

COVERAGE SELECTIONS PAGE

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

This policy is Issued By: X

Massachusetts Personal Automobile
 Policy Number X

ITEM 1. This policy is Issued To: X

ITEM 2. This policy is effective from: X

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

ITEM 3. Description of your Auto:

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

| COVERAGES, Parts 1-12 | Auto 1 - | | | Auto 2 - | | |
|--|--|--|---------|--|--|---------|
| COMPULSORY INSURANCE | LIMITS | DEDUCTIBLE | PREMIUM | LIMITS | DEDUCTIBLE | PREMIUM |
| 1. Bodily Injury To Others | \$20,000 per person \$40,000 per accident | NONE | | \$20,000 per person \$40,000 per accident | NONE | |
| 2. Personal Injury Protection | \$8,000 per person | <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members | | \$8,000 per person | <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members | |
| 3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small> | | NONE | | | NONE | |
| 4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small> | | NONE | | | NONE | |

OPTIONAL INSURANCE

| | | | | | | |
|--|-------------------|------|--|-------------------|------|--|
| 5. Optional Bodily Injury To Others | | NONE | | | NONE | |
| 6. Medical Payments | | NONE | | | NONE | |
| 7. Collision | Actual Cash Value | | | Actual Cash Value | | |
| 8. Limited Collision | Actual Cash Value | | | Actual Cash Value | | |
| 9. Comprehensive | Actual Cash Value | | | Actual Cash Value | | |
| 10. Substitute Transportation | | NONE | | | NONE | |
| 11. Towing and Labor | | NONE | | | NONE | |
| 12. Bodily Injury Caused By An Underinsured Auto | | NONE | | | NONE | |
| Additional Endorsements | | | | | | |

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|--------------------------|-------------|----|-------------|----|
| MERIT RATING PLAN | ADJUSTMENTS | \$ | ADJUSTMENTS | \$ |
|--------------------------|-------------|----|-------------|----|

| | | | | |
|--|----------------|--|----------------|--|
| | PREMIUM | | PREMIUM | |
|--|----------------|--|----------------|--|

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|--|----------------------|--|
| Identification Numbers of Endorsements Forming a Part of This Policy | TOTAL PREMIUM | |
|--|----------------------|--|

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|-------------------------------------|--|
| ITEM 5. Place of Principal Garaging | ITEM 6. Secured Lender/Lessor - Additional insured, if Rented Auto |
| AUTO 1: | |
| AUTO 2: | |

Driver Information:

| Oper No. | Operator Name | Date of Birth | License Number | Lic. State | Date First Licensed if Less Than 6 Yrs | Driver Training Yes/No | % Use | Operator Status: O - Occasional P - Principal E - Excluded D - Deferred |
|----------|---------------|---------------|----------------|------------|--|------------------------|-------|---|
| | | | | | Auto Motor cycle | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

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

NOTICE: You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS:

Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4.

| | Age 65 and Older | Air Bag/ Automatic Seatbelts | Annual Mileage | | | | Anti-Theft Device/ Vehicle Recovery System | Multi-Car Discount |
|--------------------|------------------|------------------------------|---------------------------|-------------|--------------|---------------|--|------------------------------|
| | | | 0 - 4999 | 5000 - 6999 | 7000 - 11999 | 12000 - 14999 | | |
| Coverage | All | Parts 2, 3, 6, and 12 | Parts 1, 2, 4, 5, 7, 8, 9 | | | | Part 9 | Parts 1, 2, 4, 5, 7, 8 and 9 |
| Discount Available | 25% | 10% - 25% | 7% - 14% | 6% - 12% | 4% - 10% | 3% - 8% | 5% - 20% depending on the category of device | 3% - 18% |

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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

PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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

MERIT RATING PLAN

The Merit Rating Plan adjustment included on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from accident-free driving.

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| | Age 65 and Older | Air Bag/ Automatic Seatbelts | Annual Mileage | | Anti-Theft Device/ Vehicle Recovery System | Multi-Car Discount |
|--------------------|------------------|------------------------------|-----------------------------|-----------------------------|---|------------------------------|
| | | | 0-5000 | 5001-7500 | | |
| Coverage | All | Parts 2, 3, 6, and 12 | Parts 1-8 and 12 | Parts 1-8 and 12 | Part 9 | Parts 1, 2, 4, 5, 7, 8 and 9 |
| Discount Available | 25% | 10% - 25% | 10% - 20% | 6% - 16% | 5% - 20% Depending on the category of device | 3% - 18% |

Handwritten annotations in red boxes with arrows pointing to the table:

- 4999 (points to Annual Mileage 0-5000)
- 5000-6999 (points to Annual Mileage 5001-7500)
- Parts 1, 2, 4, 5, 7, 8, 9 (points to Multi-Car Discount)
- 7%-14% (points to Discount Available for Annual Mileage 0-5000)
- 6%-12% (points to Discount Available for Annual Mileage 5001-7500)

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|--------------------------|-------------|----|-------------|----|

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|--|----------------|--|----------------|--|
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| ITEM 5. Place of Principal Garaging | ITEM 6. Secured Lender/Lessor - Additional insured, if Rented Auto |
| AUTO 1: | |
| AUTO 2: | |

Driver Information:

| Oper No. | Operator Name | Date of Birth | License Number | Lic. State | Date First Licensed if Less Than 6 Yrs | Driver Training Yes/No | % Use | Operator Status: O - Occasional P - Principal E - Excluded D - Deferred |
|----------|---------------|---------------|----------------|------------|--|------------------------|-------|---|
| | | | | | Auto Motor cycle | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
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