

## Pet Injury Coverage Endorsement

Your Automobile Insurance Policy is amended as follows:

If you have purchased Collision (Part 7) for at least one auto listed on your Coverage Selections Page, Pet Injury coverage is added to Collision (Part 7).

### INSURING AGREEMENT – PET INJURY COVERAGE

If **your pet** sustains injury or death while inside **your auto** or a **non-owned auto** at the time of a loss covered under Collision (Part 7) or Comprehensive (Part 9), we will provide:

1. up to \$1,000 for reasonable and customary veterinary fees incurred by you or a **household member** if **your pet** is injured in, or as a direct result of, the covered loss; or
2. a \$1,000 death benefit if **your pet** dies in, or as a direct result of, the covered loss, less any payment we made toward veterinary expenses for **your pet**.

In the event of a covered loss due to the theft of **your auto** or a **non-owned auto**, we will provide the death benefit provided **your pet** is inside that auto at the time of the theft and **your pet** is not recovered.

### ADDITIONAL DEFINITIONS

The following definitions apply to this coverage:

1. **"Your pet"** means any dog or cat owned by you or a **household member**.
2. **"Non-owned auto"** means an auto that is not owned by or furnished or available for the regular use of you or a **household member** while in the custody of or being operated by you or a **household member** with the permission of the owner of the auto or the person in lawful possession of the auto.

### LIMITS OF LIABILITY

The following additional Limits of Liability apply to Pet Injury coverage:

1. The most we will pay for all damages in any one loss is a total of \$1,000 regardless of the number of dogs or cats involved.
2. If **your pet** dies in, or as a direct result of, a covered loss, we will provide a death benefit of \$1,000, less any payment we made toward veterinary expenses for **your pet**.
3. No deductible shall apply to this coverage.

# Application for Massachusetts Motor Vehicle Insurance

**(Programming note:  
For customers who e-sign, "Policy number: 9999999-9" will  
print only if available.)**

**(Programming note: The heading below will not print for customers who e-sign.)**

Please review, sign where  
indicated and return

**(Programming note: The heading below will print for customers who e-sign.)**

Please review and sign where  
indicated

**Policy number:** 99999999-9  
Policyholders: XXXXX XXXXXXXXXXXXXXXX  
                  XXX XXXXXXXXXXXXXXXX  
May 10, 2002  
Page x of x **"Page x of x" will not print for  
e-sign.**

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. Roadside Assistance Coverage is available at the option of the Company.

**(Programming note: For customers who sign the app electronically, "for policy number 99999999-9" will print if available.)**

## Policy and premium information for policy number 99999999-9

**(Programming note: The name and address of the actual insuring entity will print below.)**

Insurance company: XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXX  
XXXXXXXXXX, XX 99999

Named insured: XXXXX XXXXXXXXXXXXXXXX  
999 MAIN RD  
CLEVELAND, OH 99999  
Home: 999-999-9999

**(Programming note: Print "Policy period:" and "Effective date and time" with dates and times if initial payment has been made. Always print for OOSM.)**

Policy period: May 10, 2002 – Nov 10, 2002

**(Programming note: If the sale date is the same as the effective date, show the effective time followed by "ET" i.e. 2:30 PM ET. If the effective date is in the future, show the time as "12:01 A.M.")**

Effective date and time: May 10, 2002 at 12:01 A.M.

**(Programming note: Print "Effective date and time" with sentence if initial payment has NOT been made. Do not print for OOSM.)**

Effective date and time: Your policy will be effective when your required initial payment is submitted or at a later date of your choice.

Total policy premium: \$9,999.00

Initial payment required: \$9,999.03

**(Programming note: Print "Initial payment received" if initial payment has been made. Always print for OOSM.)**

Initial payment received: \$0.00

Payment plan: xxxxx **(Programming note: The selected payment plan will print here)**

(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

(Programming note: This section below will always print.)

**Drivers and resident relatives**

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.

