

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO ELITE ENDORSEMENT - SILVER

a.	<p>Transportation Expenses - Rental Reimbursement - \$40 a day max of \$1,200 rental reimbursement if vehicle is stolen or disabled in a covered loss.</p> <p>Coverage for Transportation Expenses provided under Part 10 of this policy is provided at the limits shown above.</p> <p style="text-align: center;">***Coverage only applies to vehicles with full coverage***</p>
b.	<p>Personal Clothing and Baggage –</p> <p>We will pay up to \$500 in any one occurrence for loss to clothing or baggage, owned or used by you or any family member, while located in your covered auto or non-owned auto while away from your residence premises. Clothing is specifically defined as wearing apparel, and excludes all jewelry related items. Baggage is specifically defined as suitcases, backpacks, duffle bags, or any other bag used to carry clothing for travel purposes. No deductible applies to this coverage.</p>
c.	<p>Roadside Assistance –</p> <p>The following provisions are added to your policy:</p> <p>ADDITIONAL DEFINITIONS</p> <p>Wherever they appear in this Endorsement, the General Definitions set forth in your policy shall apply, and the following Additional Definitions shall apply:</p> <ol style="list-style-type: none"> 1. Covered disabled vehicle means a disabled motor vehicle that is a covered vehicle. 2. Covered emergency means a disablement that is a result of: <ol style="list-style-type: none"> a) Mechanical or electrical breakdown; b) Battery failure; c) Insufficient supply of fuel, oil, water or other fluid; d) Flat tire; e) Lock-out; or f) Entrapment in snow, mud, water or sand. 3. Covered vehicle is a private passenger type auto, pickup or van having four wheels. <p>INSURING AGREEMENT</p> <p>If you have a policy for which we provide coverage under Parts 1-5 – Liability Coverage, we will pay for our authorized service representative to provide;</p> <ol style="list-style-type: none"> 1. Towing of a covered disabled vehicle or a private passenger vehicle driven by a listed driver on your policy to the nearest qualified repair facility up to 35 miles; and 2. Minor on-site labor on a covered disabled vehicle or a private passenger vehicle driven by listed drivers on your policy at the place of disablement which is necessary due to a covered emergency. <p>We will not pay for more than five disablements during a 12-month consecutive period; or an excluded driver.</p> <p>EXCLUSIONS - READ THE FOLLOWING EXCLUSIONS CAREFULLY. IF AN EXCLUSION APPLIES, ROADSIDE ASSISTANCE COVERAGE WILL NOT BE PROVIDED.</p> <p>This coverage does not apply to;</p> <ol style="list-style-type: none"> 1. Any parts or replacement keys; 2. Fluid, lubricants or fuel in excess of the amount required to get your vehicle back on the road; 3. Installation of any products or materials not related to the disablement; 4. Labor or materials not related to the disablement of your vehicle including work performed at a service station, garage or repair shop;

5. Labor on a covered disabled vehicle for any time period in excess of sixty (60) minutes from time of dispatch per disablement;
6. Tire repair or replacement;
7. Any and all fines, vehicle storage charges, transportation or temporary living expenses;
8. Towing or storage related to impoundment, abandonment, illegal parking or other violations of law or disablement that results from the use of intoxicants or narcotics;
9. Damage or disablement due to fire, flood or vandalism;
10. Towing from a service station, garage or repair shop;
11. A second or any subsequent tow for a single disablement;
12. Mounting or removing of snow tires or chains;
13. Disablement that results from the willful acts or actions of the operator of a covered disabled vehicle;
14. Disablement that is not the result of a covered emergency;
15. Disablement service necessary as a result of a disabled trailer that is being towed by a covered vehicle;
16. Disablement that occurred on roads not regularly maintained, such as sand beaches, open fields, and areas designated as not passable due to construction.

UNAUTHORIZED SERVICE PROVIDER

When service is rendered by a provider, other than our authorized service representative, we will only pay reasonable charges up to \$100.00 maximum for:

1. Towing of a covered disabled vehicle or vehicle driven by listed driver on the policy to the nearest qualified repair facility; and
2. Labor on a covered disabled vehicle or vehicle driven by listed driver on the policy at the place of disablement; which is necessary due to a covered emergency.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THIS POLICY REMAIN UNCHANGED.

