

	Field	Field Type	Variable Info	Help Icon
1	<b>Policyholder Details</b>	Display		
2	<b>All fields are required unless indicated otherwise</b>	Display		
3	First name	Text box		
4	Middle initial (optional)	Text box		
5	Last name	Text box		
6	Date of birth	Single field box		You must be at least 18 years of age to obtain a quote. This information also helps ensure we provide the most accurate quote.
7	Residential address (Cannot be a PO Box)	2 Text boxes		Enter the street address of the policyholder.
8	State	Drop Down	Please select - Default All states including DC	
9	Zip code	Text Box		
10	City or township	Drop Down	Please select - Default Cities/Townships appear based on state selection	
11	Continue	Button		
12	We understand the importance of your privacy. The information that we obtain will be kept confidential and will not be sold or redistributed. To learn more, please review our Privacy Policy.	Display		
13	Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
14	Massachusetts Consumer Guide	Link		
15	iama10 (003)			

Field	Field Type	Variable Info	Help Icon
<b>The following screens appears if vehicle information is obtained from a 3rd party vendor based on information entered in the Policyholder Screen</b>			
1 <b>Add &amp; Select Vehicles</b>	<b>Display</b>		
2 Based upon you name and address, we have found the following vehicles you may own.	Display		
3 Add to quote	Check box	this box will appear before each vehicle found	
4 Year, Make and Model of vehicle(s) found	Display		
5 Need to add another vehicle?	Display		
6 + Add vehicle	link		
7 Save for later	link		
8 Continue	Button		
9 Back	Button		
<b>The following screen appears if the "+ Add Vehicle" link is clicked</b>			
10 <b>Add a Vehicle</b>	<b>Display</b>		
11 <b>All fields are required unless indicated otherwise</b>	Display		
12 Year	Text box		
13 Make (Ford, Honda, Dodge, etc.)	Drop Down	Please select - Default All vehicle makes	
14 Model (Fusion, Accord, Ram, etc.)	Drop down	Please select - Default All vehicle models including "Other"	
15 Cancel	Button		
16 Continue	Button		
17 <b>Add Vehicle Details - YYYY MAKE MODEL</b>	Display		
18 Note: Year, Make and Model of ALL vehicles selected under the Add & Select Vehicle screen will appear under this heading			
19 Will have the ability to delete any vehicle(s) from this list			
20 Will have the ability to add a vehicle to this list			
21 Sub-model (S 4D SED, VP 4D SED, SLT REG CB 4WD, etc)	Drop down	Please select - Default All vehicle sub-models including "Other"	The vehicle's subset of the model that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are S 4D SED, VP 4D SED, SLT REG CB 4WD.
22 Current Bodily Injury (liability) coverage limits	Drop down	Please select - Default \$25,000/\$50,000 or lower \$50,000/\$100,000 or lower Greater than \$50,000/\$100,000	This coverage is listed on your current Declaration page. It covers expenses for other people's injuries or deaths in an accident when you are legally responsible. It also covers necessary legal fees and court costs if another party in the accident files a lawsuit against you. There are two coverage limits displayed for each option, for example: \$100,000/\$300,000. The first dollar amount represents the coverage limit per person; the second dollar amount represents the total coverage limit per accident.

Field	Field Type	Variable Info	Help Icon
23 Who is the titleholder of the vehicle or the person on the loan/lease agreement?	Drop down	Self and/or spouse - Default Self/spouse and/or finance company Self/spouse and business Parent/child at same residence Parent/child at different residence Salvage title Other	Person who owns the title to this vehicle and/or who is primarily responsible for this vehicle's loan or lease.
24 <b>Vehicle discounts</b>	Display		
25 Your vehicle safety features may qualify you for discounts on your quote.	Display		
26 Select the safety features of this vehicle:	Display		
27 Airbags	Drop down	Please select - Default Driver side only Driver and passenger Driver, passenger and side impact None	
28 Anti-theft devices	Drop down	Please select - Default Active Alarm Passive None	Active: Requires a manual step to engage the device, which makes the fuel, ignition or starting system inoperative. Alarm: Produces a sound that can be heard at least 300 feet away for up to three minutes. Passive: Device is automatically activated with no manual step needed, which makes the fuel, ignition or starting system inoperative. One example, a Security Lock System, uses a key, specifically designed for the vehicle, with a microchip in it. If someone tries to start the vehicle with another key, the system will make the fuel, ignition and starting systems inoperative. Vehicle Tracking System (OnStar®) An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
29 Vehicle Recovery System	Radio Button	Yes No	Vehicle Recovery System An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
30 Automatic seatbelts	Radio Button	Yes No	Seatbelts on driver and passenger sides that automatically fasten around you when the vehicle door is closed.
31 <b>Vehicle Location at Residence</b>	Display		
32 What is the zip code of where your vehicle is kept?	Text box		

Field	Field Type	Variable Info	Help Icon
33 Where is your vehicle parked at your residence?	Drop Down	Please select - Default Garage Carport Driveway On street Parking lot	Choose the location you regularly park this vehicle when not at work.
34 <b>Vehicle Use</b>	Display		
35 How is this vehicle primarily used?	Drop down	Please select - Default Commute to work/school Pleasure Business	Select the purpose of using this vehicle on a regular basis.  Primary Vehicle Use Commute - vehicle is mainly used for the daily drive from home to work or school and back.  Business - vehicle is mainly used for business purposes (not including a daily drive to and from work). For example, visiting clients, making deliveries or regularly traveling on business trips.  Pleasure - vehicle is only used for recreational driving or no other 'primary vehicle use' definition applies. We will ask your method of transportation to and from work or school.
36 Miles driven per year	Text box	15,000 - Default	The miles you travel per year in this vehicle. You may modify this amount to reflect your actual driving habits.
37 Save for later	link		
38 Continue	Button		
39 Back	Button		
40 We are currently able to quote cars, trucks and vans online. If any of your vehicles have customization not installed by the manufacturer or you wish to receive a quote on your motor home, recreational trailer, utility trailer, or antique or classic vehicle, please save your quote and contact us by email or phone.	Display		
41 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
<b>The following screens appears if NO vehicle information is obtained from a 3rd party vendor based on information entered in the Policyholder Screen</b>			
42 <b>Add a Vehicle</b>	Display		
43 <b>All fields are required unless indicated otherwise</b>	Display		
44 Year	Text box		
45 Make Ford, Honda, Dodge, etc.)	Drop Down	Please select - Default All vehicle makes	Your vehicle's manufacturer, found on your title or registration, or on the vehicle itself. Examples are Ford, Honda or Dodge.
46 Model (Fusion, Accord, Ram, etc.)	Drop down	Please select - Default All vehicle models including "Other"	The brand of vehicle that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are Fusion, Accord or Ram.

Field	Field Type	Variable Info	Help Icon
47 Sub-model (S 4D SED, VP 4D SED, SLT REG CB 4WD, etc)	Drop down	Please select - Default All vehicle sub-models including "Other"	The vehicle's subset of the model that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are S 4D SED, VP 4D SED, SLT REG CB 4WD.
48 Current Bodily Injury (liability) coverage limits	Drop down	Please select - Default Less than \$50,000/\$100,000 Less than \$100,000/\$300,000 Less than \$250,000/\$500,000 \$250,000/\$500,000 or Greater	This coverage is listed on your current Declaration page. It covers expenses for other people's injuries or deaths in an accident when you are legally responsible. It also covers necessary legal fees and court costs if another party in the accident files a lawsuit against you. There are two coverage limits displayed for each option, for example: \$100,000/\$300,000. The first dollar amount represents the coverage limit per person; the second dollar amount represents the total coverage limit per accident.
49 Who is the titleholder of the vehicle or the person on the loan/lease agreement?	Drop down	Self and/or spouse - Default Self/spouse and/or finance company Self/spouse and business Parent/child at same residence Parent/child at different residence Salvage title Other	Person who owns the title to this vehicle and/or who is primarily responsible for this vehicle's loan or lease.
50 <b>Vehicle discounts</b>	Display		
51 Your vehicle safety features may qualify you for discounts on your quote.	Display		
52 Select the safety features of this vehicle:	Display		
53 Airbags	Drop down	Please select - Default Driver side only Driver and passenger Driver, passenger and side impact None	
54 Anti-theft devices	Drop down	Please select - Default Active Alarm Passive None	Active: Requires a manual step to engage the device, which makes the fuel, ignition or starting system inoperative. Alarm: Produces a sound that can be heard at least 300 feet away for up to three minutes. Passive: Device is automatically activated with no manual step needed, which makes the fuel, ignition or starting system inoperative. One example, a Security Lock System, uses a key, specifically designed for the vehicle, with a microchip in it. If someone tries to start the vehicle with another key, the system will make the fuel, ignition and starting systems inoperative. Vehicle Tracking System (OnStar®) An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.

Field	Field Type	Variable Info	Help Icon
55 Vehicle Recovery System	Radio Button	Yes No	Vehicle Recovery System An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
56 Automatic seatbelts	Radio Button	Yes No	Seatbelts on driver and passenger sides that automatically fasten around you when the vehicle door is closed.
57 <b>Vehicle Location at Residence</b>	Display		
58 What is the zip code of where your vehicle is kept?	Text box		
59 Where is your vehicle parked at your residence?	Drop Down	Please select - Default Garage Carport Driveway On street Parking lot	Choose the location you regularly park this vehicle when not at work.
60 <b>Vehicle Use</b>	Display		
61 How is this vehicle primarily used?	Drop down	Please select - Default Commute to work/school Pleasure Business	Select the purpose of using this vehicle on a regular basis.  Primary Vehicle Use Commute - vehicle is mainly used for the daily drive from home to work or school and back.  Business - vehicle is mainly used for business purposes (not including a daily drive to and from work). For example, visiting clients, making deliveries or regularly traveling on business trips.  Pleasure - vehicle is only used for recreational driving or no other 'primary vehicle use' definition applies. We will ask your method of transportation to and from work or school.
62 Miles driven per year	Text box	15,000 - Default	The miles you travel per year in this vehicle. You may modify this amount to reflect your actual driving habits.
63 <b>Additional Vehicles</b>	Display		
64 Do you have another vehicle?	Radio Button	Yes No	
65 Save for later	link		
66 Continue	Button		
67 Back	Button		
68 We are currently able to quote cars, trucks and vans online. If any of your vehicles have customization not installed by the manufacturer or you wish to receive a quote on your motor home, recreational trailer, utility trailer, or antique or classic vehicle, please save your quote and contact us by email or phone.	Display		

Field	Field Type	Variable Info	Help Icon
69 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
<b>The following screens appear in both processes</b>			
<b>Appropriate question appears based on what is selected for "How is this vehicle primarily used?"</b>			
70 What is your primary transportation to and from work or school?	Drop Down	Please select - Default Secondary vehicle Car pool Retired Public transportation Company vehicle Physical - walk, bike Unemployed Work out of home	This vehicle has been identified as being used for pleasure. Please tell us how you get to and from work or school.
71 Miles driven one way to work or school	Text Box		Enter the miles you travel one way to work or school in this vehicle.
72 Days driven per week to work or school	Drop down	1 2 3 4 5 - Default 6 7	
73 Which best describes the business use of this vehicle?	Drop down	Please select - Default Visiting clients Employee use of vehicle Self-employed contractor (construction, plumber, etc.) Delivery (pizza, newspapers, etc.) Regular hauling (appliances, debris, etc.) Transport of people Other	

Field	Field Type	Variable Info	Help Icon
<b>The following screens appears if driver information is obtained from a 3rd party vendor based on information entered in the Policyholder Screen</b>			
1 <b>Add &amp; Select Drivers</b>	Display		
2 Based upon you name and address, we have found the following drivers on your current policy.	Display		
3 Include the following licensed drivers: <ul style="list-style-type: none"> <li>• Household members who do not have their own auto insurance</li> <li>• Household members who do not have their own insured vehicle</li> <li>• Anyone else who regularly drives your vehicle</li> </ul>	Display		
4 Policyholder	Display		
5 Name & Birth Date	Display		
6 Edit	Link		
7 Add to quote	Check box	this box will appear before each vehicle found	
8 Driver name & Birth Date	Display		
9 Edit	Link		
10 Need to add another Driver?	Display		
11 + Add driver	Link		
12 Save for later	link		
13 Continue	Button		
14 Back	Button		
<b>The following screen appears when clicking on either the "Edit" or "+ Add driver" link</b>			
15 <b>Add a Driver</b>	Display		
16 All fields are required unless indicated otherwise.	Display		
17 First name	Text box		
18 Middle initial (optional)	Text box		
19 Last name	Text box		
20 Date of birth	Single field box		
21 Cancel	Button		
22 Continue	Button		
23 <b>Add Vehicle Details - Driver's Name</b>	Display		
Note: Name and Birth Date of ALL drivers selected under the Add & Select driver screen will appear under this heading			
Will have the ability to delete any driver(s) from this list other than the first driver listed (Policyholder)			
Will have the ability to add a driver to this list			
Based on information added entered below for each driver, the number of Accidents or Claims and/or Violations will be listed after each driver			
24 All fields are required unless indicated otherwise.	Display		
25 E-mail address Used to save your quote. We will not sell your e-mail address.	Text box		Ameriprise Auto & Home Insurance understands the importance of your privacy. The email address that you provide will be kept confidential and secure; it will not be sold or redistributed. Full description  We request your email address so we can send confirmation of your online quote, messages with important information about your account, and other offers that may be suited to your needs. Please visit the email preferences page to review or change your email choices, or read the Ameriprise privacy statement for more details.



