

OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

This endorsement changes coverage under **your** automobile policy. Please read it carefully.

Road Protection Coverage Endorsement – PA 15 16 09 10

In consideration of the premium paid, **we** agree to provide **you** with the following coverages per policy:

ROAD PROTECTION COVERAGE			
COVERAGES	LIMITS of LIABILITY	DELUXE LIMITS of LIABILITY	PREMIER LIMITS of LIABILITY
Bail Bond Premium	\$200	\$300	\$500
Emergency Transportation	Maximum \$100 per occurrence	Maximum \$150 per occurrence	Maximum \$200 per occurrence
Towing and Labor	Maximum \$50 per occurrence	Maximum \$75 per occurrence	Maximum \$100 per occurrence
Rental Reimbursement	\$30 per day up to \$600	\$45 per day up to \$900	\$60 per day up to \$1200
Personal Effects (in rental car)	Up to limit of \$200	Up to limit of \$300	Up to limit of \$500
Vacation Protection	\$40 per day up to \$400	\$60 per day up to \$600	\$75 per day up to \$750

I. COVERAGES - Any insurance we provide under this endorsement shall be excess over any collectible insurance providing coverage on a primary basis.

A. Bail Bond Premium

We will pay the bail bond premium for a required bond:

1. if **you** are arrested for a traffic violation;
2. if **you** must post bond to stay out of jail or ensure **your** appearance in court; and
3. up to the bond amount shown in this endorsement's coverage schedule.

This coverage does not apply to loss as a result of:

1. commission of a felony;
2. driving without a valid operator's permit; or
3. being under the influence of alcohol, drugs or narcotics.

B. Emergency Transportation

We will pay for the expense of an ambulance:

1. if **you** require one as a result of an automobile accident; and
2. if the accident occurs while **you** are in the insured automobile; and
3. up to the amount shown in this endorsement's coverage schedule.

C. Towing and Labor

We will pay for towing and labor cost caused by the disablement of **your** automobile, provided the labor is performed at the place of disablement. The maximum **we** will pay per disablement is shown in the coverage schedule.

D. Rental Reimbursement - NOTE: Rental of substitute automobile under Coverages D.1., D.2., or D.3. must be from a licensed automobile rental agency.

1. Collision or Other than Collision Loss of Use

We will pay for rental expenses incurred for a substitute automobile if required as a result of a **collision** or **other than collision** loss to the insured automobile. **We** will pay up to the daily limit shown in the coverages schedule for a maximum of 20 days. Payment is limited to rental expenses incurred for the period beginning at 12:01 a.m.:

- a. if repairable, on the day after **you** authorize repairs to be made and deliver the insured automobile to a garage for repairs. Coverage ends 48 hours after the insured automobile is repaired; and
- b. if unrepairable, from the date of collision or other than collision up to the 20 day maximum, unless **you** replace the insured automobile.

2. Theft Loss of Use

We will pay **you** for rental expenses incurred for a substitute automobile if required as a result of the theft of **your** entire insured automobile. **We** will pay up to the amount shown in the coverage schedule for a maximum of 20 days. Payment is limited to rental expenses incurred:

- a. for the period beginning 48 hours after the theft has been reported to the police;
- b. ending when the Company pays for loss or vehicle is returned to use.

3. Emergency Travel Loss of Use

We will pay for emergency automobile rental expenses incurred:

- a. as a result of **your** insured automobile being repaired at the place of disablement; and
- b. at least 250 miles from **your** residence as stated on the policy declarations page; and
- c. up to the daily limit and maximum days shown in this endorsement's coverage schedule.

E. Personal Effects Loss from Rental Auto

We will pay for loss or damage caused by fire, lightning, or theft to personal effects:

1. owned by **you** or any member of **your** family that resided in the same household;
2. while being carried in an automobile rented by **you** as a result of a loss under coverage D.1., D.2., or D.3.; and
3. in the event of theft, there must be visible signs of forcible entry.

Our limit of liability will not exceed the lesser of:

1. the maximum limit shown in the coverage schedule;
2. the actual cash value of the personal effects at the time of loss; or
3. what it would cost to repair or replace the personal effects, or any part thereof with another of like kind and quality, with deduction for depreciation.

Payment is limited to no more than 25% of the limit of liability for loss to:

1. any article of jewelry;
2. watches;
3. furs or articles trimmed with or consisting primarily of fur.