The Main Street American Group reserves the right to alter this program upon renewal of your policy with written notice.

Coverage applied in the United States and Canada.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO ELITE ENDORSEMENT - GOLD

a.	<p>Transportation Expenses - Rental Reimbursement - \$40 a day max of \$1,200 rental reimbursement if vehicle is stolen or disabled in a covered loss.</p> <p>Coverage for Transportation Expenses provided under Part 10 of this policy is provided at the limits shown above..</p> <p style="text-align: center;">***Coverage only applies to vehicles with full coverage***</p>
b.	<p>Trip interruption - Up to \$600 for transportation expenses due to mechanical or electrical breakdown. Expenses incurred for lodging and meals in the event of a collision or other than collision loss. Coverage applies if loss is over 100 miles from home and car is withdrawn from use for 24 hours. Limit applies until resume travel occurs or insured returns home.</p> <p>LIMIT OF LIABILITY</p> <p>A. Our payment for Trip Interruption Coverage will be limited to that period of time reasonably required to:</p> <ol style="list-style-type: none"> 1. Resume travel under a prearranged itinerary; or 2. Return home. <p>B. No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Parts 8, 9, or 10 of the policy.</p> <p>OTHER SOURCES OF RECOVERY</p> <p>Any insurance we provide with respect to Trip Interruption Coverage shall be excess over any other collectible source of recovery including but not limited to:</p> <p>A. Any coverage provided by:</p> <ol style="list-style-type: none"> 1. Vehicle warranties; 2. Automobile clubs; or 3. Mechanical breakdown or similar plans; or <p>B. Any other source of recovery applicable to the loss.</p> <p style="text-align: center;">***Coverage only applies to vehicles with full coverage***</p>
c.	<p>Disappearing Collision Deductible –</p> <p>Eligibility for the disappearing collision deductible begins on the first renewal after the endorsement is effective.</p> <p>A. The reduction will be \$50 for a six month policy, up to \$500 maximum.</p> <p>B. The reduction will be \$100 for a twelve month policy, up to \$500 maximum.</p> <p>C. The deductible continues to reduce until the first renewal after an at-fault accident occurs.</p> <p>D. The deductible on the renewal term after an at-fault accident occurs reverts back to the original policy deductible.</p> <p>E. The reduction starts over after the policy is free of any at-fault accidents for a complete six or twelve month renewal terms.</p> <p style="text-align: center;">***Coverage only applies to vehicles with full coverage***</p>
d.	<p>Personal Clothing and Baggage –</p> <p>We will pay up to \$500 in any one occurrence for loss to clothing or baggage, owned or used by you or any family member, while located in your covered auto or non-owned auto while away from your residence premises. Clothing is specifically defined as wearing apparel, and excludes all jewelry related items. Baggage is specifically defined as suitcases, backpacks, duffle bags, or any other bag used to carry clothing for travel purposes. No deductible applies to this coverage.</p>

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EXCLUSIONS - READ THE FOLLOWING EXCLUSIONS CAREFULLY. IF AN EXCLUSION APPLIES, ROADSIDE ASSISTANCE COVERAGE WILL NOT BE PROVIDED.

This coverage does not apply to;

1. Any parts or replacement keys;
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AUTO ELITE ENDORSEMENT - PLATINUM

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We will not pay for more than five disablements during a 12-month consecutive period; or an excluded driver.

EXCLUSIONS - READ THE FOLLOWING EXCLUSIONS CAREFULLY. IF AN EXCLUSION APPLIES, ROADSIDE ASSISTANCE COVERAGE WILL NOT BE PROVIDED.

This coverage does not apply to;

1. Any parts or replacement keys;
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3. Installation of any products or materials not related to the disablement;
4. Labor or materials not related to the disablement of your vehicle including work performed at a service station, garage or repair shop;
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9. Damage or disablement due to fire, flood or vandalism;
10. Towing from a service station, garage or repair shop;
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f. Accident Forgiveness –

Eligibility for accident forgiveness begins on the first renewal after the endorsement is effective.

