

APPLICATION FOR MASSACHUSETTS AUTO INSURANCE

Government Employees Insurance Company
 GEICO General Insurance Company
 ONE Geico Plaza, Washington, DC 20076

Named Insured (Driver 1)

First Name		Last Name		MI	Date of Birth
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	
Street Address				Phone () -	Years at residence?
City		State	ZIP Code		

Driver 2

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured			Co-insured (circle one)	Y/N	
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	

Driver 3

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured					
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	

Driver 4

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured					
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	

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. Please List any additional drivers in the additional information section.

Vehicle 1

Year	Make	Model
VIN	Odometer reading	
Is the vehicle owned leased or financed?	Estimated Annual Mileage	
Miles driven to work or school (one way)	Number of days driven to work or school	
Type of alarm (circle all that apply)	a) Active (driver sets it) b) Passive (sets automatically) c) Homing device	
Is this vehicle customized?	If "yes" Description and value	
Will this vehicle be used for business?	If "yes" Describe	
Are you the original owner of this vehicle?	Registered owner and state	

Vehicle 2

Year		Make		Model	
VIN				Odometer reading	
Is the vehicle owned leased or financed?		Estimated Annual Mileage			
Miles driven to work or school (one way)		Number of days driven to work or school			
Type of alarm (circle all that apply)	a) Active (driver sets it) b) Passive (sets automatically) c) Homing device				
Is this vehicle customized?		If "yes" Description and value			
Will this vehicle be used for business?		If "yes" Describe			
Are you the original owner of this vehicle?		Registered owner and state			

Vehicle 3

Year		Make		Model	
VIN				Odometer reading	
Is the vehicle owned leased or financed?		Estimated Annual Mileage			
Miles driven to work or school (one way)		Number of days driven to work or school			
Type of alarm (circle all that apply)	a) Active (driver sets it) b) Passive (sets automatically) c) Homing device				
Is this vehicle customized?		If "yes" Description and value			
Will this vehicle be used for business?		If "yes" Describe			
Are you the original owner of this vehicle?		Registered owner and state			

Vehicle 4

Year		Make		Model	
VIN				Odometer reading	
Is the vehicle owned leased or financed?		Estimated Annual Mileage			
Miles driven to work or school (one way)		Number of days driven to work or school			
Type of alarm (circle all that apply)	a) Active (driver sets it) b) Passive (sets automatically) c) Homing device				
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Will this vehicle be used for business?		If "yes" Describe			
Are you the original owner of this vehicle?		Registered owner and state			

Please include any additional vehicles in the additional information section

Driver to vehicle assignment

Please assign a driver number to the vehicle that they drive most often				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Driver number				

If any vehicle is not kept at the address above please indicate the address at which it garaged.

Please assign a vehicle number to the driver that operates it most often.

	Driver 1	Driver 2	Driver 3	Driver 4
Vehicle number				

Accidents within the last 6 years

Driver number	Loss Date	At-fault? (Y/N)	Your Damage	Your injury	Other's Damage	Others injury
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

Convictions in the last 6 years, DUIs in the last 10 years

Driver number	Date of violation	Date of conviction	Description
Please include any additional accidents, convictions or DUIs in the additional information section			

Current Insurance

Do you currently have your own insurance?		Company and expiration date?	
How many years have you been insured with this company?		Current Bodily Injury limits?	
If you answered "no" above circle which applies: a) I am listed on someone else's insurance b) I haven't needed it			
c) I was on deployment or overseas for work d) It has been expired 30 days or less e) It has been expired over 30 days			

Government or Military Affiliation

Does the Named insured or co-insured have government or military affiliations?	
If "yes" explain (i.e. retired from the military or serving in the reserves)	

Discounts

List driver numbers for any driver that has completed Driver Training?	
List driver numbers for any full time students with a B or better average?	
List any driver numbers for any drivers that graduated from a four college with a B or better average?	
Member of an organization that refers GEICO?	if "yes" list
Do you have any other GEICO policies?	if "yes" list

