Car Discount | Years of Driving Experience Discount |
|--------------------|------------------|------------------------------|------------------|------------------|--|------------------------------|--|
| | | | 0-5000 | 5001-7500 | | | |
| Coverage | All | Parts 2, 3, 6, and 12 | Parts 1-8 and 12 | Parts 1-8 and 12 | Part 9 | Parts 1, 2, 4, 5, 7, 8 and 9 | Parts 1, 2, 4, 5 and 6 |
| Discount Available | 25% | 25% | 10% | 5% | 5-36% Depending on the category of device | 5% | 5%-10% depending on years licensed greater than 6 |

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

MERIT RATING PLAN

The Merit Rating Plan credit or surcharge shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If a surcharge is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The merit rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Countersigned by: _____



COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy

This policy is Issued By: Farm Family Casualty Insurance Company

Massachusetts Personal Automobile

ITEM 1. This policy is Issued To:

Policy Number
[Producer]

ITEM 2. This policy is effective from:

To:

(12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

| | |
|------|------|
| AUTO | AUTO |
|------|------|

ITEM 4. This policy provides only the coverages for which a premium charge is shown.

| COVERAGES, Parts 1-12 | AUTO | | | AUTO | | |
|--|--|--|---------|--|--|---------|
| COMPULSORY INSURANCE | LIMITS | DEDUCTIBLE | PREMIUM | LIMITS | DEDUCTIBLE | PREMIUM |
| 1. Bodily Injury To Others | \$ 20,000 per person \$ 40,000 per accident | NONE | \$ | \$20,000 per person \$40,000 per accident | NONE | \$ |
| 2. Personal Injury Protection | \$ 8,000 per person | \$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members | \$ | \$ 8,000 per person | \$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members | \$ |
| 3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small> | \$ per person \$ per accident | NONE | \$ | \$ per person \$ per accident | NONE | \$ |
| 4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small> | \$ per accident | NONE | \$ | \$ per accident | NONE | \$ |
| OPTIONAL INSURANCE | | | | | | |
| 5. Optional Bodily Injury To Others | \$ per person \$ per accident | NONE | \$ | \$ per person \$ per accident | NONE | \$ |
| 6. Medical Payments | \$ per person | NONE | \$ | \$ per person | NONE | \$ |
| 7. Collision | Actual Cash Value | \$ | \$ | Actual Cash Value | \$ | \$ |
| 8. Limited Collision | Actual Cash Value | \$ | \$ | Actual Cash Value | \$ | \$ |
| 9. Comprehensive | Actual Cash Value | \$ | \$ | Actual Cash Value | \$ | \$ |
| 10. Substitute Transportation | Up to \$ a day, maximum \$ | NONE | \$ | Up to \$ a day, maximum \$ | NONE | \$ |
| 11. Towing and Labor | Up to \$ For each disablement | NONE | \$ | Up to \$ for each disablement | NONE | \$ |
| 12. Bodily Injury Caused By An Underinsured Auto | \$ per person \$ per accident | NONE | \$ | \$ per person \$ per accident | NONE | \$ |

| | | | | |
|--|----------------|----|----------------|----------------------|
| MERIT RATING PLANM | CREDIT | \$ | CREDIT | \$ |
| | SURCHARGE | \$ | SURCHARGE | \$ |
| | PREMIUM | \$ | PREMIUM | \$ |
| Identification Numbers of Endorsements Forming a Part of This Policy | | | | TOTAL PREMIUM |
| | | | | \$ |

ITEM 5. Place of Principal Garaging

ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto

| | |
|------|--|
| AUTO | |
| AUTO | |

Driver Information:

| Oper No. | Operator Name | Date of Birth | License Number | Lic. State | Date First Licensed if Less Than 6 Yrs | | Driver Training Yes/No | % Use | | Operator Status: O - Occasional P - Principal E - Excluded D - Deferred | |
|----------|---------------|---------------|----------------|------------|--|-------------|------------------------|--------|--------|---|-------|
| | | | | | Auto | Motor cycle | | Auto 1 | Auto 2 | Auto 1 | Auto2 |
| | | | | | | | | | | | |
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DISCOUNTS:

Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

| | Age 65 and Older | Air Bag/ Automatic Seatbelts | Annual Mileage | | Anti-Theft Device/ Vehicle Recovery System | Multi-Car Discount | Years of Driving Experience Discount |
|--------------------|------------------|------------------------------|------------------|------------------|--|------------------------------|---|
| | | | 0-5000 | 5001-7500 | | | |
| Coverage | All | Parts 2, 3, 6, and 12 | Parts 1-8 and 12 | Parts 1-8 and 12 | Part 9 | Parts 1, 2, 4, 5, 7, 8 and 9 | Parts 1, 2, 4, 5 and 6 |
| Discount Available | 25% | 25% | 10% | 5% | 5-36% Depending on the category of device | 5% | 5%-10% depending on years licensed greater than 6 |

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MERIT RATING PLAN

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Countersigned by: _____

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MISCELLANEOUS RATES

1. Years of Driving Experience Discount

A Years of Driving Experience Discount (based on number of years the operator has been licensed), will be applied to all liability coverages other than Uninsured and Underinsured motorist. The discount will be applied to coverages before application of Merit Rating:

| Years Licensed: | Discount: |
|-----------------|-----------|
| 0-6 | 0% |
| 7-9 | 5% |
| 10-15 | 8% |
| 16-30 | 10% |
| 31-50 | 10% |
| 51+ | 5% |

This is in addition to the Discounts shown in AIB Rule 19. Discounts.

2. Merit Rating

A Farm Family additional credit factor of .03 is applied to Compulsory Bodily Injury (Part 1), PIP (Part 2), Property Damage (Part 4) and Collision (Part 7) in recognition of an "Excellent Driver Discount Plus" (6-year incident free) or an "Excellent Driver Discount" (5-year incident free).

In computing the credit plan factors under Rule 56. Merit Rating Plan, the following factors are used. The following chart reflects the additional .03 credit.

| | <u>Experienced</u> <u>Operators</u> | <u>Inexperienced</u> <u>Operators</u> |
|--|--|--|
| | <u>Credit Factor</u> | <u>Credit Factor</u> |
| Excellent Driver Discount Plus (6 Years Incident- Free) | <u>-0.20</u> | |
| Excellent Driver Discount (5 Years Incident- Free) | <u>-0.10</u> | <u>-0.10</u> |

3. Massachusetts Farm Bureau Federation Group Marketing Plan

There is a 5% discount on all coverages for members of the Massachusetts Farm Bureau Federation Group. This discount is extended to residents of Massachusetts who have Farm Bureau memberships in NH, NJ, NY, or RI.

04/01/08 EDITION

*RULE 19. DISCOUNTS

Add Paragraph H.

H. Years of Driving Experience Discount

A Years of Driving Experience Discount (based on number of years the operator has been licensed), will be applied to all liability coverages other than Uninsured and Underinsured motorist. The discount will be applied to coverages before application of Merit Rating:

| Years Licensed: | Discount: |
|-----------------|-----------|
| 0-6 | 0% |
| 7-9 | 5% |
| 10-15 | 8% |
| 16-30 | 10% |
| 31-50 | 10% |
| 51+ | 5% |

04/01/08 EDITION

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RULE 56. MERIT RATING PLAN

"CALCULATION OF PREMIUM ADJUSTMENT" IS REVISED AS FOLLOWS:

The credit or surcharge factor is applied to Compulsory Bodily Injury (Part 1), PIP (Part 2), Property Damage (Part 4) and Collision (Part 7).