Field	Field Type	Variable Info	Help Icon
26 Gender	Radio Buttons	Male Female	
27 At what age did you first obtain a license in the United States? <At what age did your spouse first obtain a license in the United States?> <At what age did this driver first obtain a license in the United States?>	numeric text box	16 - Default	
28 Current license status	Drop down	Please select - Default Valid U.S. license Learner's permit Foreign or international Suspended Revoked Expired Not licensed Commercial or business	
29 What vehicle do you operate most often? <What vehicle does your spouse operate most often?> <What vehicle does this driver operate most often?>	Drop down	Please select - Default <list vehicles>	Only one driver can be selected per vehicle.
30 Marital status	Drop down	Please select - Default Married Single Civil union or registered domestic partner	Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy -- even if he or she has insurance with another company.
31 <b>Driver Discounts</b>	<b>Display</b>		
32 You may qualify for additional discounts <Your spouse may qualify for additional discounts> <This driver may qualify for additional discounts>	Display		
33 Highest level of education completed	Drop down	Please select - Default Some or no high school High school or GED Associates degree Bachelor's degree Post graduate degree	
<b>Either of the following questions may appear based on the age entered for the driver</b>			
34 Are you a good student? (optional) <Is your spouse a good student?> <Is this driver a good student?> - Full time student under the age of 25 - Maintains a "B" average	Radio Buttons	Yes No	
35 Does this student reside more than 100 miles away from home without a vehicle?	Radio Buttons	Yes No	
36 Does this student reside more than 100 miles away from home without a vehicle?	Radio Buttons	Yes No	

Field	Field Type	Variable Info	Help Icon
37 Senior Operator Motor Vehicle Accident Prevention Course Discount (optional) - Non-court ordered - Completed in the last 3 years	Single field box		
<b>Accidents, Claims and Violations</b>			
38 Have you had any accidents or claims in the past six years? <Has your spouse had any accidents or claims in the past six years?> <Has this driver had any accidents or claims in the past six years?>	Radio Buttons	Yes No	What To Include: - All accidents that occurred while you were driving, regardless of fault. For example, a collision with another vehicle, hitting a parked car, a single car accident or hitting an animal. - Comprehensive claims such as windshield replacement or incidents of vehicle theft or vandalism. - Losses that occurred while your vehicle was parked. For example, if your vehicle was struck while illegally parked, or if your vehicle rolled away while unattended and caused an accident.
40 Have you been convicted of any traffic violations in the past five years? <Has your spouse been convicted of any traffic violations in the past five years? > <Has this driver been convicted of any traffic violations in the past five years? >	Radio Buttons	Yes No	What To Include: - Tickets received for moving violations (e.g., speeding, failure to obey a traffic signal, driving under the influence of alcohol or drugs, etc.). Do not include tickets received for vehicle maintenance, parking or seatbelt violations.
41 Save for later	link		
42 Continue	Button		
43 Back	Button		
<b>If selection is other than "Single" for "Marital status", the following question appears:</b>			
44 Who is your spouse	Drop down	Please select - Default All drivers listed Spouse not listed	
45 Does your spouse have a driver's license?	Radio Buttons	Yes No	
<b>If "Spouse not listed" is selected, the following screen appears:</b>			
<b>46 Martial Status</b>			
47 You've indicated that you are married or in a civil union or registered domestic partnership.	Display		
48 Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy –even if he or she has insurance with another company.	Display		
49 Add Your Spouse	Display		
50 All fields are required unless indicated otherwise.	Display		
51 First Name	Text Box		
52 Middle initial (optional)	Text Box		
53 Last Name	Text Box		
54 Date of Birth	Single field box		
55 Save for later	link		

Field	Field Type	Variable Info	Help Icon
56 Continue	Button		
57 Back	Button		
<b>The following questions appear if "Yes" is selected under "&lt;Have you&gt; or &lt;Has your spouse&gt; or &lt;Has this driver&gt; had any accidents or claims in the past six years?"</b>			
58 <b>Add an Accident or Claim</b>	<b>Display</b>		
59 All fields are required unless indicated otherwise.	Display		
60 Date of accident or claim (optional)	Single field box		
61 Circumstance of the accident or claim	Drop down	Please select - Default Your vehicle hit another vehicle, object or pedestrian Two vehicles collided Other vehicle hit your vehicle Fire Windshield/Glass Windstorm Hail Hit animal Theft Vandalism Other accident	Choose the selection that best describes what happened in your accident or claim.
62 Damage to (check all that apply)	Checkboxes	My vehicle Other vehicle(s)	
63 Was anyone injured?	Radio Buttons	Yes No	
64 Total payout of accident or claim	Drop down	Blank - Default \$0 to \$500 \$501 to \$1,000 \$1,001 to \$5,000 \$10,001 to \$20,000 \$5,001 to \$10,000 More than \$20,000	Include the total claim payout for all vehicles and/or injuries. If you don't know the exact total, provide the amount to the best of your knowledge.
65 Were you at-fault in the accident? <Was your spouse at-fault in the accident?> <Was this driver at fault in the accident?>	Radio Buttons	Yes No	In an accident, a driver is determined to be either at fault or not at fault. Generally, if you were given a violation at the time of the accident or hit a stationary object, you would be considered at fault. Insurance companies use this information to accurately rate policies.
66 Do you have another accident or claim? <Does your spouse have another accident or claim?> <Does this driver have another accident or claim?>	Radio Buttons	Yes No	
<b>The following questions appear if "Yes" is selected under "&lt;Have you&gt; or &lt;Has your spouse&gt; or &lt;Has this driver&gt; been convicted of any traffic violations in the past five years?"</b>			
67 <b>Add a Violation</b>	<b>Display</b>		
68 All fields are required unless indicated otherwise.	Display		
69 Date of violation (optional)	Single field box		

Field	Field Type	Variable Info	Help Icon
70 Type of violation	Drop down	Please Select - Default Careless driving Driving under the influence of alcohol/drugs Failure to obey a traffic control device Failure to yield right of way Improper passing Reckless driving Speeding Speeding - 20 MPH or more over limit Other License suspension/revocation Seatbelt violation	
71 Do you have another violation? <Does your spouse have another violation?> <Does this driver have another violation?>	Radio Buttons	Yes No	
<b>The following screens appears if NO driver information is obtained from a 3rd party vendor based on information entered in the Policyholder Screen</b>			
72 Add Your Driver Details <Add Your Spouse> <Add a Driver>	Display		
73 All fields are required unless indicated otherwise. *** Note: The following question only appears under <Add Your Spouse> questions	Display		
74 Please enter your spouse's information.	Sub heading		Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' <b>and</b> 'driver' on your policy -- even if he or she has insurance with another company.
75 First name	Text box		
76 Middle initial (optional)	Text box		
77 Last name	Text box		
<b>*** Note: The following question only appears under &lt;Add Your Driver Detail&gt; questions</b>			
78 E-mail address Used to save your quote. We will not sell your e-mail address.	Text box		Ameriprise Auto & Home Insurance understands the importance of your privacy. The email address that you provide will be kept confidential and secure; it will not be sold or redistributed. Full description  We request your email address so we can send confirmation of your online quote, messages with important information about your account, and other offers that may be suited to your needs. Please visit the email preferences page to review or change your email choices, or read the Ameriprise privacy statement for more details.

Field	Field Type	Variable Info	Help Icon
79 Gender	Radio Buttons	Male Female	
80 At what age did you first obtain a license in the United States? <At what age did your spouse first obtain a license in the United States?> <At what age did this driver first obtain a license in the United States?>	numeric text box	16 - Default	
81 Current license status	Drop down	Please select - Default Valid U.S. license Learner's permit Foreign or international Suspended Revoked Expired Not licensed Commercial or business	
82 What vehicle do you operate most often? <What vehicle does your spouse operate most often?> <What vehicle does this driver operate most often?>	Drop down	Please select - Default <list vehicles>	Only one driver can be selected per vehicle.
83 Marital status	Drop down	Please select - Default Married Single Civil union or registered domestic partner	Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy -- even if he or she has insurance with another company.
84 <b>Driver Discounts</b>	<b>Display</b>		
85 You may qualify for additional discounts <Your spouse may qualify for additional discounts> <This driver may qualify for additional discounts>	Display		
<b>The following questions appear based on years of driving experience for the driver</b>			
86 Are you a good student? (optional) <Is your spouse a good student?> <Is this driver a good student?> - Full time student under the age of 25 - Maintains a "B" average	Radio Buttons	Yes No	
87 Does this student reside more than 100 miles away from home without a vehicle?	Radio Buttons	Yes No	
88 <b>Driver Course Information</b>			
89 If you have completed a driver training course within the last three years please enter the course completion date here:			

Field	Field Type	Variable Info	Help Icon
90 Standard Driver Training	Drop Down	Month Year	The standard driver education program is comprised of the Driver Education, Practicum and Parent curriculums, plus a final examination. The program is taught in Professional Driving School Programs and Public and Private High School Programs. It consist of at least 30 hours of classroom instruction and 12 hours on-road instruction conducted by a certified driver education instructor and 6 hours of observation.
91 Advanced Driver Training - Completed the Driver Skills Development Program - At least 30 hrs. of classroom instruction - 12 hrs. on-road with a certified instructor - 6 hrs. observation and final exam	Drop Down	Month Year	Individuals who possess a valid driver's license or learner's permit and have completed a minimum of ten hours supervised behind-the-wheel training may elect to complete a Driver Skills Development Program, which offers advanced driver training in accident avoidance techniques. These programs are conducted in a controlled environment on an off-road training course at actual roadway speeds.
92 Note: if the driver was required to take the course as a result of a court order, do not indicate a date above. Proof of course completion may be requested at any time.	Display		
93 <b>Accidents, Claims and Violations</b>	<b>Display</b>		
94 Have you had any accidents or claims in the past six years? <Has your spouse had any accidents or claims in the past six years?> <Has this driver had any accidents or claims in the past six years?>	Radio Buttons	Yes No	What To Include: - All accidents that occurred while you were driving, regardless of fault. For example, a collision with another vehicle, hitting a parked car, a single car accident or hitting an animal. - Comprehensive claims such as windshield replacement or incidents of vehicle theft or vandalism. - Losses that occurred while your vehicle was parked. For example, if your vehicle was struck while illegally parked, or if your vehicle rolled away while unattended and caused an accident.
95 Have you been convicted of any traffic violations in the past five years? <Has your spouse been convicted of any traffic violations in the past five years? > <Has this driver been convicted of any traffic violations in the past five years? >	Radio Buttons	Yes No	What To Include: - Tickets received for moving violations (e.g., speeding, failure to obey a traffic signal, driving under the influence of alcohol or drugs, etc.). Do not include tickets received for vehicle maintenance, parking or seatbelt violations.
96 Additional Drivers	Display		
97 Do you have another driver? Include the following licensed drivers: - Household members who do not have their own auto insurance - Household members who do not have their own insured vehicle - Anyone else who regularly drives your vehicle	Radio Buttons	Yes No	
98 Save for later	link		
99 Continue	Button		

Field	Field Type	Variable Info	Help Icon
100 Back	Button		
101 If you purchase a policy with our company, your claims and driving history will be verified against a motor vehicle report and a claims loss report. Undisclosed driving or claims activity may result in a premium adjustment or the cancellation of your policy.	Display		
102 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
<b>If selection is other than "Single" for "Marital status", the following question appears:</b>			
103 Does your spouse have a driver's license?	Radio Buttons	Yes No	
<b>The following questions appear if "Yes" is selected under "&lt;Have you&gt; or &lt;Has your spouse&gt; or &lt;Has this driver&gt; had any accidents or claims in the past six years?"</b>			
104 <b>Add an Accident or Claim</b>	<b>Display</b>		
105 All fields are required unless indicated otherwise.	Display		
106 Date of accident or claim (optional)	Single field box		
107 Circumstance of the accident or claim	Drop down	Please select - Default Your vehicle hit another vehicle, object or pedestrian Two vehicles collided Other vehicle hit your vehicle Fire Windshield/Glass Windstorm Hail Hit animal Theft Vandalism Other accident	Choose the selection that best describes what happened in your accident or claim.
108 Damage to (check all that apply)	Checkboxes	My vehicle Other vehicle(s)	
109 Was anyone injured?	Radio Buttons	Yes No	
110 Total payout of accident or claim	Drop down	Blank - Default \$10,001 to \$20,000 More than \$20,000 \$0 - \$1,000 \$1,001 - \$10,000	Include the total claim payout for all vehicles and/or injuries. If you don't know the exact total, provide the amount to the best of your knowledge.
111 Were you at-fault in the accident? <Was your spouse at-fault in the accident?> <Was this driver at fault in the accident?>	Radio Buttons	Yes No	In an accident, a driver is determined to be either at fault or not at fault. Generally, if you were given a violation at the time of the accident or hit a stationary object, you would be considered at fault. Insurance companies use this information to accurately rate policies.
112 Do you have another accident or claim? <Does your spouse have another accident or claim?> <Does this driver have another accident or claim?>	Radio Buttons	Yes No	

Field	Field Type	Variable Info	Help Icon
The following questions appear if "Yes" is selected under "<Have you> or <Has your spouse> or <Has this driver> been convicted of any traffic violations in the past five years?"			
113 Add a Violation	Display		
114 All fields are required unless indicated otherwise.	Display		
115 Date of violation (optional)	Single field box		
116 Type of violation	Drop down	Please Select - Default Careless driving Driving under the influence of alcohol/drugs Failure to obey a traffic control device Failure to yield right of way Improper passing Reckless driving Speeding Speeding - 20 MPH or more over limit Other License suspension/revocation Seatbelt violation	
117 Do you have another violation? <Does your spouse have another violation?> <Does this driver have another violation?>	Radio Buttons	Yes No	



Field	Field Type	Variable Info	Help Icon
1 <b>Final Details</b>	<b>Display</b>		
2 All fields are required unless indicated otherwise.	Display only		
3 Who is your current auto insurance company?	Drop down	Please Select - Default Other AAA Allstate American Family Auto-Owners California State Citizens Commerce Country Companies Erie Farm Bureau Farmers GEICO Grange Mutual Hartford Mercury Nationwide Progressive Prudential SAFECO Sentry State Farm Travelers/Aetna 20th Century USAA	
4 Do you own or rent your residence?	Radio Buttons	Own Rent	
5 Do you currently have homeowners or renters insurance?	Radio Buttons	Yes No	
<b>The following question appear if "Yes" is answered to "Do you currently have homeowners or renters insurance?"</b>			

