

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

Progressive Logo

INSURED
123 ANY STREET
CITY, MA 01077

Policy Number:

Underwritten by:
Progressive Direct Insurance Company
Month, day, year
Policy Period:
Page 1 of 3

Online Service

Make payments, check billing activity, update
<x> information or check status of a claim.

1-800-PROGRESSIVE (1-800-776-4737)

For customer service and claims service, 24 hours a
day, 7 days a week.

Auto Insurance Coverage Summary

This is your Coverage Selections Page

Your coverage begins on Month dd, yyyy at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on Month dd, yyyy at 12:01 a.m.

This page and any attached endorsements form a part of your policy and 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. The policy contract is form 9609D MA (11/07).

Drivers and household residents

Additional information

Insured

Named insured

Outline of coverage

This policy provides only the coverages for which a premium charge is shown.

Auto 1

Year Make Model

VIN:

Principal garaging address:

This vehicle is currently enrolled in the Snapshot Program.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$

Personal Injury Protection (Part 2)> Deductible applies to You>	\$8,000 each person	\$	\$
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$25,000 each person/\$50,000 each accident		\$
Damage to Someone Else's Property (Part 4) (Compulsory Limits \$5,000)	\$100,000 each accident		\$
Optional insurance	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$25,000 each person/\$50,000 each accident>		\$
Collision (Part 7)	Actual Cash Value	\$	\$
Comprehensive (Part 9)	Actual Cash Value>	\$ \$100 glass	\$
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		\$
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$25,000 each person/\$50,000 each accident		\$
Total premium for Auto 1			\$
Subtotal policy premium			\$
SR22 driver filing fee			\$
Total 6 month policy premium and fees			\$

* 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 \$.

Part 5 - Optional Bodily Injury To Others

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

Part 12 - Bodily Injury Caused By An Underinsured Auto

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

Premium discount

Several discounts are available and your premium has been reduced if one or more discounts are indicated below. Contact customer service for further details.

Policy

123456789

Residence Insurance, and Multi-Car

Vehicle

Year Make Model

Anti-Theft Device

Lienholder information

We send certain notices such as coverage summaries and cancellation notices to the following:

Vehicle	Lienholder
Year Make Model	
VIN	

Driver information

Name	Date of Birth

Current driver's license #	License status	Years licensed	Operator Status
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Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. We may verify the accuracy of the previous driving records of all listed operators.

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

Countersigned by  _____
Authorized Signature

 _____
Authorized Signature

Application for Massachusetts Motor Vehicle Insurance

Please review, sign where
indicated and return

Please review and sign where
indicated

Policy Number: <XXXXXXXXXX>
<Policyholder/Policyholders>:
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<Policyholder/Policyholders>:
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<ARB-NOTE-DT >
Page <x> of <x>

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.

Policy and premium information for policy number <HDR-POLICY> Policy and premium information

Insurance company: <HDR-UNDR-WRT-CO-NAME>, < HDR-DOMICILED-ST-TEXT> domiciled company
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

Insurance company: <HDR-UNDR-WRT-CO-NAME>
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

Named insured: <HDR-NAME-INSD-FIRST><MI> <HDR-NAME-INSD-LAST> <SFX>
<HDR-INSD-STR-ADRS-1>
<HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
Home: <HX1-INSD-PHONE-HOME>

Named insureds: <HDR-NAME-INSD-FIRST><HDR-NAME-INSD-MI><HDR-NAME-INSD-LAST><HDR-NAME-INSD-SFX>
<HDR-ADD-INSD-FIRST><HDR-ADD-INSD-MI><HDR-ADD-INSD-LAST><HDR-ADD-INSD-SFX>
<HDR-INSD-STR-ADRS-1>
<HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
Home: <HX1-INSD-PHONE-HOME>

Policy period: <ARB-POL-EFF-DT> - <ARB-POL-EXPR-DT>

Effective date and time: <ARB-POL-EFF-DT> at <ARB-POL-EFF-TIME> <ARB-POL-EFF-TIME-ZONE>

.....
 Total policy premium: <PMD-PREM-TOTAL-JFLD-99>

Initial payment required: <ARB-CURR-MNM-AMT>

Initial payment received: <ARB-DOWN-PAY-RECVD>

Payment plan: <ARB-PAY-METHOD>

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: <PMD-PREM-TOTAL-JFLD-99>

Initial payment required: <ARB-CURR-MNM-AMT>

Payment plan: <ARB-PAY-METHOD>

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. Your total policy premium can be affected by all persons of driving age. While designating drivers as Excluded may increase policy premium, the violation and accident history of Excluded drivers does not affect premium.

Name	Date of birth		
<1> <2> <3> <4>	<5>		
Driver's license #/Licensed state	Years licensed	Total years licensed	% of use
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2 Auto 3
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2 Auto 3 Auto 4
Previous:			

Household residents

Total residents <Selected number of residents>

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the 12 next months.

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.

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.

Driver filing

Name
 <SRF-INSD-NAME-FIRST> <MI> <SRF-INSD-NAME-LAST> <SFX>

Filing type: <SRF-FILE-TYPE> <SRF-FILE-TYPE-2> <SRF-FILE-TYPE-3> <SRF-FILE-TYPE-4>
 State: <SRF-STATE> <SRF-STATE-2> <SRF-STATE-3> <SRF-STATE-4>
 Case number: <SRF-CASE-NBR> <SRF-CASE-NBR-2> <SRF-CASE-NBR-3> <SRF-CASE-NBR-4>

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

Auto < VCG-CV-COVG-SET >

<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME > <VCG-VCG-MODEL-NAME > <VCG-VCG-BODY-TYPE>

VIN:< VCG-VCG-SERIAL-NUM>

Principal garaging address: < VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: < VCG-VCG-SURCHARGE>

This vehicle is currently enrolled in the <UBI program name>SM Program.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
<X>	<X>		<x\$xxx>
<X>	<X>	<X>	<xxxx>
<X>	<X>		<x\$xxx>
<X>	<X>	<X>	<xxxx>
<X>			

Optional insurance

	Limits	Deductible	Premium
<X>	<X>	<X>	<xxxx>
<X>	<X>	<X>	<xxxx>
<X>	<X>	<X>	<xxxx>
<X>			

Total premium for <VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME > <\$x>

* 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 <VCG-VCG-STATED-AMT-UFLD>.