We may:

1. pay for the loss in money or repair or replace the personal effects or its part(s);
2. return the stolen property with payment for any resulting damage; or
3. take all or part of the personal effects at the agreed or appraised value.

F. Vacation Protection

We will reimburse **you** for any necessary additional living expenses incurred due to the loss of use of a recreational vehicle which **you** are using as vacation living quarters. The loss of use must be due to either collision, fire, lightning, or theft of the recreational vehicle. The maximum **we** will pay for necessary additional living expenses is shown in the coverage schedule.

II. EXCLUSIONS - We will not pay for loss under this endorsement:

1. while the insured automobile is used as a taxicab or any other public or livery conveyance;
2. due to:
 - a. war, declared or undeclared;
 - b. civil war;
 - c. insurrection;
 - d. rebellion or revolution; or
 - e. civil commotion;
3. for loss resulting from any willful or malicious act by **you**;
4. while the insured automobile is used in any illicit trade or transportation;
5. to commercial trucks;
6. to trucks, buses or other motor vehicles in excess of a 3/4 ton chassis;
7. to motorcycles or motor bikes of any kind or trailers of any kind;
8. to any automobile while at time of loss was being used in any race, speed contest or sporting event;
9. for theft loss of use when the person taking the insured automobile was given **your** permission; or
10. for loss or damage to the rental automobile or its parts.

III. LIMITATION OF LOSS PAYMENTS

We will pay the amounts specified for each coverage during each occurrence, subject to a maximum of two separate and distinct occurrences in any 6 month period.

This coverage is effective when the form number appears on the endorsement section of the policy declarations page. All other policy provisions apply.

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Phone: _____ Expiration Date: _____, 12:01 a.m.
 Email: _____

DRIVER INFORMATION					
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)					
Name	D/O/B	License #	Date First Licensed	Driver Training Y/N	SR22: Case #/SS #

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1		VEHICLE 2		VEHICLE 3	
Bodily Injury Optional BI						
Property Damage						
Personal Injury Protection						
Medical Payment						
Uninsured Coverage						
Underinsured Coverage						
Collision <i>Waiver of Deductible</i>						
Comprehensive						
Glass Coverage						
Road Protection Coverage						
Subtotal						

	Policy Fee: \$25.00	SR22 Fee: \$0.00
Total Policy Cost:	Minimum Down Payment:	Monthly Installments:

Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
2. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
3. Is the named insured/registered owner excluded or not listed as a driver? If yes, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are any listed operators included on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy #.		
7. 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?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		

Ve h	Terr	Class	Use	Pts	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Uninsured Motorist & Property Damage may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____
PA 16 11 04 09

Date: _____

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name

Payee Signature

Date

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

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.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Phone: _____ Expiration Date: _____, 12:01 a.m.
 Email: _____

DRIVER INFORMATION					
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)					
Name	D/O/B	License #	Date First Licensed	Driver Training Y/N	SR22: Case #/SS #

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1		VEHICLE 2		VEHICLE 3	
Bodily Injury Optional BI						
Property Damage						
Personal Injury Protection						
Medical Payment						
Uninsured Coverage						
Underinsured Coverage						
Collision <i>Waiver of Deductible</i>						
Comprehensive						
Glass Coverage						
Road Protection Coverage						
Subtotal						

	Policy Fee: \$25.00	SR22 Fee: \$0.00
Total Policy Cost:	Minimum Down Payment:	Monthly Installments:

Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years, not listed above?		
2. Has the named insured or any listed operators been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs, not listed above?		
3. Is the named insured/registered owner excluded or not listed as a driver? If yes, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.		
6. Are any listed operators included on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy #.		
7. 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?		
8. Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.		
10. Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		

Ve h	Terr	Class	Use	Pts	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Uninsured Motorist & Property Damage may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____
PA 16 11 04 09

Date: _____

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name

Payee Signature

Date

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

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.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

This endorsement changes coverage under **your** automobile policy. Please read it carefully.