Field	Field Type	Variable Info	Help Icon
6 What company provides your homeowners or renters insurance?	Drop Down	Please Select - Default Ameriprise Amica Andover Arbella Chubb Commerce Esurance GEICO Hanover Harleysville Liberty Mutual MetLife Plymouth Rock Perferred Mutual Progressive Quincy Safety State Farm Travelers USAA Vermont Mutual Other	
7 How did you hear about us?	Drop down	Please Select - Default Other Ameriprise Financial employee Email Advertisement Ameriprise bBank Ameriprise brokerage account Ameriprise Financial service center Workplace retirement plan Internet search Referred by family member or friend Received mailing	
8 <b>Effective Date</b>	<b>Display</b>		
9 Your quote will be based on this effective date. You may enter a different date if desired.	Single field box		
10 Save for later	link		
11 Continue	Button		
12 Back	Button		
13 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
<b>The following questions may appear based on response to "How did you hear about us?"</b>			

	Field	Field Type	Variable Info	Help Icon
14	Have you ever met with an Ameriprise Financial Advisor?	Radio Buttons	Yes No	
15	Ameriprise Financial client id number (optional) Example: 123456789	text box	numeric only	Your client id number can be found on your Ameriprise Financial statement or on "my financial accounts" page on Ameriprise.com.
16	Please enter the reference number (optional)	Text Box		

Field	Field Type	Variable Info	Help Icon
1 <b>Your Quote</b>	Display		
2 Below is your recommended coverage package. You may edit your coverage options to best fit your needs.	Display		
3 A 12 month premium of <insert premium>	Display		
4 BUY NOW	Button		
5 12-month total premium with <full> <semi-annual> payments:<insert premium>	Display		
6 12-month premium with monthly payments: <insert premium>	Display		
7 Payment type is selecte4d during the purchase of coverage	Display		
8 Your quote has been saved. To access your quote, you will need your: - Email address, date of birth, last name and zip code	Display		
9 Recalculate	Button		
10 Reset	Button		
11			
12 <b>Summary</b>	Display		
13 <b>Effective Date:</b> Modifying the effective date could change your premium.	Single field box		Effective Date This date represents when you would want your policy to start and is used to calculate your quote. Your premium could change if you choose another effective date.
14 <insert effective date>	Link		
15 <b>Vehicles:</b>	Display		
16 <list all vehicles>	Link		
17 + Add a Vehicle	Link		
18 <b>Drivers:</b>	Display		
19 <list all drivers>	Link		
20 +Add a Driver	Link		
21 <b>Discounts applied:</b> <list all discounts>	Display		
22 In addition to your discounts, you will receive: • 24-hour roadside assistance included with towing coverage • Repairs made at the licensed facility of your choice • Responsive claims service 24 hours a day, 7 days a week	Display		
23 <b>Liability Coverages</b>	Display		
24 Liability coverages chosen applies to all vehicles on the policy.	Display		

Field	Field Type	Variable Info	Help Icon
25 Bodily Injury	Drop down	\$100,000 / \$300,000 / \$100,000 - Default \$250,000 / \$500,000 / \$100,000 \$50,000 / \$100,000 / \$50,000	<p>Bodily Injury Liability Coverage: Pays expenses for bodily injury, sickness, disease or death resulting from an accident for which you are at fault. Full Description</p> <p><b>Bodily Injury Liability Coverage</b> Pays expenses for bodily injury, sickness, disease or death resulting from an accident for which you are at fault. It also covers legal defense if another party in the accident files a lawsuit against you.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p> <p>Why is this coverage important? If you are found legally responsible for another person's bodily injury or death, you may be required to pay for the loss. Bodily Injury Liability coverage helps protect your assets by covering the losses so you don't have to pay for them out-of-pocket.</p>
26 Property Damage	Drop down	\$100,000 - Default \$50,000 \$25,000	<p>Property Damage Liability Coverage: Pays for damage to other people's property resulting from an accident caused by your vehicle for which you are legally responsible. Full Description</p> <p><b>Property Damage Liability Coverage</b> Pays for damage to other people's property resulting from an accident caused by your vehicle for which you are legally responsible. It also covers legal defense if another party in the accident files a lawsuit against you.</p> <p>There is one coverage limit shown for each option (for example, \$100,000), which represents the coverage limit for property damage per accident.</p> <p>Why is this coverage important? If you are found legally responsibility for damage to another person's property resulting from an accident caused by your vehicle, you may be required to pay for that damage. Property Damage Liability coverage helps protect your assets by covering the losses so you don't have to pay for them out-of-pocket.</p>

Field	Field Type	Variable Info	Help Icon
27 Medical Payments	Drop down	\$5,000 \$10,000 \$25,000 Reject - Default	Medical Payments Coverage Pays medical expenses for the insured person and any passengers injured in an accident while in the insured vehicle.
28 Uninsured Motorist	Drop down	\$20,000 / 40,000 \$50,000 / 100,000 \$100,000 / 300,000 - Default \$250,000 / 500,000 \$35,000 / 80,000	<p>Uninsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have insurance. Full description</p> <p>Uninsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have insurance.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p>
29 Underinsured Motorist	Drop down	\$100,000 / 300,000 - Default \$50,000 / 100,000 Reject \$250,000 / 500,000 \$35,000 / 80,000	<p>Underinsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have enough insurance. Full description</p> <p>Underinsured Motorist Bodily Injury Coverage Coverage you may need for bodily injury damages caused by a driver who did not have enough insurance (i.e., the driver's Bodily Injury Liability coverage limit was not enough to pay for the extent of your damages). Coverage applies to bodily injury damages for you as well as passengers in your insured vehicle.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p>

Field	Field Type	Variable Info	Help Icon
30 Personal Injury Protection	Display		<p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Full description</p> <p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Includes coverage for the insured person's medical expenses, loss of income and essential services (necessary services that you normally do yourself). Coverage is provided to the insured if injured while riding in someone else's car at the time of an accident or if struck as a pedestrian. Also includes coverage for passengers injured while riding in the insured vehicle or pedestrians struck by the insured vehicle.</p> <p>The \$8,000 limit is the most that may be paid to each eligible person per accident.</p>
31 Personal Injury Protection Deductible	Drop down	\$0 (No deductible) - Default \$100 \$250 \$500 \$1,000 \$2,000 \$4,000 \$8,000	<p>Personal Injury Protection Coverage Deductible The amount you must pay out-of-pocket before your insurance will pay a Personal Injury Projection coverage claim. This deductible applies to Named Insureds (people whose names are on the policy) and Resident Relatives (those related to the named insureds by blood, marriage, or adoption, and who live in the named insureds' household). The deductible applies per person per accident.</p>
For all PIP Deductibles, other than "0", the following line appears:			

Field	Field Type	Variable Info	Help Icon
32 Personal Injury Protection Deductible applies to:	Drop down	Named Insured Only Named Insured and household members	<p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Full description</p> <p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Includes coverage for the insured person's medical expenses, loss of income and essential services (necessary services that you normally do yourself). Coverage is provided to the insured if injured while riding in someone else's car at the time of an accident or if struck as a pedestrian. Also includes coverage for passengers injured while riding in the insured vehicle or pedestrians struck by the insured vehicle.</p> <p>The \$8,000 limit is the most that may be paid to each eligible person per accident.</p>
33 Physical Damage Coverages	Display		
<b>The following text appears based on Year entered in the Vehicle screens</b>			
34 This coverage is not provided for vehicles over 20 years old.	Display		



Field	Field Type	Variable Info	Help Icon
35 Comprehensive	Drop down	\$300 \$500 - Deductible \$1000 \$2000 No Coverage	<p>Comprehensive Coverage Pays for damages to your vehicle not caused by a collision with another vehicle. Covers incidents such as theft, vandalism, fire, windshield replacement, hail or hitting an animal. Full description</p> <p>Comprehensive Coverage Pays for damages to your vehicle not caused by a collision with another vehicle. Covers incidents such as theft, vandalism, fire, windshield replacement, hail or hitting an animal. Payments for Comprehensive coverage claims will be reduced by the deductible you select.</p> <p>If you have an older vehicle with a low cash value, you might consider rejecting this coverage or selecting a higher deductible.</p> <p>Why is this coverage important? Comprehensive coverage pays for common non-collision losses to your auto such as a broken windshield, a stolen car stereo or a stolen vehicle. It also pays for damage to your vehicle caused by natural disasters such as fire and flood.</p>
36 Comprehensive Glass Deductible	Drop down	\$0 (No deductible) - Default \$100 No Coverage	<p>Comprehensive Glass Coverage Deductible The amount you must pay out-of-pocket before your insurance will pay a Comprehensive coverage claim for glass damage to your vehicle. This deductible applies per eligible expense or loss/per person.</p>
37 Collision	Drop down	\$300 \$500 - Deductible \$1000 \$2000 No Coverage	<p>Collision Coverage Pays for damages to your vehicle if it collides with another vehicle or object. Full description</p> <p>Collision Coverage Pays for damages to your vehicle if it collides with another vehicle or object. Payments for Collision coverage claims will be reduced by the deductible you select.</p> <p>If you have an older vehicle with a low cash value, you might consider rejecting this coverage or selecting a higher deductible.</p> <p>Why is this coverage important? If your vehicle is damaged in a collision, your insurance will not pay for repairs or a replacement unless you have Collision coverage.</p>

	Field	Field Type	Variable Info	Help Icon
38	Towing	Drop down	No Coverage \$50 per occurrence - default \$100 per occurrence	Towing coverage automatically includes roadside assistance. With just a simple phone call, you would receive help if you:  Have a flat tire Have a dead battery Get locked out of your vehicle Get stuck in the mud or snow Run out of gas
39	Substitute Transportation	Drop down	No Coverage \$15/\$450 - Default \$30/\$900 \$40/\$1200 \$45/\$1350	Substitute Transportation Coverage Optional coverage that covers rental vehicle costs (to a specified dollar amount) when an insured vehicle is disabled as the result of a covered accident or loss
40	Recalculate	Button	NA	
41	Reset	Button	NA	
42	Back	Button	NA	
43	Buy Now	Button	NA	
44	Continue	Button	NA	
45	If you would like a quote with only Comprehensive coverage on a vehicle, please save your quote and contact us by email or phone.  The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state; additional minimum coverage limits may be available in your state. For further information, please save your quote and contact us by email or phone.	Display		
46	Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
1 As part of our data confirmation process, your address will be validated. Because address is one of the factors used to rate a policy, any change to it may affect the final premium amount. If you have any questions please contact us by e-mail at customersfirst@ampf.com or by calling 1-888-239-9953 Monday through Thursday, 7 a.m. to midnight., Friday, 7 a.m. to 10 p.m. or Saturday 8.30 a.m. to 7 p.m., CST.	Display		
2 Continue	Button		

Field	Field Type	Variable Info	Help Icon
1 <b>Purchasing - Final Driver Details</b>	<b>Display</b>		
2 All fields are required unless indicated otherwise.	Display		
3 Date you policy will be effective: <insert date>	Display		Effective Date This date represents when you want your policy to start and is used to calculate your quote. This date was previously chosen at the time of quote, and your premium could change if you choose another effective date.
4 A new effective date could change your premium.	Display		
5 <b>Additional Policyholder Information</b>	<b>Display</b>		
6 Name: <insert name>	Display		
7 Driver's license number	Text Box		
8 In what state is this license issued?	Drop Down	Please Select - Default All states including DC	
9 Social Security Number (optional) Used to access your policy online	Single field box		In order to access your policies online we will require you to enter your Social Security Number once during the initial registration process. Full description  In order to access your policies online we will require you to enter your Social Security number once during the initial registration process – but never again after that. The system will match the Social Security Number you enter to the number we have on file. If you do not have a Social Security Number on file, you will be unable to access your policies online. Or, if you prefer, you may call us at <insert partner client services phone number> to provide this information. You can begin accessing your policies online on or after September 1, 2010.
10 <b>Mailing Address</b>	<b>Display</b>		
11 Address: <insert address>	Display		
12 Is this your mailing address?	Radio Buttons	Yes No	
<b>The following fields appear if "No" is selected for "Is this your mailing address?"</b>			
13 Address	2 Text boxes		
14 City	Text Box	Please Select - Default All states including DC	
15 State	Drop Down		
16 Zip code	Text Box		
17 <b>Contact Information</b>	<b>Display</b>		
18 Primary phone number	Single field box		
19 Secondary phone number	Single field box		
20 <b>Additional Driver Information</b>	<b>Display</b>		
21 Name: <insert name>	Display		
22 Driver's license number	Text Box		

	<b>Field</b>	<b>Field Type</b>	<b>Variable Info</b>	<b>Help Icon</b>
23	In what state is this license issued?	Drop Down	Please Select - Default All states including DC	
24	Save for later	link		
25	Continue	Button		
26	Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
1 <b>Purchasing - Final Vehicle Details</b>	<b>Display</b>		
2 All fields are required unless indicated otherwise.	Display		
3 Date policy will be effective: <insert date>	Display		
4 <b>Additional Vehicle Information</b>	<b>Display</b>		
5 <insert vehicle - year, make, model>	Display		
6 Vehicle identification number (VIN)	Text box		The VIN is a combination of numbers and letters located on the driver's side dash. The letters 'O' and 'I' should be typed as the numbers '0' and '1'.
7 License Plate Number	Text box		
8 License Plate Type	Drop Down	Please select - Default Normal (PAN) Reserved (PAR) Special (PAS) Vanity (PAV) Year of Manufacture (PAY) Not Registered	
9			
10 How is this vehicle financed?	Drop Down	Please select - Default Lease Loan Not financed	
<b>The following fields appear based on response to "How is this vehicle financed?"</b>			
11 Name of financial institution	Text Box		
12 Address	2 Text box stacked		If you have a loan or lease on your vehicle, indicate the financial institution's address where the verification of insurance should be mailed. This address can usually be found on your loan/lease agreement.
13 City	Text box		
14 State	Drop Down	Please select - Default All states including DC	
15 Zip code	Text box		
16 Save for later	link		
17 Continue	Button		
18 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
1 <b>Auto Insurance - Notice of Vehicle Inspection</b>	Display		
2 In order to obtain physical damage coverage (commonly called Comprehensive and Collision coverage), Massachusetts law requires a professional, physical inspection of all vehicles 9 years old and newer.	Display		
3 <Vehicle needing to be inspected>	Display		
<b>If "NO" is selected for "Are you first person to have your name on the title of this vehicle", the following appears:</b>			
4 To comply with this law:  1) Call CARCO - a company that specializes in vehicle inspection information - at 1-800-969-2272, Ext. 306 to locate the nearest inspection site.  2) Have your car inspected. There are no forms to bring along and the free inspection should only take about 15 minutes.	Display		
5 After the inspection is complete, the inspection company will send us a report on your vehicle (including color photos). You will also receive a copy of this report, which you can keep with your other important insurance papers.	Display		
<b>If the vehicle was purchased within the last two years, and the client is the first time titleholder, the following appears:</b>			
6 Because this vehicle is less than two years old and you are the first titleholder, the inspection can be waived. However, you will need to provide the bill-of-sale or lease agreement in the event of a loss.	Display		
7 Continue	Button		