Subtotal policy premium	<\$xxx.xx>
<FEE-FEE-DESC-1>	<xx.xx>
Total <x> month policy premium <x>	<\$xxx.xx>
Total <x> month policy premium, with paid in full discount <x>	<\$xxx.xx>

Vehicle information

Auto <VCG-CV-COVG-SET>
 <VCG-VCG-MODEL-YEAR> <VCG-VCG-TRADE-NAME> <VCG-VCG-MODEL-NAME> <VCG-VCG-BODY-TYPE>
 VIN: <VCG-VCG-SERIAL-NUM>
 Principal garaging address: <VCG-VCG-GARAGE-ZIP>
 Primary use of the vehicle: <VCG-VCG-SURCHARGE>
 Odometer reading:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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<1>	<2>	<3>
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Premium discount

Premium discounts

Policy

<HDR-POLICY>	<DIS-REN-QT-DISCOUNT>
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Driver

<x> <x> <x> <x>	<x>
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Vehicle

<VEH-MODEL-YEAR> <VEH-TRADE-NAME> <VEH-MODEL-NAME>	<VEH-DISCOUNT>
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Additional policy information

Policy

<HDR-POLICY>	<SUR-SURCHARGE-DESC>
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Driver

<x> <x> <x> <x>	<DRV-SURCHARGE>
-----------------	-----------------

Vehicle

<VEH-MODEL-YEAR> <VEH-TRADE-NAME> <VEH-MODEL-NAME>	<VEH-SURCHARGE>
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Driving history

Driving history continued

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 and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

<Company Brand name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Driver and Description	Date	Source/Consumer reporting agency
<Violation Driver Full Name> <Violation Description>	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> accident points not charged	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> points not charged	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> Waived under the Progressive Auto Advantage package	<Mon DD, YYYY>	<All sources/reporting vendor names>

Risk tier information

Prior insurance: <POP-INSURANCE-DESC>

Prior insurance carrier: <POP-CARRIER>

Policy number: <POP-POL-NBR>

Bodily injury limits: <POP-BI-LIMIT>

Comp claims: <POP-TOT-COMP-CLMS>

Not at-fault accidents: <POP-TOT-NAF-ACCIDENTS>

Residence insurance carrier: <X>

Lienholder and additional interest information

Lienholder information

Additional interest information

Vehicle	Lienholder	Additional interest
<1> <2> <3>	<4>	<5>
<6>	<7>	<8>
	<1>	<2>
	<3>	<4>
Vehicle	Additional interest	
Vehicle	Lienholder	
<1> <2> <3>	<4>	
<5>	<6>	
	<x>	
	<x>	

Additional interest information

Additional Interest: <x>
<x>
<x>, <x> <x>

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. 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.

Acknowledgement and agreement

- 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 acknowledge that insurance prices and products are different when purchased directly from <XXXXXXXXXX> or through agents/brokers.

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 <ARB-NSF-SERVICE-FEE> 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 <ARB-LATE-FEE> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <ARB-PMT-POSTMARK-DAYS> days after the premium due date. The amount of this fee may change upon policy renewal.

Applicant signature

I represent that I, <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>, 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.

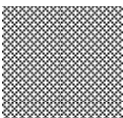
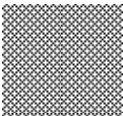
Signature of named insured

Date

X<HDR-PNI-FULL-NAME>

<HDR-PNI-ESIGN-DT>

Form 4905 MA (06/11)



{Insert brand logo}

Progressive Logo

{ Section produces for sold policies. Insert in variable 1 policy number, variable 2 'Policyholder' if one named insured and 'Policyholders' if there are 2, variable 3 named insured name, variable 4 additional named insured name if present. Middle initial and suffix produce in name fields if applicable.}

Policy Number: <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

{ Section produces for unsold policies. Insert in variable 1 'Policyholder' if one named insured and 'Policyholders' if there are 2, variable 2 named insured name, variable 3 additional named insured name if present. Middle initial and suffix produce in name fields if applicable.}

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

{ Line always produces.}

<ARB-NOTE-DT >

{ Page numbers produce for transactions other than e-sign.}

Page <x> of <x>

Application for Massachusetts Motor Vehicle Insurance

{The heading below will not produce for customers who e-sign.}

Please review, sign where indicated and return

{The heading below produces for customers who e-signs.}

Please review and sign where indicated

{Below section always produces.}

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.

{The below section produces when policy number is available.}

Policy and premium information for policy number <HDR-POLICY>

{The below section produces when policy number is not available.}

Policy and premium information

{The section below will always produce .The variable fields will populate with underwriting company name when state of domicile available.}

Insurance company: <HDR-UNDR-WRT-CO-NAME>, < HDR-DOMICILED-ST-TEXT> domiciled company
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

{The section below will always produce .The variable fields will populate with underwriting company name when state of domicile not available.}

Insurance company: <HDR-UNDR-WRT-CO-NAME>
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>



{The below section produces when single named insured is present.}

Named insured: <HDR-NAME-INSD-FIRST> <MI> <HDR-NAME-INSD-LAST> <SFX>
 <HDR-INSD-STR-ADRS-1>
 <HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
 Home: <HX1-INSD-PHONE-HOME>

{The below section produces when additional insured is present.}

Named insureds: <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>
 <HDR-ADD-INSD-FIRST> <HDR-ADD-INSD-MI> <HDR-ADD-INSD-LAST> <HDR-ADD-INSD-SFX>
 <HDR-INSD-STR-ADRS-1>
 <HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
 Home: <HX1-INSD-PHONE-HOME>

{Below section produces when initial payment is paid or when policy is a rewrite due to out of state move.}

Policy period: <ARB-POL-EFF-DT> - <ARB-POL-EXPR-DT>
 Effective date and time: <ARB-POL-EFF-DT> at <ARB-POL-EFF-TIME> <ARB-POL-EFF-TIME-ZONE>
 Total policy premium: <PMD-PREM-TOTAL-JFLD-99>
 Initial payment required: <ARB-CURR-MNM-AMT>
 Initial payment received: <ARB-DOWN-PAY-RECVD>
 Payment plan: <ARB-PAY-METHOD>

{Below section produces when initial payment is not paid or when policy is not a rewrite due to out of state move.}

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: <PMD-PREM-TOTAL-JFLD-99>
 Initial payment required: <ARB-CURR-MNM-AMT>
 Payment plan: <ARB-PAY-METHOD>

{Below line always produces.}

Drivers and resident relatives

{Below section always produces.}

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. Your total policy premium can be affected by all persons of driving age. While designating drivers as Excluded may increase policy premium, the violation and accident history of Excluded drivers does not affect premium.

Name	Date of birth
{The dotted line and detail lines produce once for each driver and if there is driver information record. Insert in variable 1 DRV-DRV-NAME-FIRST, variable 2 DRV-DRV-NAME-MI, variable 3 DRV-DRV-NAME-LAST, variable 4 DRV-DRV-NAME-SFX and variable 5 DRV-DT-BIRTH.}	
<1> <2> <3> <4>	<5>

{The below line produces when driver information is present.}

Driver's license #/Licensed state	Years licensed	Total years licensed	% of use
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{The line below produces when the number of vehicles on the policy is 1.}

Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1
Previous:
{The line below produces when the number of vehicles on the policy is 2.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2
Previous:
{The line below produces when the number of vehicles on the policy is 3.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2 Auto 3
Previous:
{The line below produces when the number of vehicles on the policy is 4.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2 Auto 3 Auto 4
Previous:

{The following heading is specific to MA.}

Household residents

{If Selected number of residents = 9, insert "9 or more", otherwise insert 1-digit number.}

Total residents <Selected number of residents>

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the 12 next months.

