

## AUTOMOBILE INSURANCE APPLICATION

Agent: \_\_\_\_\_ Customer Service: (800) 233-1880  
 Claims Service: (800) 223-5994  
 Online Service: [www.occiquote.com](http://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	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

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			
Waiver of Deductible			
Comprehensive			
Other than Collision			
Glass Coverage			
Road Protection			
<b>Subtotal</b>			

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

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												

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 there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
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)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		

**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: \_\_\_\_\_

**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): \_\_\_\_\_

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 Compulsory Insurance Parts 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 require payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT**

I authorize Occidental Fire & Casualty Company of North Carolina 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**

**DELETING SUBSITUTE TRANSPORTATION**

*THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT WITH CARE.*

**AMENDMENT OF POLICY PROVISIONS - MASSACHUSETTS**

**AMENDMENT OF OPTIONAL COVERAGES – PART 10. SUBSTITUTE TRANSPORTATION**

PART 10 – SUBSTITUTE TRANSPORTATION coverage is hereby deleted.

**AMENDMENT OF OPTIONAL COVERAGES – PART 11. TOWING AND LABOR**

PART 11 – TOWING LABOR coverage is hereby deleted.

**AMENDMENT OF GENERAL PROVISIONS AND EXCLUSIONS (Page 30):**

21. ACTUAL CASH VALUE insert has been added to the General Provisions and Exclusions section.

**21. Actual  
Cash value**

Whenever the appraised cost of repair of an auto plus the probable salvage value of the auto may be reasonably expected to exceed the actual cash value of the auto, we shall determine the auto's actual cash value. Our determination shall be based on a consideration of all the following factors:

- 1.) the retail book value for an auto of like kind and quality, but for damage incurred;
- 2.) the price paid for the auto plus the value of prior improvements to the auto at the time of the accident, less appropriate depreciation;
- 3.) the decrease in value of the auto resulting from prior unrelated damage which is detected by the appraiser; and
- 4.) the actual cost of purchase of an available auto of like kind and quality but for the damage sustained.

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)**

NAME AND .  
ADDRESS  
OF INSURANCE  
COMPANY

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:
(DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

NAME AND .  
ADDRESS  
OF INSURED

**(Applicable item marked "X")**

In accordance with Massachusetts law and the provisions of your policy, we are hereby notifying you that the coverage indicated in this notice is cancelled effective at and from the hour and date mentioned above:

- Collision (Part 7)
- Comprehensive (Part 9)

**A.** This cancellation applies to the vehicle(s) described in this notice because you have, or a person who customarily drives that vehicle has:

- been convicted of vehicular homicide, auto insurance related fraud, or auto theft within the last 5 years;
- made an intentional and material misrepresentation in making claim under Collision or Comprehensive within the last 5 years;
- been involved in four or more at-fault accidents within the three years preceding the effective date of the policy;
- had two or more total theft or fire insurance claims, within the three years preceding the effective date of the policy;
- been convicted of any category of driving while under the influence of alcohol or drugs within the last 3 years.

**B.** This cancellation applies to the vehicle(s) described in this notice because it:

- has been issued a salvage title by the Registrar of Motor Vehicles;
- is a high-theft vehicle which does not have at least a minimum anti-theft or auto recovery device as prescribed by the Commissioner of Insurance.

**Description of Vehicle(s)**

Vehicle Description	V.I. Number	
Vehicle Description	V.I. Number	
Vehicle Description	V.I. Number	

**RIGHT OF APPEAL AFTER CANCELLATION**

You may appeal the cancellation of this coverage by filing a complaint in writing, at the Office of the Commissioner of Insurance, at 1000 Washington St., Suite 810, Boston, Massachusetts 02118-6200, on a printed form prescribed and furnished by the Commissioner, before the effective date of cancellation, which entitles you to a hearing before the Board of Appeal on Motor Vehicle Liability Policies and Bonds.