Field	Field Type	Variable Info	Help Icon
1 <b>Payment Information</b>	Display		
2 All fields are required unless indicated otherwise.	Display		
3 How would you like to pay for your insurance premium?	Display		<p>Your Payment Options You may pay your 12-month auto policy premium in full or in monthly installments. Full description</p> <p>In Massachusetts, our auto policies are based on a 12-month period. You may pay your 12-month premium in full or pay in monthly installments by using one of the following methods:  - Automatic charge to a credit or debit card (American Express®, MasterCard® or Visa®)  - Pre-authorized withdrawal from your checking account</p> <p>If you select a monthly payment plan for your auto policy, the 12-month premium is divided into 11 equal installments starting on the effective date. An installment for the month prior to the policy's renewal will not be deducted unless you make a change to the policy during that timeframe. For example, a policyholder with an effective date of November 15 will not have a deduction in October unless changes were made to the policy.</p> <p>A nominal convenience fee will be applied to each installment for all monthly payment options.</p>
4 1 payment of <b>&lt;total premium&gt;</b> charged to my credit or debit card	Radio button		
5 2 payments of <b>&lt;dollar value&gt;</b> charged to my credit or debit card			
6 11 monthly installments of <b>&lt;dollar value&gt;</b> charged to my credit or debit card. Includes a payment free month. (A convenience fee of \$4 will be added to this amount for each installment.)	Radio Button		
7 11 monthly installments of <b>&lt;dollar value&gt;</b> withdrawn from my checking or savings account. Includes a payment free month. (A convenience fee of \$1 will be added to this amount for each installment.)	Radio button		
<b>If credit or debit card payment option is selected, the following fields appear:</b>			
8 Card type	Drop down	Please Select - Default American Express MasterCard Visa	
9 Card number	Text box		
10 Expiration date	Drop Down	MM - Default 01 ... 12	



	Field	Field Type	Variable Info	Help Icon
11	Expiration date	Drop down	YYYY - Default Current year ... + 5 years	
<b>If checking or saving account option is selected, the following fields appear:</b>				
12	Trans routing number	Text box		
13	Checking account number	Text box		
14	Check image	Image		
15	Continue	Button		
16	The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state; additional minimum coverage limits may be available in your state. For further information, please save your quote and contact us by email or phone.	Text		
17	Save for later	link		
18	Continue	Button		
19	Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Text		

Field	Field Type	Variable Info	Help Icon
1 <b>Your Signature Please</b>	Display		
2 Yes, please issue my policy and make my coverage effective at 12:01 AM Standard Time on <insert effective date>.	Display		
3 I have read and completed this online application for auto insurance and declare, to the best of my knowledge and belief, all of the foregoing statements are true, and that these statements are offered as an inducement to the company to approve the policy for which I am applying.	Display		
4 I acknowledge that I have received and read the Customer Privacy Notice and I agree to receive Customer Privacy Notices electronically at the ameriprise.com web site.	Display		
5 I understand that if the foregoing statements are discovered to be untrue or if information is not disclosed, the policy for which I am applying may be declined or canceled, or coverage rescinded.	Display		
6 The information entered below signifies your consent and will serve as your legal signature.	Display		
7 Type your full name	Display		
8 First	text box		
9 MI	text box		
10 Last	text box		
11 Suffix	text box		
12 If this policy is canceled before the expiration date, premiums returned are not in direct proportion to the days remaining in the policy period because of fixed administrative expenses incurred and retained by the company.	Display		
<b>The appropriate disclosure appears based on the billing payment method selected</b>			
13 By selecting credit or debit card billing, you authorize IDS Property Casualty Insurance Company to bill your credit or debit card account for the auto insurance premiums at the frequency selected for your payment option. Payments will be automatically billed to your credit or debit card account and this arrangement will remain in effect until you notify IDS Property Casualty Insurance Company. In the event of an unauthorized transfer to IDS Property Casualty Insurance Company, or if you desire to cancel this agreement at any time, please contact our office.	Display		
14 By selecting preauthorized checking withdrawal, you authorize IDS Property Casualty Insurance Company to charge your account at the financial institution selected to pay your homeowner premium installments. You authorize the financial institution selected to honor these charges for premium as if they were signed by you. You certify this agreement will remain in effect until you notify IDS Property Casualty Insurance Company, allowing a reasonable time to act on the cancellation. You may stop payment by notifying IDS Property Casualty Insurance Company at least three (3) banking days before the charge is made. IDS Property Casualty Insurance Company will notify you if any payment differs from the previous payment. In the event of an unauthorized transfer to IDS Property Casualty Insurance Company, or if you desire to cancel this agreement at any time, please contact our office.	Display		

Field	Field Type	Variable Info	Help Icon
15 The information that you have completed online serves as your application for insurance. There will be no need for you to sign an additional hard copy application form. You will be receiving a package in the mail containing declaration page(s), vehicle identification cards and a policy booklet.	Display		
16 In order to underwrite this insurance for which you are applying, we may request an investigative consumer report be prepared about the persons who will be insured under this policy. The report may include information about their general reputation, personal characteristics, lifestyle, occupation and credit standing. If we order an investigative consumer report, you may request disclosure about the nature and scope of the report.	Display		
17 The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state or province; additional minimum coverage limits may be available in your state. For further information please save your quote and contact us by Email at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
18 Submit	Button		

Field	Field Type	Variable Info	Help Icon
1 <b>Payment Information</b>	Display		
2 Thank you for selecting us as your insurance provider. We want you to understand our level of commitment to you – we believe each of our clients is entitled to more than just an insurance policy. You also deserve exceptional service, products tailored to meet your changing needs and our assurance that we will respond with speed and understanding to your requests. You may want to take advantage of the following services immediately:	Display		
3 Temporary Proof of Insurance	Link		
4 You will receive your insurance policy information in the next few business days, including the declaration page and permanent vehicle identifications cards. In the meantime, please print temporary proof of insurance so you have proof of insurance.	Display		
5 Manage Your Policy Online Our online service center allows you to pay your bill, report a claim, request documents, make vehicle changes and add drivers. Make updates or changes to your policy at any time – when it's the most convenient for you. Visit our service center.	Display		
<b>Based on whether or not the client owns or rents and if we offer home quoting online, the appropriate text will display.</b>			
6 Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a home policy with us. Simply get a home quote online or contact one of our sales agents at <insert partner client services phone number>.	Display		
7 Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a home policy with us. Simply contact one of our sales agents at <insert partner client services phone number>.	Display		
8 Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a renters policy with us. Simply get a renters quote online or contact one of our sales agents at <insert partner client services phone number>.	Display		
9 Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a renters policy with us. Simply contact one of our sales agents at <insert partner client services phone number>.	Display		
10 Back to Welcome Page	Button		
11 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

SERFF Tracking Number: PRCA-128008314 State: Massachusetts  
 Filing Company: IDS Property Casualty Insurance Co State Tracking Number: 12JAN20-314  
 Company Tracking Number: PPA-MA-12060-02  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Personal Auto Program  
 Project Name/Number: Revised Internet App and Manual Rules/PPA-MA-12060-02

## Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
	MA Auto Rule Manual	Rules 12 & 14	Replacement	09JAN20-984 MA Auto Rule Manual - Correct Eff. Dates.pdf

**MASSACHUSETTS**

**PERSONAL LINES**

**CAR**

**MANUAL**

**PERSONAL LINES CAR MANUAL**

[RULE 12. RESERVED FOR FUTURE USE](#)

## **PERSONAL LINES CAR MANUAL**

### **Rule 14. PRE-INSURANCE INSPECTION PROGRAM**

Pre-Insurance inspections will be waived for all vehicles insured under a policy.

This rule will apply uniformly to all insured's regardless of assigned risk placement or any other difference in risk.



	Field	Field Type	Variable Info	Help Icon
1	<b>Policyholder Details</b>	Display		
2	<b>All fields are required unless indicated otherwise</b>	Display		
3	First name	Text box		
4	Middle initial (optional)	Text box		
5	Last name	Text box		
6	Date of birth	Single field box		You must be at least 18 years of age to obtain a quote. This information also helps ensure we provide the most accurate quote.
7	Residential address (Cannot be a PO Box)	2 Text boxes		Enter the street address of the policyholder.
8	State	Drop Down	Please select - Default All states including DC	
9	Zip code	Text Box		
10	City or township	Drop Down	Please select - Default Cities/Townships appear based on state selection	
11	Continue	Button		
12	We understand the importance of your privacy. The information that we obtain will be kept confidential and will not be sold or redistributed. To learn more, please review our Privacy Policy.	Display		
13	Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
14	Massachusetts Consumer Guide	Link		
15	iama10 (002)			

Field	Field Type	Variable Info	Help Icon
<b>The following screens appears if vehicle information is obtained from a 3rd party vendor based on information entered in the Policyholder Screen</b>			
1 <b>Add &amp; Select Vehicles</b>	<b>Display</b>		
2 Based upon you name and address, we have found the following vehicles you may own.	Display		
3 Add to quote	Check box	this box will appear before each vehicle found	
4 Year, Make and Model of vehicle(s) found	Display		
5 Need to add another vehicle?	Display		
6 + Add vehicle	link		
7 Save for later	link		
8 Continue	Button		
9 Back	Button		
<b>The following screen appears if the "+ Add Vehicle" link is clicked</b>			
10 <b>Add a Vehicle</b>	<b>Display</b>		
11 <b>All fields are required unless indicated otherwise</b>	Display		
12 Year	Text box		
13 Make (Ford, Honda, Dodge, etc.)	Drop Down	Please select - Default All vehicle makes	
14 Model (Fusion, Accord, Ram, etc.)	Drop down	Please select - Default All vehicle models including "Other"	
15 Cancel	Button		
16 Continue	Button		
17 <b>Add Vehicle Details - YYYY MAKE MODEL</b>	Display		
18 Note: Year, Make and Model of ALL vehicles selected under the Add & Select Vehicle screen will appear under this heading			
19 Will have the ability to delete any vehicle(s) from this list			
20 Will have the ability to add a vehicle to this list			
21 Sub-model (S 4D SED, VP 4D SED, SLT REG CB 4WD, etc)	Drop down	Please select - Default All vehicle sub-models including "Other"	The vehicle's subset of the model that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are S 4D SED, VP 4D SED, SLT REG CB 4WD.
22 Current Bodily Injury (liability) coverage limits	Drop down	Please select - Default \$25,000/\$50,000 or lower \$50,000/\$100,000 or lower Greater than \$50,000/\$100,000	This coverage is listed on your current Declaration page. It covers expenses for other people's injuries or deaths in an accident when you are legally responsible. It also covers necessary legal fees and court costs if another party in the accident files a lawsuit against you. There are two coverage limits displayed for each option, for example: \$100,000/\$300,000. The first dollar amount represents the coverage limit per person; the second dollar amount represents the total coverage limit per accident.

Field	Field Type	Variable Info	Help Icon
23 Who is the titleholder of the vehicle or the person on the loan/lease agreement?	Drop down	Self and/or spouse - Default Self/spouse and/or finance company Self/spouse and business Parent/child at same residence Parent/child at different residence Salvage title Other	Person who owns the title to this vehicle and/or who is primarily responsible for this vehicle's loan or lease.
24 <b>Vehicle discounts</b>	Display		
25 Your vehicle safety features may qualify you for discounts on your quote.	Display		
26 Select the safety features of this vehicle:	Display		
27 Airbags	Drop down	Please select - Default Driver side only Driver and passenger Driver, passenger and side impact None	
28 Anti-theft devices	Drop down	Please select - Default Active Alarm Passive None	Active: Requires a manual step to engage the device, which makes the fuel, ignition or starting system inoperative. Alarm: Produces a sound that can be heard at least 300 feet away for up to three minutes. Passive: Device is automatically activated with no manual step needed, which makes the fuel, ignition or starting system inoperative. One example, a Security Lock System, uses a key, specifically designed for the vehicle, with a microchip in it. If someone tries to start the vehicle with another key, the system will make the fuel, ignition and starting systems inoperative. Vehicle Tracking System (OnStar®) An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
29 Vehicle Recovery System	Radio Button	Yes No	Vehicle Recovery System An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
30 Automatic seatbelts	Radio Button	Yes No	Seatbelts on driver and passenger sides that automatically fasten around you when the vehicle door is closed.
31 <b>Vehicle Location at Residence</b>	Display		
32 What is the zip code of where your vehicle is kept?	Text box		

Field	Field Type	Variable Info	Help Icon
33 Where is your vehicle parked at your residence?	Drop Down	Please select - Default Garage Carport Driveway On street Parking lot	Choose the location you regularly park this vehicle when not at work.
34 <b>Vehicle Use</b>	Display		
35 How is this vehicle primarily used?	Drop down	Please select - Default Commute to work/school Pleasure Business	Select the purpose of using this vehicle on a regular basis.  Primary Vehicle Use Commute - vehicle is mainly used for the daily drive from home to work or school and back.  Business - vehicle is mainly used for business purposes (not including a daily drive to and from work). For example, visiting clients, making deliveries or regularly traveling on business trips.  Pleasure - vehicle is only used for recreational driving or no other 'primary vehicle use' definition applies. We will ask your method of transportation to and from work or school.
36 Miles driven per year	Text box	15,000 - Default	The miles you travel per year in this vehicle. You may modify this amount to reflect your actual driving habits.
37 Save for later	link		
38 Continue	Button		
39 Back	Button		
40 We are currently able to quote cars, trucks and vans online. If any of your vehicles have customization not installed by the manufacturer or you wish to receive a quote on your motor home, recreational trailer, utility trailer, or antique or classic vehicle, please save your quote and contact us by email or phone.	Display		
41 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
<b>The following screens appears if NO vehicle information is obtained from a 3rd party vendor based on information entered in the Policyholder Screen</b>			
42 <b>Add a Vehicle</b>	Display		
43 <b>All fields are required unless indicated otherwise</b>	Display		
44 Year	Text box		
45 Make Ford, Honda, Dodge, etc.)	Drop Down	Please select - Default All vehicle makes	Your vehicle's manufacturer, found on your title or registration, or on the vehicle itself. Examples are Ford, Honda or Dodge.
46 Model (Fusion, Accord, Ram, etc.)	Drop down	Please select - Default All vehicle models including "Other"	The brand of vehicle that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are Fusion, Accord or Ram.