The premium adjustment is the last step in the rating process after all discounts and rating factors have been completed.

| | <u>Experienced Operators</u> | <u>Inexperienced Operators</u> |
|--|----------------------------------|------------------------------------|
| | <u>Credit Factor</u> | <u>Credit Factor</u> |
| Excellent Driver Discount Plus (6 Years Incident- Free) | <u>-0.20</u> | |
| Excellent Driver Discount (5 Years Incident- Free) | <u>-0.10</u> | <u>-0.10</u> |
| | <u>Surcharge Factor</u> | <u>Surcharge Factor</u> |
| Number of Points X | 0.15 | 0.075 |

Total operator points are based on the Incident Free Period. When the Incident Free Period is less than or equal to three, the total number of Surcharge Points applicable to the operator shall be the sum of the surcharge points identified for each Surchargeable Incident in the Policy Experience Period. When the Incident Free Period is greater than three and the total number of Surchargeable Incidents in the most recent five years of the Policy Experience Period is three or less, the Surcharge Points applicable to each incident shall be reduced by one and the total number of Surcharge Points applicable to the Operator shall be the sum of those reduced surcharge points. In no event shall the surcharge points for any single incident be reduced below zero.

"MERIT RATING PLAN" IS REVISED AS FOLLOWS:

Merit Rating Plan

Calculation of Credits and Surcharges
Factors to Apply to Otherwise Applicable Premiums *

| <u>Points</u> | <u>Experienced Operators</u> (Rate Class 10, 15 or 30) | | <u>Inexperienced Operators</u> (All Other Rate Classes) | |
|-----------------------|---|---------------|--|---------------|
| | <u>Parts 1, 2, and 4</u> | <u>Part 7</u> | <u>Parts 1, 2, and 4</u> | <u>Part 7</u> |
| | Credit Factors | | | |
| Excellent Driver Plus | 0.20 | 0.20 | NA | NA |
| Excellent Driver | 0.10 | 0.10 | 0.10 | 0.10 |
| | No Credit/No Surcharge Factors | | | |
| 0 | 0.000 | 0.000 | 0.000 | 0.000 |
| | Surcharge Factors | | | |
| 1 | 0.150 | 0.150 | 0.075 | 0.075 |
| 2 | 0.300 | 0.300 | 0.150 | 0.150 |
| 3 | 0.450 | 0.450 | 0.225 | 0.225 |
| 4 | 0.600 | 0.600 | 0.300 | 0.300 |
| 5 | 0.750 | 0.750 | 0.375 | 0.375 |
| 6 | 0.900 | 0.900 | 0.450 | 0.450 |
| 7 | 1.050 | 1.050 | 0.525 | 0.525 |
| 8 | 1.200 | 1.200 | 0.600 | 0.600 |
| 9 | 1.350 | 1.350 | 0.675 | 0.675 |
| 10 | 1.500 | 1.500 | 0.750 | 0.750 |
| 11 | 1.650 | 1.650 | 0.825 | 0.825 |
| 12 | 1.800 | 1.800 | 0.900 | 0.900 |
| 13 | 1.950 | 1.950 | 0.975 | 0.975 |
| 14 | 2.100 | 2.100 | 1.050 | 1.050 |
| 15 | 2.250 | 2.250 | 1.125 | 1.125 |
| 16 | 2.400 | 2.400 | 1.200 | 1.200 |
| 17 | 2.550 | 2.550 | 1.275 | 1.275 |
| 18 | 2.700 | 2.700 | 1.350 | 1.350 |
| 19 | 2.850 | 2.850 | 1.425 | 1.425 |
| 20 | 3.000 | 3.000 | 1.500 | 1.500 |
| 21 | 3.150 | 3.150 | 1.575 | 1.575 |
| 22 | 3.300 | 3.300 | 1.650 | 1.650 |
| 23 | 3.450 | 3.450 | 1.725 | 1.725 |
| 24 | 3.600 | 3.600 | 1.800 | 1.800 |
| 25 | 3.750 | 3.750 | 1.875 | 1.875 |
| 26 | 3.900 | 3.900 | 1.950 | 1.950 |
| 27 | 4.050 | 4.050 | 2.025 | 2.025 |
| 28 | 4.200 | 4.200 | 2.100 | 2.100 |
| 29 | 4.350 | 4.350 | 2.175 | 2.175 |
| 30 | 4.500 | 4.500 | 2.250 | 2.250 |

| | | | | |
|----|-------|-------|-------|-------|
| 31 | 4.650 | 4.650 | 2.325 | 2.325 |
| 32 | 4.800 | 4.800 | 2.400 | 2.400 |
| 33 | 4.950 | 4.950 | 2.475 | 2.475 |