{Below section always produces.}

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.

{Below section always produces.}

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/my.

{Below section produces when there is a driver with filing.}

Driver filing

Name

{Section beginning with driver name and ending with the case number line produces once for each driver on the policy with at least one filing.}

<SRF-INSD-NAME-FIRST> <MI> <SRF-INSD-NAME-LAST> <SFX>

.....
Filing type: <SRF-FILE-TYPE> <SRF-FILE-TYPE-2> <SRF-FILE-TYPE-3> <SRF-FILE-TYPE-4>

State: <SRF-STATE> <SRF-STATE-2> <SRF-STATE-3> <SRF-STATE-4>

Case number: <SRF-CASE-NBR> <SRF-CASE-NBR-2> <SRF-CASE-NBR-3> <SRF-CASE-NBR-4>

{heading and sentence always produce.}

Outline of coverage

{ paragraph produces when there is more than one vehicle and policy is not a Physical Damage Only 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

{ section beginning with vehicle data and ending with the stated amount copy produces once for each vehicle on the policy. Please refer to the Checklist Automation Tool for a list of applicable coverages. Coverage descriptions as they appear on the application are housed in the PMTCALC table by line coverage and limit code. Insert in variable 1 the sequence number of the vehicle in the list of vehicles being processed(ex – 1, 2, 3, 4). Insert as applicable for each coverage listed, in column 1 the coverage description, in column 2 limits, in column 3 the deductible and in column 4 the premium. Each coverage record is separated by a dotted line. The premium for the first coverage listed is preceded by a dollar sign.}

Auto < VCG-CV-COVG-SET >

<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME > <VCG-VCG-MODEL-NAME > <VCG-VCG-BODY-TYPE>

VIN:< VCG-VCG-SERIAL-NUM>

Principal garaging address: < VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: < VCG-VCG-SURCHARGE>

{1800: FOR each vehicle currently enrolled in UBI version 2.0}

This vehicle is currently enrolled in the <UBI program name>SM Program.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
<x>	<x>		<x\$xxx>
<x>	<x>	<x>	<xxxx>
<x>			

{Please refer to the Checklist Automation Tool for a list of applicable coverages. Coverage descriptions as they appear on the application are housed in the PMTCALC table by line coverage and limit code. Insert as applicable for each line coverage in the first column the coverage description, in the second column limits, in the third column deductible and in the forth column the premium. The premium for the first coverage will be preceded by a dollar sign for coverages that are not included. Each coverage is separated by a dotted line. The word 'included' will produce in the Premium column for coverages that are included.}

<x>	<x>		<x\$xxx>
<x>	<x>	<x>	<xxxx>
<x>			

{Headings produce when optional coverages are present.}

Optional insurance

	Limits	Deductible	Premium
<x>	<x>	<x>	<xxxx>
<x>	<x>	<x>	<xxxx>
<x>		<x>	
<x>	<x>	<x>	<xxxx>
<x>			

{ dotted and detail lines produce once for each vehicle if there is more than one vehicle on the policy or if there is only one vehicle on the policy and there is policy level coverage. Insert in variable 1 vehicle year, variable 2 vehicle make and variable 3 vehicle premium.}

Total premium for<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME> <\$x>

{ The below section produces if the stated amount value of the vehicle is greater than zero and if the vehicle is not a trailer. }
 * 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 <VCG-VCG-STATED-AMT-LJFLD>.

{ dotted and detail lines produce after all coverages have been listed when there's a fee on the policy. Insert in variable the policy premium subtotal without fees. }

Subtotal policy premium < \$xxx.xx >

{ dotted and detail lines produce once for each fee present on the policy. Insert in variable1 the fee description and in variable 2 the fee amount. }

< FEE-FEE-DESC-1 > < xx.xx >

{ dotted and detail lines produce after all coverages have been listed when the policy does not have the paid in full discount. Insert in variable 1 IF fees were charged, VAR2 = "and fees" the policy term length and in variable 2-3 the total policy premium. }

Total <x> month policy premium <x> < \$xxx.xx >

{ dotted and detail lines produce after all coverages have been listed when the policy has a paid in full discount. Insert in variable 1 IF fees were charged, VAR2 = "and fees" the policy term length and in variable 2-3 the total policy premium with the paid in full discount. }

Total <x> month policy premium, with paid in full discount <x> < \$xxx.xx >

{ Below section always produces. }

Vehicle information

Auto < VCG-CV-COVG-SET >

< VCG-VCG-MODEL-YEAR > < VCG-VCG-TRADE-NAME > < VCG-VCG-MODEL-NAME > < VCG-VCG-BODY-TYPE >

VIN: < VCG-VCG-SERIAL-NUM >

Principal garaging address: < VCG-VCG-GARAGE-ZIP >

Primary use of the vehicle: < VCG-VCG-SURCHARGE >

Odometer reading:

Registration	Miles auto was driven	Anti-theft	Leased auto
plate number	in past 12 mos.	(Yes/No)	(Yes/No)

{ Insert in variable 1 VEH-LIC-PLT-NBR, variable 2 VEH-ANNUAL-MILES, variable 3 VEH-ANTI-THEFT-T and variable 4 VEH-LSE-AUTO-T. }

< 1 > < 2 > < 3 > < 4 >

{ Heading produces when there is one discount on the policy. }

Premium discount

{ Heading produces when there is more than one discount on the policy. }

Premium discounts

{ Section produces when there is one or more policy level discount. }

Policy

< HDR-POLICY > < DIS-REN-QT-DISCOUNT >

{ Column heading and dotted line produces if there is at least one driver-level discount on the policy. }

Driver

{ Section produces once for each driver with a driver-level discount. Insert in variables from left to right DRV-DRV-NAME-FIRST, DRV-DRV-NAME-MI if available, DRV-DRV-NAME-LAST, DRV-DRV-NAME-SFX if available and DRV-DISCOUNT. Multiple discount descriptions may produce. }

< x > < x > < x > < x > < x >

{ Column heading and dotted line produces if there is at least one vehicle-level discount on the policy. }

Vehicle

{Section produces once for each vehicle if the vehicle level discount exists. Multiple discount descriptions may produce.}

<VEH-MODEL-YEAR><VEH-TRADE-NAME> <VEH-DISCOUNT>
<VEH-MODEL-NAME>

{Heading produces if any surcharge exists}

Additional policy information

{Section below produces when there is one or more policy-level surcharges.}

Policy

<HDR-POLICY> <SUR-SURCHARGE-DESC>

{Column heading and dotted line produces when there is at least one driver-level surcharge on the policy}

Driver

{Section produces once for each driver for which driver surcharge is applicable. Insert in variables from left to right DRV-DRV-NAME-FIRST, DRV-DRV-NAME-MI if available, DRV-DRV-NAME-LAST, DRV-DRV-NAME-SFX if available and DRV- SURCHARGE}

<x> <x> <x> <x> <DRV-SURCHARGE>

{Section produces when there is at least one vehicle-level surcharge on the policy}

Vehicle

{Section produces once for each vehicle with a surcharge.}

<VEH-MODEL-YEAR><VEH-TRADE-NAME> <VEH-SURCHARGE>
<VEH-MODEL-NAME>

{100 when driving history is present.}

Driving history

{200 when driving history begins on one page and continues on another.}

Driving history continued

{300 when there's at least one driver with a violation or accident, the driver is not list only or excluded and an accident can be subject to a payment threshold .}

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.