Coverage Limits (M denotes 1000)

Compulsory (circle desired limits and deductibles)

1. Bodily Injury to Others	Limits			
	20/40 M			
	The minimum coverage in Massachusetts for bodily injury is 20,000/40,000 compulsory. This does not provide protection: 1) if the accident occurs outside of Massachusetts 2) places in Massachusetts restricted from the public 3) for injuries to guest passengers of your auto Optional Bodily Injury is available and may better cover these exposures			

2. Personal Injury Protection	Limits		Deductible	
	8M		100	500
			250	1M

3. Bodily Injury Caused by an Uninsured Auto	Limits (per person/per accident)				
	20/40 M	50/100 M	300/300 M	500/500 M	
	25/50 M	100/200 M	250/500 M	250/1MM	
	25/60 M	100/300 M	300/500 M	500/1MM	
	35/80 M			1MM/1MM	

4. Damage to Someone Else's Property	Limits (per accident)				
	10 M	20 M	35 M	100 M	
	15 M	25 M	50 M		

Optional Coverage (circle desired limit or deductible)

5. Bodily Injury to Others	Limits (per person/per accident)				
	20/40 M	50/100 M	300/300 M	500/500 M	
	20/50 M	100/100 M	200/400 M	500/750 M	
	25/50 M	100/200 M	250/500 M	250/1MM	
	25/60 M	100/300 M	300/500 M	500/1MM	
	35/80 M			1MM/1MM	

6. Medical payments	Limits				
	1 M	4 M	15 M	50 M	
	2 M	5 M	20 M	100 M	
	3 M	10 M	25 M		

7. Collision	Deductible (circle desired amount)								
Vehicle 1	100	250	300	500	1000	2000		W	the deductible may be waived for losses less than 51% at-fault by circling the "W" for the desired
Vehicle 2	100	250	300	500	1000	2000		W	
Vehicle 3	100	250	300	500	1000	2000		W	
Vehicle 4	100	250	300	500	1000	2000		W	

8. Limited Collision		Deductible (circle desired amount)							
Vehicle 1		100	250	300	500	1000	2000		If your vehicle is leased or financed you must carry standard collision
Vehicle 2		100	250	300	500	1000	2000		
Vehicle 3		100	250	300	500	1000	2000		
Vehicle 4		100	250	300	500	1000	2000		

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

9. Comprehensive		Deductible (circle desired amount)									
Vehicle 1		100	250	300	500	1000	2000		non	Full glass coverage with \$0 deductible is available by circling "non" for the desired vehicle.	
Vehicle 2		100	250	300	500	1000	2000		non		
Vehicle 3		100	250	300	500	1000	2000		non		
Vehicle 4		100	250	300	500	1000	2000		non		

10. Rental Reimbursement		
Vehicle 1	accept	decline
Vehicle 2	accept	decline
Vehicle 3	accept	decline
Vehicle 4	accept	decline

11. Emergency Road Service		
Vehicle 1	accept	decline
Vehicle 2	accept	decline
Vehicle 3	accept	decline
Vehicle 4	accept	decline

Mechanical Breakdown Insurance		
Vehicle 1	accept	decline
Vehicle 2	accept	decline
Vehicle 3	accept	decline
Vehicle 4	accept	decline

12. Underinsured Auto Bodily Injury		Limits (per person/per accident)						
		20/40 M		50/100 M		300/300 M		500/500 M
		20/50 M		100/100 M		200/400 M		500/750 M
		25/50 M		100/200 M		250/500 M		250/1MM
		25/60 M		100/300 M		300/500 M		500/1MM
		35/80 M						1MM/1MM

Additional Information

Please use this section to include any information that would not fit above or that you think may be pertinent to your application for insurance.

Have any of the vehicles on this application ever had a salvaged title or previously been declared a total loss from a previous accident? If yes, please explain.

What date would you like your policy to begin?

Please be aware that an insurer must offer 12 month policy, a 6 month policy is shorter than a 12 month policy, the premium of a 6 month policy is half of a 12 month policy and the premium for the renewal of a six month policy is based on rates in effect on the renewal effective date

Would you like a 6 month or 12 month policy?