Name	Date of birth
..... XXX XXXXXXXX	..... XXX XXX XXX

(Programming note: Headings will always print. (1) Always print 'Current' heading and current license number/state. (2) The heading "Previous" will always print. (3) The total number of years licensed will print here. (4) Vehicles will be listed as Auto 1, Auto 2, Auto 3, Auto 4. For 'Auto X' the variable represents 1, 2, 3, or 4. Only vehicles on the policy will print. (5) Percentage of use will print here for each driver. Do not print percentage sign. Greater than or less than signs will print i.e. >50 or <50)

Driver's license # / Licensed state	Years licensed	Total years licensed	% of use	Auto X	Auto X	Auto X	Auto X
Current: XXX/XX (1)	MASS. Other Motorcycle	XX (3)					
Previous: XXX/XX (2)	XX XX XX		XXX	XXX	XXX	XXX	(5)

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 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 our rates.

(Programming note: The section below will always print.)

**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/mv](http://www.mass.gov/mv).

(Programming note: The section below prints only when there is a driver with a filing.)

**Driver filing**

Name	Filing type	State	Case number
..... XXXXX XXXXXXXXXXXXXXXX	..... XXXXXXXXXXXXXXXXXXXXX	XX	999999999

(Programming note: The heading below always prints.)

**Outline of coverage**

(Programming note: The message below regarding policy limits needs to print directly underneath the "Outline of coverage" heading when there is more than one vehicle on the policy.)

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.



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

**(Programming note: The following sections will repeat for each vehicle on the policy. The coverages selected by the insured will print below and will also repeat for each vehicle on the policy.)**

**Auto X (Programming note: The variable represents 1, 2, 3, or 4)**

**2002 ACURA MDX 4 DOOR MPV**

VIN: **XXX2222222222222**

Principal garaging address: 44102

Primary use of the vehicle: Commute

**Coverages Parts 1-12**

**Compulsory insurance**

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$xxx
Personal Injury Protection (Part 2)	\$8,000 each person	xxx	xxx
<b>(Programming note: If the deductible is zero the following lines will not print. If deductible is greater than zero, one or the other will print.)</b>			
Deductible applies to You			
Deductible applies to You and household members			
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$xx,xxx each person/\$xx,xxx each accident		xxx
Damage to Someone Else's Property (Part 4) (Compulsory Limit \$5,000)	\$xx,xxx each accident		xxx

**(Programming note: The following heading and section will only print if purchased.)**

**Optional insurance**

	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$xx,xxx each person/\$xx,xxx each accident		\$xxx
Medical Payments (Part 6)	\$x,xxx each person		xxx
Collision (Part 7)	*Actual Cash Value	xxx w/waiver	xxx
Limited Collision (Part 8)	*Actual Cash Value	xxx	xxx
Comprehensive (Part 9)	*Actual Cash Value	xxx xxx glass	xxx
Substitute Transportation (Part 10)	\$xxx a day for a maximum of xxx days	xxx	xxx
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$xx,xxx each person/\$xx,xxx each accident		xxx
Roadside Assistance	Up to \$xx.xx for each disablement		xxx
<b>(Programming note: The Custom Parts or Equipment variable will display as the CPE value declared.)</b>			
Custom Parts or Equipment	\$xx,xxx		xxx
Loan/Lease Payoff	25% Of The Actual Cash Value		xxx

**(Programming note: this will print if policy has more than 1 vehicle.)**

Total premium for Auto X **(Programming note: Print only if policy has more than 1 vehicle.)** \$xx

**(Programming note: Only print the sentence below when stated amount.)**

\*In the event of a total loss of this vehicle, the maximum amount payable is the lesser of the Actual Cash Value or the stated amount of \$x,xxx.



Continued

(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

**Total xx month policy premium (Programming note: The variable text represents either '6' or '12')**

**\$xxxxx**

**(Programming note: This section will always print.)**

**Vehicle information**

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.)