{400 when there's at least one driver with a violation or accident, the driver is not excluded and there is no accident payment threshold.}

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 and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

{500 when all rated drivers have a clean driving record.}

<Company Brand name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

{600a for each driving record incident. Repeats if Driving history spans more than one page}

Driver and Description	Date	Source/Consumer reporting agency
------------------------	------	----------------------------------

{600b FOR each incident on the policy EXCEPT IF accident surcharge has been waived; an at fault accident is greater than 35 months old; an accident claim is open and \$500 or less;an accident claim is closed and \$500 or less; OR the accident was waived under the Progressive Auto Advantageprogram. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

.....
<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>

{600c FOR each accident where the surcharge has been waived, OR at fault accident is greater than 35 months old. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

.....
<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
accident points not charged

{600d FOR each accident where the claim is open and \$500 or less, OR an accident claim is closed and \$500 or less. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

.....
<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
points not charged

{600e For each violation waived under the Progressive Auto Advantage program. Data within each column will wrap if it exceeds a line}

.....
<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
Waived under the Progressive Auto Advantage package

{Below section always produces.}

Prior insurance and underwriting questions **Risk tier information**

.....
Prior insurance: <POP-INSURANCE-DESC>
{Below line produces when proof of prior insurance policy carrier is available.}

.....
Prior insurance carrier: <POP-CARRIER>
{Below line produces when proof of prior insurance policy number is available.}

.....
Policy number: <POP-POL-NBR>
{Below line produces when proof of prior BI limits is available.}

.....
Bodily injury limits: <POP-BI-LIMIT>
{Below line produces when proof of prior total comp claims is available. The label will always print, even if total is zero.}

.....
Comp claims: <POP-TOT-COMP-CLMS>
{Below line produces when proof of not at fault available. The label will always print, even if total is zero.}

.....
Not at-fault accidents: <POP-TOT-NAF-ACCIDENTS>
{Below line produces when proof of property insurance carrier is available. Language is MA specific.}

.....
Property insurance carrier: <X>

{This section produces on all applications and must print on new pages.}

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. 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.~~

Acknowledgement and agreement

- 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.

{The variable text below represents the company brand name.}

- I acknowledge that insurance prices and products are different when purchased directly from <XXXXXXXXXX> or through agents/brokers.

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 <ARB-NSF-SERVICE-FEE> 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 <ARB-LATE-FEE> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <ARB-PMT-POSTMARK-DAYS> days after the premium due date. The amount of this fee may change upon policy renewal.

{Below section produces for customers who elect to sign their application electronically.}

Applicant signature

I represent that I, <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>, 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.

{This will always produce. Insert Variable1 with name, as that name is entered by the customer. Insert variable 2 with date for those who elect to sign electronically}

Signature of named insured

Date

X<HDR-PNI-FULL-NAME>

<HDR-PNI-ESIGN-DT>

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

Progressive Logo

INSURED
123 ANY STREET
CITY, MA 01077

Policy Number:

Underwritten by:
Progressive Direct Insurance Company
Month, day, year
Policy Period:
Page 1 of 3

Online Service

Make payments, check billing activity, update
<x> information or check status of a claim.

1-800-PROGRESSIVE (1-800-776-4737)

For customer service and claims service, 24 hours a
day, 7 days a week.

Auto Insurance Coverage Summary

This is your Coverage Selections Page

Your coverage begins on Month dd, yyyy at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on Month dd, yyyy at 12:01 a.m.

This page and any attached endorsements form a part of your policy and 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. The policy contract is form 9609D MA (11/07).

Drivers and household residents

Additional information

Insured

Named insured

Outline of coverage

This policy provides only the coverages for which a premium charge is shown.

Auto 1

Year Make Model

VIN:

Principal garaging address:

[This vehicle is currently enrolled in the Snapshot Program.](#)

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$

Personal Injury Protection (Part 2)> Deductible applies to You>	\$8,000 each person	\$	\$
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$25,000 each person/\$50,000 each accident		\$
Damage to Someone Else's Property (Part 4) (Compulsory Limits \$5,000)	\$100,000 each accident		\$
Optional insurance	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$25,000 each person/\$50,000 each accident>		\$
Collision (Part 7)	Actual Cash Value	\$	\$
Comprehensive (Part 9)	Actual Cash Value>	\$ \$100 glass	\$
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		\$
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$25,000 each person/\$50,000 each accident		\$
Total premium for Auto 1			\$
Subtotal policy premium			\$
SR22 driver filing fee			\$
Total 6 month policy premium and fees			\$

* 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 \$.

Part 5 - Optional Bodily Injury To Others

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

Part 12 - Bodily Injury Caused By An Underinsured Auto

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

Premium discount

Several discounts are available and your premium has been reduced if one or more discounts are indicated below. Contact customer service for further details.

Policy

123456789

Residence Insurance, and Multi-Car

Vehicle

Year Make Model

Anti-Theft Device

Lienholder information

We send certain notices such as coverage summaries and cancellation notices to the following:

Vehicle

Lienholder

Year Make Model
VIN

Driver information

Name

Date of Birth

Current driver's license #

License status

Years licensed

Operator Status

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

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. We may verify the accuracy of the previous driving records of all listed operators.

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

Countersigned by 
Authorized Signature


Authorized Signature

{Insert brand logo}

Progressive Logo

{ Section produces for sold policies. Insert in variable 1 policy number, variable 2 'Policyholder' if one named insured and 'Policyholders' if there are 2, variable 3 named insured name, variable 4 additional named insured name if present. Middle initial and suffix produce in name fields if applicable.}

Policy Number: <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXXXX XXX>

{ Section produces for unsold policies. Insert in variable 1 'Policyholder' if one named insured and 'Policyholders' if there are 2, variable 2 named insured name, variable 3 additional named insured name if present. Middle initial and suffix produce in name fields if applicable.}

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXXXX XXX>

{ Line always produces.}

<ARB-NOTE-DT >

{ Page numbers produce for transactions other than e-sign.}

Page <x> of <x>

Application for Massachusetts Motor Vehicle Insurance

{The heading below will not produce for customers who e-sign.}

Please review, sign where indicated and return

{The heading below produces for customers who e-signs.}

Please review and sign where indicated

{Below section always produces.}

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.