If the Board does not hear your appeal before the effective date of Cancellation indicated in this notice, your coverage will continue in effect until a determination on your appeal can be made.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE



# Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: \_\_\_\_\_  
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To: \_\_\_\_\_  
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Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Insured, complete the following.)**

**CERTIFICATION OF MAILING**

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Insured, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)**

NAME AND .  
ADDRESS .  
OF INSURANCE  
COMPANY

NAME AND .  
ADDRESS .  
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)

**TO LIENHOLDER:**

The above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

NAME AND .  
ADDRESS OF  
LIENHOLDER



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To: \_\_\_\_\_  
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PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Lienholder, complete the following.)**

**CERTIFICATION OF MAILING**

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Lienholder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_



NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)

NAME AND .  
ADDRESS .  
OF INSURANCE  
COMPANY

NAME AND .  
ADDRESS .  
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)

**TO CERTIFICATE HOLDER:**

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

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AUTHORIZED REPRESENTATIVE

NAME AND .  
ADDRESS OF  
CERTIFICATE  
HOLDER



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**To:**  
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PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Certificate Holder, complete the following.)**

**CERTIFICATION OF MAILING**

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Certificate Holder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)**

NAME AND .  
ADDRESS .  
OF INSURANCE  
COMPANY

NAME AND .  
ADDRESS .  
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)

**TO THE ADDITIONAL INTEREST:**

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

NAME AND .  
ADDRESS OF  
ADDITIONAL  
INTEREST



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Postmark Here

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Additional Interest, complete the following.)**

**CERTIFICATION OF MAILING**

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Additional Interest, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_

- Application- PA 16 06 04 12 (revised from PA 16 06 09 10)

Reworded question #6 and added question #11 to be more specific in the information we are gathering from our insured at new business.

6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number

11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.

- Endorsement-PA 16 15 04 12 (revised from PA 16 15 04 09)

Added wording per 211 CMR 133.05(1) regarding claims valuation provisions in motor vehicle insurance policies.

- Notice of Cancellation for Collision and Comprehensive Coverage -(E)GU 439d (Ed. 6-10) (New Form)

Would like to add this form with our upcoming filing as this is in accordance with Massachusetts law and the provisions of the policy.

# Occidental Fire & Casualty Company of North Carolina

*THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT WITH CARE.*

## **AMENDMENT OF POLICY PROVISIONS - MASSACHUSETTS**

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### **AMENDMENT OF OPTIONAL COVERAGES – PART 10. SUBSTITUTE TRANSPORTATION**

PART 10 – SUBSTITUTE TRANSPORTATION coverage is hereby deleted.

### **AMENDMENT OF OPTIONAL COVERAGES – PART 11. TOWING AND LABOR**

PART 11 – TOWING LABOR coverage is hereby deleted.

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### **AMENDMENT OF GENERAL PROVISIONS AND EXCLUSIONS (Page 30):**

21. ACTUAL CASH VALUE insert has been added to the General Provisions and Exclusions section.

**21. Actual Cash value** Whenever the appraised cost of repair of an auto plus the probable salvage value of the auto may be reasonably expected to exceed the actual cash value of the auto, we shall determine the auto's actual cash value. Our determination shall be based on a consideration of all the following factors:

- 1.) the retail book value for an auto of like kind and quality, but for damage incurred;
- 2.) the price paid for the auto plus the value of prior improvements to the auto at the time of the accident, less appropriate depreciation;
- 3.) the decrease in value of the auto resulting from prior unrelated damage which is detected by the appraiser; and
- 4.) the actual cost of purchase of an available auto of like kind and quality but for the damage sustained.

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## AUTOMOBILE INSURANCE APPLICATION

Agent: \_\_\_\_\_ Customer Service: (800) 233-1880  
 Claims Service: (800) 223-5994  
 Online Service: [www.occiquote.com](http://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	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

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Case #/SS #
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### ACCIDENT/VIOLATION HISTORY


### VEHICLE INFORMATION

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

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### 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			
Other than Collision			
Glass Coverage			
Road Protection			
<b>Subtotal</b>			

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

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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												

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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.		
<del>6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.</del>		
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)		
<del>11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.</del>		

**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: \_\_\_\_\_

**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): \_\_\_\_\_

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 Compulsory Insurance Parts may also be limited to those amounts that the company is required to sell.

