

# COVERAGE SELECTIONS PAGE {PEERLESS INSURANCE COMPANY}

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

This policy is Issued By: XX

Massachusetts Personal Automobile  
Policy Number: XXX 9999999

**ITEM 1.** This policy is Issued To:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Agent: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Agent Code: 9999999 Agent Phone (999) 999-9999

**ITEM 2.** This policy is effective from: XXXXXXXXXX 99, 9999 To: XXXXXXXXXX 99, 9999 (12:01 A.M. Eastern Standard Time)

**Transaction Effective Date** XXXXXXXXXX 99, 9999 **Premium for this Transaction** \$99999.99

**Reason for Transaction** XX

**THIS IS NOT A BILL. YOU WILL RECEIVE A SEPARATE BILL FOR THIS TRANSACTION.**

**ITEM 3.** Description of your Auto:

AUTO 99: 9999 XXXXXXXXXXXXXXXXXXXX 9X9XX99XX9999999	AUTO 99: 9999 XXXXXXXXXXXXXXXXXXXX 9X9XX99XX9999999
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**ITEM 4.** This policy provides only the coverages for which a premium charge is shown.

COVERAGES, Parts 1-12	AUTO 99			AUTO 99		
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	NONE	\$99999.99	\$20,000 per person \$40,000 per accident	NONE	\$99999.99
2. Personal Injury Protection	\$ 8,000 per person	\$99999 <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$99999.99	\$ 8,000 per person	\$99999 <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$99999.99
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$9,999,999 per accident	NONE	\$99999.99	\$9,999,999 per accident	NONE	\$99999.99

OPTIONAL INSURANCE						
5. Optional Bodily Injury To Others	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99
6. Medical Payments	\$9,999,999 per person	NONE	\$99999.99	\$9,999,999 per person	NONE	\$99999.99
7. Collision	Actual Cash Value	\$99999 *	\$99999.99	Actual Cash Value	\$99999 *	\$99999.99
8. Limited Collision	Actual Cash Value	\$99999 *	\$99999.99	Actual Cash Value	\$99999 *	\$99999.99
9. Comprehensive	Actual Cash Value	\$99999	\$99999.99	Actual Cash Value	\$99999	\$99999.99
10. Substitute Transportation	Up to \$9,999 a day, maximum \$9,999	NONE	\$99999.99	Up to \$9,999 a day, maximum \$9,999	NONE	\$99999.99
11. Towing and Labor	Up to \$9,999,999 For each disablement	NONE	\$99999.99	Up to \$9,999,999 for each disablement	NONE	\$99999.99
12. Bodily Injury Caused By An Underinsured Auto	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99

MERIT RATING PLAN				
	Peerless Excellent Driver Discount XXXXXXXXXX	\$99999.99	Peerless Excellent Driver Discount XXXXXXXXXX	\$99999.99
	Driving Record Points 9999	\$99999.99	Driving Record Points 9999	\$99999.99

	<b>TOTAL AUTO PREMIUM</b>	\$99999.99		<b>TOTAL AUTO PREMIUM</b>	\$99999.99
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Identification Numbers of Endorsements Forming a Part of This Policy (Policy Level): Refer to SCHEDULE OF ENDORSEMENTS	<b>TOTAL PREMIUM</b>	\$99999.99
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AUTO 99	Refer to SCHEDULE OF ENDORSEMENTS
AUTO 99	Refer to SCHEDULE OF ENDORSEMENTS

\* CONGRATULATIONS! YOU HAVE HAD NO COLLISION OR LIMITED COLLISION CLAIMS UNDER YOUR POLICY FOR 99 POLICY TERM(S). THE COLLISION OR LIMITED COLLISION DEDUCTIBLE FOR EACH OF YOUR VEHICLE(S) HAS BEEN REDUCED BY \$9999 (BUT NO DEDUCTIBLE SHALL EVER BE REDUCED BELOW ZERO). THE COLLISION OR LIMITED COLLISION DEDUCTIBLE SHOWN ABOVE FOR EACH VEHICLE APPLIES TO ALL COLLISION OR LIMITED COLLISION LOSSES DURING THIS POLICY TERM.