{The below section produces when policy number is available.}

Policy and premium information for policy number <HDR-POLICY>

{The below section produces when policy number is not available.}

Policy and premium information

{The section below will always produce .The variable fields will populate with underwriting company name when state of domicile available.}

Insurance company: <HDR-UNDR-WRT-CO-NAME>, < HDR-DOMICILED-ST-TEXT> domiciled company
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

{The section below will always produce .The variable fields will populate with underwriting company name when state of domicile not available.}

Insurance company: <HDR-UNDR-WRT-CO-NAME>
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

{ * Section: IF the variable is passed on the policy}

{ * Variable: IF the variable is passed on the policy}

{F100: IF NOT e-sign AND form spans more than one page. NOT on last page.}



Continued

{H200: Second page and all subsequent pages IF the form spans more than one page.
 IF Blank Form, ONLY Policy Number heading. IF Unsold, NO Policy Number heading and
 variable. IF Blank Form or E-sign, NO Page Number headings or variables. VAR 1 =page
 number, VAR 2=total number of pages per form}

{The below section produces when single named insured is present.}

Named insured: <HDR-NAME-INSD-FIRST> <MI> <HDR-NAME-INSD-LAST> <SFX>
 <HDR-INSD-STR-ADRS-1>
 <HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
 Home: <HX1-INSD-PHONE-HOME>

{The below section produces when additional insured is present.}

Named insureds: <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>
 <HDR-ADD-INSD-FIRST> <HDR-ADD-INSD-MI> <HDR-ADD-INSD-LAST> <HDR-ADD-INSD-SFX>
 <HDR-INSD-STR-ADRS-1>
 <HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
 Home: <HX1-INSD-PHONE-HOME>

{Below section produces when initial payment is paid or when policy is a rewrite due to out of state move.}

Policy period: <ARB-POL-EFF-DT> - <ARB-POL-EXPR-DT>
 Effective date and time: <ARB-POL-EFF-DT> at <ARB-POL-EFF-TIME> <ARB-POL-EFF-TIME-ZONE>
 Total policy premium: <PMD-PREM-TOTAL-JFLD-99>
 Initial payment required: <ARB-CURR-MNM-AMT>
 Initial payment received: <ARB-DOWN-PAY-RECVD>
 Payment plan: <ARB-PAY-METHOD>

{Below section produces when initial payment is not paid or when policy is not a rewrite due to out of state move.}

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: <PMD-PREM-TOTAL-JFLD-99>
 Initial payment required: <ARB-CURR-MNM-AMT>
 Payment plan: <ARB-PAY-METHOD>

{Below line always produces.}

Drivers and resident relatives

{Below section always produces.}

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. Your total policy premium can be affected by all persons of driving age. While designating drivers as Excluded
 may increase policy premium, the violation and accident history of Excluded drivers does not affect premium.

Name	Date of birth
{The dotted line and detail lines produce once for each driver and if there is driver information record. Insert in variable 1 DRV- DRV-NAME-FIRST, variable 2 DRV-DRV-NAME-MI, variable 3 DRV-DRV-NAME-LAST, variable 4 DRV-DRV-NAME-SFX and variable 5 DRV-DT-BIRTH.}	
<1> <2> <3> <4>	<5>

{The below line produces when driver information is present.}

Driver's license #/Licensed state	Years licensed	Total years licensed	% of use
{The line below produces when the number of vehicles on the policy is 1.}			

{ * Section: IF the variable is passed on the policy}
 { * Variable: IF the variable is passed on the policy}

{F100: IF NOT e-sign AND form spans more
 than one page. NOT on last page.}

{H200: Second page and all subsequent pages IF the form spans more than one page.
IF Blank Form, ONLY Policy Number heading. IF Unsold, NO Policy Number heading and
variable. IF Blank Form or E-sign, NO Page Number headings or variables. VAR 1=page
number, VAR 2=total number of pages per form}

Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1
Previous:
{The line below produces when the number of vehicles on the policy is 2.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2
Previous:
{The line below produces when the number of vehicles on the policy is 3.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2 Auto 3
Previous:
{The line below produces when the number of vehicles on the policy is 4.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2 Auto 3 Auto 4
Previous:

{The following heading is specific to MA.}

Household residents

{If Selected number of residents = 9, insert "9 or more", otherwise insert 1-digit number.}

Total residents <Selected number of residents>

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the next 12 months.

{Below section always produces.}

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.

{Below section always produces.}

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/my.

{Below section produces when there is a driver with filing.}

Driver filing

Name

{Section beginning with driver name and ending with the case number line produces once for each driver on the policy with at least one filing.}

<SRF-INSD-NAME-FIRST> <MI> <SRF-INSD-NAME-LAST> <SFX>

Filing type: <SRF-FILE-TYPE> <SRF-FILE-TYPE-2> <SRF-FILE-TYPE-3> <SRF-FILE-TYPE-4>

State: <SRF-STATE> <SRF-STATE-2> <SRF-STATE-3> <SRF-STATE-4>

Case number: <SRF-CASE-NBR> <SRF-CASE-NBR-2> <SRF-CASE-NBR-3> <SRF-CASE-NBR-4>

{ * Section: IF the variable is passed on the policy}

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{ heading and sentence always produce. }

Outline of coverage

{ paragraph produces when there is more than one vehicle and policy is not a Physical Damage Only 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

{ section beginning with vehicle data and ending with the stated amount copy produces once for each vehicle on the policy. Please refer to the Checklist Automation Tool for a list of applicable coverages. Coverage descriptions as they appear on the application are housed in the PMTCALC table by line coverage and limit code. Insert in variable 1 the sequence number of the vehicle in the list of vehicles being processed(ex – 1, 2, 3, 4). Insert as applicable for each coverage listed, in column 1 the coverage description, in column 2 limits, in column 3 the deductible and in column 4 the premium. Each coverage record is separated by a dotted line. The premium for the first coverage listed is preceded by a dollar sign. }

Auto < VCG-CV-COVG-SET >

<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME > <VCG-VCG-MODEL-NAME > <VCG-VCG-BODY-TYPE>

VIN:< VCG-VCG-SERIAL-NUM>

Principal garaging address: < VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: < VCG-VCG-SURCHARGE>

{1800: FOR each vehicle currently enrolled in UBI version 2.0}

This vehicle is currently enrolled in the <UBI program name>SM Program.