Merit Rating Plan

| | | | | |
|----|-------|-------|-------|-------|
| 34 | 5.100 | 5.100 | 2.550 | 2.550 |
| 35 | 5.250 | 5.250 | 2.625 | 2.625 |
| 36 | 5.400 | 5.400 | 2.700 | 2.700 |
| 37 | 5.550 | 5.550 | 2.775 | 2.775 |
| 38 | 5.700 | 5.700 | 2.850 | 2.850 |
| 39 | 5.850 | 5.850 | 2.925 | 2.925 |
| 40 | 6.000 | 6.000 | 3.000 | 3.000 |
| 41 | 6.150 | 6.150 | 3.075 | 3.075 |
| 42 | 6.300 | 6.300 | 3.150 | 3.150 |
| 43 | 6.450 | 6.450 | 3.225 | 3.225 |
| 44 | 6.600 | 6.600 | 3.300 | 3.300 |
| 45 | 6.750 | 6.750 | 3.375 | 3.375 |

* Total policy credit or surcharge is determined by applying the above factors (for the appropriate points) to rates by coverage (after all applicable discounts and rating factors), rounding to the nearest whole dollar amount, and then summing the results for all coverages.



APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

| | | | | | |
|------------------|-----------------|-----------------------------|---|-----------------|--------|
| PRODUCER | | CODE: | APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP | | PHONE: |
| BINDER/POLICY #: | | | | | |
| EFFECTIVE DATE | EXPIRATION DATE | MAIL ADDRESS (IF DIFFERENT) | | | |
| [COMPANY USE] | | DIRECT BILL | PAYMENT PLAN | DEPOSIT PREMIUM | |
| | | AGENCY BILL | | \$ | |

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 | 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 DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS | \$ | \$8,000 PER PERSON DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS | \$ | | |
| 3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000) | \$ PER PERSON \$ PER ACCIDENT | \$ | \$ PER PERSON \$ 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 ACCIDENT | \$ | \$ PER PERSON \$ PER ACCIDENT | \$ | | |
| 6. MEDICAL PAYMENTS | \$ PER PERSON | \$ | \$ PER PERSON | \$ | | |
| 7. COLLISION ACV | W/ WAIVER OF DEDUCTIBLE | \$ DED | W/ WAIVER OF DEDUCTIBLE | \$ DED | | |
| 8. LIMITED COLLISION ACV | | \$ DED | | \$ DED | | |
| 9. COMPREHENSIVE ACV | \$100 GLASS DEDUCTIBLE | \$ DED | \$100 GLASS DEDUCTIBLE | \$ DED | | |
| 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 ACCIDENT | \$ | \$ PER PERSON \$ 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 RATING FOR VAN OR PICK-UP | REGISTRATION PLATE NUMBER | DATE OF PURCHASE | VEHICLE COST NEW OR MOTORCYCLE AVERAGE RETAIL VALUE | MILES AUTO WAS DRIVEN IN PAST 12 MOS | ODOMETER READING |
|---|------|--------------------------------------|-------------------------------|--|---------------------------|------------------|---|--------------------------------------|------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |

| | | | | | |
|---|--------------------------------------|---------------------|----------------------------------|----------------------|--|
| # | AIR BAG/PASSENGER SEAT BELT (YES/NO) | ANTI-THIEF (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.

| 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 Automobile 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 OWN 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? <small>(ATTACH COPY OF CERTIFICATE OR OTHER EVIDENCE OF COMPLETION)</small> | | | | 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. <i>Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9)</i> | | AUTO 1 _____ AUTO 2 _____ | | <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"/> CUSTOM ZED 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 | | | |
| 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. | | | | | | | |
| 11. IF THE APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW: | | | | | | | |
| <input type="checkbox"/> | MOTORCYCLE ONLY - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON JANUARY 1ST AND DO NOT RENEW. | | | | | | |
| <input type="checkbox"/> | TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW. | | | | | | |
| IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER. | | | | | | | |
| FAR 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. | | | | | | | |
| 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 MY PREVIOUS AUTOMOBILE INSURANCE COMPANY. | | | | | | | |
| _____ 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 | | | | | | | |