



Supplemental Application

LM General Insurance Company

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period.

Producer Name Code Applicant's Name, Residential Address and Zip Applicant's Email

MAIP Certificate # Effective Date Expiration Date

POLICY INFORMATION:

1. Do you currently have auto insurance? (Yes/No) _____
2. If no, did you previously have any need for insurance? _____
 If yes, what were your prior optional BI limits? _____
 Did your prior auto insurance carrier cancel your prior policy before the policy was set to expire? _____
 How many years were you with your prior carrier? _____
 In what state was your prior auto insurance? _____
 Who was your prior auto insurance carrier? _____
 What was your prior auto insurance policy expiration date? _____
 What was your prior auto insurance policy term (6 or 12 months)? _____
3. Have you failed to pay any premium for auto insurance during the last 2 years? _____
4. How many years have you been at your current residence? _____
5. What type of home insurance (Homeowners, Renters, Condo, or Mobile Home Owner) do you have? _____ With Liberty Mutual or another carrier? (specify other carrier) _____
6. Do you have any Personal Liability or Life Insurance policies with Liberty Mutual?
 Personal Liability (Yes/No) _____ Life Insurance (Yes/No) _____

VEHICLE INFORMATION:

1. Is your vehicle a hybrid? (Yes/No) Auto 1 _____ Auto 2 _____ Auto 3 _____
2. What is the Manufacturer Suggested Retail Price (MSRP) of your vehicle?
 Auto 1 _____ Auto 2 _____ Auto 3 _____
3. What is the primary use of your vehicle? (Pleasure/Business/Commute/Farm/Other)
 Auto 1 _____ Auto 2 _____ Auto 3 _____
4. Was your vehicle purchased as new or used? Auto 1 _____ Auto 2 _____ Auto 3 _____
5. Is your vehicle Financed, Leased, or Owned? Auto 1 _____ Auto 2 _____ Auto 3 _____
6. Is your vehicle designated as High Theft? Auto 1 _____ Auto 2 _____ Auto 3 _____

7. Would you like to participate in our RightTrack program? (Ask your agent)
 (Yes/No) Auto 1 _____ Auto 2 _____ Auto 3 _____
8. What Vehicle Safety and/or Anti-Theft features apply to your vehicle? (Ask your agent)
 Auto 1 _____
 Auto 2 _____
 Auto 3 _____

OPERATOR INFORMATION:

1. Are you or any operators an active member of the US Armed Forces? Operator # (s) _____
2. Are you eligible for Good Student or Public Transit Discount? (If yes, attach form.)
 Operator # (s) _____
3. Has any operator licensed at least 39 years completed a Defensive Driving Course in the last 3 years?
 (Ask your agent about qualifying courses and attach course completion certificate)
 Operator # (s) _____
4. If an operator is licensed less than 6 years:
 Have they agreed to sign the New Driver Responsibility Contract? (If yes, attach form)
 Operator # (s) _____
 Have they agreed to or complete either TeenSmart or In Control course? (If yes, provide certificate upon completion)
 Operator # (s) _____
5. If an operator (not named insured) is licensed less than 10 years, are they a resident at college over 100 miles from home?
 Operator # (s) _____

The signatures of both the Applicant and the Producer are required:

The information contained in this application is true and complete to the best of my knowledge.

 Signature of Applicant

 Date

 Signature of Producer

 Date



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POLICY INFORMATION:

What date was your quote completed? _____

1. Do you currently have auto insurance? (Yes/No) _____

2. If no, did you previously have any need for insurance? _____

If yes, what were your prior optional BI limits? _____

Did your prior auto insurance carrier cancel your prior policy before the policy was set to expire? _____

How many years were you with your prior carrier? _____

In what state was your prior auto insurance? _____

Who was your prior auto insurance carrier? _____

What was your prior auto insurance policy expiration date? _____

What was your prior auto insurance policy term (6 or 12 months)? _____

3. Have you failed to pay any premium for auto insurance during the last 2 years? _____

4. How many years have you been at your current residence? _____

Has any premium owed to a prior carrier been sent to a collection agency in last the 3 years? _____

How many late premium payments have you made in the last 3 years? _____

How many non-chargeable accidents have you had in last 6 years? _____

How many years have you been at your current employer? _____ Retired? (Yes/No) _____

5. What type of home insurance (Homeowners, Renters, ~~or Condominium~~, or Mobile Home Owner) do you have? _____ With Liberty Mutual or another carrier? (specify other carrier) _____

6. Do you have any Personal Liability or Life Insurance policies with Liberty Mutual?

Personal Liability (Yes/No) _____ Life Insurance (Yes/No) _____

Who was your prior auto insurance carrier? _____

What was your prior auto insurance policy expiration date? _____

What was your prior auto insurance policy term (6 or 12 months)? _____

How many miles do you drive annually? Auto 1 _____ Auto 2 _____ Auto 3 _____

Are you eligible for Good Student or Public Transit Discount? (If yes, attach form.) _____

What is your Anti-Theft Device Category? Auto 1 _____ Auto 2 _____ Auto 3 _____

VEHICLE INFORMATION:

- 1. Is your vehicle a hybrid? (Yes/No) Auto 1 _____ Auto 2 _____ Auto 3 _____
- 2. What is the Manufacturer Suggested Retail Price (MSRP) of your vehicle?
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- 3. What is the primary use of your vehicle? (Pleasure/Business/Commute/Farm/Other)
Auto 1 _____ Auto 2 _____ Auto 3 _____
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- 5. If an operator (not named insured) is licensed less than 10 years, are they a resident at college over 100 miles from home?
Operator # (s) _____

If you are from out of state:

Was your policy with your prior auto insurance carrier cancelled? _____

How many years were you with your prior carrier? _____

The signatures of both the Applicant and the Producer are required:

The information contained in this application is true and complete to the best of my knowledge.

_____	_____	_____	_____
Signature of Applicant	Date	Signature of Producer	Date



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If yes, what were your prior optional BI limits? _____
Was your policy with your prior auto insurance carrier cancelled? _____
How many years were you with your prior carrier? _____
In what state was your prior auto insurance? _____
Who was your prior auto insurance carrier? _____
What was your prior auto insurance policy expiration date? _____
What was your prior auto insurance policy term (6 or 12 months)? _____
- Have you defaulted in the payment of any premium for auto insurance during the last 2 years? _____
- How many years have you been at your current residence? _____
- What type of home insurance (Homeowners, Renters, Condo, or Mobile Home Owner) do you have? _____ With Liberty Mutual or another carrier? (specify other carrier) _____
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Personal Liability (Yes/No) _____ Life Insurance (Yes/No) _____

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Signature of Applicant

Date

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Date



Supplemental Application

Liberty Mutual Insurance Company LM General Insurance Company

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Producer Name Code Applicant's Name, Residential Address and Zip Applicant's Email

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POLICY INFORMATION:

What date was your quote completed? _____

1. Do you currently have auto insurance? (Yes/No) _____

2. If no, did you previously have any need for insurance? _____

If yes, what were your prior optional BI limits? _____

Was your policy with your prior auto insurance carrier cancelled? _____

How many years were you with your prior carrier? _____

In what state was your prior auto insurance? _____

Who was your prior auto insurance carrier? _____

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Signature of Applicant _____ _____ _____
Date Signature of Producer Date