**REFER TO FOLLOWING PAGE FOR ADDITIONAL INFORMATION**

# COVERAGE SELECTIONS PAGE {PEERLESS INSURANCE COMPANY}

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**ITEM 5. Discounts and Options**

Driving Years OR Age 65 and Older	Annual Mileage	Multi-Car	Public Transit	Good Student	Driver/ Motorcycle Rider Training	Air Bag/ Automatic Seatbelts	Anti-theft	Collision Waiver	Glass Option
AUTO 99	XXX	999%	999%	999%	999%	999%	999%	XXX	\$999 Ded
AUTO 99	XXX	999%	999%	999%	999%	999%	999%	XXX	XX
PREMIUM INCLUDES: 999% Account Discount; 999% Tenure Discount; 999% Enrollment Credit, 999% Peerless Ins. Risk Modifier, Accident/Violation Forgiveness									

	ITEM 6. Place of Principal Garaging	ITEM 7. Secured Lender/Lessor - Additional Insured, if Rented Auto
AUTO 99:	XX XX XX XX XX XX XX XX XX XX XX XX	XX XX XX XX XX XX XX XX XX XX XX
AUTO 99:	XX XX XX XX XX XX XX XX XX XX XX XX	XX XX XX XX XX XX XX XX XX XX XX

**ITEM 8. Driver Information**

Oper No.	Operator Name	Date of Birth	License Number	Lic. State	Date First Licensed if Less Than 6 Yrs	
					Auto	Motor cycle
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999999	XX	99/99/9999	99/99/9999

Oper No.	Operator Name	Driver Training		% Use		Operator Status: O-Occasional P-Principal E-Excluded D-Deferred	
		Auto	Motorcycle	Auto 99	Auto 99		
				Auto 99	Auto 99	Auto 99	Auto 99
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	XXX	999%	999%	X	X

REFER TO FOLLOWING PAGE FOR ADDITIONAL INFORMATION



# COVERAGE SELECTIONS PAGE {PEERLESS INSURANCE COMPANY}

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

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

**NOTICE:** You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

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

**DISCOUNTS:** Several discounts are available and your premium has been reduced if one or more of the discounts is indicated in Item 5. If you wish to review your policy your agent, please contact the number shown at the top of the Coverage Selections Page. The following discounts are available:

Age 65 or Older	Driver Training	Account	Peerless Ins. Risk Modifier
Air Bag/Automatic Seatbelts	Driving Years	Multi-Car	Motorcycle Rider Training
Annual Mileage	Enrollment Credit	Tenure	
Anti-Theft	Good Student	Public Transit	

## PART 5 - OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

## PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

## MERIT RATING PLAN

The Merit Rating Plan adjustment shown on page 1 for each auto is based on the driving records of the operators listed on your policy. Refer to the statement furnished with your Coverage Selections Page to review each operator's driving record.

Countersigned by: XX

# COVERAGE SELECTIONS PAGE {Peerless Insurance Company}

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

This policy is Issued By: XX

Massachusetts Personal Automobile  
Policy Number: XXX 9999999

**ITEM 1.** This policy is Issued To:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Agent: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
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XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Agent Code: 9999999 Agent Phone (999) 999-9999

**ITEM 2.** This policy is effective from: XXXXXXXXXX 99, 9999 To: XXXXXXXXXX 99, 9999 (12:01 A.M. Eastern Standard Time)

**Transaction Effective Date** XXXXXXXXXX 99, 9999 **Premium for this Transaction** \$99999.99  
**Reason for Transaction** XXX

**THIS IS NOT A BILL. YOU WILL RECEIVE A SEPARATE BILL FOR THIS TRANSACTION.**

**ITEM 3.** Description of your Auto:

AUTO 99: 9999 XXXXXXXXXXXXXXXXXXXX 9X9XX99XX9999999	AUTO 99: 9999 XXXXXXXXXXXXXXXXXXXX 9X9XX99XX9999999
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**ITEM 4.** This policy provides only the coverages for which a premium charge is shown.

COVERAGES, Parts 1-12	AUTO 99			AUTO 99		
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	NONE	\$99999.99	\$20,000 per person \$40,000 per accident	NONE	\$99999.99
2. Personal Injury Protection	\$ 8,000 per person	\$99999 <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$99999.99	\$ 8,000 per person	\$99999 <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$99999.99
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$9,999,999 per accident	NONE	\$99999.99	\$9,999,999 per accident	NONE	\$99999.99

OPTIONAL INSURANCE						
5. Optional Bodily Injury To Others	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99
6. Medical Payments	\$9,999,999 per person	NONE	\$99999.99	\$9,999,999 per person	NONE	\$99999.99
7. Collision	Actual Cash Value	\$99999 *	\$99999.99	Actual Cash Value	\$99999 *	\$99999.99
8. Limited Collision	Actual Cash Value	\$99999 *	\$99999.99	Actual Cash Value	\$99999 *	\$99999.99
9. Comprehensive	Actual Cash Value	\$99999	\$99999.99	Actual Cash Value	\$99999	\$99999.99
10. Substitute Transportation	Up to \$9,999 a day, maximum \$9,999	NONE	\$99999.99	Up to \$9,999 a day, maximum \$9,999	NONE	\$99999.99
11. Towing and Labor	Up to \$9,999,999 For each disablement	NONE	\$99999.99	Up to \$9,999,999 for each disablement	NONE	\$99999.99
12. Bodily Injury Caused By An Underinsured Auto	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99	\$9,999,999 per person \$9,999,999 per accident	NONE	\$99999.99