Auto 1 \_\_\_\_\_ Auto 2 \_\_\_\_\_ Auto 3 \_\_\_\_\_ Auto 4 \_\_\_\_\_

**(Programming note: If more than one vehicle, the below section will repeat for each vehicle. Vehicles will be listed as Auto 1, Auto 2, Auto 3, Auto 4)**

**Auto X (Programming note: The variable represents 1, 2, 3, or 4)**

**2002 ACURA MDX 4 DOOR MPV**

VIN: **XXX222222222222**

Principal garaging address: 44102

Primary use of the vehicle: Commute

Odometer reading: XXXXXX

**(Programming note: Registration plate number: If plate number not available, field will display "to be provided". For Yes/No answers, print out word.)**

Registration plate number	Miles auto was driven in past 12 mos.	Air bag/Passive seat belt (Yes/No)	Anti-theft (Yes/No)	Vehicle recovery system (Yes/No)	Leased auto (Yes/No)
XXXXXXXXXX	XXXXXX	XXX	XXX	XXX	XXX

**(Programming note: The section below prints when discounts apply to the policy. If there is only one discount listed the heading will read "Premium discount" not "Premium discounts".)**

**Premium discounts**

Policy

999999999999(Programming note: For e-sign "999999" will print if available.) Residence insurance, paid in full and multi-car

Driver (Programming note: Don't print any driver discounts on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXXXXXXX xxxxxxxxxxxxxxxxxxxx

Vehicle

2002 ACURA MDX Anti-Theft Device/Vehicle Recovery System/Air Bag/Passive Restraint/Annual Mileage

**(Programming note: The 'Additional policy information' section prints when there are surcharges.)**

**Additional policy information**

Policy

999999999999(Programming note: For e-sign "999999" will print if available.) surcharge

Driver (Programming note: Don't print any driver surcharges on a driver who is not rated, who is excluded or who is list only.)

XXXX XXXXXXXXXXXXXXXX xxxxxxxxxxxxxxxx

Vehicle

2002 ACURA MDX surcharge



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 9999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

### Driving history

**(Programming note: The section below prints on all applications when there is a driver with a violation and/or accident unless the driver is excluded or list only.)**

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)
- Motor Vehicle Reports - provided by state agencies (MVR)
- Comprehensive Loss Underwriting Exchange - provided by ChoicePoint, Inc. (CLUE)

Driver	Description	Date	Source
XXXX XXXXXXXXXXXXXXXXX		Jul 4, 2001	APP
XXXXXXXXXXXXXXXXXXXX	XXXXX XXXXXXXXXXXXXXXXX	Jul 4, 2001	APP
XXXXXXXXXXXXXXXXXXXX			

(no points charged) **(Programming note: "no points charged" will print when there are two or more violations that occurred on the same day. Only the violation with the highest point value will charge points. The "no points charged" verbiage will print under all other violations that occurred on that day. The "no points charged" verbiage will always print below the description of the ANC and ANO violations, regardless if a single occurrence.)**

**(Programming note: The sentence below only prints when all rated drivers have a clean driving record. The variable text represents the Brand name.)**

XXXXXX XXXXX uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

**(Programming note: The section below prints the applicable questions.)**

### Prior insurance and underwriting questions

Prior insurance: xxx **(Programming note: either 'yes' or 'no' answer will print here)**

Prior insurance carrier: xxx **(Programming note: Prior insurance carrier will print if applicant has prior insurance)**

Policy number: **(Programming note: Policy number heading and prior policy number will only print if provided)**

Bodily injury limits: **(Programming note: Bodily injury limits heading and actual limits will only print if provided)**

Comp claims: x **(Programming note: Comp claims will print if it applies to the state)**

Not at-fault accidents: x **(Programming note: NAFs will print if it applies to the state)**



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

**(Programming note: The heading below prints when there is a Lienholder and Additional Interest.)**

**Lienholder and Additional Interest information**

**(Programming note: The heading below prints when there is a Lienholder only.)**

**Lienholder information**

**(Programming note: The heading below prints when there is an Additional Interest only.)**

**Additional Interest information**

.....  
Additional Interest: CHRYSLER FINANCIAL  
123 Main St.  
PO BOX 201147  
ARLINGTON, TX 76006

.....  
Additional Interest: CHRYSLER FINANCIAL  
123 Main St.  
PO BOX 201147  
ARLINGTON, TX 76006



(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

**(Programming note: This section prints on all applications.)**

## **Application agreement**

### **Verification of content**

I declare 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 declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare 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 and 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.

### **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 \$X.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 \$X.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 XXX days after the premium due date. The amount of this fee may change upon policy renewal.