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 vehicles(s) to be insured, the names of all household members and customary operators required to be listed and the answers have correctly 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.

Declarations and Signature

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL INFORMATION MAY BE VERIFIED WITH OTHER INSURANCE COMPANIES AND GOVERNMENT AGENCIES.

Signature of applicant _____ Date _____

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City		State	ZIP Code		

Driver 2

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured			Co-insured (circle one)	Y/N	
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Vehicle 1

Year	Make	Model
VIN	Odometer reading	
Is the vehicle owned leased or financed?	Estimated Annual Mileage	
Miles driven to work or school (one way)	Number of days driven to work or school	
Type of alarm (circle all that apply)	a) Active (driver sets it) b) Passive (sets automatically) c) Homing device	
Is this vehicle customized?	If "yes" Description and value	
Will this vehicle be used for business?	If "yes" Describe	

Are you the original owner of this vehicle?	Registered owner and state
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Does vehicle have a branded title?

Vehicle 2

Year	Make	Model
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VIN	Odometer reading
-----	------------------

Is the vehicle owned leased or financed?	Estimated Annual Mileage
--	--------------------------

Miles driven to work or school (one way)	Number of days driven to work or school
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Driver number	Loss Date	At-fault? (Y/N)	Your Damage	Your injury	Other's Damage	Others injury
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			\$	\$	\$	\$
			\$	\$	\$	\$
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Driver number	Date of violation	Date of conviction	Description

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If "yes" explain (i.e. retired from the military or serving in the reserves)	

Discounts

List driver numbers for any driver that has completed Driver Training?			
List driver numbers for any full time students with a B or better average?			
List any driver numbers for any drivers that graduated from a four college with a B or better average?			
Member of an organization that refers GEICO?		if "yes" list	
Do you have any other GEICO policies?		if "yes" list	

Coverage Limits (M denotes 1000)

Compulsory (circle desired limits and deductibles)

1. Bodily Injury to Others	Limits		
	20/40 M		
	The minimum coverage in Massachusetts for bodily injury is 20,000/40,000 compulsory. This does not provide protection: 1) if the accident occurs outside of Massachusetts 2) places in Massachusetts restricted from the public 3) for injuries to guest passengers of your auto Optional Bodily Injury is available and may better cover these exposures		

2. Personal Injury Protection	Limits		Deductible	
	8M		100	500
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3. Bodily Injury Caused by an Uninsured Auto	Limits (per person/per accident)			
	20/40 M	50/100 M	300/300 M	500/500 M
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	25/60 M	100/300 M	300/500 M	500/1MM
	35/80 M			1MM/1MM

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Optional Coverage (circle desired limit or deductible)

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Vehicle 1		100	250	300	500	1000	2000		W	The deductible may be waived for losses less than 51% at-fault by circling the "W" for the desired vehicle.
Vehicle 2		100	250	300	500	1000	2000		W	
Vehicle 3		100	250	300	500	1000	2000		W	
Vehicle 4		100	250	300	500	1000	2000		W	

8. Limited Collision		Deductible (circle desired amount)								
Vehicle 1		100	250	300	500	1000	2000			If your vehicle is leased or financed you must carry standard collision
Vehicle 2		100	250	300	500	1000	2000			
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9. Comprehensive		Deductible (circle desired amount)								
Vehicle 1		100	250	300	500	1000	2000		non	Full glass coverage with \$0 deductible is available by circling "non" for the desired vehicle.
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Additional Information

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Have any of the vehicles on this application ever had a salvaged title or previously been declared a total loss from a previous accident? If yes, please explain.

What date would you like your policy to begin?

Please be aware that an insurer must offer 12 month policy, a 6 month policy is shorter than a 12 month policy, the premium of a 6 month policy is half of a 12 month policy and the premium for the renewal of a six month policy is based on rates in effect on the renewal effective date

Would you like a 6 month or 12 month policy?

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 have correctly 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.