Road Protection Coverage Endorsement – PA 15 16 08 04

In consideration of the premium paid, **we** agree to provide **you** with the following ~~coverages~~:

ROAD PROTECTION COVERAGE			
COVERAGES	BASIC LIMITS of LIABILITY	DELUXE LIMITS of LIABILITY	PREMIER LIMITS of LIABILITY
Bail Bond Premium	\$200	\$300	\$500
Emergency Transportation	Maximum \$100 per occurrence	Maximum \$150 per occurrence	Maximum \$200 per occurrence
Towing and Labor	Maximum \$50 per occurrence	Maximum \$75 per occurrence	Maximum \$100 per occurrence
Rental Reimbursement	\$20 per day up to \$300	\$30 per day up to \$600	\$40 per day up to \$800
Personal Effects (in rental car)	Up to limit of \$200	Up to limit of \$300	Up to limit of \$500
Vacation Protection	\$30 per day up to \$300	\$45 per day up to \$450	\$60 per day up to \$600

I. COVERAGES - Any insurance we provide under this endorsement shall be excess over any collectible insurance providing coverage on a primary basis.

A. Bail Bond Premium

We will pay the bail bond premium for a required bond:

1. if **you** are arrested for a traffic violation;
2. if **you** must post bond to stay out of jail or ensure **your** appearance in court; and
3. up to bond amount shown in this endorsement's coverage schedule.

This coverage does not apply to loss as a result of:

1. commission of a felony;
2. driving without a valid operator's permit; or
3. being under the influence of alcohol, drugs or narcotics.

B. Emergency Transportation

We will pay for the expense of an ambulance:

1. if **you** require one as a result of an automobile accident; and
2. if the accident occurs while **you** are in the insured automobile; and
3. up to the amount shown in this endorsement's coverage schedule.

C. Towing and Labor

We will pay for towing and labor cost caused by the disablement of **your** automobile, provided the labor is performed at the place of disablement. The maximum **we** will pay per disablement is shown in the coverage schedule.

D. Rental Reimbursement - NOTE: Rental of substitute automobile under Coverages D.1., D.2., or D.3. must be from a licensed automobile rental agency.

1. Collision Loss of Use

We will pay for rental expenses incurred for a substitute automobile if required as a result of a **collision** loss to the insured automobile. **We** will pay up to the daily limit shown in the coverages schedule for a maximum of 20 days. Payment is limited to rental expenses incurred for the period beginning at 12:01 a.m.:

- a. if repairable, on the day after **you** authorize repairs to be made and deliver the insured automobile to a garage for repairs. Coverage ends 48 hours after the insured automobile is repaired; and
- b. if unrepairable, from the date of collision up to the 20 day maximum, unless **you** replace the insured automobile.

OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

This endorsement changes coverage under **your** automobile policy. Please read it carefully.

Road Protection Coverage Endorsement – PA 15 16 08 10

In consideration of the premium paid, **we** agree to provide **you** with the following coverages per policy:

<u>ROAD PROTECTION COVERAGE</u>			
<u>COVERAGES</u>	<u>LIMITS of LIABILITY</u>	<u>DELUXE LIMITS of LIABILITY</u>	<u>PREMIER LIMITS of LIABILITY</u>
Bail Bond Premium	\$200	\$300	\$500
Emergency Transportation	Maximum \$100 per occurrence	Maximum \$150 per occurrence	Maximum \$200 per occurrence
Towing and Labor	Maximum \$50 per occurrence	Maximum \$75 per occurrence	Maximum \$100 per occurrence
Rental Reimbursement	<u>\$30 per day up to \$600</u>	<u>\$45 per day up to \$900</u>	<u>\$60 per day up to \$1200</u>
Personal Effects (in rental car)	Up to limit of \$200	Up to limit of \$300	Up to limit of \$500
Vacation Protection	<u>\$40 per day up to \$400</u>	<u>\$60 per day up to \$600</u>	<u>\$75 per day up to \$750</u>

I. COVERAGES - Any insurance we provide under this endorsement shall be excess over any collectible insurance providing coverage on a primary basis.

A. Bail Bond Premium

We will pay the bail bond premium for a required bond:

1. if **you** are arrested for a traffic violation;
2. if **you** must post bond to stay out of jail or ensure **your** appearance in court; and
3. up to the bond amount shown in this endorsement's coverage schedule.

This coverage does not apply to loss as a result of:

1. commission of a felony;
2. driving without a valid operator's permit; or
3. being under the influence of alcohol, drugs or narcotics.

