

# Application for Massachusetts Motor Vehicle Insurance

**Policy number:**

<Named Insured/Named Insureds>:

<Named Insd Full Name>

<\* Second Named Insd Full Name>

<1 Month, DD, CCYY>

Page <1X> of <2X>

## Please review, sign where indicated and return

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 Underinsured Motor Vehicle at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Trip Interruption. 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. Roadside Assistance Coverage, Accessory Coverage, and Transport Trailer Physical Damage Coverage are available at the option of the Company.

### Policy and premium information for policy number

.....  
Insurance company:  
.....

Agent:  
.....

Insured:  
.....

e-mail address:

Home:

Work:  
.....

Policy period:  
.....

**IMPORTANT NOTE: IF YOU RECEIVE AN ENDORSEMENT FROM US STATING AN EXPIRATION DATE DIFFERENT THAN THE ONE STATED IN THIS APPLICATION, YOUR POLICY WILL EXPIRE ON THE DATE STATED ON THAT ENDORSEMENT.**  
.....

Effective date and time:  
.....

Total policy premium:  
.....

Initial payment required:  
.....

Initial payment received:  
.....

Payment plan:  
.....

### Drivers and household members

Furnish information for the applicant, all operators who have an ownership interest in the vehicle(s), all household members who operate the vehicle(s), and each individual who customarily operates the vehicle(s) who is not a household member. Your failure to list an operator, a household member or any individual who customarily operates your vehicle(s) may have very serious consequences.

Name

Date of birth

Driver's license #/Licensed state  
Current:

Total years licensed

NOTICE: 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. 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 vehicle 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 our rates.

### 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 insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicle's website at [www.massrmv.com](http://www.massrmv.com).

### Driver filing

Name

Filing type:

State:

Case number:

### Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**ANY COVERAGES OR LIMITS DESIGNATED "COMPULSORY" MAY NOT BE REQUIRED BY LAW FOR OFF-ROAD VEHICLES.**

#### General policy coverage

Limits

Deductible

Premium

Total premium for general policy coverage

#### Vehicle:

VIN:

Principal Garaging address:

State:

Use:

**Coverages Parts 1-14**  
**Compulsory insurance**

Limits

Deductible

Premium

.....  
.....

**Optional insurance**

Limits

Deductible

Premium

.....  
.....

**Note: Personal Injury Protection does not cover owners or operators of, or guests upon, motorcycles who suffer bodily injury while operating, or riding upon, such vehicles.**

.....  
Total premium for Motorcycle

.....  
Total <Number of months policy is written> month policy premium

.....  
**Subtotal policy premium**

.....  
**Total <Policy term length> month policy premium**

**Vehicle information**

If any vehicle(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.)

Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_ Vehicle 3 \_\_\_\_\_ Vehicle 4 \_\_\_\_\_

**Vehicle**

VIN:

Principal garaging address:

Primary use of the vehicle:

Registration  
plate number

Lojack Device

.....

**Premium discount**

Policy

.....  
Driver

.....  
Vehicle

.....

**Additional policy information**

Policy

.....  
Driver

.....

**Driving history**

IF 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 to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)  
<Branded company name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
.....		
.....		
(no points charged)		

### Lienholder and Additional Interest information

Vehicle	Lienholder	Additional Interest
.....		

### Notice regarding accessory coverage

Subject to your limits of coverage, if you have paid a premium for Comprehensive Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory coverage" means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your motorcycle or off-road vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the motorcycle or off-road vehicle. If the value of any such accessories exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

## Application agreement

### Verification of content

I affirm that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I affirm that none of the vehicles listed in this application will be used as a public or livery conveyance. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving claims histories. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

### I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I agree that the maximum of limit of coverage for Comprehensive, Coverage and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, if the vehicle does not have Agreed value.

I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, less the deductible, or the amount displayed on the Coverage Selections Page, whichever is less; unless Total Loss Coverage or Agreed Value Coverage options are selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value, I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Agreed Value as listed in the Outline of coverage section of this application. I understand that I must maintain the necessary paperwork (appraisal, photos, title of vehicle, and all receipts) used in determining the dollar value for the Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

### Other charges

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <\$XX.XX> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <\$XX.XX> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <Payment postmark days> days after the premium due date. The amount of this fee may change upon policy renewal.