Declarations and Signature

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Signature of applicant _____ Date _____

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 GEICO General Insurance Company
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Named Insured (Driver 1)

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Street Address				Phone () -	
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City			State	ZIP Code	

Driver 2

First Name		Last Name		MI	Date of Birth
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Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
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First Name		Last Name		MI	Date of Birth
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Vehicle 1

Year		Make		Model	
VIN			Odometer reading		
Is the vehicle owned leased or financed?				Estimated Annual Mileage	
Miles driven to work or school (one way)		Number of days driven to work or school			
Type of alarm (circle all that apply)		a) Active (driver sets it) b) Passive (sets automatically) c) Homing device			
Is this vehicle customized?		If "yes" Description and value			
Will this vehicle be used for business?		If "yes" Describe			
Are you the original owner of this vehicle?		Registered owner and state			
Does vehicle have a branded title?					

Vehicle 2

Year		Make		Model	
VIN				Odometer reading	
Is the vehicle owned leased or financed?		Estimated Annual Mileage			
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Will this vehicle be used for business?		If "yes" Describe			
Are you the original owner of this vehicle?		Registered owner and state			
Does vehicle have a branded title?					

Please include any additional vehicles in the additional information section

Driver to vehicle assignment

Please assign a driver number to the vehicle that they drive most often					
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	If any vehicle is not kept at the address above please indicate the address at which it garaged.
Driver number					

Please assign a vehicle number to the driver that operates it most often.

	Driver 1	Driver 2	Driver 3	Driver 4
Vehicle number				

Accidents within the last 6 years

Driver number	Loss Date	At-fault? (Y/N)	Your Damage	Your injury	Other's Damage	Others injury
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

Convictions in the last 6 years, DUIs in the last 10 years

Driver number	Date of violation	Date of conviction	Description

Please include any additional accidents, convictions or DUIs in the additional information section

Current Insurance

Do you currently have your own insurance?		Company and expiration date?	
How many years have you been insured with this company?		Current Bodily Injury limits?	
If you answered "no" above circle which applies: a) I am listed on someone else's insurance b) I haven't needed it			
c) I was on deployment or overseas for work d) It has been expired 30 days or less e) It has been expired over 30 days			

Government or Military Affiliation

Does the Named insured or co-insured have government or military affiliations?	
If "yes" explain (i.e. retired from the military or serving in the reserves)	

Discounts

List driver numbers for any driver that has completed Driver Training?	
List driver numbers for any full time students with a B or better average?	
List any driver numbers for any drivers that graduated from a four college with a B or better average?	
Member of an organization that refers GEICO?	if "yes" list
Do you have any other GEICO policies?	if "yes" list

Coverage Limits (M denotes 1000)

Compulsory (circle desired limits and deductibles)

1. Bodily Injury to Others	Limits		
	20/40 M		The minimum coverage in Massachusetts for bodily injury is 20,000/40,000 compulsory. This does not provide protection: 1) if the accident occurs outside of Massachusetts 2) places in Massachusetts restricted from the public 3) for injuries to guest passengers of your auto Optional Bodily Injury is available and may better cover these exposures

2. Personal Injury Protection	Limits		Deductible	
	8M		100	500
			250	1M

3. Bodily Injury Caused by an Uninsured Auto	Limits (per person/per accident)				
	20/40 M	50/100 M	300/300 M	500/500 M	
	25/50 M	100/200 M	250/500 M	250/1MM	
	25/60 M	100/300 M	300/500 M	500/1MM	
	35/80 M			1MM/1MM	

4. Damage to Someone Else's Property	Limits (per accident)				
	10 M	20 M	35 M	100 M	
	15 M	25 M	50 M		

Optional Coverage (circle desired limit or deductible)

5. Bodily Injury to Others	Limits (per person/per accident)				
	20/40 M	50/100 M	300/300 M	500/500 M	
	20/50 M	100/100 M	200/400 M	500/750 M	
	25/50 M	100/200 M	250/500 M	250/1MM	
	25/60 M	100/300 M	300/500 M	500/1MM	
	35/80 M			1MM/1MM	