B. Emergency Transportation

We will pay for the expense of an ambulance:

1. if **you** require one as a result of an automobile accident; and
2. if the accident occurs while **you** are in the insured automobile; and
3. up to the amount shown in this endorsement's coverage schedule.

C. Towing and Labor

We will pay for towing and labor cost caused by the disablement of **your** automobile, provided the labor is performed at the place of disablement. The maximum **we** will pay per disablement is shown in the coverage schedule.

D. Rental Reimbursement - NOTE: Rental of substitute automobile under Coverages D.1., D.2., or D.3. must be from a licensed automobile rental agency.

1. Collision or Other than Collision Loss of Use

We will pay for rental expenses incurred for a substitute automobile if required as a result of a collision or other than collision loss to the insured automobile. **We** will pay up to the daily limit shown in the coverages schedule for a maximum of 20 days. Payment is limited to rental expenses incurred for the period beginning at 12:01 a.m.:

- a. if repairable, on the day after **you** authorize repairs to be made and deliver the insured automobile to a garage for repairs. Coverage ends 48 hours after the insured automobile is repaired; and
- b. if unrepairable, from the date of collision or other than collision up to the 20 day maximum, unless **you** replace the insured automobile.

2. Theft Loss of Use

We will pay **you** for rental expenses incurred for a substitute automobile if required as a result of the theft of **your** entire insured automobile. **We** will pay up to the amount shown in the coverage schedule for a maximum of 20 days. Payment is limited to rental expenses incurred:

2. Theft Loss of Use

We will pay **you** for rental expenses incurred for a substitute automobile if required as a result of the theft of **your** entire insured automobile. **We** will pay up to the amount shown in the coverage schedule for a maximum of 20 days. Payment is limited to rental expenses incurred:

- a. for the period beginning 48 hours after the theft has been reported to the police;
- b. ending when the Company pays for loss or vehicle is returned to use.

3. Emergency Travel Loss of Use

We will pay for emergency automobile rental expenses incurred:

- a. as a result of **your** insured automobile being repaired at the place of disablement; and
- b. at least 250 miles from **your** residence as stated on the policy declarations page; and
- c. up to the daily limit and maximum days shown in this endorsement's coverage schedule.

E. Personal Effects Loss from Rental Auto

We will pay for loss or damage caused by fire, lightning, or theft to personal effects:

1. owned by **you** or any member of **your** family that resided in the same household;
2. while being carried in an automobile rented by **you** as a result of a loss under coverage D.1., D.2., or D.3.; and
3. in the event of theft, there must be visible signs of forcible entry.

Our limit of liability will not exceed the lesser of:

1. the maximum limit shown in the coverage schedule;
2. the actual cash value of the personal effects at the time of loss; or
3. what it would cost to repair or replace the personal effects, or any part thereof with another of like kind and quality, with deduction for depreciation.

Payment is limited to no more than 25% of the limit of liability for loss to:

1. any article of jewelry;
2. watches;
3. furs or articles trimmed with or consisting primarily of fur.

We may:

1. pay for the loss in money or repair or replace the personal effects or its part(s);
2. return the stolen property with payment for any resulting damage; or
3. take all or part of the personal effects at the agreed or appraised value.

F. Vacation Protection

We will reimburse **you** for any necessary additional living expenses incurred due to the loss of use of a recreational vehicle which **you** are using as vacation living quarters. The loss of use must be due to either collision, fire, lightning, or theft of the recreational vehicle. The maximum **we** will pay for necessary additional living expenses is shown in the coverage schedule.

II. EXCLUSIONS - **We** will not pay for loss under this endorsement:

1. while the insured automobile is used as a taxicab or any other public or livery conveyance;
2. due to:
 - a. war, declared or undeclared;
 - b. civil war;
 - c. insurrection;
 - d. rebellion or revolution; or
 - e. civil commotion;
3. for loss resulting from any willful or malicious act by **you**;
4. while the insured automobile is used in any illicit trade or transportation;
5. to commercial trucks;
6. to trucks, buses or other motor vehicles in excess of a 3/4 ton chassis;
7. to motorcycles or motor bikes of any kind or trailers of any kind;
8. to any automobile while at time of loss was being used in any race, speed contest or sporting event;
9. for theft loss of use when the person taking the insured automobile was given **your** permission; or
10. for loss or damage to the rental automobile or its parts.

This coverage is effective when the form number appears on the endorsement section of the policy declarations page. All other policy provisions apply.

