

COVERAGE SELECTIONS PAGE

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

PAGE OF

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

Massachusetts Personal Automobile
 Policy Number
 Producer

ITEM 2. This policy is effective from:

To:

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

ITEM 3. Description of your Auto:

AUTO	AUTO
------	------

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

COVERAGES, Parts 1 - 12	AUTO			AUTO		
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>	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE	\$	\$ per accident	NONE	\$

OPTIONAL INSURANCE

5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	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	Up to \$ a day, maximum \$	NONE	\$	Up to \$ a day, maximum \$	NONE	\$
11. Towing and Labor	Up to \$ for each disablement	NONE	\$	Up to \$ for each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

MERIT RATING PLAN	ADJUSTMENT	\$	ADJUSTMENT	\$
	PREMIUM	\$	PREMIUM	\$
Identification Numbers of Endorsements Forming a Part of This Policy				TOTAL PREMIUM
				\$

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto
AUTO	
AUTO	

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

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		Auto 1	Auto 2	Auto 1	Auto 2

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 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 inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS: Several discount's are available and your premium has been reduced if you are eligible. Contact your agent or company representative for further details.

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 shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. The merit rating code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

COVERAGE SELECTIONS PAGE

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

PAGE OF

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

Massachusetts Personal Automobile
Policy Number
Producer

ITEM 2. This policy is effective from: _____ To: _____ (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO	AUTO
------	------

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

COVERAGES, Parts 1 - 12	AUTO			AUTO		
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>	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE	\$	\$ per accident	NONE	\$

OPTIONAL INSURANCE

5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	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	Up to \$ a day, maximum \$	NONE	\$	Up to \$ a day, maximum \$	NONE	\$
11. Towing and Labor	Up to \$ for each disablement	NONE	\$	Up to \$ for each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

MERIT RATING PLAN	ADJUSTMENT	\$	ADJUSTMENT	\$
	PREMIUM	\$	PREMIUM	\$
Identification Numbers of Endorsements Forming a Part of This Policy				PREMIUM

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto
AUTO	
AUTO	

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

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		Auto 1	Auto 2	Auto 1	Auto 2

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 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 inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS: Several discount`s are available and your premium has been reduced if you are eligible. Contact your agent or company representative for further details.

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 shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. The merit rating code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

COVERAGE SELECTIONS PAGE

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

PAGE OF

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

Massachusetts Personal Automobile
 Policy Number
 Producer

ITEM 2. This policy is effective from: _____ To: _____ (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO	AUTO
------	------

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

COVERAGES, Parts 1 - 12	AUTO			AUTO		
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>	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE	\$	\$ per accident	NONE	\$

OPTIONAL INSURANCE

5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	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	Up to \$ a day, maximum \$	NONE	\$	Up to \$ a day, maximum \$	NONE	\$
11. Towing and Labor	Up to \$ for each disablement	NONE	\$	Up to \$ for each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

MERIT RATING PLAN	ADJUSTMENT	\$	ADJUSTMENT	\$
	PREMIUM	\$	PREMIUM	\$
Identification Numbers of Endorsements Forming a Part of This Policy				TOTAL PREMIUM
				\$

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto
AUTO	
AUTO	

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		Auto 1	Auto 2	Auto 1	Auto 2

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 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 inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS: Several discount's are available and your premium has been reduced if you are eligible. Contact your agent or company representative for further details.

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 shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. The merit rating code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Countersigned by: _____

COVERAGE SELECTIONS PAGE

This policy is issued by:

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

PAGE OF

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
------	------

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
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 (Compulsory Limits \$20,000/\$40,000)	\$ per person \$ per accident	NONE			\$ per person \$ per accident	NONE		
4 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

5 Optional Bodily Injury To Others	\$ per person \$ per accident	NONE			\$ per person \$ per accident	NONE		
6 Medical Payments	\$ per person	NONE			\$ per person	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	Up to \$ a day, max. \$	NONE			Up to \$ a day, max. \$	NONE		
11 Towing and Labor	Up to \$ for each disablement	NONE			Up to \$ for each disablement	NONE		
12 Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE			\$ per person \$ per accident	NONE		

OTHER COVERAGES

SAFE DRIVER-INSURANCE MERIT RATING PLAN	<u>SAVINGSADJUSTMENT</u>			<u>SAVINGSADJUSTMENT</u>		
	<u>POINTS</u>			<u>POINTS</u>		
	TOTAL PREMIUM FOR AUTO			TOTAL PREMIUM FOR AUTO		

Identification Numbers of Endorsements Forming a Part of This Policy _____ **TOTAL PREMIUM** \$

ITEM 5. Place of Principal Garaging

AUTO	AUTO	TOTAL PREMIUM	
------	------	----------------------	--

COVERAGE SELECTIONS PAGE

PAGE OF

This policy is issued by:

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

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)

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.

