

ANNUAL MILEAGE DISCOUNT FORM

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

ISSUED BY: _____

Please return by _____

Policy Number: _____

NAME AND ADDRESS OF INSURED:

Producer:

Agency Code _____ Agency Phone _____

In order to verify the annual mileage Discount on your automobile insurance policy, please complete and return this form.

	Auto 1	Auto 2	Auto 3	Auto 4
Year and Make of Auto	_____	_____	_____	_____
Vehicle Identification Number	_____	_____	_____	_____
Current odometer reading	_____	_____	_____	_____
Report the number of miles the auto was driven in the past twelve (12) months	_____	_____	_____	_____
If the auto is used to commute all or part of the way to work or school, indicate:				
• number of days per month	_____	_____	_____	_____
• number of miles one way	_____	_____	_____	_____
• address where auto is parked during work or school hours	_____	_____	_____	_____
Is the auto used in your business or occupation?	_____	_____	_____	_____

The information provided is accurate and complete.

 Signature

 Date Completed

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Please return by _____

Policy Number: _____

NAME AND ADDRESS OF INSURED:

Producer:

Agency Code _____ Agency Phone _____

In order to verify the annual mileage Discount on your automobile insurance policy, please complete and return this form.

	Auto 1	Auto 2	Auto 3	Auto 4
Year and Make of Auto	_____	_____	_____	_____
Vehicle Identification Number	_____	_____	_____	_____
Current odometer reading	_____	_____	_____	_____
Report the number of miles the auto was driven in the past twelve (12) months	_____	_____	_____	_____
If the auto is used to commute all or part of the way to work or school, indicate:				
• number of days per month	_____	_____	_____	_____
• number of miles one way	_____	_____	_____	_____
• address where auto is parked during work or school hours	_____	_____	_____	_____
Is the auto used in your business or occupation?	_____	_____	_____	_____

The information provided is accurate and complete.

 Signature

 Date Completed

MASSACHUSETTS RENEWAL FORM

Issued by: _____

Policy Number _____

Policy Renewal Date _____

Name and Address Of Insured

Name and Address of Agency

Agency Code

Agency Phone

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of the auto(s) and the household members and individuals who customarily operate the auto(s).

VEHICLE INFORMATION

If a notation is shown, our records indicate that your auto(s) is:

	<u>Auto 1</u> <u>Auto 2</u>		<u>Auto 1</u> <u>Auto 2</u>
1. Used in business.		4.(a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanent installed but not in the location used by the auto manufacturer	
2. Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed, by you.		(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks)	
3. Our information indicates that your auto(s) is principally garaged in:			

	Auto	1	2	3	4	5	6	7	8	9
1. Used in business.										
2. Any Auto Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed, by you. (Policy level)										
3. Our information indicates that your auto(s) is principally garaged in Zip Code _____ (except as noted):										
4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer										
(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks)										

DRIVER INFORMATION

According to our information listed operator # _____ has

(a) had two (2) or more "total loss" insurance claims because of auto theft or fire. _____

(b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. _____

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper No	Operator Name	Date of Birth	Driver's License Number	Lic. State	Date First Licensed in any State/Country		Driver Training Yes/No	% of Use		Please Indicate Reason For Change
					Auto	Motor cycle		Auto 1	Auto 2	

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

PLEASE CONTINUE AND COMPLETE INFORMATION BELOW

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under a merit rating plan.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

- | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <input type="checkbox"/> | <input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) been assigned to an Alcohol Education Program? | <input type="checkbox"/> | <input type="checkbox"/> | (D) been convicted of vehicular homicide, auto insurance related fraud or auto theft? | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to assign merit rating points to you.

LICENSE INFORMATION

Once you or the principal operator listed on this form become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicles website at www.mass.gov/rmv.

DISCOUNTS

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

ADDITIONAL INFORMATION

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

_____ Date

_____ Signature

MASSACHUSETTS RENEWAL FORM

Issued by: _____

Policy Number _____

Policy Renewal Date _____

Name and Address Of Insured

Name and Address of Agency

Agency Code _____ Agency Phone _____

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of the auto(s) and the household members and individuals who customarily operate the auto(s).

VEHICLE INFORMATION

If a notation is shown, our records indicate that your auto(s) is:

Auto	1	2	3	4	5	6	7	8	9
1. Used in business.									
2. Any Auto Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed, by you. (Policy level)									
3. Our information indicates that your auto(s) is principally garaged in Zip Code _____ (except as noted):									
4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer									
(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks)									

DRIVER INFORMATION

According to our information listed operator # _____ has

(a) had two (2) or more "total loss" insurance claims because of auto theft or fire. _____

(b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. _____

If this information is not accurate please explain:

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper No	Operator Name	Date of Birth	Driver's License Number	Lic. State	Date First Licensed in any State/Country		Driver Training Yes/No	% of Use		Please Indicate Reason For Change
					Auto	Motor cycle		Auto 1	Auto 2	

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under a merit rating plan.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

- | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <input type="checkbox"/> | <input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) been assigned to an Alcohol Education Program? | <input type="checkbox"/> | <input type="checkbox"/> | (D) been convicted of vehicular homicide, auto insurance related fraud or auto theft? | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to assign merit rating points to you.