**Applicant signature**

I represent that I, <Named insured Full Name>, am the person identified as the named insured and the first driver in the Drivers and household members section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

**Signature of named insured**

**Date**

X

.....

# Application for Massachusetts Motor Vehicle Insurance

**Policy number:**

<Named Insured/Named Insureds>:

<Named Insd Full Name>

<\* Second Named Insd Full Name>

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### Policy and premium information for policy number

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Insurance company:  
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Agent:  
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Insured:  
.....

e-mail address:

Home:

Work:  
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Policy period:  
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Effective date and time:  
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Total policy premium:  
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Initial payment required:  
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Initial payment received:  
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Payment plan:  
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### Drivers and household members

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Name

Date of birth

Driver's license #/Licensed state  
Current:

Total years licensed

NOTICE: 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. 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 vehicle 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 our rates.

### 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 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/mv](http://www.mass.gov/mv) [www.massrmv.com](http://www.massrmv.com).

### Driver filing

Name

Filing type:

State:

Case number:

### Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**ANY COVERAGES OR LIMITS DESIGNATED "COMPULSORY" MAY NOT BE REQUIRED BY LAW FOR OFF-ROAD VEHICLES.**

#### General policy coverage

Limits

Deductible

Premium

Total premium for general policy coverage

#### Vehicle:

VIN:

Principal Garaging address:

State:

Use:



**Coverages Parts 1-14**  
**Compulsory insurance**

Limits

Deductible

Premium

.....  
.....

**Optional insurance**

Limits

Deductible

Premium

.....  
.....

**Note: Personal Injury Protection does not cover owners or operators of, or guests upon, motorcycles who suffer bodily injury while operating, or riding upon, such vehicles.**

Total premium for Motorcycle

Total <Number of months policy is written> month policy premium

**Subtotal policy premium**

**Total <Policy term length> month policy premium**

**Vehicle information**

If any vehicle(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.)

Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_ Vehicle 3 \_\_\_\_\_ Vehicle 4 \_\_\_\_\_

**Vehicle**

VIN:

Principal garaging address:

Primary use of the vehicle:

Registration  
plate number

Lojack Device

.....

**Premium discount**

Policy

Driver

Vehicle

.....

**Additional policy information**

Policy

Driver

.....

**Driving history**

If 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 to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

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- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
.....		
.....		
(no points charged)		

### Lienholder and Additional Interest information

Vehicle	Lienholder	Additional Interest
.....		

### Notice regarding accessory coverage

Subject to your limits of coverage, if you have paid a premium for Comprehensive Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory coverage" means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your motorcycle or off-road vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the motorcycle or off-road vehicle. If the value of any such accessories exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

## Application agreement

### Verification of content

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### Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving claims histories. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

### I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

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**Applicant signature**

I represent that I, <Named insured Full Name>, am the person identified as the named insured and the first driver in the Drivers and household members section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

**Signature of named insured**

**Date**

X

.....

# Application for Massachusetts Motor Vehicle Insurance

**Policy number:**

<Named Insured/Named Insureds>:

<Named Insd Full Name>

<\* Second Named Insd Full Name>

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Agent:  
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Insured:  
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e-mail address:

Home:

Work:  
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Policy period:  
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Payment plan:  
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Name

Date of birth

Driver's license #/Licensed state  
Current:

Total years licensed

NOTICE: 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. 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 vehicle 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 our rates.

### License information

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### Driver filing

Name

Filing type:

State:

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#### General policy coverage

Limits

Deductible

Premium

Total premium for general policy coverage

#### Vehicle:

VIN:

Principal Garaging address:

State:

Use:

**Coverages Parts 1-14**  
**Compulsory insurance**

Limits

Deductible

Premium

.....  
.....

**Optional insurance**

Limits

Deductible

Premium

.....  
.....