Coverages Parts 1-12

Compulsory insurance	Limits	Deductible	Premium
<x>	<x>		<x\$xxx>
<x>	<x>	<x>	<xxxx>
<x>			

{ Please refer to the Checklist Automation Tool for a list of applicable coverages. Coverage descriptions as they appear on the application are housed in the PMTCALC table by line coverage and limit code. Insert as applicable for each line coverage in the first column the coverage description, in the second column limits, in the third column deductible and in the forth column the premium. The premium for the first coverage will be preceded by a dollar sign for coverages that are not included. Each coverage is separated by a dotted line. The word 'included' will produce in the Premium column for coverages that are included. }

<x>	<x>		<x\$xxx>
<x>	<x>	<x>	<xxxx>
<x>			

{ Headings produce when optional coverages are present. }

Optional insurance	Limits	Deductible	Premium
<x>	<x>	<x>	<xxxx>
<x>	<x>	<x>	<xxxx>
<x>		<x>	
<x>	<x>	<x>	<xxxx>
<x>			

{ dotted and detail lines produce once for each vehicle if there is more than one vehicle on the policy or if there is only one vehicle on the policy and there is policy level coverage. Insert in variable 1 vehicle year, variable 2 vehicle make and variable 3 vehicle premium. }

Total premium for<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME> <\$x>

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{ The below section produces if the stated amount value of the vehicle is greater than zero and if the vehicle is not a trailer.}
 * 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 <VCG-VCG-STATED-AMT-LJFLD>.

{ dotted and detail lines produce after all coverages have been listed when there's a fee on the policy. Insert in variable the policy premium subtotal without fees. }

Subtotal policy premium < \$xxx.xx >

{ dotted and detail lines produce once for each fee present on the policy. Insert in variable1 the fee description and in variable 2 the fee amount.}

<FEE-FEE-DESC-1> <xx.xx>

{ dotted and detail lines produce after all coverages have been listed when the policy does not have the paid in full discount. Insert in variable 1 IF fees were charged, VAR2 ="and fees" the policy term length and in variable 2-3 the total policy premium.}

Total <x> month policy premium <x> < \$xxx.xx >

{ dotted and detail lines produce after all coverages have been listed when the policy has a paid in full discount. Insert in variable 1 IF fees were charged, VAR2 ="and fees" the policy term length and in variable 2-3 the total policy premium with the paid in full discount.}

Total <x> month policy premium, with paid in full discount <x> < \$xxx.xx >

{Below section always produces.}

Vehicle information

Auto <VCG-CV-COVG-SET>

<VCG-VCG-MODEL-YEAR> <VCG-VCG-TRADE-NAME> <VCG-VCG-MODEL-NAME> <VCG-VCG-BODY-TYPE>

VIN: <VCG-VCG-SERIAL-NUM>

Principal garaging address: <VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: <VCG-VCG-SURCHARGE>

Odometer reading:

Registration	Miles auto was driven	Anti theft	Leased auto
plate number	in past 12 mos.	(Yes/No)	(Yes/No)

{Insert in variable 1 VEH-LIC-PLT-NBR, variable 2 VEH-ANNUAL-MILES, ~~variable 3 VEH-ANTI-THEFT-T~~ and variable 4-3 VEH-LSE-AUTO-T.}

<1> <2> <3> <43>

{Heading produces when there is one discount on the policy. }

Premium discount

{Heading produces when there is more than one discount on the policy.}

Premium discounts

{Section produces when there is one or more policy level discount.}

Policy

<HDR-POLICY> <DIS-REN-QT-DISCOUNT>

{Column heading and dotted line produces if there is at least one driver-level discount on the policy.}

Driver

{Section produces once for each driver with a driver-level discount. Insert in variables from left to right DRV-DRV-NAME-FIRST, DRV-DRV-NAME-MI if available, DRV-DRV-NAME-LAST, DRV-DRV-NAME-SFX if available and DRV-DISCOUNT. Multiple discount descriptions may produce.}

<x> <x> <x> <x> <x>

{Column heading and dotted line produces if there is at least one vehicle-level discount on the policy.}

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Vehicle

{Section produces once for each vehicle if the vehicle level discount exists. Multiple discount descriptions may produce.}

<VEH-MODEL-YEAR><VEH-TRADE-NAME> <VEH-DISCOUNT>
<VEH-MODEL-NAME>

{Heading produces if any surcharge exists}

Additional policy information

{Section below produces when there is one or more policy-level surcharges.}

Policy

<HDR-POLICY> <SUR-SURCHARGE-DESC>

{Column heading and dotted line produces when there is at least one driver-level surcharge on the policy}

Driver

{Section produces once for each driver for which driver surcharge is applicable. Insert in variables from left to right DRV-DRV-NAME-FIRST, DRV-DRV-NAME-MI if available, DRV-DRV-NAME-LAST, DRV-DRV-NAME-SFX if available and DRV- SURCHARGE}

<x> <x> <x> <x> <DRV-SURCHARGE>

{Section produces when there is at least one vehicle-level surcharge on the policy}

Vehicle

{Section produces once for each vehicle with a surcharge.}

<VEH-MODEL-YEAR><VEH-TRADE-NAME> <VEH-SURCHARGE>
<VEH-MODEL-NAME>

{100 when driving history is present.}

Driving history

{200 when driving history begins on one page and continues on another.}

Driving history continued

{300 when there's at least one driver with a violation or accident, the driver is not list only or excluded and an accident can be subject to a payment threshold .}

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.

{400 when there's at least one driver with a violation or accident, the driver is not excluded and there is no accident payment threshold.}

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 and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

{500 when all rated drivers have a clean driving record.}

<Company Brand name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

{600a for each driving record incident. Repeats if Driving history spans more than one page}

Driver and Description

Date

Source/Consumer reporting agency

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{600b FOR each incident on the policy EXCEPT IF accident surcharge has been waived; an at fault accident is greater than 35 months old; an accident claim is open and \$500 or less;an accident claim is closed and \$500 or less; OR the accident was waived under the Progressive Auto Advantageprogram. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>

{600c FOR each accident where the surcharge has been waived, OR at fault accident is greater than 35 months old. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
accident points not charged

{600d FOR each accident where the claim is open and \$500 or less, OR an accident claim is closed and \$500 or less. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
points not charged

{600e For each violation waived under the Progressive Auto Advantage program. Data within each column will wrap if it exceeds a line}

<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
Waived under the Progressive Auto Advantage package

{Below section always produces.}

Prior insurance and underwriting questionsRisk tier information

Prior insurance: <POP-INSURANCE-DESC>
{Below line produces when proof of prior insurance policy carrier is available.}

Prior insurance carrier: <POP-CARRIER>
{Below line produces when proof of prior insurance policy number is available.}

Policy number: <POP-POL-NBR>
{Below line produces when proof of prior BI limits is available.}

Bodily injury limits: <POP-BI-LIMIT>
{Below line produces when proof of prior total comp claims is available. The label will always print, even if total is zero.}