- a. for the period beginning 48 hours after the theft has been reported to the police;
- b. ending when the Company pays for loss or vehicle is returned to use.

3. Emergency Travel Loss of Use

We will pay for emergency automobile rental expenses incurred:

- a. as a result of **your** insured automobile being repaired at the place of disablement; and
- b. at least 250 miles from **your** residence as stated on the policy declarations page; and
- c. up to the daily limit and maximum days shown in this endorsement's coverage schedule.

E. Personal Effects Loss from Rental Auto

We will pay for loss or damage caused by fire, lightning, or theft to personal effects:

1. owned by **you** or any member of **your** family that resided in the same household;
2. while being carried in an automobile rented by **you** as a result of a loss under coverage D.1., D.2., or D.3.; and
3. in the event of theft, there must be visible signs of forcible entry.

Our limit of liability will not exceed the lesser of:

1. the maximum limit shown in the coverage schedule;
2. the actual cash value of the personal effects at the time of loss; or
3. what it would cost to repair or replace the personal effects, or any part thereof with another of like kind and quality, with deduction for depreciation.

Payment is limited to no more than 25% of the limit of liability for loss to:

1. any article of jewelry;
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We may:

1. pay for the loss in money or repair or replace the personal effects or its part(s);
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1. while the insured automobile is used as a taxicab or any other public or livery conveyance;
2. due to:
 - a. war, declared or undeclared;
 - b. civil war;
 - c. insurrection;
 - d. rebellion or revolution; or
 - e. civil commotion;
3. for loss resulting from any willful or malicious act by **you**;
4. while the insured automobile is used in any illicit trade or transportation;
5. to commercial trucks;
6. to trucks, buses or other motor vehicles in excess of a 3/4 ton chassis;
7. to motorcycles or motor bikes of any kind or trailers of any kind;
8. to any automobile while at time of loss was being used in any race, speed contest or sporting event;
9. for theft loss of use when the person taking the insured automobile was given **your** permission; or
10. for loss or damage to the rental automobile or its parts.

III. LIMITATION OF LOSS PAYMENTS

We will pay the amounts specified for each coverage during each occurrence, subject to a maximum of two separate and distinct occurrences in any 6 month period.

This coverage is effective when the form number appears on the endorsement section of the policy declarations page. All other policy provisions apply.

AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Expiration Date: _____, 12:01 a.m.

Email: _____

DRIVER INFORMATION					
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)					
Name	D/O/B	License #	Date First Licensed	Driver Training Y/N	SR22: Case #/SS #

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION				
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest	Plate #

COVERAGE SELECTIONS & PREMIUMS				
COVERAGES	VEHICLE 1	VEHICLE 2	VEHICLE 3	
Bodily Injury				
Property Damage				
Personal Injury Protection				
Work Loss Income				
Uninsured Motorists				
Optional Bodily Injury				
Medical Payment				
Collision w/ waiver of ded.				
Limited Collision				
Other than Collision				
Underinsured Motorist				
Glass Coverage				
Road Protection Coverage				
Subtotal				
Policy Fee		\$25.00	SR22 Fee	\$25.00

Total Policy Cost:	Down Payment:	Monthly Installments:
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AUTOMOBILE INSURANCE APPLICATION

Agent: _____ Customer Service: (800) 233-1880
 Claims Service: (800) 223-5994
 Online Service: www.occiquote.com

Applicant: _____ Policy #: _____
 Effective Date: _____, _____ AM or PM
 Expiration Date: _____, 12:01 a.m.

Phone: _____
 Email: _____

DRIVER INFORMATION					
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)					
Name	D/O/B	License #	Date First Licensed	Driver Training Y/N	SR22: Case #/SS #

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION			
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest

COVERAGE SELECTIONS & PREMIUMS						
COVERAGES	VEHICLE 1		VEHICLE 2		VEHICLE 3	
Bodily Injury <u>Optional BI</u>						
<u>Property Damage</u>						
<u>Personal Injury Protection</u>						
<u>Medical Payment</u>						
<u>Uninsured Coverage</u>						
<u>Underinsured Coverage</u>						
<u>Collision</u> <u>Waiver of Deductible</u>						
<u>Comprehensive</u>						
<u>Glass Coverage</u>						
<u>Road Protection Coverage</u>						
Subtotal						