A. Accident forgiveness will only apply to the first chargeable accident within the 36 month experience period, providing:

1. The claim occurs after this endorsement has been added to the policy; and
2. The claim was reported to us promptly; and
3. The driver involved in the accident was listed on the policy.

B. Any subsequent chargeable accident within the 36 month experience period following the forgiven accident will result in a surcharge.

g. New Auto Repair or Replacement/Loan Lease coverage –

A. Conditions

AUTO REPAIR

With respect to loss:

1. To an auto shown in the Coverage Selections Page as subject to this endorsement; and
2. Caused by other than fire, theft, larceny, malicious mischief, vandalism or flood.

LIMIT OF LIABILITY

Our limit of liability will not exceed the cost of a new auto of:

1. The same make, if possible;
2. Similar vehicle size class; and
3. Similar body type and equipment as your damaged auto.

However, the most we will pay for loss will be the lesser of the:

1. Reasonable cost of repair with parts of like kind and quality; or
2. Cost of a new auto

REPLACEMENT

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

In the event of a covered total loss to a "your auto" shown in the Coverage Selections Page that Replacement Coverage applies, we will pay for "your auto" that is:

1. same make, if possible
2. similar in class , body type and equipment and
3. cost of what you paid for the car not to exceed 110% of the manufacturers suggested retail price of the auto being replaced.

AUTO LOAN/LEASE COVERAGE

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

In the event of a covered total loss to a "your auto" shown in the Coverage Selections Page for which a specific premium charge indicates that Auto Loan/Lease Coverage applies, we will pay any unpaid amount due on the lease or loan for "your auto" less:

1. The amount paid under Parts 7, 8 or 9 of the policy; and
2. Any:
 - a. Overdue lease/loan payments at the time of the loss;
 - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - c. Security deposits not refunded by a less or;
 - d. Costs for extended warranties, Credit Life insurance, Health, Accident or Disability insurance purchased with the loan or lease; and
 - e. Carry-over balances from previous loans or leases.

B. Additional Exclusions apply only to the repair or replacement conditions

The coverage provided by this endorsement does not apply to:

- a. An auto which is more than 3 years old. The age of the auto shall be determined by subtracting the year the endorsement was first added to the policy for that auto from the year of inception of the current annual period of the policy;
- b. Any auto which you own or acquire during the policy period unless it is shown in the Coverage Selections Page as subject to this endorsement;
- c. Any auto which you do not own.

All other provisions of this policy apply.

*****Coverage only applies to vehicles with full coverage*****

APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER	CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP	PHONE:
BINDER/POLICY #:		MAIL ADDRESS (IF DIFFERENT)	
EFFECTIVE DATE	EXPIRATION DATE		
[COMPANY USE]		DIRECT BILL AGENCY BILL	PAYMENT PLAN
		DEPOSIT PREMIUM	

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1.2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Part 11, Towing and Labor Coverage is available at the option of the Company.

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		\$	\$20,000 PER PERSON/\$40,000 PER ACCIDENT		\$
2. PERSONAL INJURY PROTECTION	\$8,000 PER PERSON	<input type="checkbox"/> YOURSELF	\$	\$8,000 PER PERSON	<input type="checkbox"/> YOURSELF	\$
	\$ DED	<input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$	\$ DED	<input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)	PER PERSON		\$	PER PERSON		\$
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)	PER ACCIDENT		\$	PER ACCIDENT		\$
OPTIONAL INSURANCE						
5. OPTIONAL BODILY INJURY TO OTHERS	PER PERSON		\$	PER PERSON		\$
	PER ACCIDENT		\$	PER ACCIDENT		\$
6. MEDICAL PAYMENTS	PER PERSON		\$	PER PERSON		\$
7. COLLISION ACV	WAIVER OF DEDUCTIBLE	\$ DED	\$	WAIVER OF DEDUCTIBLE	\$ DED	\$
		\$ DED	\$		\$ DED	\$
8. LIMITED COLLISION ACV		\$ DED	\$		\$ DED	\$
9. COMPREHENSIVE ACV	\$100 GLASS DEDUCTIBLE	\$ DED	\$	\$100 GLASS DEDUCTIBLE	\$ DED	\$
		\$ DED	\$		\$ DED	\$
10. SUBSTITUTE TRANSPORTATION	UP TO \$ A DAY, MAXIMUM \$		\$	UP TO \$ A DAY, MAXIMUM \$		\$
11. TOWING AND LABOR	UP TO \$ FOR EACH DISABLEMENT		\$	UP TO \$ FOR EACH DISABLEMENT		\$
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO	PER PERSON		\$	PER PERSON		\$
	PER ACCIDENT		\$	PER ACCIDENT		\$
MERIT RATING PLAN	PREMIUM ADJUSTMENT		\$	PREMIUM ADJUSTMENT		\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	PREMIUM		\$	PREMIUM*		\$
TOTAL PREMIUM						\$