Field	Field Type	Variable Info	Help Icon
47 Sub-model (S 4D SED, VP 4D SED, SLT REG CB 4WD, etc)	Drop down	Please select - Default All vehicle sub-models including "Other"	The vehicle's subset of the model that a manufacturer produces, found on your title or registration, or on the vehicle itself. Examples are S 4D SED, VP 4D SED, SLT REG CB 4WD.
48 Current Bodily Injury (liability) coverage limits	Drop down	Please select - Default Less than \$50,000/\$100,000 Less than \$100,000/\$300,000 Less than \$250,000/\$500,000 \$250,000/\$500,000 or Greater	This coverage is listed on your current Declaration page. It covers expenses for other people's injuries or deaths in an accident when you are legally responsible. It also covers necessary legal fees and court costs if another party in the accident files a lawsuit against you. There are two coverage limits displayed for each option, for example: \$100,000/\$300,000. The first dollar amount represents the coverage limit per person; the second dollar amount represents the total coverage limit per accident.
49 Who is the titleholder of the vehicle or the person on the loan/lease agreement?	Drop down	Self and/or spouse - Default Self/spouse and/or finance company Self/spouse and business Parent/child at same residence Parent/child at different residence Salvage title Other	Person who owns the title to this vehicle and/or who is primarily responsible for this vehicle's loan or lease.
50 <b>Vehicle discounts</b>	Display		
51 Your vehicle safety features may qualify you for discounts on your quote.	Display		
52 Select the safety features of this vehicle:	Display		
53 Airbags	Drop down	Please select - Default Driver side only Driver and passenger Driver, passenger and side impact None	
54 Anti-theft devices	Drop down	Please select - Default Active Alarm Passive None	Active: Requires a manual step to engage the device, which makes the fuel, ignition or starting system inoperative. Alarm: Produces a sound that can be heard at least 300 feet away for up to three minutes. Passive: Device is automatically activated with no manual step needed, which makes the fuel, ignition or starting system inoperative. One example, a Security Lock System, uses a key, specifically designed for the vehicle, with a microchip in it. If someone tries to start the vehicle with another key, the system will make the fuel, ignition and starting systems inoperative. Vehicle Tracking System (OnStar®) An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.

Field	Field Type	Variable Info	Help Icon
55 Vehicle Recovery System	Radio Button	Yes No	Vehicle Recovery System An electronic device installed in a vehicle to enable the police or a monitoring company to track the vehicle's location in the event it is stolen or involved in an accident.
56 Automatic seatbelts	Radio Button	Yes No	Seatbelts on driver and passenger sides that automatically fasten around you when the vehicle door is closed.
57 <b>Vehicle Location at Residence</b>	Display		
58 What is the zip code of where your vehicle is kept?	Text box		
59 Where is your vehicle parked at your residence?	Drop Down	Please select - Default Garage Carport Driveway On street Parking lot	Choose the location you regularly park this vehicle when not at work.
60 <b>Vehicle Use</b>	Display		
61 How is this vehicle primarily used?	Drop down	Please select - Default Commute to work/school Pleasure Business	Select the purpose of using this vehicle on a regular basis.  Primary Vehicle Use Commute - vehicle is mainly used for the daily drive from home to work or school and back.  Business - vehicle is mainly used for business purposes (not including a daily drive to and from work). For example, visiting clients, making deliveries or regularly traveling on business trips.  Pleasure - vehicle is only used for recreational driving or no other 'primary vehicle use' definition applies. We will ask your method of transportation to and from work or school.
62 Miles driven per year	Text box	15,000 - Default	The miles you travel per year in this vehicle. You may modify this amount to reflect your actual driving habits.
63 <b>Additional Vehicles</b>	Display		
64 Do you have another vehicle?	Radio Button	Yes No	
65 Save for later	link		
66 Continue	Button		
67 Back	Button		
68 We are currently able to quote cars, trucks and vans online. If any of your vehicles have customization not installed by the manufacturer or you wish to receive a quote on your motor home, recreational trailer, utility trailer, or antique or classic vehicle, please save your quote and contact us by email or phone.	Display		

Field	Field Type	Variable Info	Help Icon
69 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
<b>The following screens appear in both processes</b>			
<b>Appropriate question appears based on what is selected for "How is this vehicle primarily used?"</b>			
70 What is your primary transportation to and from work or school?	Drop Down	Please select - Default Secondary vehicle Car pool Retired Public transportation Company vehicle Physical - walk, bike Unemployed Work out of home	This vehicle has been identified as being used for pleasure. Please tell us how you get to and from work or school.
71 Miles driven one way to work or school	Text Box		Enter the miles you travel one way to work or school in this vehicle.
72 Days driven per week to work or school	Drop down	1 2 3 4 5 - Default 6 7	
73 Which best describes the business use of this vehicle?	Drop down	Please select - Default Visiting clients Employee use of vehicle Self-employed contractor (construction, plumber, etc.) Delivery (pizza, newspapers, etc.) Regular hauling (appliances, debris, etc.) Transport of people Other	

Field	Field Type	Variable Info	Help Icon
<b>The following screens appears if driver information is obtained from a 3rd party vendor based on information entered in the Policyholder Screen</b>			
1 <b>Add &amp; Select Drivers</b>	Display		
2 Based upon you name and address, we have found the following drivers on your current policy.	Display		
3 Include the following licensed drivers: • Household members who do not have their own auto insurance • Household members who do not have their own insured vehicle • Anyone else who regularly drives your vehicle	Display		
4 Policyholder	Display		
5 Name & Birth Date	Display		
6 Edit	Link		
7 Add to quote	Check box	this box will appear before each vehicle found	
8 Driver name & Birth Date	Display		
9 Edit	Link		
10 Need to add another Driver?	Display		
11 + Add driver	Link		
12 Save for later	link		
13 Continue	Button		
14 Back	Button		
<b>The following screen appears when clicking on either the "Edit" or "+ Add driver" link</b>			
15 <b>Add a Driver</b>	Display		
16 All fields are required unless indicated otherwise.	Display		
17 First name	Text box		
18 Middle initial (optional)	Text box		
19 Last name	Text box		
20 Date of birth	Single field box		
21 Cancel	Button		
22 Continue	Button		
23 <b>Add Vehicle Details - Driver's Name</b>	Display		
Note: Name and Birth Date of ALL drivers selected under the Add & Select driver screen will appear under this heading			
Will have the ability to delete any driver(s) from this list other than the first driver listed (Policyholder)			
Will have the ability to add a driver to this list			
Based on information added entered below for each driver, the number of Accidents or Claims and/or Violations will be listed after each driver			
24 All fields are required unless indicated otherwise.	Display		
25 E-mail address Used to save your quote. We will not sell your e-mail address.	Text box		Ameriprise Auto & Home Insurance understands the importance of your privacy. The email address that you provide will be kept confidential and secure; it will not be sold or redistributed. Full description  We request your email address so we can send confirmation of your online quote, messages with important information about your account, and other offers that may be suited to your needs. Please visit the email preferences page to review or change your email choices, or read the Ameriprise privacy statement for more details.



Field	Field Type	Variable Info	Help Icon
26 Gender	Radio Buttons	Male Female	
27 At what age did you first obtain a license in the United States? <At what age did your spouse first obtain a license in the United States?> <At what age did this driver first obtain a license in the United States?>	numeric text box	16 - Default	
28 Current license status	Drop down	Please select - Default Valid U.S. license Learner's permit Foreign or international Suspended Revoked Expired Not licensed Commercial or business	
29 What vehicle do you operate most often? <What vehicle does your spouse operate most often?> <What vehicle does this driver operate most often?>	Drop down	Please select - Default <list vehicles>	Only one driver can be selected per vehicle.
30 Marital status	Drop down	Please select - Default Married Single Civil union or registered domestic partner	Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy -- even if he or she has insurance with another company.
31 <b>Driver Discounts</b>	<b>Display</b>		
32 You may qualify for additional discounts <Your spouse may qualify for additional discounts> <This driver may qualify for additional discounts>	Display		
33 Highest level of education completed	Drop down	Please select - Default Some or no high school High school or GED Associates degree Bachelor's degree Post graduate degree	
<b>Either of the following questions may appear based on the age entered for the driver</b>			
34 Are you a good student? (optional) <Is your spouse a good student?> <Is this driver a good student?> - Full time student under the age of 25 - Maintains a "B" average	Radio Buttons	Yes No	
35 Does this student reside more than 100 miles away from home without a vehicle?	Radio Buttons	Yes No	
36 Does this student reside more than 100 miles away from home without a vehicle?	Radio Buttons	Yes No	

Field	Field Type	Variable Info	Help Icon
37 Senior Operator Motor Vehicle Accident Prevention Course Discount (optional) - Non-court ordered - Completed in the last 3 years	Single field box		
<b>Accidents, Claims and Violations</b>			
38 Have you had any accidents or claims in the past six years? <Has your spouse had any accidents or claims in the past six years?> <Has this driver had any accidents or claims in the past six years?>	Radio Buttons	Yes No	What To Include: - All accidents that occurred while you were driving, regardless of fault. For example, a collision with another vehicle, hitting a parked car, a single car accident or hitting an animal. - Comprehensive claims such as windshield replacement or incidents of vehicle theft or vandalism. - Losses that occurred while your vehicle was parked. For example, if your vehicle was struck while illegally parked, or if your vehicle rolled away while unattended and caused an accident.
40 Have you been convicted of any traffic violations in the past five years? <Has your spouse been convicted of any traffic violations in the past five years? > <Has this driver been convicted of any traffic violations in the past five years? >	Radio Buttons	Yes No	What To Include: - Tickets received for moving violations (e.g., speeding, failure to obey a traffic signal, driving under the influence of alcohol or drugs, etc.). Do not include tickets received for vehicle maintenance, parking or seatbelt violations.
41 Save for later	link		
42 Continue	Button		
43 Back	Button		
<b>If selection is other than "Single" for "Marital status", the following question appears:</b>			
44 Who is your spouse	Drop down	Please select - Default All drivers listed Spouse not listed	
45 Does your spouse have a driver's license?	Radio Buttons	Yes No	
<b>If "Spouse not listed" is selected, the following screen appears:</b>			
<b>46 Martial Status</b>			
47 You've indicated that you are married or in a civil union or registered domestic partnership.	Display		
48 Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy –even if he or she has insurance with another company.	Display		
49 Add Your Spouse	Display		
50 All fields are required unless indicated otherwise.	Display		
51 First Name	Text Box		
52 Middle initial (optional)	Text Box		
53 Last Name	Text Box		
54 Date of Birth	Single field box		
55 Save for later	link		

Field	Field Type	Variable Info	Help Icon
56 Continue	Button		
57 Back	Button		
<b>The following questions appear if "Yes" is selected under "&lt;Have you&gt; or &lt;Has your spouse&gt; or &lt;Has this driver&gt; had any accidents or claims in the past six years?"</b>			
58 Add an Accident or Claim	Display		
59 All fields are required unless indicated otherwise.	Display		
60 Date of accident or claim (optional)	Single field box		
61 Circumstance of the accident or claim	Drop down	Please select - Default Your vehicle hit another vehicle, object or pedestrian Two vehicles collided Other vehicle hit your vehicle Fire Windshield/Glass Windstorm Hail Hit animal Theft Vandalism Other accident	Choose the selection that best describes what happened in your accident or claim.
62 Damage to (check all that apply)	Checkboxes	My vehicle Other vehicle(s)	
63 Was anyone injured?	Radio Buttons	Yes No	
64 Total payout of accident or claim	Drop down	Blank - Default \$0 to \$500 \$501 to \$1,000 \$1,001 to \$5,000 \$10,001 to \$20,000 \$5,001 to \$10,000 More than \$20,000	Include the total claim payout for all vehicles and/or injuries. If you don't know the exact total, provide the amount to the best of your knowledge.
65 Were you at-fault in the accident? <Was your spouse at-fault in the accident?> <Was this driver at fault in the accident?>	Radio Buttons	Yes No	In an accident, a driver is determined to be either at fault or not at fault. Generally, if you were given a violation at the time of the accident or hit a stationary object, you would be considered at fault. Insurance companies use this information to accurately rate policies.
66 Do you have another accident or claim? <Does your spouse have another accident or claim?> <Does this driver have another accident or claim?>	Radio Buttons	Yes No	
<b>The following questions appear if "Yes" is selected under "&lt;Have you&gt; or &lt;Has your spouse&gt; or &lt;Has this driver&gt; been convicted of any traffic violations in the past five years?"</b>			
67 Add a Violation	Display		
68 All fields are required unless indicated otherwise.	Display		
69 Date of violation (optional)	Single field box		

Field	Field Type	Variable Info	Help Icon
70 Type of violation	Drop down	Please Select - Default Careless driving Driving under the influence of alcohol/drugs Failure to obey a traffic control device Failure to yield right of way Improper passing Reckless driving Speeding Speeding - 20 MPH or more over limit Other License suspension/revocation Seatbelt violation	
71 Do you have another violation? <Does your spouse have another violation?> <Does this driver have another violation?>	Radio Buttons	Yes No	
<b>The following screens appears if NO driver information is obtained from a 3rd party vendor based on information entered in the Policyholder Screen</b>			
72 Add Your Driver Details <Add Your Spouse> <Add a Driver>	Display		
73 All fields are required unless indicated otherwise.	Display		
<b>*** Note: The following question only appears under &lt;Add Your Spouse&gt; questions</b>			
74 Please enter your spouse's information.	Sub heading		Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' <b>and</b> 'driver' on your policy -- even if he or she has insurance with another company.
75 First name	Text box		
76 Middle initial (optional)	Text box		
77 Last name	Text box		
<b>*** Note: The following question only appears under &lt;Add Your Driver Detail&gt; questions</b>			
78 E-mail address Used to save your quote. We will not sell your e-mail address.	Text box		Ameriprise Auto & Home Insurance understands the importance of your privacy. The email address that you provide will be kept confidential and secure; it will not be sold or redistributed. Full description  We request your email address so we can send confirmation of your online quote, messages with important information about your account, and other offers that may be suited to your needs. Please visit the email preferences page to review or change your email choices, or read the Ameriprise privacy statement for more details.