<del>DRIVING RECORD RATING PLAN (MERIT RATING PLAN)</del>	Peerless Excellent Driver Discount XXXXXXXXXX	\$99999.99	Peerless Excellent Driver Discount XXXXXXXXXX	\$99999.99
	Driving Record Points 9999	\$99999.99	Driving Record Points 9999	\$99999.99

	<b>TOTAL AUTO PREMIUM</b>	\$99999.99		<b>TOTAL AUTO PREMIUM</b>	\$99999.99
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Identification Numbers of Endorsements Forming a Part of This Policy (Policy Level): Refer to SCHEDULE OF ENDORSEMENTS	<b>TOTAL PREMIUM</b>	\$99999.99
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AUTO 99	Refer to SCHEDULE OF ENDORSEMENTS
AUTO 99	Refer to SCHEDULE OF ENDORSEMENTS

\* CONGRATULATIONS! YOU HAVE HAD NO COLLISION OR LIMITED COLLISION CLAIMS UNDER YOUR POLICY FOR 99 POLICY TERM(S). THE COLLISION OR LIMITED COLLISION DEDUCTIBLE FOR EACH OF YOUR VEHICLE(S) HAS BEEN REDUCED BY \$9999 (BUT NO DEDUCTIBLE SHALL EVER BE REDUCED BELOW ZERO). THE COLLISION OR LIMITED COLLISION DEDUCTIBLE SHOWN ABOVE FOR EACH VEHICLE APPLIES TO ALL COLLISION OR LIMITED COLLISION LOSSES DURING THIS POLICY TERM.

**REFER TO FOLLOWING PAGE FOR ADDITIONAL INFORMATION**





Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

**NOTICE:** You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

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

**DISCOUNTS:** Several discounts are available and your premium has been reduced if one or more of the discounts is indicated in Item 5. If you wish to review your policy your agent, please contact the number shown at the top of the Coverage Selections Page. The following discounts are available:

- |                             |                   |                |                             |
|-----------------------------|-------------------|----------------|-----------------------------|
| Age 65 or Older             | Driver Training   | Account        | Peerless Ins. Risk Modifier |
| Air Bag/Automatic Seatbelts | Driving Years     | Multi-Car      | Motorcycle Rider Training   |
| Annual Mileage              | Enrollment Credit | Tenure         |                             |
| Anti-Theft                  | Good Student      | Public Transit |                             |

**PART 5 - OPTIONAL BODILY INJURY TO OTHERS**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

**PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO**

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

**MERIT RATING PLAN**

The Merit Rating Plan ~~credit or surcharge adjustment~~ shown on page 1 for each auto is based on the driving records of the operators listed on your policy. ~~Discounts result from incident-free driving.~~ Refer to the statement furnished with your Coverage Selections Page to review each operator's driving record.

Countersigned by: XX



# APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

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

**COVERAGE INFORMATION:** Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused by An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Part 11, Towing and Labor Coverage is available at the option of the Company.

COVERAGES PARTS 1 - 12	AUTO 1		AUTO 2	
COMPULSORY INSURANCE	LIMITS/DEDUCTIBLE	PREMIUM	LIMITS/DEDUCTIBLE	PREMIUM
1. BODILY INJURY TO OTHERS	\$20,000 PER PERSON/\$40,000 PER ACCIDENT	\$	\$20,000 PER PERSON/\$40,000 PER ACCIDENT	\$
2. PERSONAL INJURY PROTECTION	\$8,000 PER PERSON <input type="checkbox"/> YOURSELF	\$	\$8,000 PER PERSON <input type="checkbox"/> YOURSELF	\$
	\$ DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$	\$ DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)	\$ PER PERSON	\$	\$ PER PERSON	\$
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)	\$ PER ACCIDENT	\$	\$ PER ACCIDENT	\$
<b>OPTIONAL INSURANCE</b>				
5. OPTIONAL BODILY INJURY TO OTHERS	\$ PER PERSON	\$	\$ PER PERSON	\$
	\$ PER ACCIDENT	\$	\$ PER ACCIDENT	\$
6. MEDICAL PAYMENTS	\$ PER PERSON	\$	\$ PER PERSON	\$
7. COLLISION ACV	WAIVER OF DEDUCTIBLE	\$ DED	WAIVER OF DEDUCTIBLE	\$ DED
		\$		\$
8. LIMITED COLLISION ACV		\$ DED		\$ DED
9. COMPREHENSIVE ACV	\$100 GLASS DEDUCTIBLE	\$ DED	\$100 GLASS DEDUCTIBLE	\$ DED
		\$		\$
10. SUBSTITUTE TRANSPORTATION	UP TO \$ A DAY, MAXIMUM \$	\$	UP TO \$ A DAY, MAXIMUM \$	\$
11. TOWING AND LABOR	UP TO \$ FOR EACH DISABLEMENT	\$	UP TO \$ FOR EACH DISABLEMENT	\$
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO	\$ PER PERSON	\$	\$ PER PERSON	\$
	\$ PER ACCIDENT	\$	\$ PER ACCIDENT	\$
MERIT RATING PLAN		PREMIUM ADJUSTMENT		PREMIUM ADJUSTMENT
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE		PREMIUM		PREMIUM*
<b>TOTAL PREMIUM</b>				\$