**Note: Personal Injury Protection does not cover owners or operators of, or guests upon, motorcycles who suffer bodily injury while operating, or riding upon, such vehicles.**

Total premium for Motorcycle

Total <Number of months policy is written> month policy premium

**Subtotal policy premium**

**Total <Policy term length> month policy premium**

**Vehicle information**

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Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_ Vehicle 3 \_\_\_\_\_ Vehicle 4 \_\_\_\_\_

**Vehicle**

VIN:

Principal garaging address:

Primary use of the vehicle:

Registration  
plate number

Lojack Device

.....

**Premium discount**

Policy

Driver

Vehicle

.....

**Additional policy information**

Policy

Driver

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**Driving history**

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(no points charged)		

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Vehicle	Lienholder	Additional Interest
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### Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving claims histories. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

### I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I agree that the maximum of limit of coverage for Comprehensive, Coverage and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, if the vehicle does not have Agreed value.

I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, less the deductible, or the amount displayed on the Coverage Selections Page, whichever is less; unless Total Loss Coverage or Agreed Value Coverage options are selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value, I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Agreed Value as listed in the Outline of coverage section of this application. I understand that I must maintain the necessary paperwork (appraisal, photos, title of vehicle, and all receipts) used in determining the dollar value for the Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

### Other charges

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <\$XX.XX> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <\$XX.XX> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <Payment postmark days> days after the premium due date. The amount of this fee may change upon policy renewal.

**Applicant signature**

I represent that I, <Named insured Full Name>, am the person identified as the named insured and the first driver in the Drivers and household members section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

**Signature of named insured**

**Date**

X

.....

# Application for Massachusetts Motor Vehicle Insurance

**Policy number:**

<Named Insured/Named Insureds>:  
<Named Insd Full Name>  
<\* Second Named Insd Full Name>

<1 Month, DD, CCYY>

Page <1X> of <2X>

## Please review, sign where indicated and return

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 Motor Vehicle, Bodily Injury Caused By An Underinsured Motor Vehicle at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Trip Interruption. 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. Roadside Assistance Coverage, Accessory Coverage, and Transport Trailer Physical Damage Coverage are available at the option of the Company.

### Policy and premium information for policy number

.....  
Insurance company:  
.....

Agent:  
.....

Insured:  
.....

e-mail address:  
Home:  
Work:

.....  
Policy period:  
.....

**IMPORTANT NOTE: IF YOU RECEIVE AN ENDORSEMENT FROM US STATING AN EXPIRATION DATE DIFFERENT THAN THE ONE STATED IN THIS APPLICATION, YOUR POLICY WILL EXPIRE ON THE DATE STATED ON THAT ENDORSEMENT.**

.....  
Effective date and time:  
.....

Total policy premium:  
.....

Initial payment required:  
.....

Initial payment received:  
.....

Payment plan:  
.....

### Drivers and household members

Furnish information for the applicant, all operators who have an ownership interest in the vehicle(s), all household members who operate the vehicle(s), and each individual who customarily operates the vehicle(s) who is not a household member. Your failure to list an operator, a household member or any individual who customarily operates your vehicle(s) may have very serious consequences.

Name

Date of birth

Driver's license #/Licensed state  
Current:

Total years licensed

NOTICE: 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. 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 vehicle 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 our rates.

### 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 insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicle's website at [www.massrmv.com](http://www.massrmv.com).

### Driver filing

Name

Filing type:

State:

Case number:

### Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**ANY COVERAGES OR LIMITS DESIGNATED "COMPULSORY" MAY NOT BE REQUIRED BY LAW FOR OFF-ROAD VEHICLES.**

#### General policy coverage

Limits

Deductible

Premium

Total premium for general policy coverage

#### Vehicle:

VIN:

Principal Garaging address:

State:

Use:

**Coverages Parts 1-14**  
**Compulsory insurance**

Limits

Deductible

Premium

.....  
.....

**Optional insurance**

Limits

Deductible

Premium

.....  
.....

**Note: Personal Injury Protection does not cover owners or operators of, or guests upon, motorcycles who suffer bodily injury while operating, or riding upon, such vehicles.**

Total premium for Motorcycle

Total <Number of months policy is written> month policy premium

**Subtotal policy premium**

**Total <Policy term length> month policy premium**

**Vehicle information**

If any vehicle(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.)

Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_ Vehicle 3 \_\_\_\_\_ Vehicle 4 \_\_\_\_\_

**Vehicle**

VIN:

Principal garaging address:

Primary use of the vehicle:

Registration  
plate number

Lojack Device

.....

**Premium discount**

Policy

Driver

Vehicle

.....

**Additional policy information**

Policy

Driver

.....

**Driving history**

If 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 to determine your rate. See "Your Consumer Guide" for additional information

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)  
<Branded company name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
.....		
.....		
(no points charged)		

### Lienholder and Additional Interest information

Vehicle	Lienholder	Additional Interest
.....		

### Notice regarding accessory coverage

Subject to your limits of coverage, if you have paid a premium for Comprehensive Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory coverage" means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your motorcycle or off-road vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the motorcycle or off-road vehicle. If the value of any such accessories exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

## Application agreement

### Verification of content

I affirm that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I affirm that none of the vehicles listed in this application will be used as a public or livery conveyance. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving claims histories. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

### I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I agree that the maximum of limit of coverage for Comprehensive, Coverage and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, if the vehicle does not have Agreed value.

I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, less the deductible, or the amount displayed on the Coverage Selections Page, whichever is less; unless Total Loss Coverage or Agreed Value Coverage options are selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value, I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Agreed Value as listed in the Outline of coverage section of this application. I understand that I must maintain the necessary paperwork (appraisal, photos, title of vehicle, and all receipts) used in determining the dollar value for the Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

### Other charges

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <\$XX.XX> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <\$XX.XX> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <Payment postmark days> days after the premium due date. The amount of this fee may change upon policy renewal.

**Applicant signature**

I represent that I, <Named insured Full Name>, am the person identified as the named insured and the first driver in the Drivers and household members section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

**Signature of named insured**

**Date**

X

.....

Form 4868 MA (01/16)



# Application for Massachusetts Motor Vehicle Insurance

**Policy number:**

<Named Insured/Named Insureds>:

<Named Insd Full Name>

<\* Second Named Insd Full Name>

<1 Month, DD, CCYY>

Page <1X> of <2X>

## Please review, sign where indicated and return

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 Motor Vehicle~~, Bodily Injury Caused By An Underinsured Motor Vehicle at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Trip Interruption. 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. Roadside Assistance Coverage, Accessory Coverage, and Transport Trailer Physical Damage Coverage are available at the option of the Company.

### Policy and premium information for policy number

.....  
Insurance company:

.....  
Agent:

.....  
Insured:

e-mail address:

Home:

Work:

.....  
Policy period:

**IMPORTANT NOTE: IF YOU RECEIVE AN ENDORSEMENT FROM US STATING AN EXPIRATION DATE DIFFERENT THAN THE ONE STATED IN THIS APPLICATION, YOUR POLICY WILL EXPIRE ON THE DATE STATED ON THAT ENDORSEMENT.**

.....  
Effective date and time:

.....  
Total policy premium:

.....  
Initial payment required:

.....  
Initial payment received:

.....  
Payment plan:

### Drivers and household members

Furnish information for the applicant, all operators who have an ownership interest in the vehicle(s), all household members who operate the vehicle(s), and each individual who customarily operates the vehicle(s) who is not a household member. Your failure to list an operator, a household member or any individual who customarily operates your vehicle(s) may have very serious consequences.

Name

Date of birth

Driver's license #/Licensed state  
Current: Total years licensed

NOTICE: 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. 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 vehicle 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 our rates.

### 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 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/mv](http://www.mass.gov/mv) [www.massrmv.com](http://www.massrmv.com).

### Driver filing

Name

Filing type:

State:

Case number:

### Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**ANY COVERAGES OR LIMITS DESIGNATED "COMPULSORY" MAY NOT BE REQUIRED BY LAW FOR OFF-ROAD VEHICLES.**

#### General policy coverage

Limits

Deductible

Premium

Total premium for general policy coverage

#### Vehicle:

VIN:

Principal Garaging address:

State:

Use:

**Coverages Parts 1-14**  
**Compulsory insurance**

Limits

Deductible

Premium

.....  
.....