Comp claims: <POP-TOT-COMP-CLMS>
{Below line produces when proof of not at fault available. The label will always print, even if total is zero.}

Not at-fault accidents: <POP-TOT-NAF-ACCIDENTS>
{Below line always produces. If proof of property insurance carrier is not available, "None" will print. Language is MA specific.}

Residence insurance carrier: <X>

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{ heading produces if there is a lienholder and a vehicle level additional interest on the policy.}

Lienholder and additional interest information

{ heading produces if there is a lienholder and no vehicle level additional interest on the policy.}

Lienholder information

{ heading produces if there is a vehicle level additional interest and no lienholder on the policy.}

Additional interest information

{ headings produce when there's a vehicle level additional interest and a lienholder on the policy.}

Vehicle	Lienholder	Additional interest
----------------	-------------------	----------------------------

{ dotted and detail lines produce once for each vehicle that has a lienholder or a vehicle level additional interest on a policy where there is at least one lienholder and one vehicle level additional interest for any vehicle or combination of vehicles on the policy. Insert in variables 1, 2, 3 and 6 vehicle year, make, model and vehicle id number. Insert in variable 4 lienholder name or blank line if no lienholder applies to the vehicle, insert in variable 5 additional interest name or blank line if additional interest does not apply to vehicle. Insert in variables 7 and 8 lienholder and additional interest city state and zip if applicable.}

<1>	<2>	<3>	<4>	<5>
<6>	<7>			<8>

{ detail lines produce once for each vehicle that has a second lienholder or a second vehicle level additional interest on a policy that has at least one lienholder and one vehicle level additional interest for any vehicle or combination of vehicles on the policy. Insert in variable 1 second lienholder name or blank line if no second lienholder, in variable 2 second additional interest name or blank line if no second additional interest. Insert in variable 3 second lienholder city state and zip if applicable and in variable 4 second additional interest city state and zip if applicable.}

<1>	<2>
<3>	<4>

{ headings produce when there's a vehicle level additional interest and no lienholders for any vehicle on the policy.}

Vehicle	Additional interest
----------------	----------------------------

{ headings produce when there's a lienholder and no vehicle level additional interest for any vehicle on the policy.}

Vehicle	Lienholder
----------------	-------------------

{ dotted and detail lines produce once for each vehicle that has a lienholder or a vehicle level additional interest on a policy where there are lienholders and no vehicle level additional interests or vehicle level additional interests and no lienholders. Insert in variables 1, 2, 3 and 5 vehicle year, make, model and vehicle id number. For variable 4 insert Lienholder or additional interest name, in variable 6 insert lienholder or additional interest city state and zip,}

<1>	<2>	<3>	<4>
<5>	<6>		

{ detail lines produce once for each vehicle that has a second lienholder or a second vehicle level additional interest on a policy where there are lienholders and no vehicle level additional interests or vehicle level additional interests and no lienholders. Insert in variable 1 second lienholder or additional interest name and in variable 2 second lienholder or additional interest city state and zip.}

<x>
<x>

{ heading produces if there is a policy level additional interest on the policy.}

Additional interest information

{ section produces once for each policy level additional interest on the policy. Insert in variable 1 the additional interest's name and in variables 2 through 5 the additional interest's street address, city, state and zip code.}

Additional Interest:	<x>
	<x>
	<x>, <x> <x>

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{This section produces on all applications and must print on new pages.}

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. 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.~~

Acknowledgement and agreement

- 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.

{The variable text below represents the company brand name.}

- I acknowledge that insurance prices and products are different when purchased directly from <XXXXXXXXXX> or through agents/brokers.

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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 <ARB-NSF-SERVICE-FEE> 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 <ARB-LATE-FEE> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <ARB-PMT-POSTMARK-DAYS> days after the premium due date. The amount of this fee may change upon policy renewal.

{Below section produces for customers who elect to sign their application electronically.}

Applicant signature

I represent that I, <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>, 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.

{This will always produce. Insert Variable1 with name, as that name is entered by the customer. Insert variable 2 with date for those who elect to sign electronically}

Signature of named insured

Date

X<HDR-PNI-FULL-NAME>

<HDR-PNI-ESIGN-DT>

Form 4905 MA (04/1006/11)

{ Below are data glyphs with embedded information for when forms are sent back to Progressive. Produce if DGI record is passed.}

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Important Notice to Policyholders

Please read carefully the information below which outlines your legal rights relative to this cancellation.

Information About Minimum Insurance Requirements

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

Right of Appeal after Cancellation and Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, or 3 before the effective date of cancellation, you have the right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation and your license plates should not be used on or after the effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.

{Insert brand logo}

Progressive Logo

{ Section produces for sold policies. Insert in variable 1 policy number, variable 2 'Policyholder' if one named insured and 'Policyholders' if there are 2, variable 3 named insured name, variable 4 additional named insured name if present. Middle initial and suffix produce in name fields if applicable.}

Policy Number: <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

{ Section produces for unsold policies. Insert in variable 1 'Policyholder' if one named insured and 'Policyholders' if there are 2, variable 2 named insured name, variable 3 additional named insured name if present. Middle initial and suffix produce in name fields if applicable.}

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

{ Line always produces.}

<ARB-NOTE-DT >

{ Page numbers produce for transactions other than e-sign.}

Page <x> of <x>

Application for Massachusetts Motor Vehicle Insurance

{The heading below will not produce for customers who e-sign.}

Please review, sign where indicated and return

{The heading below produces for customers who e-signs.}

Please review and sign where indicated

{Below section always produces.}

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.

{The below section produces when policy number is available.}

Policy and premium information for policy number <HDR-POLICY>

{The below section produces when policy number is not available.}

Policy and premium information

{The section below will always produce .The variable fields will populate with underwriting company name when state of domicile available.}

Insurance company: <HDR-UNDR-WRT-CO-NAME>, < HDR-DOMICILED-ST-TEXT> domiciled company
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>,<HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

{The section below will always produce .The variable fields will populate with underwriting company name when state of domicile not available.}

Insurance company: <HDR-UNDR-WRT-CO-NAME>
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>,<HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

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Continued

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{The below section produces when single named insured is present.}

Named insured: <HDR-NAME-INSD-FIRST> <MI> <HDR-NAME-INSD-LAST> <SFX>
 <HDR-INSD-STR-ADRS-1>
 <HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
 Home: <HX1-INSD-PHONE-HOME>

{The below section produces when additional insured is present.}

Named insureds: <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>
 <HDR-ADD-INSD-FIRST> <HDR-ADD-INSD-MI> <HDR-ADD-INSD-LAST> <HDR-ADD-INSD-SFX>
 <HDR-INSD-STR-ADRS-1>
 <HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
 Home: <HX1-INSD-PHONE-HOME>

{Below section produces when initial payment is paid or when policy is a rewrite due to out of state move.}

Policy period: <ARB-POL-EFF-DT> - <ARB-POL-EXPR-DT>
 Effective date and time: <ARB-POL-EFF-DT> at <ARB-POL-EFF-TIME> <ARB-POL-EFF-TIME-ZONE>
 Total policy premium: <PMD-PREM-TOTAL-JFLD-99>
 Initial payment required: <ARB-CURR-MNM-AMT>
 Initial payment received: <ARB-DOWN-PAY-RECVD>
 Payment plan: <ARB-PAY-METHOD>

{Below section produces when initial payment is not paid or when policy is not a rewrite due to out of state move.}

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: <PMD-PREM-TOTAL-JFLD-99>
 Initial payment required: <ARB-CURR-MNM-AMT>
 Payment plan: <ARB-PAY-METHOD>

{Below line always produces.}

Drivers and resident relatives

{Below section always produces.}

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. Your total policy premium can be affected by all persons of driving age. While designating drivers as Excluded may increase policy premium, the violation and accident history of Excluded drivers does not affect premium.