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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NAMED DRIVER EXCLUSION

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**INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT**

I authorize Occidental Fire & Casualty Company of North Carolina 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

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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.

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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 #: \_\_\_\_\_

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# Occidental Fire & Casualty Company of North Carolina

## DELETING SUBSITUTE TRANSPORTATION

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- 1.) the retail book value for an auto of like kind and quality, but for damage incurred;
- 2.) the price paid for the auto plus the value of prior improvements to the auto at the time of the accident, less appropriate depreciation;
- 3.) the decrease in value of the auto resulting from prior unrelated damage which is detected by the appraiser; and
- 4.) the actual cost of purchase of an available auto of like kind and quality but for the damage sustained.

# Occidental Fire & Casualty Company of North Carolina

*THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT WITH CARE.*

## **AMENDMENT OF POLICY PROVISIONS - MASSACHUSETTS**

### **AMENDMENT OF OPTIONAL COVERAGES – PART 10. SUBSTITUTE TRANSPORTATION**

PART 10 – SUBSTITUTE TRANSPORTATION coverage is hereby deleted.

### **AMENDMENT OF OPTIONAL COVERAGES – PART 11. TOWING AND LABOR**

PART 11 – TOWING LABOR coverage is hereby deleted.

### **AMENDMENT OF GENERAL PROVISIONS AND EXCLUSIONS (Page 30):**

21. ACTUAL CASH VALUE insert has been added to the General Provisions and Exclusions section.

#### **21. Actual Cash value**

Whenever the appraised cost of repair of an auto plus the probable salvage value of the auto may be reasonably expected to exceed the actual cash value of the auto, we shall determine the auto's actual cash value. Our determination shall be based on a consideration of all the following factors:

- 1.) the retail book value for an auto of like kind and quality, but for damage incurred;
- 2.) the price paid for the auto plus the value of prior improvements to the auto at the time of the accident, less appropriate depreciation;
- 3.) the decrease in value of the auto resulting from prior unrelated damage which is detected by the appraiser; and
- 4.) the actual cost of purchase of an available auto of like kind and quality but for the damage sustained.

## AUTOMOBILE INSURANCE APPLICATION

Agent: \_\_\_\_\_ Customer Service: (800) 233-1880  
 Claims Service: (800) 223-5994  
 Online Service: [www.occiquote.com](http://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	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

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			
Waiver of Deductible			
Comprehensive			
Other than Collision			
Glass Coverage			
Road Protection			
<b>Subtotal</b>			

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

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												

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 there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
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)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		

**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: \_\_\_\_\_

**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): \_\_\_\_\_

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 Compulsory Insurance Parts 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 require payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)**

NAME AND .  
ADDRESS  
OF INSURANCE  
COMPANY

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:
(DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

NAME AND .  
ADDRESS  
OF INSURED

**(Applicable item marked "X")**

In accordance with Massachusetts law and the provisions of your policy, we are hereby notifying you that the coverage indicated in this notice is cancelled effective at and from the hour and date mentioned above:

- Collision (Part 7)
- Comprehensive (Part 9)

**A.** This cancellation applies to the vehicle(s) described in this notice because you have, or a person who customarily drives that vehicle has:

- been convicted of vehicular homicide, auto insurance related fraud, or auto theft within the last 5 years;
- made an intentional and material misrepresentation in making claim under Collision or Comprehensive within the last 5 years;
- been involved in four or more at-fault accidents within the three years preceding the effective date of the policy;
- had two or more total theft or fire insurance claims, within the three years preceding the effective date of the policy;
- been convicted of any category of driving while under the influence of alcohol or drugs within the last 3 years.

**B.** This cancellation applies to the vehicle(s) described in this notice because it:

- has been issued a salvage title by the Registrar of Motor Vehicles;
- is a high-theft vehicle which does not have at least a minimum anti-theft or auto recovery device as prescribed by the Commissioner of Insurance.