**Optional insurance**

Limits

Deductible

Premium

.....  
.....

**Note: Personal Injury Protection does not cover owners or operators of, or guests upon, motorcycles who suffer bodily injury while operating, or riding upon, such vehicles.**

Total premium for Motorcycle

Total <Number of months policy is written> month policy premium

**Subtotal policy premium**

**Total <Policy term length> month policy premium**

**Vehicle information**

If any vehicle(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.)

Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_ Vehicle 3 \_\_\_\_\_ Vehicle 4 \_\_\_\_\_

**Vehicle**

VIN:

Principal garaging address:

Primary use of the vehicle:

Registration  
plate number

Lojack Device

.....

**Premium discount**

Policy

Driver

Vehicle

.....

**Additional policy information**

Policy

Driver

.....

**Driving history**

If 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 to determine your rate. See "Your Consumer Guide" for additional information

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)  
<Branded company name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
.....		
.....		
(no points charged)		

### Lienholder and Additional Interest information

Vehicle	Lienholder	Additional Interest
.....		

### Notice regarding accessory coverage

Subject to your limits of coverage, if you have paid a premium for Comprehensive Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory coverage" means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your motorcycle or off-road vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the motorcycle or off-road vehicle. If the value of any such accessories exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

## Application agreement

### Verification of content

I affirm that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I affirm that none of the vehicles listed in this application will be used as a public or livery conveyance. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

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### I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I agree that the maximum of limit of coverage for Comprehensive, Coverage and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, if the vehicle does not have Agreed value.

I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, less the deductible, or the amount displayed on the Coverage Selections Page, whichever is less; unless Total Loss Coverage or Agreed Value Coverage options are selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value, I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Agreed Value as listed in the Outline of coverage section of this application. I understand that I must maintain the necessary paperwork (appraisal, photos, title of vehicle, and all receipts) used in determining the dollar value for the Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

### Other charges

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <\$XX.XX> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <\$XX.XX> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <Payment postmark days> days after the premium due date. The amount of this fee may change upon policy renewal.

**Applicant signature**

I represent that I, <Named insured Full Name>, am the person identified as the named insured and the first driver in the Drivers and household members section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

**Signature of named insured**

**Date**

X

.....

Form 4868 MA (10/0801/16)

# Application for Massachusetts Motor Vehicle Insurance

**Policy number:**

<Named Insured/Named Insureds>:

<Named Insd Full Name>

<\* Second Named Insd Full Name>

<1 Month, DD, CCYY>

Page <1X> of <2X>

## Please review, sign where indicated and return

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 Motor Vehicle, Bodily Injury Caused By An Underinsured Motor Vehicle at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Trip Interruption. 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. Roadside Assistance Coverage, Accessory Coverage, and Transport Trailer Physical Damage Coverage are available at the option of the Company.

### Policy and premium information for policy number

.....  
Insurance company:  
.....

Agent:  
.....

Insured:  
.....

e-mail address:

Home:

Work:  
.....

Policy period:  
.....

**IMPORTANT NOTE: IF YOU RECEIVE AN ENDORSEMENT FROM US STATING AN EXPIRATION DATE DIFFERENT THAN THE ONE STATED IN THIS APPLICATION, YOUR POLICY WILL EXPIRE ON THE DATE STATED ON THAT ENDORSEMENT.**  
.....

Effective date and time:  
.....

Total policy premium:  
.....

Initial payment required:  
.....

Initial payment received:  
.....

Payment plan:  
.....

### Drivers and household members

Furnish information for the applicant, all operators who have an ownership interest in the vehicle(s), all household members who operate the vehicle(s), and each individual who customarily operates the vehicle(s) who is not a household member. Your failure to list an operator, a household member or any individual who customarily operates your vehicle(s) may have very serious consequences.

Name

Date of birth

Driver's license #/Licensed state  
Current: Total years licensed

NOTICE: 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. 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 vehicle 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 our rates.

### 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 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/mv](http://www.mass.gov/mv) [www.massrmv.com](http://www.massrmv.com).