VEHICLE INFORMATION	PLACE OF PRINCIPAL GARAGING - AUTO 1: STREET ADDRESS, CITY OR TOWN ZIP CODE	AUTO 2:
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#	YEAR	MAKE, MODEL AND, IF MOTORCYCLE, C.C.	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT RATING FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	VEHICLE COST NEW OR MOTORCYCLE AVERAGE RETAIL VALUE	MILES AUTO WA DRIVEN IN PAST MOS	ODOMETER READING
1									
2									

#	AIR BAG/PASSIVE SEAT BELT (YES/NO)	ANTI-THEFT (YES/NO)	VEHICLE RECOVERY SYSTEM (YES/NO)	LEASED AUTO (YES/NO)	SECURED LENDER AND/OR LESSOR (Please include name and address)
1					
2					

NOTICE: Evidence of installation of an anti-theft device or a vehicle recovery system is required to receive a discount for Part 9, Comprehensive. If your auto is not equipped with an anti-theft device or a vehicle recovery system and your auto is on the High-Theft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

DRIVER INFORMATION **Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a Household Member.** Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

	OPERATOR NAME	DATE OF BIRTH	CURRENT DRIVER'S LICENSE # /LICENSED STATE <small>If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.</small>	MERIT RATING POINTS	DATE FIRST LICENSED			DRIVER TRAINING YES/NO	% OF USE			
					MASS	OTHER	MOTORCYCLE		AUTO 1	AUTO 2	AUTO 3	AUTO 4
1												
2												
3												
4												

NOTICE 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 knowingly gives us false, deceptive, misleading or incomplete information in this application 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. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. We may also limit our payments under Part 3 and Part 4.

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.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