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 shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. The merit rating code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Additional Information:

COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy.
**XXX Writing Company Name & Address System Generates In
 This Space In Production XXX**

PAGE OF

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

Massachusetts Personal Automobile
 Policy Number
 Producer

ITEM 2. This policy is effective from:

To:

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

ITEM 3. Description of your Auto:

AUTO	AUTO
------	------

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

COVERAGES, Parts 1 - 12	AUTO			AUTO		
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>	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE	\$	\$ per accident	NONE	\$

OPTIONAL INSURANCE

5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	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	Up to \$ a day, maximum \$	NONE	\$	Up to \$ a day, maximum \$	NONE	\$
11. Towing and Labor	Up to \$ for each disablement	NONE	\$	Up to \$ for each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

MERIT RATING PLAN	ADJUSTMENT	\$	ADJUSTMENT	\$
	PREMIUM		\$	PREMIUM
Identification Numbers of Endorsements Forming a Part of This Policy				TOTAL PREMIUM
				\$

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto
AUTO	
AUTO	

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

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		Auto 1	Auto 2	Auto 1	Auto 2

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 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 inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS: Several discount's are available and your premium has been reduced if you are eligible. Contact your agent or company representative for further details.

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 shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. The merit rating code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy.
**XXX Writing Company Name & Address System Generates In
This Space In Production XXX**

PAGE OF

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

Massachusetts Personal Automobile
Policy Number
Producer

ITEM 2. This policy is effective from: _____ To: _____ (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO	AUTO
------	------

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

COVERAGES, Parts 1 - 12	AUTO			AUTO		
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>	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE	\$	\$ per accident	NONE	\$

OPTIONAL INSURANCE

5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	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	Up to \$ a day, maximum \$	NONE	\$	Up to \$ a day, maximum \$	NONE	\$
11. Towing and Labor	Up to \$ for each disablement	NONE	\$	Up to \$ for each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

MERIT RATING PLAN	ADJUSTMENT	\$	ADJUSTMENT	\$
	PREMIUM	\$	PREMIUM	\$
Identification Numbers of Endorsements Forming a Part of This Policy				PREMIUM

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto
AUTO	
AUTO	

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		Auto 1	Auto 2	Auto 1	Auto 2

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 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 inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS: Several discount's are available and your premium has been reduced if you are eligible. Contact your agent or company representative for further details.

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 shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. The merit rating code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy.
**XXX Writing Company Name & Address System Generates In
This Space In Production XXX**

PAGE OF

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

Massachusetts Personal Automobile
Policy Number
Producer

ITEM 2. This policy is effective from: _____ To: _____ (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO	AUTO
------	------

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

COVERAGES, Parts 1 - 12	AUTO			AUTO		
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 and household members	\$
3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small>	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE	\$	\$ per accident	NONE	\$

OPTIONAL INSURANCE

5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	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	Up to \$ a day, maximum \$	NONE	\$	Up to \$ a day, maximum \$	NONE	\$
11. Towing and Labor	Up to \$ for each disablement	NONE	\$	Up to \$ for each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

MERIT RATING PLAN	ADJUSTMENT	\$	ADJUSTMENT	\$
	PREMIUM	\$	PREMIUM	\$
Identification Numbers of Endorsements Forming a Part of This Policy				TOTAL PREMIUM
				\$

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto
AUTO	
AUTO	

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		Auto 1	Auto 2	Auto 1	Auto 2

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 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 inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS: Several discount's are available and your premium has been reduced if you are eligible. Contact your agent or company representative for further details.

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 shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. The merit rating code and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Countersigned by: _____