Field	Field Type	Variable Info	Help Icon
79 Gender	Radio Buttons	Male Female	
80 At what age did you first obtain a license in the United States? <At what age did your spouse first obtain a license in the United States?> <At what age did this driver first obtain a license in the United States?>	numeric text box	16 - Default	
81 Current license status	Drop down	Please select - Default Valid U.S. license Learner's permit Foreign or international Suspended Revoked Expired Not licensed Commercial or business	
82 What vehicle do you operate most often? <What vehicle does your spouse operate most often?> <What vehicle does this driver operate most often?>	Drop down	Please select - Default <list vehicles>	Only one driver can be selected per vehicle.
83 Marital status	Drop down	Please select - Default Married Single Civil union or registered domestic partner	Because a spouse shares in the risk of a loss, we require your spouse to be listed as a 'named insured' on your policy. This is required even if your spouse is not licensed. A spouse with a driver's license will be listed as a 'named insured' and 'driver' on your policy -- even if he or she has insurance with another company.
84 <b>Driver Discounts</b>	<b>Display</b>		
85 You may qualify for additional discounts <Your spouse may qualify for additional discounts> <This driver may qualify for additional discounts>	Display		
<b>The following questions appear based on years of driving experience for the driver</b>			
86 Are you a good student? (optional) <Is your spouse a good student?> <Is this driver a good student?> - Full time student under the age of 25 - Maintains a "B" average	Radio Buttons	Yes No	
87 Does this student reside more than 100 miles away from home without a vehicle?	Radio Buttons	Yes No	
88 <b>Driver Course Information</b>			
89 If you have completed a driver training course within the last three years please enter the course completion date here:			

Field	Field Type	Variable Info	Help Icon
90 Standard Driver Training	Drop Down	Month Year	The standard driver education program is comprised of the Driver Education, Practicum and Parent curriculums, plus a final examination. The program is taught in Professional Driving School Programs and Public and Private High School Programs. It consist of at least 30 hours of classroom instruction and 12 hours on-road instruction conducted by a certified driver education instructor and 6 hours of observation.
91 Advanced Driver Training - Completed the Driver Skills Development Program - At least 30 hrs. of classroom instruction - 12 hrs. on-road with a certified instructor - 6 hrs. observation and final exam	Drop Down	Month Year	Individuals who possess a valid driver's license or learner's permit and have completed a minimum of ten hours supervised behind-the-wheel training may elect to complete a Driver Skills Development Program, which offers advanced driver training in accident avoidance techniques. These programs are conducted in a controlled environment on an off-road training course at actual roadway speeds.
92 Note: if the driver was required to take the course as a result of a court order, do not indicate a date above. Proof of course completion may be requested at any time.	Display		
93 <b>Accidents, Claims and Violations</b>	<b>Display</b>		
94 Have you had any accidents or claims in the past six years? <Has your spouse had any accidents or claims in the past six years?> <Has this driver had any accidents or claims in the past six years?>	Radio Buttons	Yes No	What To Include: - All accidents that occurred while you were driving, regardless of fault. For example, a collision with another vehicle, hitting a parked car, a single car accident or hitting an animal. - Comprehensive claims such as windshield replacement or incidents of vehicle theft or vandalism. - Losses that occurred while your vehicle was parked. For example, if your vehicle was struck while illegally parked, or if your vehicle rolled away while unattended and caused an accident.
95 Have you been convicted of any traffic violations in the past five years? <Has your spouse been convicted of any traffic violations in the past five years? > <Has this driver been convicted of any traffic violations in the past five years? >	Radio Buttons	Yes No	What To Include: - Tickets received for moving violations (e.g., speeding, failure to obey a traffic signal, driving under the influence of alcohol or drugs, etc.). Do not include tickets received for vehicle maintenance, parking or seatbelt violations.
96 Additional Drivers	Display		
97 Do you have another driver? Include the following licensed drivers: - Household members who do not have their own auto insurance - Household members who do not have their own insured vehicle - Anyone else who regularly drives your vehicle	Radio Buttons	Yes No	
98 Save for later	link		
99 Continue	Button		

Field	Field Type	Variable Info	Help Icon
100 Back	Button		
101 If you purchase a policy with our company, your claims and driving history will be verified against a motor vehicle report and a claims loss report. Undisclosed driving or claims activity may result in a premium adjustment or the cancellation of your policy.	Display		
102 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
<b>If selection is other than "Single" for "Marital status", the following question appears:</b>			
103 Does your spouse have a driver's license?	Radio Buttons	Yes No	
<b>The following questions appear if "Yes" is selected under "&lt;Have you&gt; or &lt;Has your spouse&gt; or &lt;Has this driver&gt; had any accidents or claims in the past six years?"</b>			
104 <b>Add an Accident or Claim</b>	<b>Display</b>		
105 All fields are required unless indicated otherwise.	Display		
106 Date of accident or claim (optional)	Single field box		
107 Circumstance of the accident or claim	Drop down	Please select - Default Your vehicle hit another vehicle, object or pedestrian Two vehicles collided Other vehicle hit your vehicle Fire Windshield/Glass Windstorm Hail Hit animal Theft Vandalism Other accident	Choose the selection that best describes what happened in your accident or claim.
108 Damage to (check all that apply)	Checkboxes	My vehicle Other vehicle(s)	
109 Was anyone injured?	Radio Buttons	Yes No	
110 Total payout of accident or claim	Drop down	Blank - Default \$10,001 to \$20,000 More than \$20,000 \$0 - \$1,000 \$1,001 - \$10,000	Include the total claim payout for all vehicles and/or injuries. If you don't know the exact total, provide the amount to the best of your knowledge.
111 Were you at-fault in the accident? <Was your spouse at-fault in the accident?> <Was this driver at fault in the accident?>	Radio Buttons	Yes No	In an accident, a driver is determined to be either at fault or not at fault. Generally, if you were given a violation at the time of the accident or hit a stationary object, you would be considered at fault. Insurance companies use this information to accurately rate policies.
112 Do you have another accident or claim? <Does your spouse have another accident or claim?> <Does this driver have another accident or claim?>	Radio Buttons	Yes No	

Field	Field Type	Variable Info	Help Icon
The following questions appear if "Yes" is selected under "<Have you> or <Has your spouse> or <Has this driver> been convicted of any traffic violations in the past five years?"			
113 Add a Violation	Display		
114 All fields are required unless indicated otherwise.	Display		
115 Date of violation (optional)	Single field box		
116 Type of violation	Drop down	Please Select - Default Careless driving Driving under the influence of alcohol/drugs Failure to obey a traffic control device Failure to yield right of way Improper passing Reckless driving Speeding Speeding - 20 MPH or more over limit Other License suspension/revocation Seatbelt violation	
117 Do you have another violation? <Does your spouse have another violation?> <Does this driver have another violation?>	Radio Buttons	Yes No	



Field	Field Type	Variable Info	Help Icon
1 <b>Final Details</b>	<b>Display</b>		
2 All fields are required unless indicated otherwise.	Display only		
3 Who is your current auto insurance company?	Drop down	Please Select - Default Other AAA Allstate American Family Auto-Owners California State Citizens Commerce Country Companies Erie Farm Bureau Farmers GEICO Grange Mutual Hartford Mercury Nationwide Progressive Prudential SAFECO Sentry State Farm Travelers/Aetna 20th Century USAA	
4 Do you own or rent your residence?	Radio Buttons	Own Rent	
5 Do you currently have homeowners or renters insurance?	Radio Buttons	Yes No	
<b>The following question appear if "Yes" is answered to "Do you currently have homeowners or renters insurance?"</b>			

Field	Field Type	Variable Info	Help Icon
6 What company provides your homeowners or renters insurance?	Drop Down	Please Select - Default Ameriprise Amica Andover Arbella Chubb Commerce Esurance GEICO Hanover Harleysville Liberty Mutual MetLife Plymouth Rock Perferred Mutual Progressive Quincy Safety State Farm Travelers USAA Vermont Mutual Other	
7 How did you hear about us?	Drop down	Please Select - Default Other Ameriprise Financial employee Email Advertisement Ameriprise bBank Ameriprise brokerage account Ameriprise Financial service center Workplace retirement plan Internet search Referred by family member or friend Received mailing	
8 <b>Effective Date</b>	<b>Display</b>		
9 Your quote will be based on this effective date. You may enter a different date if desired.	Single field box		
10 Save for later	link		
11 Continue	Button		
12 Back	Button		
13 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
<b>The following questions may appear based on response to "How did you hear about us?"</b>			

	Field	Field Type	Variable Info	Help Icon
14	Have you ever met with an Ameriprise Financial Advisor?	Radio Buttons	Yes No	
15	Ameriprise Financial client id number (optional) Example: 123456789	text box	numeric only	Your client id number can be found on your Ameriprise Financial statement or on "my financial accounts" page on Ameriprise.com.
16	Please enter the reference number (optional)	Text Box		

Field	Field Type	Variable Info	Help Icon
1 <b>Your Quote</b>	<b>Display</b>		
2 Below is your recommended coverage package. You may edit your coverage options to best fit your needs.	Display		
3 A 12 month premium of <insert premium>	Display		
4 BUY NOW	Button		
5 12-month total premium with <full> <semi-annual> payments:<insert premium>	Display		
6 12-month premium with monthly payments: <insert premium>	Display		
7 Payment type is selecte4d during the purchase of coverage	Display		
8 Your quote has been saved. To access your quote, you will need your: - Email address, date of birth, last name and zip code	Display		
9 Recalculate	Button		
10 Reset	Button		
11			
12 <b>Summary</b>	<b>Display</b>		
13 <b>Effective Date:</b> Modifying the effective date could change your premium.	Single field box		Effective Date This date represents when you would want your policy to start and is used to calculate your quote. Your premium could change if you choose another effective date.
14 <insert effective date>	Link		
15 <b>Vehicles:</b>	Display		
16 <list all vehicles>	Link		
17 + Add a Vehicle	Link		
18 <b>Drivers:</b>	Display		
19 <list all drivers>	Link		
20 +Add a Driver	Link		
21 <b>Discounts applied:</b> <list all discounts>	Display		
22 In addition to your discounts, you will receive: • 24-hour roadside assistance included with towing coverage • Repairs made at the licensed facility of your choice • Responsive claims service 24 hours a day, 7 days a week	Display		
23 <b>Liability Coverages</b>	<b>Display</b>		
24 Liability coverages chosen applies to all vehicles on the policy.	Display		

Field	Field Type	Variable Info	Help Icon
25 Bodily Injury	Drop down	\$100,000 / \$300,000 / \$100,000 - Default \$250,000 / \$500,000 / \$100,000 \$50,000 / \$100,000 / \$50,000	<p>Bodily Injury Liability Coverage: Pays expenses for bodily injury, sickness, disease or death resulting from an accident for which you are at fault. Full Description</p> <p><b>Bodily Injury Liability Coverage</b> Pays expenses for bodily injury, sickness, disease or death resulting from an accident for which you are at fault. It also covers legal defense if another party in the accident files a lawsuit against you.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p> <p>Why is this coverage important? If you are found legally responsible for another person's bodily injury or death, you may be required to pay for the loss. Bodily Injury Liability coverage helps protect your assets by covering the losses so you don't have to pay for them out-of-pocket.</p>
26 Property Damage	Drop down	\$100,000 - Default \$50,000 \$25,000	<p>Property Damage Liability Coverage: Pays for damage to other people's property resulting from an accident caused by your vehicle for which you are legally responsible. Full Description</p> <p><b>Property Damage Liability Coverage</b> Pays for damage to other people's property resulting from an accident caused by your vehicle for which you are legally responsible. It also covers legal defense if another party in the accident files a lawsuit against you.</p> <p>There is one coverage limit shown for each option (for example, \$100,000), which represents the coverage limit for property damage per accident.</p> <p>Why is this coverage important? If you are found legally responsibility for damage to another person's property resulting from an accident caused by your vehicle, you may be required to pay for that damage. Property Damage Liability coverage helps protect your assets by covering the losses so you don't have to pay for them out-of-pocket.</p>

Field	Field Type	Variable Info	Help Icon
27 Medical Payments	Drop down	\$5,000 \$10,000 \$25,000 Reject - Default	Medical Payments Coverage Pays medical expenses for the insured person and any passengers injured in an accident while in the insured vehicle.
28 Uninsured Motorist	Drop down	\$20,000 / 40,000 \$50,000 / 100,000 \$100,000 / 300,000 - Default \$250,000 / 500,000 \$35,000 / 80,000	<p>Uninsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have insurance. Full description</p> <p>Uninsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have insurance.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p>
29 Underinsured Motorist	Drop down	\$100,000 / 300,000 - Default \$50,000 / 100,000 Reject \$250,000 / 500,000 \$35,000 / 80,000	<p>Underinsured Motorist Bodily Injury Coverage Covers expenses for you and your passengers' bodily injury damages caused by a driver who did not have enough insurance. Full description</p> <p>Underinsured Motorist Bodily Injury Coverage Coverage you may need for bodily injury damages caused by a driver who did not have enough insurance (i.e., the driver's Bodily Injury Liability coverage limit was not enough to pay for the extent of your damages). Coverage applies to bodily injury damages for you as well as passengers in your insured vehicle.</p> <p>There are two coverage limits shown for each option (for example, \$100,000/\$300,000). The first amount represents the coverage limit per person; the second amount represents the coverage limit per accident.</p>