LICENSE INFORMATION

Once you or the principal operator listed on this form become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicles website at www.mass.gov/rmv.

DISCOUNTS

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

ADDITIONAL INFORMATION

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

Date

Signature

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ISSUED BY: _____

Please return by _____

Policy Number: _____

NAME AND ADDRESS OF INSURED:

Producer:

Agency Code _____ Agency Phone _____

In order to verify the annual mileage Discount on your automobile insurance policy, please complete and return this form.

	Auto 1	Auto 2	Auto 3	Auto 4
Year and Make of Auto	_____	_____	_____	_____
Vehicle Identification Number	_____	_____	_____	_____
Current odometer reading	_____	_____	_____	_____
Report the number of miles the auto was driven in the past twelve (12) months	_____	_____	_____	_____
If the auto is used to commute all or part of the way to work or school, indicate:				
• number of days per month	_____	_____	_____	_____
• number of miles one way	_____	_____	_____	_____
• address where auto is parked during work or school hours	_____	_____	_____	_____
Is the auto used in your business or occupation?	_____	_____	_____	_____

The information provided is accurate and complete.

 Signature

 Date Completed

ANNUAL MILEAGE DISCOUNT FORM

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

ISSUED BY: _____

Please return by _____

Policy Number: _____

NAME AND ADDRESS OF INSURED:

Producer:

Agency Code _____ Agency Phone _____

In order to verify the annual mileage Discount on your automobile insurance policy, please complete and return this form.

	Auto 1	Auto 2	Auto 3	Auto 4
Year and Make of Auto	_____	_____	_____	_____
Vehicle Identification Number	_____	_____	_____	_____
Current odometer reading	_____	_____	_____	_____
Report the number of miles the auto was driven in the past twelve (12) months	_____	_____	_____	_____
If the auto is used to commute all or part of the way to work or school, indicate:				
• number of days per month	_____	_____	_____	_____
• number of miles one way	_____	_____	_____	_____
• address where auto is parked during work or school hours	_____	_____	_____	_____
Is the auto used in your business or occupation?	_____	_____	_____	_____

The information provided is accurate and complete.

 Signature

 Date Completed

MASSACHUSETTS RENEWAL FORM

Issued by: _____

Policy Number _____

Policy Renewal Date _____

Name and Address Of Insured

Name and Address of Agency

Agency Code

Agency Phone

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of the auto(s) and the household members and individuals who customarily operate the auto(s).

VEHICLE INFORMATION

If a notation is shown, our records indicate that your auto(s) is:

	<u>Auto 1</u> <u>Auto 2</u>		<u>Auto 1</u> <u>Auto 2</u>
1. Used in business.		4.(a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanent installed but not in the location used by the auto manufacturer	
2. Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed, by you.		(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks)	
3. Our information indicates that your auto(s) is principally garaged in:			

	Auto	1	2	3	4	5	6	7	8	9
1. Used in business.										
2. Any Auto Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed, by you. (Policy level)										
3. Our information indicates that your auto(s) is principally garaged in Zip Code _____ (except as noted):										
4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer										
(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks)										

DRIVER INFORMATION

According to our information listed operator # _____ has

(a) had two (2) or more "total loss" insurance claims because of auto theft or fire. _____

(b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. _____

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper No	Operator Name	Date of Birth	Driver's License Number	Lic. State	Date First Licensed in any State/Country		Driver Training Yes/No	% of Use		Please Indicate Reason For Change
					Auto	Motor cycle		Auto 1	Auto 2	

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4.

PLEASE CONTINUE AND COMPLETE INFORMATION BELOW

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If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

- | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <input type="checkbox"/> | <input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) been assigned to an Alcohol Education Program? | <input type="checkbox"/> | <input type="checkbox"/> | (D) been convicted of vehicular homicide, auto insurance related fraud or auto theft? | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to assign merit rating points to you.

LICENSE INFORMATION

Once you or the principal operator listed on this form become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicles website at www.mass.gov/rmv.

DISCOUNTS

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If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

ADDITIONAL INFORMATION

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Date

Signature

MASSACHUSETTS RENEWAL FORM

Issued by: _____

Policy Number _____

Policy Renewal Date _____

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VEHICLE INFORMATION

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Auto	1	2	3	4	5	6	7	8	9
1. Used in business.									
2. Any Auto Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed, by you. (Policy level)									
3. Our information indicates that your auto(s) is principally garaged in Zip Code _____ (except as noted):									
4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer									
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DRIVER INFORMATION

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					Auto	Motor cycle		Auto 1	Auto 2	

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If there are any additional operators, please complete the following:

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- | | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| | Yes | No | | Yes | No |
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <input type="checkbox"/> | <input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire? | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) been assigned to an Alcohol Education Program? | <input type="checkbox"/> | <input type="checkbox"/> | (D) been convicted of vehicular homicide, auto insurance related fraud or auto theft? | <input type="checkbox"/> | <input type="checkbox"/> |

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Operator Name	Description of Incident	Date

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ADDITIONAL INFORMATION

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Date

Signature