### Driver filing

Name

Filing type:

State:

Case number:

### Outline of coverage

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**ANY COVERAGES OR LIMITS DESIGNATED "COMPULSORY" MAY NOT BE REQUIRED BY LAW FOR OFF-ROAD VEHICLES.**

#### General policy coverage

Limits

Deductible

Premium

Total premium for general policy coverage

#### Vehicle:

VIN:

Principal Garaging address:

State:

Use:



**Coverages Parts 1-14**  
**Compulsory insurance**

Limits

Deductible

Premium

.....  
.....

**Optional insurance**

Limits

Deductible

Premium

.....  
.....

**Note: Personal Injury Protection does not cover owners or operators of, or guests upon, motorcycles who suffer bodily injury while operating, or riding upon, such vehicles.**

.....  
Total premium for Motorcycle

.....  
Total <Number of months policy is written> month policy premium

.....  
**Subtotal policy premium**

.....  
**Total <Policy term length> month policy premium**

**Vehicle information**

If any vehicle(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.)

Vehicle 1 \_\_\_\_\_ Vehicle 2 \_\_\_\_\_ Vehicle 3 \_\_\_\_\_ Vehicle 4 \_\_\_\_\_

**Vehicle**

VIN:

Principal garaging address:

Primary use of the vehicle:

Registration  
plate number

Lojack Device

.....

**Premium discount**

Policy

.....

Driver

.....

Vehicle

.....

**Additional policy information**

Policy

.....

Driver

.....

**Driving history**

IF 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 to determine your rate. See "Your Consumer Guide" for additional information

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain driving history from the following sources:

- Your application (APP)
- Progressive claims history (PROG)  
<Branded company name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency

Driver and Description	Date	Source/Consumer reporting agency
.....		
.....		
(no points charged)		

### Lienholder and Additional Interest information

Vehicle	Lienholder	Additional Interest
.....		

### Notice regarding accessory coverage

Subject to your limits of coverage, if you have paid a premium for Comprehensive Coverage and you do not have Agreed Value on your motorcycle or off-road vehicle, you will receive coverage for any loss arising from theft or damage to any accessory attached to your motorcycle or off-road vehicle up to \$3,000. "Accessory coverage" means equipment, devices, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a covered vehicle.

Please be aware that accessories may have been added to your motorcycle or off-road vehicle by any previous owner, including a dealership. In this event, the cost for any accessory may have been included in the purchase price of the motorcycle or off-road vehicle. If the value of any such accessories exceeds \$3,000, you may wish to purchase additional coverage. This coverage is available for an additional premium and affords protection for up to \$30,000 worth of accessories.

## Application agreement

### Verification of content

I affirm that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I affirm that none of the vehicles listed in this application will be used as a public or livery conveyance. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving claims histories. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

### I affirm that

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I agree that the maximum of limit of coverage for Comprehensive, Coverage and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, if the vehicle does not have Agreed value.

I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss, less the deductible, or the amount displayed on the Coverage Selections Page, whichever is less; unless Total Loss Coverage or Agreed Value Coverage options are selected, in which case the maximum limits are determined as provided for in the policy contract.

If I have purchased Agreed Value, I agree that the maximum limit of coverage for Comprehensive, Collision and Limited Collision (if purchased) is the Agreed Value as listed in the Outline of coverage section of this application. I understand that I must maintain the necessary paperwork (appraisal, photos, title of vehicle, and all receipts) used in determining the dollar value for the Agreed Value of each vehicle. In the event of a loss, this information will be required to settle a claim.

### Other charges

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.

I understand that a returned payment fee of <\$XX.XX> will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of <\$XX.XX> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <Payment postmark days> days after the premium due date. The amount of this fee may change upon policy renewal.

**Applicant signature**

I represent that I, <Named insured Full Name>, am the person identified as the named insured and the first driver in the Drivers and household members section of this application. I acknowledge and agree to the statements contained within this application.

I also acknowledge and agree that by typing my name in the designated boxes on the screen below this form and clicking "Continue", I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

**Signature of named insured**

**Date**

X

.....