6. Medical payments	Limits				
	1 M	4 M	15 M	50 M	
	2 M	5 M	20 M	100 M	
	3 M	10 M	25 M		

7. Collision	Deductible (circle desired amount)								
Vehicle 1	100	250	300	500	1000	2000		W	The deductible may be waived for losses less than 51% at-fault by circling the "W" for the desired vehicle.
Vehicle 2	100	250	300	500	1000	2000		W	
Vehicle 3	100	250	300	500	1000	2000		W	
Vehicle 4	100	250	300	500	1000	2000		W	

8. Limited Collision		Deductible (circle desired amount)						If your vehicle is leased or financed you must carry standard collision
Vehicle 1		100	250	300	500	1000	2000	
Vehicle 2		100	250	300	500	1000	2000	
Vehicle 3		100	250	300	500	1000	2000	
Vehicle 4		100	250	300	500	1000	2000	

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.

9. Comprehensive		Deductible (circle desired amount)						Full glass coverage with \$0 deductible is available by circling "non" for the desired vehicle.	
Vehicle 1		100	250	300	500	1000	2000		non
Vehicle 2		100	250	300	500	1000	2000		non
Vehicle 3		100	250	300	500	1000	2000		non
Vehicle 4		100	250	300	500	1000	2000		non

10. Rental Reimbursement		
Vehicle 1	accept	decline
Vehicle 2	accept	decline
Vehicle 3	accept	decline
Vehicle 4	accept	decline

11. Emergency Road Service		
Vehicle 1	accept	decline
Vehicle 2	accept	decline
Vehicle 3	accept	decline
Vehicle 4	accept	decline

Mechanical Breakdown Insurance		
Vehicle 1	accept	decline
Vehicle 2	accept	decline
Vehicle 3	accept	decline
Vehicle 4	accept	decline

12. Underinsured Auto Bodily Injury		Limits (per person/per accident)						
		20/40 M		50/100 M		300/300 M		500/500 M
		20/50 M		100/100 M		200/400 M		500/750 M
		25/50 M		100/200 M		250/500 M		250/1MM
		25/60 M		100/300 M		300/500 M		500/1MM
		35/80 M						1MM/1MM

Additional Information

Please use this section to include any information that would not fit above or that you think may be pertinent to your application for insurance.

What date would you like your policy to begin? _____

Please be aware that an insurer must offer 12 month policy, a 6 month policy is shorter than a 12 month policy, the premium of a 6 month policy is half of a 12 month policy and the premium for the renewal of a six month policy is based on rates in effect on the renewal effective date.

Would you like a 6 month or 12 month policy? _____

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 vehicles(s) to be insured, the names of all household members and customary operators required to be listed and the answers have correctly 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.

Declarations and Signature

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL INFORMATION MAY BE VERIFIED WITH OTHER INSURANCE COMPANIES AND GOVERNMENT AGENCIES.

Signature of applicant _____ Date _____

APPLICATION FOR MASSACHUSETTS AUTO INSURANCE

Government Employees Insurance Company
GEICO General Insurance Company

ONE Geico Plaza
Washington, DC 20076

Named Insured (Driver 1)

First Name		Last Name		MI	Date of Birth
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	
Street Address				Phone () -	
				Years at residence?	
City			State	ZIP Code	

Driver 2

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured				Co-insured (circle one)	Y/N
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	

Driver 3

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured					
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	

Driver 4

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured					
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience must be verified with an original abstract, a notarized translation into English and a Copy of the license	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	

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. Please List any additional drivers in the additional information section.