	<u>Policy Fee: \$25.00</u>	<u>SR22 Fee: \$0.00</u>
<u>Total Policy Cost:</u>	<u>Minimum Down Payment:</u>	<u>Monthly Installments:</u>

Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years?		
2. Been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs?		
3. If the named insured is excluded or not listed as a driver, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members not listed on this policy that currently do not have a Massachusetts auto policy? If yes, either list as driver or exclude		
6. 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 used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any van or pick-up equipped with custom furnishings or custom equipment? If yes, custom equipment is not covered.		
9. Is any auto equipped with electronic equipment permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
10. Is any auto used or registered as a commercial vehicle?		
11. 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 Physical Damage Coverage)		

Veh	Terr	Class	Use	Pts	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): _____

Vehicle Description: _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Uninsured Motorist & Property Damage may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's ~~Signature:~~

~~Date:~~

PA 16 11 04 09

Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three <u>years, not listed above?</u>		
2. <u>Has the named insured or any listed operators been</u> convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or <u>drugs, not listed above?</u>		
3. <u>Is the named insured/registered owner excluded or not listed as a driver? If yes, please explain why.</u>		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household <u>members, not listed on this policy, who currently have a license or permit but DO NOT have a Massachusetts personal automobile policy? If yes, they must be added to this policy as a driver or excluded.</u>		
6. Are any listed operators included on another policy or <u>have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy #.</u>		
7. 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?		
8. <u>Is any listed vehicle equipped with customized furnishings, equipment, or electronics that are</u> permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
9. <u>Is any auto used or registered as a commercial vehicle? If yes, the vehicle(s) are unacceptable.</u>		
10. <u>Are any auto(s) to be insured, titled with a salvage title issued by the Mass Registry of Motor Vehicles? If yes, please indicate.</u> (Salvage title vehicles are not eligible for Physical Damage Coverage)		

Ve h	Terr	Class	Use	Pts	Passive Restraint	Anti- Lock	Anti- Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

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In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: _____

Date: _____

PA 16 11 04 09

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

This authorization applies to this one payment only. This payment is to be applied to policy #: _____.

Account Identification: _____

Payee Name

Payee Signature

Date

IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, ~~no coverage will be provided~~, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

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.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

NEVER BEEN LICENSED DRIVER STATEMENT

I declare that _____, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: _____

Date: _____

INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT

I authorize Occidental Fire & Casualty and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$_____.

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I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, with appropriate notification, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: _____

Date: _____

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.

Brokering Agent's Signature: _____

Date: _____

Print/Type Brokering Agent's Name: _____

Massachusetts License #: _____

OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

This endorsement changes coverage under **your** automobile policy. Please read it carefully.

Road Protection Coverage Endorsement – PA 15 16 08 10

In consideration of the premium paid, **we** agree to provide **you** with the following coverages per policy:

ROAD PROTECTION COVERAGE			
COVERAGES	LIMITS of LIABILITY	DELUXE LIMITS of LIABILITY	PREMIER LIMITS of LIABILITY
Bail Bond Premium	\$200	\$300	\$500
Emergency Transportation	Maximum \$100 per occurrence	Maximum \$150 per occurrence	Maximum \$200 per occurrence
Towing and Labor	Maximum \$50 per occurrence	Maximum \$75 per occurrence	Maximum \$100 per occurrence
Rental Reimbursement	\$30 per day up to \$600	\$45 per day up to \$900	\$60 per day up to \$1200
Personal Effects (in rental car)	Up to limit of \$200	Up to limit of \$300	Up to limit of \$500
Vacation Protection	\$40 per day up to \$400	\$60 per day up to \$600	\$75 per day up to \$750

I. COVERAGES - Any insurance we provide under this endorsement shall be excess over any collectible insurance providing coverage on a primary basis.

A. Bail Bond Premium

We will pay the bail bond premium for a required bond:

1. if **you** are arrested for a traffic violation;
2. if **you** must post bond to stay out of jail or ensure **your** appearance in court; and
3. up to the bond amount shown in this endorsement's coverage schedule.

This coverage does not apply to loss as a result of:

1. commission of a felony;
2. driving without a valid operator's permit; or
3. being under the influence of alcohol, drugs or narcotics.