DRIVER INFORMATION (CONTINUED)		Explain all "Yes" responses in the REMARKS Section. During the last six years have you or any listed operator:					
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES	NO	D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES	NO		
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?				
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS ?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?				
LICENSE INFORMATION Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotif Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicle's website at www.mass.gov/rmv .							
MERIT RATING INFORMATION If in the last six years any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s) which will be used in assigning merit rating points.							
GENERAL INFORMATION		Explain all "Yes" responses in the REMARKS Section; on Questions 3 - 8 include the auto number.					
1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?	YES	NO	5. IS ANY AUTO USED TO TRANSPORT (To or From Work or School): A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE? B. PERSONS EMPLOYED BY YOU?	YES	NO		
2. HAS YOUR AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE YEARS?			6. IS ANY VAN OR PICK-UP EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (If Yes, You May Wish to Purchase Additional Coverage.)				
3. ARE ANY LISTED OPERATORS INCLUDED ON ANOTHER POLICY OR DO THEY HAVE THEIR OWN MASSACHUSETTS PERSONAL AUTOMOBILE POLICY? (LIST OPERATOR #, INSURANCE COMPANY, AND POLICY#)			7. IS ANY AUTO EQUIPPED WITH ELECTRONIC EQUIPMENT PERMANENTLY INSTALLED BUT NOT IN LOCATIONS USED BY THE AUTO MANUFACTURER FOR SUCH EQUIPMENT? (If You Wish to Purchase Coverage For these Items, list Make, Model, Serial #, Amount of Ins. for Items).				
4. IF A VEHICLE IS A MOTORCYCLE, HAS THE PRINCIPAL OPERATOR COMPLETED AN APPROVED MOTORCYCLE RIDER TRAINING PROGRAM? (ATTACH COPY OF CERTIFICATE OR OTHER EVIDENCE OF COMPLETION)			8. IS ANY AUTO USED IN BUSINESS? (Type of Business) A. IF VAN/PICK-UP, IS IT USED TO DELIVER/TRANSPORT GOODS? B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE?				
9. IF ANY AUTO(S) TO BE INSURED IS TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9)			ATTACHMENTS				
AUTO 1 _____ AUTO 2 _____			<input type="checkbox"/> ANTI-THEFT DEVICE CERTIFICATE <input type="checkbox"/> APPRAISAL <input type="checkbox"/> APPROVED DRIVER TRAINING CERTIFICATE <input type="checkbox"/> APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE. <input type="checkbox"/> CUSTOMIZED EQUIPMENT EVIDENCE <input type="checkbox"/> OPERATOR EXCLUSION FORM <input type="checkbox"/> OUT-OF-STATE DRIVER RECORD <input type="checkbox"/> PRE-INSURANCE FORM <input type="checkbox"/> VEHICLE RECOVERY SYSTEM CERTIFICATE				
10. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7, 8 OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.							
11. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW: <input type="checkbox"/> MOTORCYCLE ONLY - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON JANUARY 1ST AND DO NOT RENEW. <input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW.							
REMARKS IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.							
FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.							
DECLARATIONS AND SIGNATURES							
I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION AND ACCIDENT OR CLAIM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.							
_____ Signature of Applicant			_____ Date and Time				
TO BE COMPLETED BY AGENT: The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.							
_____ Signature of Agent			_____ Date and Time				
IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED: I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.							
			_____ Applicant's Name				

COVERAGE SELECTIONS PAGE

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

This Policy Is Issued By:

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				AUTO			
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	ADJUSTED PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM	ADJUSTED PREMIUM
1 Bodily Injury To Others	\$ per person per accident	None	\$		\$ per person per accident	None	\$	
2 Personal Injury Protection	\$ per person	<input type="checkbox"/> Yourself <input type="checkbox"/> Yourself and household members	\$		\$ 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								
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	\$	
SAFE DRIVER INSURANCE PLAN								
	CREDIT		\$		CREDIT		\$	
	SURCHARGE		\$		SURCHARGE		\$	
	PREMIUM		\$		PREMIUM		\$	
TOTAL PREMIUM							\$	

Discount % Age 65 and Older Air bag/Automatic seatbelts Annual Mileage Anti-Theft Multi-Car

AUTO -

AUTO -

Identification Numbers of Endorsements Forming a Part of This Policy

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 Mo. Day Yr.	License Number	Lic. State/Country	Date First Licensed Mo. Day Yr.	Motorcycle Date First Licensed Mo. Day Yr.	Driver Training Y-N	Deferred Operator	Operator Status: E-Excluded P-Principal O-Occasional M-Military				
									Veh 1	Veh 2	Veh 3	Veh 4	

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

ANNUAL MILEAGE DISCOUNT FORM

This form will be used only for automobile insurance purposes. It is extremely important that all questions be answered completely and returned to your agent or company representative. Your failure to provide the information requested may affect your eligibility for any discount or may result in the cancellation of your Policy.

ISSUED BY _____

Please return by _____

NAME AND ADDRESS OF INSURED _____

Policy Number:
Producer:

In order to verify an Annual Mileage Discount on your automobile insurance policy, please complete and return this form:

Auto

Auto

Year and Make of auto

Vehicle Identification Number

Current odometer reading

Report the number of miles the auto was driven in the past twelve (12) months

If the auto is used to commute all or part of the way to work or school, indicate:

▪ number of days per month

▪ number of miles one way

▪ address where auto is parked during work or school hours

Is the auto used in your business or occupation?

The information provided is accurate and complete.

Signature

Date Completed