**Description of Vehicle(s)**

Vehicle Description	V.I. Number	
Vehicle Description	V.I. Number	
Vehicle Description	V.I. Number	

**RIGHT OF APPEAL AFTER CANCELLATION**

You may appeal the cancellation of this coverage by filing a complaint in writing, at the Office of the Commissioner of Insurance, at 1000 Washington St., Suite 810, Boston, Massachusetts 02118-6200, on a printed form prescribed and furnished by the Commissioner, before the effective date of cancellation, which entitles you to a hearing before the Board of Appeal on Motor Vehicle Liability Policies and Bonds.

If the Board does not hear your appeal before the effective date of Cancellation indicated in this notice, your coverage will continue in effect until a determination on your appeal can be made.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE



# Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

**From:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postmark Here

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Insured, complete the following.)**

**CERTIFICATION OF MAILING**

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Insured, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_



**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)**

NAME AND .  
ADDRESS .  
OF INSURANCE  
COMPANY

NAME AND .  
ADDRESS .  
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

**(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)**

**TO LIENHOLDER:**

The above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

NAME AND .  
ADDRESS OF  
LIENHOLDER



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**From:**  
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Postmark Here

**To:**  
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\_\_\_\_\_

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Lienholder, complete the following.)**

### CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Lienholder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature \_\_\_\_\_

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)**

NAME AND .  
ADDRESS  
OF INSURANCE  
COMPANY

NAME AND .  
ADDRESS  
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

**(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)**

**TO CERTIFICATE HOLDER:**

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

---

AUTHORIZED REPRESENTATIVE

NAME AND  
ADDRESS OF  
CERTIFICATE  
HOLDER



# Certificate Of Mailing

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This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: \_\_\_\_\_  
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Postmark Here

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Certificate Holder, complete the following.)**

### CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Certificate Holder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE**

**(Massachusetts)**

NAME AND .  
ADDRESS  
OF INSURANCE  
COMPANY

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

NAME AND .  
ADDRESS  
OF INSURED

**(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)**

**TO THE ADDITIONAL INTEREST:**

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

NAME AND .  
ADDRESS OF  
ADDITIONAL  
INTEREST



# Certificate Of Mailing

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**From:**  
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\_\_\_\_\_

Postmark Here

**To:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Additional Interest, complete the following.)**

### CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Additional Interest, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy # \_\_\_\_\_  
Signed on this Date of Mailing \_\_\_\_\_

Signature \_\_\_\_\_

## AUTOMOBILE INSURANCE APPLICATION

Agent: \_\_\_\_\_ Customer Service: (800) 233-1880  
 Claims Service: (800) 223-5994  
 Online Service: [www.occiquote.com](http://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	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

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						
Waiver of Deductible						
Comprehensive						
Other than Collision						
Glass Coverage						
Road Protection						
<b>Subtotal</b>						

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

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												

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 there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.		
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)		
11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.		

**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: \_\_\_\_\_

**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): \_\_\_\_\_

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 require payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PA 16 11 04 09



**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 THE POLICY. PLEASE READ IT WITH CARE.*

## **AMENDMENT OF OPTIONAL COVERAGES – PART 10. SUBSTITUTE TRANSPORTATION**

PART 10 – SUBSTITUTE TRANSPORTATION coverage is hereby deleted.

## **AMENDMENT OF OPTIONAL COVERAGES – PART 11. TOWING AND LABOR**

PART 11 – TOWING LABOR coverage is hereby deleted.

## **AMENDMENT OF GENERAL PROVISIONS AND EXCLUSIONS (Page 30):**

21. ACTUAL CASH VALUE insert has been added to the General Provisions and Exclusions section.

### **21. Actual Cash value**

Whenever the appraised cost of repair of an auto plus the probable salvage value of the auto may be reasonably expected to exceed the actual cash value of the auto, we shall determine the auto's actual cash value. Our determination shall be based on a consideration of all the following factors:

- 1.) the retail book value for an auto of like kind and quality, but for damage incurred;
- 2.) the price paid for the auto plus the value of prior improvements to the auto at the time of the accident, less appropriate depreciation;
- 3.) the decrease in value of the auto resulting from prior unrelated damage which is detected by the appraiser; and
- 4.) the actual cost of purchase of an available auto of like kind and quality but for the damage sustained.