	Field	Field Type	Variable Info	Help Icon
30	Personal Injury Protection	Display		<p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Full description</p> <p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Includes coverage for the insured person's medical expenses, loss of income and essential services (necessary services that you normally do yourself). Coverage is provided to the insured if injured while riding in someone else's car at the time of an accident or if struck as a pedestrian. Also includes coverage for passengers injured while riding in the insured vehicle or pedestrians struck by the insured vehicle.</p> <p>The \$8,000 limit is the most that may be paid to each eligible person per accident.</p>
31	Personal Injury Protection Deductible	Drop down	\$0 (No deductible) - Default \$100 \$250 \$500 \$1,000 \$2,000 \$4,000 \$8,000	<p>Personal Injury Protection Coverage Deductible The amount you must pay out-of-pocket before your insurance will pay a Personal Injury Projection coverage claim. This deductible applies to Named Insureds (people whose names are on the policy) and Resident Relatives (those related to the named insureds by blood, marriage, or adoption, and who live in the named insureds' household). The deductible applies per person per accident.</p>
For all PIP Deductibles, other than "0", the following line appears:				

Field	Field Type	Variable Info	Help Icon
32 Personal Injury Protection Deductible applies to:	Drop down	Named Insured Only Named Insured and household members	<p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Full description</p> <p>Personal Injury Protection Coverage Pays basic economic loss expenses for the eligible person's injuries (including passengers in the insured vehicle and pedestrians struck by the insured vehicle) no matter who caused the auto accident. Includes coverage for the insured person's medical expenses, loss of income and essential services (necessary services that you normally do yourself). Coverage is provided to the insured if injured while riding in someone else's car at the time of an accident or if struck as a pedestrian. Also includes coverage for passengers injured while riding in the insured vehicle or pedestrians struck by the insured vehicle.</p> <p>The \$8,000 limit is the most that may be paid to each eligible person per accident.</p>
33 Physical Damage Coverages	Display		
<b>The following text appears based on Year entered in the Vehicle screens</b>			
34 This coverage is not provided for vehicles over 20 years old.	Display		



Field	Field Type	Variable Info	Help Icon
35 Comprehensive	Drop down	\$300 \$500 - Deductible \$1000 \$2000 No Coverage	<p>Comprehensive Coverage Pays for damages to your vehicle not caused by a collision with another vehicle. Covers incidents such as theft, vandalism, fire, windshield replacement, hail or hitting an animal. Full description</p> <p>Comprehensive Coverage Pays for damages to your vehicle not caused by a collision with another vehicle. Covers incidents such as theft, vandalism, fire, windshield replacement, hail or hitting an animal. Payments for Comprehensive coverage claims will be reduced by the deductible you select.</p> <p>If you have an older vehicle with a low cash value, you might consider rejecting this coverage or selecting a higher deductible.</p> <p>Why is this coverage important? Comprehensive coverage pays for common non-collision losses to your auto such as a broken windshield, a stolen car stereo or a stolen vehicle. It also pays for damage to your vehicle caused by natural disasters such as fire and flood.</p>
36 Comprehensive Glass Deductible	Drop down	\$0 (No deductible) - Default \$100 No Coverage	<p>Comprehensive Glass Coverage Deductible The amount you must pay out-of-pocket before your insurance will pay a Comprehensive coverage claim for glass damage to your vehicle. This deductible applies per eligible expense or loss/per person.</p>
37 Collision	Drop down	\$300 \$500 - Deductible \$1000 \$2000 No Coverage	<p>Collision Coverage Pays for damages to your vehicle if it collides with another vehicle or object. Full description</p> <p>Collision Coverage Pays for damages to your vehicle if it collides with another vehicle or object. Payments for Collision coverage claims will be reduced by the deductible you select.</p> <p>If you have an older vehicle with a low cash value, you might consider rejecting this coverage or selecting a higher deductible.</p> <p>Why is this coverage important? If your vehicle is damaged in a collision, your insurance will not pay for repairs or a replacement unless you have Collision coverage.</p>

	Field	Field Type	Variable Info	Help Icon
38	Towing	Drop down	No Coverage \$50 per occurrence - default \$100 per occurrence	Towing coverage automatically includes roadside assistance. With just a simple phone call, you would receive help if you:  Have a flat tire Have a dead battery Get locked out of your vehicle Get stuck in the mud or snow Run out of gas
39	Substitute Transportation	Drop down	No Coverage \$15/\$450 - Default \$30/\$900 \$40/\$1200 \$45/\$1350	Substitute Transportation Coverage Optional coverage that covers rental vehicle costs (to a specified dollar amount) when an insured vehicle is disabled as the result of a covered accident or loss
40	Recalculate	Button	NA	
41	Reset	Button	NA	
42	Back	Button	NA	
43	Buy Now	Button	NA	
44	Continue	Button	NA	
45	If you would like a quote with only Comprehensive coverage on a vehicle, please save your quote and contact us by email or phone.  The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state; additional minimum coverage limits may be available in your state. For further information, please save your quote and contact us by email or phone.	Display		
46	Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
1 As part of our data confirmation process, your address will be validated. Because address is one of the factors used to rate a policy, any change to it may affect the final premium amount. If you have any questions please contact us by e-mail at customersfirst@ampf.com or by calling 1-888-239-9953 Monday through Thursday, 7 a.m. to midnight., Friday, 7 a.m. to 10 p.m. or Saturday 8.30 a.m. to 7 p.m., CST.	Display		
2 Continue	Button		

Field	Field Type	Variable Info	Help Icon
1 <b>Purchasing - Final Driver Details</b>	<b>Display</b>		
2 All fields are required unless indicated otherwise.	Display		
3 Date you policy will be effective: <insert date>	Display		Effective Date This date represents when you want your policy to start and is used to calculate your quote. This date was previously chosen at the time of quote, and your premium could change if you choose another effective date.
4 A new effective date could change your premium.	Display		
5 <b>Additional Policyholder Information</b>	<b>Display</b>		
6 Name: <insert name>	Display		
7 Driver's license number	Text Box		
8 In what state is this license issued?	Drop Down	Please Select - Default All states including DC	
9 Social Security Number (optional) Used to access your policy online	Single field box		In order to access your policies online we will require you to enter your Social Security Number once during the initial registration process. Full description  In order to access your policies online we will require you to enter your Social Security number once during the initial registration process – but never again after that. The system will match the Social Security Number you enter to the number we have on file. If you do not have a Social Security Number on file, you will be unable to access your policies online. Or, if you prefer, you may call us at <insert partner client services phone number> to provide this information. You can begin accessing your policies online on or after September 1, 2010.
10 <b>Mailing Address</b>	<b>Display</b>		
11 Address: <insert address>	Display		
12 Is this your mailing address?	Radio Buttons	Yes No	
<b>The following fields appear if "No" is selected for "Is this your mailing address?"</b>			
13 Address	2 Text boxes		
14 City	Text Box	Please Select - Default All states including DC	
15 State	Drop Down		
16 Zip code	Text Box		
17 <b>Contact Information</b>	<b>Display</b>		
18 Primary phone number	Single field box		
19 Secondary phone number	Single field box		
20 <b>Additional Driver Information</b>	<b>Display</b>		
21 Name: <insert name>	Display		
22 Driver's license number	Text Box		

	<b>Field</b>	<b>Field Type</b>	<b>Variable Info</b>	<b>Help Icon</b>
23	In what state is this license issued?	Drop Down	Please Select - Default All states including DC	
24	Save for later	link		
25	Continue	Button		
26	Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
1 <b>Purchasing - Final Vehicle Details</b>	<b>Display</b>		
2 All fields are required unless indicated otherwise.	Display		
3 Date policy will be effective: <insert date>	Display		
4 <b>Additional Vehicle Information</b>	<b>Display</b>		
5 <insert vehicle - year, make, model>	Display		
6 Vehicle identification number (VIN)	Text box		The VIN is a combination of numbers and letters located on the driver's side dash. The letters 'O' and 'I' should be typed as the numbers '0' and '1'.
7 License Plate Number	Text box		
8 License Plate Type	Drop Down	Please select - Default Normal (PAN) Reserved (PAR) Special (PAS) Vanity (PAV) Year of Manufacture (PAY) Not Registered	
9 Are you the first person to have your name on the title of this vehicle?	Radio Button	Yes No	
10 How is this vehicle financed?	Drop Down	Please select - Default Lease Loan Not financed	
<b>The following fields appear based on response to "How is this vehicle financed?"</b>			
11 Name of financial institution	Text Box		
12 Address	2 Text box stacked		If you have a loan or lease on your vehicle, indicate the financial institution's address where the verification of insurance should be mailed. This address can usually be found on your loan/lease agreement.
13 City	Text box		
14 State	Drop Down	Please select - Default All states including DC	
15 Zip code	Text box		
16 Save for later	link		
17 Continue	Button		
18 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

Field	Field Type	Variable Info	Help Icon
1 <b>Auto Insurance - Notice of Vehicle Inspection</b>	Display		
2 In order to obtain physical damage coverage (commonly called Comprehensive and Collision coverage), Massachusetts law requires a professional, physical inspection of all vehicles 9 years old and newer.	Display		
3 <Vehicle needing to be inspected>	Display		
<b>If "NO" is selected for "Are you first person to have your name on the title of this vehicle", the following appears:</b>			
4 To comply with this law:  1) Call CARCO - a company that specializes in vehicle inspection information - at 1-800-969-2272, Ext. 306 to locate the nearest inspection site.  2) Have your car inspected. There are no forms to bring along and the free inspection should only take about 15 minutes.	Display		
5 After the inspection is complete, the inspection company will send us a report on your vehicle (including color photos). You will also receive a copy of this report, which you can keep with your other important insurance papers.	Display		
<b>If the vehicle was purchased within the last two years, and the client is the first time titleholder, the following appears:</b>			
6 Because this vehicle is less than two years old and you are the first titleholder, the inspection can be waived. However, you will need to provide the bill-of-sale or lease agreement in the event of a loss.	Display		
7 Continue	Button		

Field	Field Type	Variable Info	Help Icon
1 <b>Payment Information</b>	Display		
2 All fields are required unless indicated otherwise.	Display		
3 How would you like to pay for your insurance premium?	Display		<p>Your Payment Options You may pay your 12-month auto policy premium in full or in monthly installments. Full description</p> <p>In Massachusetts, our auto policies are based on a 12-month period. You may pay your 12-month premium in full or pay in monthly installments by using one of the following methods: - Automatic charge to a credit or debit card (American Express®, MasterCard® or Visa®) - Pre-authorized withdrawal from your checking account</p> <p>If you select a monthly payment plan for your auto policy, the 12-month premium is divided into 11 equal installments starting on the effective date. An installment for the month prior to the policy's renewal will not be deducted unless you make a change to the policy during that timeframe. For example, a policyholder with an effective date of November 15 will not have a deduction in October unless changes were made to the policy.</p> <p>A nominal convenience fee will be applied to each installment for all monthly payment options.</p>
4 1 payment of <b>&lt;total premium&gt;</b> charged to my credit or debit card	Radio button		
5 2 payments of <b>&lt;dollar value&gt;</b> charged to my credit or debit card			
6 11 monthly installments of <b>&lt;dollar value&gt;</b> charged to my credit or debit card. Includes a payment free month. (A convenience fee of \$4 will be added to this amount for each installment.)	Radio Button		
7 11 monthly installments of <b>&lt;dollar value&gt;</b> withdrawn from my checking or savings account. Includes a payment free month. (A convenience fee of \$1 will be added to this amount for each installment.)	Radio button		
<b>If credit or debit card payment option is selected, the following fields appear:</b>			
8 Card type	Drop down	Please Select - Default American Express MasterCard Visa	
9 Card number	Text box		
10 Expiration date	Drop Down	MM - Default 01 ... 12	



	Field	Field Type	Variable Info	Help Icon
11	Expiration date	Drop down	YYYY - Default Current year ... + 5 years	
<b>If checking or saving account option is selected, the following fields appear:</b>				
12	Trans routing number	Text box		
13	Checking account number	Text box		
14	Check image	Image		
15	Continue	Button		
16	The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state; additional minimum coverage limits may be available in your state. For further information, please save your quote and contact us by email or phone.	Text		
17	Save for later	link		
18	Continue	Button		
19	Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Text		

Field	Field Type	Variable Info	Help Icon
1 <b>Your Signature Please</b>	Display		
2 Yes, please issue my policy and make my coverage effective at 12:01 AM Standard Time on <insert effective date>.	Display		
3 I have read and completed this online application for auto insurance and declare, to the best of my knowledge and belief, all of the foregoing statements are true, and that these statements are offered as an inducement to the company to approve the policy for which I am applying.	Display		
4 I acknowledge that I have received and read the Customer Privacy Notice and I agree to receive Customer Privacy Notices electronically at the ameriprise.com web site.	Display		
5 I understand that if the foregoing statements are discovered to be untrue or if information is not disclosed, the policy for which I am applying may be declined or canceled, or coverage rescinded.	Display		
6 The information entered below signifies your consent and will serve as your legal signature.	Display		
7 Type your full name	Display		
8 First	text box		
9 MI	text box		
10 Last	text box		
11 Suffix	text box		
12 If this policy is canceled before the expiration date, premiums returned are not in direct proportion to the days remaining in the policy period because of fixed administrative expenses incurred and retained by the company.	Display		
<b>The appropriate disclosure appears based on the billing payment method selected</b>			
13 By selecting credit or debit card billing, you authorize IDS Property Casualty Insurance Company to bill your credit or debit card account for the auto insurance premiums at the frequency selected for your payment option. Payments will be automatically billed to your credit or debit card account and this arrangement will remain in effect until you notify IDS Property Casualty Insurance Company. In the event of an unauthorized transfer to IDS Property Casualty Insurance Company, or if you desire to cancel this agreement at any time, please contact our office.	Display		
14 By selecting preauthorized checking withdrawal, you authorize IDS Property Casualty Insurance Company to charge your account at the financial institution selected to pay your homeowner premium installments. You authorize the financial institution selected to honor these charges for premium as if they were signed by you. You certify this agreement will remain in effect until you notify IDS Property Casualty Insurance Company, allowing a reasonable time to act on the cancellation. You may stop payment by notifying IDS Property Casualty Insurance Company at least three (3) banking days before the charge is made. IDS Property Casualty Insurance Company will notify you if any payment differs from the previous payment. In the event of an unauthorized transfer to IDS Property Casualty Insurance Company, or if you desire to cancel this agreement at any time, please contact our office.	Display		