<b>VEHICLE INFORMATION</b>	PLACE OF PRINCIPAL GARAGING - AUTO 1: STREET ADDRESS, CITY OR TOWN ZIP CODE	AUTO 2:
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#	YEAR	MAKE, MODEL AND, IF MOTORCYCLE, C.C.	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT RATING FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	VEHICLE COST NEW OR MOTORCYCLE AVERAGE RETAIL VALUE	MILES AUTO WAS DRIVEN IN PAST 12 MOS	ODOMETER READING
1									
2									

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

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

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

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

**NOTICE** It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy.

Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. We may also limit our payments under Part 3 and Part 4.

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

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

**DRIVER INFORMATION (CONTINUED)** Explain all "Yes" responses in the REMARKS Section. During the last six years have you or any listed operator:

	YES	NO		YES	NO
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?			D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?		
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS ?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		

**LICENSE INFORMATION** Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American 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 Vehicle's website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

**MERIT RATING INFORMATION** If in the last six years any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s) which will be used in assigning merit rating points.

**GENERAL INFORMATION** Explain all "Yes" responses in the REMARKS Section; on Questions 3 - 8 include the auto number.

	YES	NO		YES	NO
1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?			5. IS ANY AUTO USED TO TRANSPORT (To or From Work or School): A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE? B. PERSONS EMPLOYED BY YOU?		
2. HAS YOUR AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE YEARS?			6. IS ANY VAN OR PICK-UP EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (If Yes, You May Wish to Purchase Additional Coverage.)		
3. ARE ANY LISTED OPERATORS INCLUDED ON ANOTHER POLICY OR DO THEY HAVE THEIR OWN MASSACHUSETTS PERSONAL AUTOMOBILE POLICY? (LIST OPERATOR #, INSURANCE COMPANY, AND POLICY#)			7. IS ANY AUTO EQUIPPED WITH ELECTRONIC EQUIPMENT PERMANENTLY INSTALLED BUT NOT IN LOCATIONS USED BY THE AUTO MANUFACTURER FOR SUCH EQUIPMENT? (If You Wish to Purchase Coverage For these Items, list Make, Model, Serial #, Amount of Ins. for Items).		
4. IF A VEHICLE IS A MOTORCYCLE, HAS THE PRINCIPAL OPERATOR COMPLETED AN APPROVED MOTORCYCLE RIDER TRAINING PROGRAM?  (ATTACH COPY OF CERTIFICATE OR OTHER EVIDENCE OF COMPLETION)			8. IS ANY AUTO USED IN BUSINESS? (Type of Business) A. IF VAN/PICK-UP, IS IT USED TO DELIVER/TRANSPORT GOODS? B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE?		

9. IF ANY AUTO(S) TO BE INSURED IS TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE. (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9)		ATTACHMENTS	
AUTO 1 _____	AUTO 2 _____	<input type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
		<input type="checkbox"/>	APPRAISAL
		<input type="checkbox"/>	APPROVED DRIVER TRAINING CERTIFICATE
		<input type="checkbox"/>	APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE.
		<input type="checkbox"/>	CUSTOMIZED EQUIPMENT EVIDENCE
		<input type="checkbox"/>	OPERATOR EXCLUSION FORM
		<input type="checkbox"/>	OUT-OF-STATE DRIVER RECORD
		<input type="checkbox"/>	PRE-INSURANCE FORM
		<input type="checkbox"/>	VEHICLE RECOVERY SYSTEM CERTIFICATE

**REMARKS** IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.

**FAIR CREDIT REPORTING ACT:** In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

**DECLARATIONS AND SIGNATURES**

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION AND ACCIDENT OR CLAIM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Time

**TO BE COMPLETED BY AGENT:**  
The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date and Time

IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:  
I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

\_\_\_\_\_  
Applicant's Name