

# COVERAGE SELECTIONS PAGE

This policy is issued by:

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

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**ITEM 1.** This policy is issued to:

Massachusetts Personal Automobile  
Policy Number  
Agent

**ITEM 2.** This policy is effective from:

To:

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

**ITEM 3.** Description of your Auto:

AUTO	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		PREMIUM		AUTO		PREMIUM	
	LIMITS	DED.	ANNUAL	ADJUSTED	LIMITS	DED.	ANNUAL	ADJUSTED
<b>1</b> Bodily Injury To Others	\$20,000 per person \$40,000 per accident	NONE			\$20,000 per person \$40,000 per accident	NONE		
<b>2</b> 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		
<b>3</b> Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$ per person \$ per accident	NONE			\$ per person \$ per accident	NONE		
<b>4</b> Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$ per accident	NONE			\$ per accident	NONE		

**OPTIONAL INSURANCE - SEE OTHER SIDE FOR INFORMATION ON PART 5 AND PART 12 LIMITS**

<b>5</b> Optional Bodily Injury To Others	\$ per person \$ per accident	NONE			\$ per person \$ per accident	NONE		
<b>6</b> Medical Payments	\$ per person	NONE			\$ per person	NONE		
<b>7</b> Collision	Actual Cash Value	\$			Actual Cash Value	\$		
<b>8</b> Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$		
<b>9</b> Comprehensive	Actual Cash Value	\$			Actual Cash Value	\$		
<b>10</b> Substitute Transportation	Up to \$ a day, max. \$	NONE			Up to \$ a day, max. \$	NONE		
<b>11</b> Towing and Labor	Up to \$ for each disablement	NONE			Up to \$ for each disablement	NONE		
<b>12</b> Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE			\$ per person \$ per accident	NONE		

**OTHER COVERAGES**

<b>SAFE DRIVER INSURANCE PLAN</b>	SAVINGS			SAVINGS		
	POINTS			POINTS		
	<b>TOTAL PREMIUM FOR AUTO</b>			<b>TOTAL PREMIUM FOR AUTO</b>		

Identification Numbers of Endorsements Forming a Part of This Policy

**ITEM 5.** Place of Principal Garaging

AUTO	AUTO	<b>TOTAL PREMIUM</b>	
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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 also have very serious consequences.

**NOTICE:** 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 Safe Driver Insurance Plan.

**Additional Information:**