Field	Field Type	Variable Info	Help Icon
15 The information that you have completed online serves as your application for insurance. There will be no need for you to sign an additional hard copy application form. You will be receiving a package in the mail containing declaration page(s), vehicle identification cards and a policy booklet.	Display		
16 In order to underwrite this insurance for which you are applying, we may request an investigative consumer report be prepared about the persons who will be insured under this policy. The report may include information about their general reputation, personal characteristics, lifestyle, occupation and credit standing. If we order an investigative consumer report, you may request disclosure about the nature and scope of the report.	Display		
17 The coverage descriptions contained herein only provide a general description of the available coverages and are not a statement of contract. All coverages are subject to all policy provisions and applicable endorsements. Coverages and their availability may vary by state or province; additional minimum coverage limits may be available in your state. For further information please save your quote and contact us by Email at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		
18 Submit	Button		

Field	Field Type	Variable Info	Help Icon
1 <b>Payment Information</b>	Display		
2 Thank you for selecting us as your insurance provider. We want you to understand our level of commitment to you – we believe each of our clients is entitled to more than just an insurance policy. You also deserve exceptional service, products tailored to meet your changing needs and our assurance that we will respond with speed and understanding to your requests. You may want to take advantage of the following services immediately:	Display		
3 Temporary Proof of Insurance	Link		
4 You will receive your insurance policy information in the next few business days, including the declaration page and permanent vehicle identifications cards. In the meantime, please print temporary proof of insurance so you have proof of insurance.	Display		
5 Manage Your Policy Online Our online service center allows you to pay your bill, report a claim, request documents, make vehicle changes and add drivers. Make updates or changes to your policy at any time – when it's the most convenient for you. Visit our service center.	Display		
<b>Based on whether or not the client owns or rents and if we offer home quoting online, the appropriate text will display.</b>			
6 Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a home policy with us. Simply get a home quote online or contact one of our sales agents at <insert partner client services phone number>.	Display		
7 Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a home policy with us. Simply contact one of our sales agents at <insert partner client services phone number>.	Display		
8 Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a renters policy with us. Simply get a renters quote online or contact one of our sales agents at <insert partner client services phone number>.	Display		
9 Additional Discounts Because you have already purchased an auto policy, additional discounts may be available if you purchase a renters policy with us. Simply contact one of our sales agents at <insert partner client services phone number>.	Display		
10 Back to Welcome Page	Button		
11 Contact us by e-mail at customersfirst@ampf.com or by calling <insert partner phone number and hours of operation>.	Display		

**MASSACHUSETTS  
PERSONAL LINES  
CAR  
MANUAL**

**PERSONAL LINES CAR MANUAL  
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**PERSONAL LINES CAR MANUAL**

~~RULE 12. SUSPENSION OF COVERAGE RESERVED FOR FUTURE USE~~

~~Liability Coverage And Collision Only~~

- ~~A. This rule does not apply to risks for which a certificate has been filed in accordance with a financial responsibility law.~~
- ~~B. The insurance provided by a policy may be suspended by endorsement and the return premium for the period of suspension may be computed on a pro-rata basis.~~

## PERSONAL LINES CAR MANUAL

### Rule 14. PRE-INSURANCE INSPECTION PROGRAM

~~Pre-Insurance inspections will be waived for all vehicles insured under a policy.~~

~~This rule will apply uniformly to all insured's regardless of assigned risk placement or any other difference in risk. General Laws Chapter 90, section 113S, and the implementing regulations, 211-CMR 94.00, require the pre-insurance inspection of private passenger motor vehicles. The following is a summary of the requirements of the regulation.~~

#### ~~A. Eligibility~~

~~Unless specifically exempted or waived, all private passenger motor vehicles and pick-ups or vans having a gross vehicle weight up to 8,000 pounds are required to be inspected by an insurer prior to the issuance of physical damage coverages by the insurer.~~

~~This rule will apply uniformly to all insured's regardless of assigned risk placement or any other difference in risk.~~

#### ~~B. Exemptions to Inspection Requirement~~

~~An inspection shall not be required if:~~

- ~~1. The motor vehicle is a new, unused motor vehicle from a franchised automobile dealership where the insurer is provided with either: a copy of the bill of sale which contains a full description of the motor vehicle, including all options and accessories; or a copy of the RMV Form 1 provided by the Registry of Motor Vehicles, which establishes the transfer of ownership from the dealer to the customer and a copy of the window sticker or the dealer invoice showing the itemized options and equipment in addition to the total retail price of the vehicle.~~
- ~~2. The applicant has been insured for three years or longer, without interruption, under a motor vehicle liability policy or policies which include(s) physical damage coverage, issued by the insurer to which the application is submitted; or any applicant involuntarily transferred to another insurer due to the applicant's original insurer's withdrawal from the Commonwealth if the applicant otherwise qualifies under this regulation.~~
- ~~3. An inspection is waived by the insurer.~~
- ~~4. Any private passenger motor vehicle not owned by the applicant, which is used by the applicant, with the permission of the owner, as a temporary substitute due to breakdown, repair, servicing, loss or destruction of the applicant's own motor vehicle.~~
- ~~5. A motor vehicle which is leased less than six months, provided the insurer receives the lease or rental agreement containing a description of the leased motor vehicle, including its condition.~~
- ~~6. When requiring an inspection would cause a serious hardship to the insurer or the applicant and such hardship is documented in the applicant's policy record.~~
- ~~7. When the insurer has no inspection facility or authorized representative either in the city or town in which the motor vehicle is principally garaged or within five miles of said city or town.~~

#### ~~C. Waiver of Inspection~~

~~An inspection may be waived if:~~

- ~~1. The motor vehicle is ten or more model years older for all policies issued or renewed during the current calendar year.~~

~~Example: For policies issued or renewed during calendar year 2005, inspection of all 1995 and older model year vehicles may be waived.~~



## PERSONAL LINES CAR MANUAL

- ~~2.—A non-owned vehicle is insured under a policy providing physical damage coverage issued by an insurer which has inspected such motor vehicle in accordance with the provisions of this regulation.~~
- ~~3.—A producer is transferring a book of business from one insurer to one or more insurers.~~
- ~~4.—An individual applicant's coverage is being transferred by an independent insurance producer to a new insurer and said producer provides the new insurer with a copy of the inspection report completed on behalf of the previous insurer, provided the independent producer represents both insurers, and the insured vehicle was physically inspected by the previous insurer. However, if the new insurer does not receive a copy of the inspection report sixty days prior to the first annual date, the insurer must, upon renewal of the physical damage insurance, require an inspection.~~
- ~~5.—When a motor vehicle is insured for physical damage on the applicant's expiring Massachusetts Automobile Insurance Policy, or when a copy of a prior Pre-Insurance Inspection is provided.~~
- ~~6.—When the applicant has been a customer of the producer for at least three years under a Massachusetts Automobile insurance Policy which included physical damage coverage.~~

### **D.—Deferral of Inspection**

~~An insurer may defer an inspection for ten calendar days (not including legal holidays and Sundays) following the effective date of coverage on new business and on additional or replacement vehicles to an existing policy, if an inspection at the time of the request for coverage would create a serious inconvenience for the applicant. An inspection may also be deferred for applicants ceded to Commonwealth Automobile Reinsurers.~~

~~Whenever an inspection is deferred, the Notice of Mandatory Pre-Insurance Inspection Requirement (Form B) or the Acknowledgment of Requirement for Pre-Insurance Inspection (Form D) must be used in accordance with the Regulation.~~

~~If an inspection is not conducted within the ten-day deferral period, physical damage coverage is automatically suspended on the day following the ten-day deferral period.~~

~~Coverage may be reinstated to be effective at the time of inspection or, in accordance with the Regulation, the Notice of Suspension of Physical Damage Coverage (Form C) must be used.~~

### **E.—Inspection Procedures**

~~Inspections required or permitted shall be made by a designated authorized representative of the insurer at a time and place reasonably convenient to the applicant.~~

~~The inspection shall be recorded on the prescribed Motor Vehicle Pre-Insurance Inspection Report (Form A) and include appropriate photos as required under the Regulation.~~

~~The insurer must retain the original report and photographs for three years except as provided by the Regulation.~~

~~The insurers shall maintain an up-to-date list of all its authorized representatives and inspection sites.~~

## Explanatory Memorandum

IDS Property Casualty Insurance Company is filing revised rule and a form for our Personal Auto Program.

A description of the enclosed documents and revisions is as follows:

### **Rule Manual**

Rule 12        We are removing our rule regarding Suspension of Coverage.

Rule 14        We are removing our requirement for pre-insurance inspection and noting that fact in the rule manual.

### **Internet Application**

We are removing the question “Are you the first person to have your name on the title of this vehicle?” which would then bring up the pre-insurance inspection information on the application. This question is on page 30 of the application.

**MASSACHUSETTS**

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## **PERSONAL LINES CAR MANUAL**

### **Rule 14. PRE-INSURANCE INSPECTION PROGRAM**

Pre-Insurance inspections will be waived for all vehicles insured under a policy.

This rule will apply uniformly to all insured's regardless of assigned risk placement or any other difference in risk.

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~~RULE 12. SUSPENSION OF COVERAGE RESERVED FOR FUTURE USE~~

~~Liability Coverage And Collision Only~~

- ~~A. This rule does not apply to risks for which a certificate has been filed in accordance with a financial responsibility law.~~
- ~~B. The insurance provided by a policy may be suspended by endorsement and the return premium for the period of suspension may be computed on a pro rata basis.~~

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### Rule 14. PRE-INSURANCE INSPECTION PROGRAM

~~Pre-Insurance inspections will be waived for all vehicles insured under a policy.~~

~~This rule will apply uniformly to all insured's regardless of assigned risk placement or any other difference in risk. General Laws Chapter 90, section 113S, and the implementing regulations, 211-CMR 94.00, require the pre-insurance inspection of private passenger motor vehicles. The following is a summary of the requirements of the regulation.~~

#### ~~A. Eligibility~~

~~Unless specifically exempted or waived, all private passenger motor vehicles and pick-ups or vans having a gross vehicle weight up to 8,000 pounds are required to be inspected by an insurer prior to the issuance of physical damage coverages by the insurer.~~

~~This rule will apply uniformly to all insured's regardless of assigned risk placement or any other difference in risk.~~

#### ~~B. Exemptions to Inspection Requirement~~

~~An inspection shall not be required if:~~

- ~~1. The motor vehicle is a new, unused motor vehicle from a franchised automobile dealership where the insurer is provided with either: a copy of the bill of sale which contains a full description of the motor vehicle, including all options and accessories; or a copy of the RMV Form 1 provided by the Registry of Motor Vehicles, which establishes the transfer of ownership from the dealer to the customer and a copy of the window sticker or the dealer invoice showing the itemized options and equipment in addition to the total retail price of the vehicle.~~
- ~~2. The applicant has been insured for three years or longer, without interruption, under a motor vehicle liability policy or policies which include(s) physical damage coverage, issued by the insurer to which the application is submitted; or any applicant involuntarily transferred to another insurer due to the applicant's original insurer's withdrawal from the Commonwealth if the applicant otherwise qualifies under this regulation.~~
- ~~3. An inspection is waived by the insurer.~~
- ~~4. Any private passenger motor vehicle not owned by the applicant, which is used by the applicant, with the permission of the owner, as a temporary substitute due to breakdown, repair, servicing, loss or destruction of the applicant's own motor vehicle.~~
- ~~5. A motor vehicle which is leased less than six months, provided the insurer receives the lease or rental agreement containing a description of the leased motor vehicle, including its condition.~~
- ~~6. When requiring an inspection would cause a serious hardship to the insurer or the applicant and such hardship is documented in the applicant's policy record.~~
- ~~7. When the insurer has no inspection facility or authorized representative either in the city or town in which the motor vehicle is principally garaged or within five miles of said city or town.~~

#### ~~C. Waiver of Inspection~~

~~An inspection may be waived if:~~

- ~~1. The motor vehicle is ten or more model years older for all policies issued or renewed during the current calendar year.~~

~~Example: For policies issued or renewed during calendar year 2005, inspection of all 1995 and older model year vehicles may be waived.~~

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- ~~2.—A non-owned vehicle is insured under a policy providing physical damage coverage issued by an insurer which has inspected such motor vehicle in accordance with the provisions of this regulation.~~
- ~~3.—A producer is transferring a book of business from one insurer to one or more insurers.~~
- ~~4.—An individual applicant's coverage is being transferred by an independent insurance producer to a new insurer and said producer provides the new insurer with a copy of the inspection report completed on behalf of the previous insurer, provided the independent producer represents both insurers, and the insured vehicle was physically inspected by the previous insurer. However, if the new insurer does not receive a copy of the inspection report sixty days prior to the first annual date, the insurer must, upon renewal of the physical damage insurance, require an inspection.~~
- ~~5.—When a motor vehicle is insured for physical damage on the applicant's expiring Massachusetts Automobile Insurance Policy, or when a copy of a prior Pre-insurance Inspection is provided.~~
- ~~6.—When the applicant has been a customer of the producer for at least three years under a Massachusetts Automobile insurance Policy which included physical damage coverage.~~

### **D.—Deferral of Inspection**

~~An insurer may defer an inspection for ten calendar days (not including legal holidays and Sundays) following the effective date of coverage on new business and on additional or replacement vehicles to an existing policy, if an inspection at the time of the request for coverage would create a serious inconvenience for the applicant. An inspection may also be deferred for applicants ceded to Commonwealth Automobile Reinsurers.~~

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