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE**

**(Massachusetts)**

NAME AND ADDRESS OF INSURANCE COMPANY  
 OCCIDENTAL FIRE & CASUALTY COMPAN OF NORTH CAROLINA  
 P. O. BOX 13119  
 SCOTTSDALE AZ 85267

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:
(DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

NAME AND ADDRESS OF INSURED

**(Applicable item marked "X")**

In accordance with Massachusetts law and the provisions of your policy, we are hereby notifying you that the coverage indicated in this notice is cancelled effective at and from the hour and date mentioned above:

- Collision (Part 7)
- Comprehensive (Part 9)

**A.** This cancellation applies to the vehicle(s) described in this notice because you have, or a person who customarily drives that vehicle has:

- been convicted of vehicular homicide, auto insurance related fraud, or auto theft within the last 5 years;
- made an intentional and material misrepresentation in making claim under Collision or Comprehensive within the last 5 years;
- been involved in four or more at-fault accidents within the three years preceding the effective date of the policy;
- had two or more total theft or fire insurance claims, within the three years preceding the effective date of the policy;
- been convicted of any category of driving while under the influence of alcohol or drugs within the last 3 years.

**B.** This cancellation applies to the vehicle(s) described in this notice because it:

- has been issued a salvage title by the Registrar of Motor Vehicles;
- is a high-theft vehicle which does not have at least a minimum anti-theft or auto recovery device as prescribed by the Commissioner of Insurance.

**C.** This cancellation applies to the vehicle(s) described below because:

- nonpayment of premium.

**Description of Vehicle(s)**

Vehicle Description	V.I. Number
Vehicle Description	V.I. Number
Vehicle Description	V.I. Number

**RIGHT OF APPEAL AFTER CANCELLATION**

You may appeal the cancellation of this coverage by filing a complaint in writing, at the Office of the Commissioner of Insurance, at 1000 Washington St., Suite 810, Boston, Massachusetts 02118-6200, on a printed form prescribed and furnished by the Commissioner, before the effective date of cancellation, which entitles you to a hearing before the Board of Appeal on Motor Vehicle Liability Policies and Bonds.

If the Board does not hear your appeal before the effective date of Cancellation indicated in this notice, your coverage will continue in effect until a determination on your appeal can be made.

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE



# Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postmark Here

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Insured, complete the following.)**

### CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Insured, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)**

NAME AND .  
ADDRESS .  
OF INSURANCE  
COMPANY

NAME AND .  
ADDRESS .  
OF INSURED

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

**(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)**

**TO LIENHOLDER:**

The above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you in agreement with the Loss Payable Clause on the above policy. Any interest you may have in the above policy is terminated effective on and after the hour and date mentioned above.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

NAME AND .  
ADDRESS OF  
LIENHOLDER



# Certificate Of Mailing

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\_\_\_\_\_

Postmark Here

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Lienholder, complete the following.)**

### CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Lienholder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #

Signed on this Date of Mailing

Signature \_\_\_\_\_

**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE  
(Massachusetts)**

NAME AND .  
ADDRESS .  
OF INSURANCE  
COMPANY

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

NAME AND .  
ADDRESS .  
OF INSURED

**(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)**

**TO CERTIFICATE HOLDER:**

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

NAME AND .  
ADDRESS OF  
CERTIFICATE  
HOLDER



# Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postmark Here

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PS Form 3817, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Certificate Holder, complete the following.)**

### CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Certificate Holder, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_



**NOTICE OF CANCELLATION FOR COLLISION AND COMPREHENSIVE COVERAGE**

**(Massachusetts)**

NAME AND .  
ADDRESS  
OF INSURANCE  
COMPANY

KIND OF POLICY:
POLICY/APPLICATION/BINDER NO.:
EFFECTIVE DATE OF NOTICE:  (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING:
NAME AND ADDRESS OF AGENT/BROKER:

NAME AND .  
ADDRESS  
OF INSURED

**(Specific information concerning the cancellation  
or nonrenewal has been given to the Insured.)**

**TO THE ADDITIONAL INTEREST:**

You are notified that the above policy is cancelled or nonrenewed effective on and after the hour and date mentioned above. This notice is being provided to you as you have been provided with a certificate of insurance on the above policy. Any interest you may have in the above policy is terminated.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

NAME AND .  
ADDRESS OF  
ADDITIONAL  
INTEREST



# Certificate Of Mailing

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

**From:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postmark Here

**To:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PS Form **3817**, April 2007 PSN 7530-02-000-9065 - Facsimile

**(If notice of cancellation, nonrenewal or change in policy premium and/or coverage is mailed to the Additional Interest, complete the following.)**

### CERTIFICATION OF MAILING

I hereby certify that I personally mailed in the U. S. Post Office at the place and time stamped hereon, a notice of cancellation, nonrenewal or change in policy premium and/or coverage to the Additional Interest, an exact copy attached hereto and at said time received from the U. S. Postal Service the receipt made a part hereof or attached hereto.

Applying to Policy #  
Signed on this Date of Mailing

Signature \_\_\_\_\_

- Application- PA 16 06 04 12 (revised from PA 16 06 09 10)

Reworded question #6 and added question #11 to be more specific in the information we are gathering from our insured at new business.

6. Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number

11. Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.

- Endorsement-PA 16 15 04 12 (revised from PA 16 15 04 09)

Added wording per 211 CMR 133.05(1) regarding claims valuation provisions in motor vehicle insurance policies.

- Notice of Cancellation for Collision and Comprehensive Coverage -(E)GU 439d (Ed. 6-10) (New Form)

Would like to add this form with our upcoming filing as this is in accordance with Massachusetts law and the provisions of the policy.

## AUTOMOBILE INSURANCE APPLICATION

Agent: \_\_\_\_\_ Customer Service: (800) 233-1880  
 Claims Service: (800) 223-5994  
 Online Service: [www.occiquote.com](http://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	MS/G	License #	Date First Licensed	SR22: Case #/SS #	Driver Training Y/N

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						
Other than Collision						
Glass Coverage						
Road Protection						
<b>Subtotal</b>						

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

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												

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. <u>Are there any household members not listed on this policy but on another policy or have their own Massachusetts personal automobile policy? If yes, please provide their insurance carrier name and policy number.</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. 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)		
11. <u>Does any auto listed on the policy have body/fender damage or broken/cracked glass? If yes, please list.</u>		

**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: \_\_\_\_\_

**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): \_\_\_\_\_

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



# Occidental Fire & Casualty Company of North Carolina

*THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT WITH CARE.*

## **AMENDMENT OF OPTIONAL COVERAGES – PART 10. SUBSTITUTE TRANSPORTATION**

PART 10 – SUBSTITUTE TRANSPORTATION coverage is hereby deleted.

## **AMENDMENT OF OPTIONAL COVERAGES – PART 11. TOWING AND LABOR**

PART 11 – TOWING LABOR coverage is hereby deleted.

## **AMENDMENT OF GENERAL PROVISIONS AND EXCLUSIONS (Page 30):**

21. ACTUAL CASH VALUE insert has been added to the General Provisions and Exclusions section.

**21. Actual Cash value** Whenever the appraised cost of repair of an auto plus the probable salvage value of the auto may be reasonably expected to exceed the actual cash value of the auto, we shall determine the auto's actual cash value. Our determination shall be based on a consideration of all the following factors:

- 1.) the retail book value for an auto of like kind and quality, but for damage incurred;
- 2.) the price paid for the auto plus the value of prior improvements to the auto at the time of the accident, less appropriate depreciation;
- 3.) the decrease in value of the auto resulting from prior unrelated damage which is detected by the appraiser; and
- 4.) the actual cost of purchase of an available auto of like kind and quality but for the damage sustained.