**(Programming note: The "Applicant signature" heading and the three paragraphs under the heading print for customers who elect to sign their application electronically.)**





(Programming note: For customers who e-sign, "Policy number: 9999999-9" will print only if available.)

Policy number: 99999999-9

Policyholders: XXXXX XXXXXXXXXXXXXXXXXXXX

XXX XXXXXXXXXXXXXXXXXXXX

Page x of x

(Programming note: "Page x of x" will not print for e-sign.)

**Applicant signature**

**(Programming note: First and last name of primary named insured will display in variable text field.)**

I represent that I, XXXXXXXXXXXXXXX, am the person identified as the named insured and the first driver in the Drivers and Resident Relatives 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.

**(Programming note: The signature line will appear on all applications.)**

**(Programming note: Pre-fill name and date for those who elect to sign electronically.)**

**(Programming note: "Not Applicable/Sample Form" will print on the signature line in the event the customer fails authentication or fails to esign.)**

**Signature of named insured**

**Date**

X.....



## Pet Injury Coverage Endorsement

Your Automobile Insurance Policy is amended as follows:

~~The following Pet Injury Coverage is added to Collision (Part 7):~~ If you have purchased Collision (Part 7) for at least one auto listed on your Coverage Selections Page, Pet Injury coverage is added to Collision (Part 7).

### INSURING AGREEMENT – PET INJURY COVERAGE

If ~~you have purchased Collision (Part 7) for an auto listed on your Coverage Selections Page and~~ **your pet** sustains injury or death ~~while inside~~ ~~as a result of a~~ **collision** involving **your auto** or a **non-owned auto** at the time of a loss covered under Collision (Part 7) or Comprehensive (Part 9), we will ~~provide~~ pay up to \$500 for:

1. up to \$1,000 for reasonable and customary ~~veterinary fees~~ ~~costs~~ incurred by you or a **household member** if **your pet** is injured in, or as a direct result of, the covered loss; ~~for veterinary fees arising from such collision;~~ or
2. a \$1,000 death benefit if ~~your pet's replacement cost~~ if **your pet** dies in, or as a direct result of, the covered loss, less any payment we made toward veterinary expenses for **your pet** ~~the accident.~~

In the event of a covered loss due to the theft of ~~———~~ ~~Pet Injury Coverage applies only if~~ **your pet** is inside **your auto** or a **non-owned auto**, we will provide the death benefit provided **your pet** is inside that auto at the time of the theft and **your pet** is not recovered ~~collision.~~

### ADDITIONAL DEFINITIONS

The following definitions apply to this coverage:

1. **"Your pet"** means any dog or cat owned by you or a **household member**.
2. ~~**"Your pet's replacement cost"** means the cost to replace the deceased dog or cat with one of like kind and quality. It does not include any amounts for veterinary bills, training, or any other amounts other than the cost to replace the pet itself.~~
3. ~~**"Non-owned auto"** means an auto that is not owned by or furnished or available for the regular use of you or a household member while in the custody of or being operated by you or a household member with the permission of the owner of the auto or the person in lawful possession of the auto.~~

### EXCLUSION

~~Pet Injury Coverage will not apply if loss to the vehicle carrying **your pet** is excluded under the Collision (Part 7) coverage of your policy.~~

### LIMITS OF LIABILITY

~~The most we will pay for all damages under Pet Injury Coverage with respect to any one accident is a total of \$500 regardless of the number of dogs or cats that are injured or die in that accident. The following additional Limits of Liability provisions apply to Pet Injury coverage.~~

1. The most we will pay for all damages in any one loss is a total of \$1,000 regardless of the number of dogs or cats involved. If **your pet** is injured as a result of a covered accident, we will pay for all necessary medications and procedures prescribed by **your pet's** veterinarian for treatment of such covered injury.
2. If **your pet** dies in, or as a direct result of, a covered ~~loss~~ ~~accident~~, we will provide a death benefit of \$1,000, less any payment we made toward veterinary expenses for ~~pay~~ **your pet's replacement cost** whether **your pet** is actually replaced or not.
3. No deductible shall apply to this coverage.