Vehicle 1

Year		Make		Model	
VIN			Odometer reading		
Is the vehicle owned leased or financed?				Estimated Annual Mileage	
Miles driven to work or school (one way)				Number of days driven to work or school	
Type of alarm (circle all that apply)		a) Active (driver sets it) b) Passive (sets automatically) c) Homing device			
Is this vehicle customized?		If "yes" Description and value			
Will this vehicle be used for business?		If "yes" Describe			

Are you the original owner of this vehicle?		Registered owner and state	
Does vehicle have a branded title?			
Vehicle 2			
Year	Make	Model	
VIN	Odometer reading		
Is the vehicle owned leased or financed?	Estimated Annual Mileage		
Miles driven to work or school (one way)	Number of days driven to work or school		
Type of alarm (circle all that apply)	a) Active (driver sets it) b) Passive (sets automatically) c) Homing device		
Is this vehicle customized?	If "yes" Description and value		
Will this vehicle be used for business?	If "yes" Describe		
Are you the original owner of this vehicle?		Registered owner and state	

Does vehicle have a branded title?			
Vehicle 3			
Year	Make	Model	
VIN	Odometer reading		
Is the vehicle owned leased or financed?	Estimated Annual Mileage		
Miles driven to work or school (one way)	Number of days driven to work or school		
Type of alarm (circle all that apply)	a) Active (driver sets it) b) Passive (sets automatically) c) Homing device		
Is this vehicle customized?	If "yes" Description and value		
Will this vehicle be used for business?	If "yes" Describe		
Are you the original owner of this vehicle?		Registered owner and state	

Does vehicle have a branded title?			
Vehicle 4			
Year	Make	Model	
VIN	Odometer reading		
Is the vehicle owned leased or financed?	Estimated Annual Mileage		
Miles driven to work or school (one way)	Number of days driven to work or school		
Type of alarm (circle all that apply)	a) Active (driver sets it) b) Passive (sets automatically) c) Homing device		
Is this vehicle customized?	If "yes" Description and value		
Will this vehicle be used for business?	If "yes" Describe		
Are you the original owner of this vehicle?		Registered owner and state	

Please include any additional vehicles in the additional information section

Driver to vehicle assignment				
Please assign a driver number to the vehicle that they drive most often				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Driver number				
If any vehicle is not kept at the address above please indicate the address at which it garaged.				

Please assign a vehicle number to the driver that operates it most often.				
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Accidents within the last 6 years						
Driver number	Loss Date	At-fault? (Y/N)	Your Damage	Your injury	Other's Damage	Others injury
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

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Driver number	Date of violation	Date of conviction	Description

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Please include any additional accidents, convictions or DUIs in the additional information section

Current Insurance

Do you currently have your own insurance?		Company and expiration date?	
How many years have you been insured with this company?		Current Bodily Injury limits?	
If you answered "no" above circle which applies: a) I am listed on someone else's insurance b) I haven't needed it			
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List driver numbers for any full time students with a B or better average?		
List any driver numbers for any drivers that graduated from a four college with a B or better average?		
Member of an organization that refers GEICO?		if "yes" list
Do you have any other GEICO policies?		if "yes" list

Coverage Limits (M denotes 1000)

Compulsory (circle desired limits and deductibles)

1. Bodily Injury to Others	Limits	
	20/40 M	The minimum coverage in Massachusetts for bodily injury is 20,000/40,000 compulsory. This does not provide protection: 1) if the accident occurs outside of Massachusetts 2) places in Massachusetts restricted from the public 3) for injuries to guest passengers of your auto Optional Bodily Injury is available and may better cover these exposures

2. Personal Injury Protection	Limits	Deductible
	8M	100 500
		250 1M

3. Bodily Injury Caused by an Uninsured Auto	Limits (per person/per accident)					
	20/40 M		50/100 M		300/300 M	500/500 M
	25/50 M		100/200 M		250/500 M	250/1MM
	25/60 M		100/300 M		300/500 M	500/1MM
	35/80 M					1MM/1MM

4. Damage to Someone Else's Property	Limits (per accident)					
	10 M		20 M		35 M	100 M
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Optional Coverage (circle desired limit or deductible)

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9. Comprehensive		Deductible (circle desired amount)								
Vehicle 1		100	250	300	500	1000	2000		non	Full glass coverage with \$0 deductible is available by circling "non" for the desired vehicle.
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Signature of applicant _____ Date _____