



**THE CONCORD GROUP INSURANCE COMPANIES**  
**Green Mountain Insurance Company, Inc.**

**Subject: Good Student Discount – Policy**

Dear Policyholder(s):

The Good Student discount is applicable to an operator that is classified in one of the following inexperienced operator classes: 17, 18, 20, 21,25, 26 and is a full time high school, college or university student.

To receive the Good Student Discount a certified statement from a school official must be provided at each anniversary date of the policy indicating that the student(s) has met one of the requirements during the immediately preceding school semester.

The credit applies to the vehicle where the student driver is rated. It does not apply if the student is listed and excluded from all vehicles.

If your student(s) is still eligible for the discount, please have the school official complete and sign the attached certificate. Please return the completed certificate to our office.

The Good Student Discount will be removed from your policy at the expiration date unless a new request is received by for the following driver(s).

Driver:

Should you have any questions please contact your agent.

Return the completed Good Student Certificate to:

**Concord Group Insurance**  
**Attn: CGIMAIL-PL**  
**4 Bouton Street**  
**Concord, NH 03301-5006**

Thank you,

Personal Lines Department  
The Concord Group Insurance Companies

**THE CONCORD GROUP INSURANCE COMPANIES**  
**GOOD STUDENT DISCOUNT APPLICATION**

**Policy Holder Information**

**Policy**

**Note: The Good Student Discount will expire effective \_\_\_\_\_.**

Good Student Discount continuance / new request, please complete certificate information below and attach a photocopy of student's most recent grade card.

\_\_\_\_\_  
Signature of Insured

.....  
**GOOD STUDENT CERTIFICATE**

*This is to certify that*

Student's Name: \_\_\_\_\_

1. Is enrolled as a full time student in  
Name of School: \_\_\_\_\_  
Enter Name and Address

And has attained the rank of: \_\_\_\_\_  
Enter Freshman, Sophomore, Junior, Senior or other rank (Explain "Other")

2. The scholastic record for the immediately preceding semester (or comparable period) show that this student has attained one or more of the following: (Check all that apply).

\_\_\_\_\_ Is scholastically in the upper 20% of their class; or

\_\_\_\_\_ Maintains a "B" or higher average or its equivalent, or, if the letter grading system cannot be averaged, no grade is lower than a "B".

\_\_\_\_\_ In schools using numerical grade points, such as 4.0, 3.0, 2.0 and 1.0, had an average of at least 3.0 or its equivalent for all subjects combined; or

\_\_\_\_\_ Was included on a scholastic achievement list i.e. Dean's List, Honor Roll

\_\_\_\_\_  
School Official's Signature and Title



# THE CONCORD GROUP INSURANCE COMPANIES PERSONAL AUTOMOBILE APPLICATION SUPPLEMENT

## More Vehicles Than Operators

Named Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

To be used for consideration of acceptance when number of vehicles exceeds number of drivers.

1. Are any of the scheduled vehicles registered/owned, solely or jointly, by someone other than the named insured and/or any of the rated/listed operators?  Yes  No

If ~~yes~~ **do not bind** - call underwriter for approval.

2. Are any of the scheduled vehicles garaged/kept at other than the named insured's residence?  Yes  No

If ~~yes~~ **do not bind** - call underwriter for approval.

3. Are any of the scheduled vehicles loaned to or used by other than the named insured or any of the rated/listed operators (relatives, friends, neighbors, employees, etc.)?  Yes  No

If ~~yes~~ **do not bind** - call underwriter for approval.

4. How, specifically, is each scheduled vehicle used and what is the annual mileage?

Vehicle and Usage	Annual Mileage

5. Complete names and dates of birth of all operators and/or household members, other than those listed on the new business application/worksheet or the coverage selections page of the current policy. Also, include all children age 14 and older.

Name and Relationship	Date of Birth

\_\_\_\_\_  
Agent Signature Date

\_\_\_\_\_  
Insured Signature Date

**Failure to submit will result in policy cancellation.**

**Must be attached to application/worksheet.**

**SECTION II - PRIVATE PASSENGER AUTOMOBILES (cont.)**

<b>Rule No.</b>	<b>Page</b>
32 Pick-Ups, Vans, and Similar Type Vehicles .....	22
33 Towing and Labor .....	22
34 Trailers Designed for Use With Private Passenger Motor Vehicles .....	23
35-38 Reserved for Future Use .....	23

**SECTION III - MISCELLANEOUS MOTOR VEHICLES AND COVERAGES**

<b>Rule No.</b>	
39 Motor Homes/Camper Bodies .....	23
40 Antique Motor Cars and Motorcycles .....	24
41 Stated Amount Coverage .....	24
42-43 Reserved for Future Use .....	24
44 Motorcycles, Motorscooters, Mopeds and Similar Motor Vehicles .....	25
45 Agreed Amount Coverage - Comprehensive .....	26
46 Excess Electronic Equipment Coverage .....	26
47 Customized Vans and Pickups .....	27
48 Original Equipment Manufacturer Parts Coverage .....	27