B. Emergency Transportation

We will pay for the expense of an ambulance:

1. if **you** require one as a result of an automobile accident; and
2. if the accident occurs while **you** are in the insured automobile; and
3. up to the amount shown in this endorsement's coverage schedule.

C. Towing and Labor

We will pay for towing and labor cost caused by the disablement of **your** automobile, provided the labor is performed at the place of disablement. The maximum **we** will pay per disablement is shown in the coverage schedule.

D. Rental Reimbursement - NOTE: Rental of substitute automobile under Coverages D.1., D.2., or D.3. must be from a licensed automobile rental agency.

1. Collision or Other than Collision Loss of Use

We will pay for rental expenses incurred for a substitute automobile if required as a result of a **collision** or **other than collision** loss to the insured automobile. **We** will pay up to the daily limit shown in the coverages schedule for a maximum of 20 days. Payment is limited to rental expenses incurred for the period beginning at 12:01 a.m.:

- a. if repairable, on the day after **you** authorize repairs to be made and deliver the insured automobile to a garage for repairs. Coverage ends 48 hours after the insured automobile is repaired; and
- b. if unrepairable, from the date of collision or other than collision up to the 20 day maximum, unless **you** replace the insured automobile.

2. Theft Loss of Use

We will pay **you** for rental expenses incurred for a substitute automobile if required as a result of the theft of **your** entire insured automobile. **We** will pay up to the amount shown in the coverage schedule for a maximum of 20 days. Payment is limited to rental expenses incurred:

- a. for the period beginning 48 hours after the theft has been reported to the police;
- b. ending when the Company pays for loss or vehicle is returned to use.

3. Emergency Travel Loss of Use

We will pay for emergency automobile rental expenses incurred:

- a. as a result of **your** insured automobile being repaired at the place of disablement; and
- b. at least 250 miles from **your** residence as stated on the policy declarations page; and
- c. up to the daily limit and maximum days shown in this endorsement's coverage schedule.

E. Personal Effects Loss from Rental Auto

We will pay for loss or damage caused by fire, lightning, or theft to personal effects:

1. owned by **you** or any member of **your** family that resided in the same household;
2. while being carried in an automobile rented by **you** as a result of a loss under coverage D.1., D.2., or D.3.; and
3. in the event of theft, there must be visible signs of forcible entry.

Our limit of liability will not exceed the lesser of:

1. the maximum limit shown in the coverage schedule;
2. the actual cash value of the personal effects at the time of loss; or
3. what it would cost to repair or replace the personal effects, or any part thereof with another of like kind and quality, with deduction for depreciation.

Payment is limited to no more than 25% of the limit of liability for loss to:

1. any article of jewelry;
2. watches;
3. furs or articles trimmed with or consisting primarily of fur.

We may:

1. pay for the loss in money or repair or replace the personal effects or its part(s);
2. return the stolen property with payment for any resulting damage; or
3. take all or part of the personal effects at the agreed or appraised value.

F. Vacation Protection

We will reimburse **you** for any necessary additional living expenses incurred due to the loss of use of a recreational vehicle which **you** are using as vacation living quarters. The loss of use must be due to either collision, fire, lightning, or theft of the recreational vehicle. The maximum **we** will pay for necessary additional living expenses is shown in the coverage schedule.

II. EXCLUSIONS - We will not pay for loss under this endorsement:

1. while the insured automobile is used as a taxicab or any other public or livery conveyance;
2. due to:
 - a. war, declared or undeclared;
 - b. civil war;
 - c. insurrection;
 - d. rebellion or revolution; or
 - e. civil commotion;
3. for loss resulting from any willful or malicious act by **you**;
4. while the insured automobile is used in any illicit trade or transportation;
5. to commercial trucks;
6. to trucks, buses or other motor vehicles in excess of a 3/4 ton chassis;
7. to motorcycles or motor bikes of any kind or trailers of any kind;
8. to any automobile while at time of loss was being used in any race, speed contest or sporting event;
9. for theft loss of use when the person taking the insured automobile was given **your** permission; or
10. for loss or damage to the rental automobile or its parts.

III. LIMITATION OF LOSS PAYMENTS

We will pay the amounts specified for each coverage during each occurrence, subject to a maximum of two separate and distinct occurrences in any 6 month period.

This coverage is effective when the form number appears on the endorsement section of the policy declarations page. All other policy provisions apply.