**SECTION IV - NON-OWNED AUTOMOBILES**

<b>Rule No.</b>	
49 Named Non-Owner Policy .....	28
50 Use of Other Automobiles .....	28
51-53 Reserved for Future Use .....	29

**SECTION V - SUPPLEMENTAL INFORMATION**

<b>Rule No.</b>	
54 Anti-Theft Device Standards and Discounts .....	30
55 Pre-Insurance Inspection Program .....	36
56 Merit Rating Plan .....	37
57 Reserved for Future Use .....	40
58 Registry of Motor Vehicles Procedures .....	40

**ADDITIONAL ITEMS**

Private Passenger Endorsement Index .....	B-1
Private Passenger Forms .....	B-3
Personal Auto Forms Index .....	B-4

MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE MANUAL

**PRIVATE PASSENGER ENDORSEMENTS  
ALPHABETICAL INDEX**

<b><u>TITLE</u></b>	<b><u>FORM NO.</u></b>
Agreed Amount . Comprehensive	MPY-0034-S (Ed. 04-08)
Antique Auto	M-0047-S (Ed. 04-08)
Commonwealth of Massachusetts Employees Using Autos They Do Not Own in the Course of Employment	M-0069-S (Ed. 01-80)
Conditional Premium and Coverage Endorsement	M-0101-S (Ed. 01-92)
Coverage for Anyone Renting An Auto To You	M-0070-S (Ed. 04-08)
Coverage for Customized Vans and Pickups	MPY-0037-S (Ed. 04-08)
Excess Electronic Equipment Coverage	MPY-0041-S (Ed. 04-08)
Federal Employees Using Autos They Do Not Own in the Course of Employment	M-0049-S (Ed. 01-77)
\$100 Glass Deductible	MPY-0039-S (Ed. 04-08)
Guest Occupants Exclusion . Motorcycles	M-0002-S (Ed. 04-08)
Massachusetts Mandatory Endorsement	M-0099-S (Ed. 09-11)
Mobile Home Endorsement	MPY-0002-S (Ed. 01-77)
Non-Renewal of Policy . Motorcycles, Recreational Vehicles and Trailers	M-0103-S (Ed. 04-08)
Operator Exclusion Form	M-0106-S (Ed. 04-08)
Original Equipment Manufacturer Parts Coverage	MPY-0040-S (Ed. 04-08)
Other Optional Insurance . Combined Additional Coverage	MPY-0031-S (Ed. 04-08)
Other Optional Insurance . Fire, Lightening and Transportation	MPY-0028-S (Ed. 04-08)
Other Optional Insurance . Theft	MPY-0029-S (Ed. 04-08)
Personal Auto Coverage Enhancement	CI-0033 (Ed. 12-10)
Personal Vehicle Sharing Exclusion Endorsement	M-0108-S (Ed. 10-13)
Restriction of Personal Injury Protection for Employers Subject to The Massachusetts Workers Compensation Act	M-0063-S (Ed. 01-88)
Roadside Assistance	CI-0034 (Ed. 12-10)
Stated Amount Coverage	MPY-0027-S (Ed. 04-08)
Suspension of Coverage - Reduction of Limits	MPY-0032-S (Ed. 04-08)
Transportation of Fellow Employees, Students or Others	M-0004-S (Ed. 04-08)
Trust Endorsement	M-0107-S (Ed. 01-06)
Use of Other Autos - Vehicles Furnished or Available for Regular Use	M-0051-S(Ed.04-08)

## PRIVATE PASSENGER FORMS

<u>Title</u>	<u>Edition</u>
Acknowledgement of Requirement for Pre-Insurance Inspection (Form D)	2010 Ed.
Allowed Exemptions and Waivers	2010 Ed.
Annual Mileage Discount Form	2008 Ed.
Application for Benefits . Personal Injury Protection	
Application for Massachusetts Motor Vehicle Insurance	2009 Ed.
Cancellation Confirmation Notice	2010 Ed.
Cancellation Notice Non-Pay	2010 Ed.
Cancellation Notice Other	2010 Ed.
CGI Privacy Notice	2010 Ed.
Coverage Selection Page	2013 Ed.
Good Student Discount Application	2014 Ed.
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Massachusetts Motor Vehicle Liability Bond	
More Vehicles Than Operators	2014 Ed.
Non-Renewal Notice	2010 Ed.
Notice of Coverage . Lessor	2010 Ed.
Notice of Coverage . Other	2010 Ed.
Notice of Mandatory Pre-Insurance Inspection (Form B)	2010 Ed.
Notice of Suspension Requirement of Physical Damage Coverage (Form C)	2010 Ed.
Notice of Transfer of Insurer	
Pre-Insurance Inspection Motor Vehicle Report (Form A)	2010 Ed.
Reinstatement Notice	2010 Ed.
Rescind of Cancellation Notice	2010 Ed.
Rescind of Non-Payment Notice	2010 Ed.
Rescind of Non-Renewal Notice	2010 Ed.

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