Name	Date of birth
{The dotted line and detail lines produce once for each driver and if there is driver information record. Insert in variable 1 DRV- DRV-NAME-FIRST, variable 2 DRV-DRV-NAME-MI, variable 3 DRV-DRV-NAME-LAST, variable 4 DRV-DRV-NAME-SFX and variable 5 DRV-DT-BIRTH.}	
<1> <2> <3> <4>	<5>

{The below line produces when driver information is present.}

Driver's license #/Licensed state	Years licensed	Total years licensed	% of use
{The line below produces when the number of vehicles on the policy is 1.}			

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 { * Variable: IF the variable is passed on the policy}

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number, VAR 2=total number of pages per form}

Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1
Previous:
{The line below produces when the number of vehicles on the policy is 2.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2
Previous:
{The line below produces when the number of vehicles on the policy is 3.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2 Auto 3
Previous:
{The line below produces when the number of vehicles on the policy is 4.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2 Auto 3 Auto 4
Previous:
{The following heading is specific to MA.}

Household residents

{If Selected number of residents = 9, insert "9 or more", otherwise insert 1-digit number.}

Total residents <Selected number of residents>

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the next 12 months.

{Below section always produces.}

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.

{Below section always produces.}

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/my.

{Below section produces when there is a driver with filing.}

Driver filing

Name

{Section beginning with driver name and ending with the case number line produces once for each driver on the policy with at least one filing.}

<SRF-INSD-NAME-FIRST> <MI> <SRF-INSD-NAME-LAST> <SFX>

.....
Filing type: <SRF-FILE-TYPE> <SRF-FILE-TYPE-2> <SRF-FILE-TYPE-3> <SRF-FILE-TYPE-4>

State: <SRF-STATE> <SRF-STATE-2> <SRF-STATE-3> <SRF-STATE-4>

Case number: <SRF-CASE-NBR> <SRF-CASE-NBR-2> <SRF-CASE-NBR-3> <SRF-CASE-NBR-4>

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{heading and sentence always produce.}

Outline of coverage

{ paragraph produces when there is more than one vehicle and policy is not a Physical Damage Only 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

{ section beginning with vehicle data and ending with the stated amount copy produces once for each vehicle on the policy. Please refer to the Checklist Automation Tool for a list of applicable coverages. Coverage descriptions as they appear on the application are housed in the PMTCALC table by line coverage and limit code. Insert in variable 1 the sequence number of the vehicle in the list of vehicles being processed(ex – 1, 2, 3, 4). Insert as applicable for each coverage listed, in column 1 the coverage description, in column 2 limits, in column 3 the deductible and in column 4 the premium. Each coverage record is separated by a dotted line. The premium for the first coverage listed is preceded by a dollar sign.}

Auto < VCG-CV-COVG-SET>

<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME > <VCG-VCG-MODEL-NAME > <VCG-VCG-BODY-TYPE>

VIN:< VCG-VCG-SERIAL-NUM>

Principal garaging address: < VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: < VCG-VCG-SURCHARGE>

{1800: FOR each vehicle currently enrolled in UBI version 2.0}

This vehicle is currently enrolled in the <UBI program name>SM Program.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
<x>	<x>		<x\$xxx>
<x>	<x>	<x>	<xxxx>
<x>			

{Please refer to the Checklist Automation Tool for a list of applicable coverages. Coverage descriptions as they appear on the application are housed in the PMTCALC table by line coverage and limit code. Insert as applicable for each line coverage in the first column the coverage description, in the second column limits, in the third column deductible and in the forth column the premium. The premium for the first coverage will be preceded by a dollar sign for coverages that are not included. Each coverage is separated by a dotted line. The word 'included' will produce in the Premium column for coverages that are included.}

<x>	<x>		<x\$xxx>
<x>	<x>	<x>	<xxxx>
<x>			

{Headings produce when optional coverages are present.}

Optional insurance

	Limits	Deductible	Premium
<x>	<x>	<x>	<xxxx>
<x>	<x>	<x>	<xxxx>
<x>		<x>	
<x>	<x>	<x>	<xxxx>
<x>			

{ dotted and detail lines produce once for each vehicle if there is more than one vehicle on the policy or if there is only one vehicle on the policy and there is policy level coverage. Insert in variable 1 vehicle year, variable 2 vehicle make and variable 3 vehicle premium.}

Total premium for<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME> <\$x>

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{ The below section produces if the stated amount value of the vehicle is greater than zero and if the vehicle is not a trailer. }
 * 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 <VCG-VCG-STATED-AMT-LJFLD>.

{ dotted and detail lines produce after all coverages have been listed when there's a fee on the policy. Insert in variable the policy premium subtotal without fees. }

Subtotal policy premium <\$xxx.xx>

{ dotted and detail lines produce once for each fee present on the policy. Insert in variable1 the fee description and in variable 2 the fee amount. }

<FEE-FEE-DESC-1> <xx.xx>

{ dotted and detail lines produce after all coverages have been listed when the policy does not have the paid in full discount. Insert in variable 1 IF fees were charged, VAR2 ="and fees" the policy term length and in variable 2-3 the total policy premium. }

Total <x> month policy premium <x> <\$xxx.xx>

{ dotted and detail lines produce after all coverages have been listed when the policy has a paid in full discount. Insert in variable 1 IF fees were charged, VAR2 ="and fees" the policy term length and in variable 2-3 the total policy premium with the paid in full discount. }

Total <x> month policy premium, with paid in full discount <x> <\$xxx.xx>

{Below section always produces.}

Vehicle information

Auto <VCG-CV-COVG-SET>
 <VCG-VCG-MODEL-YEAR> <VCG-VCG-TRADE-NAME> <VCG-VCG-MODEL-NAME> <VCG-VCG-BODY-TYPE>

VIN: <VCG-VCG-SERIAL-NUM>

Principal garaging address: <VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: <VCG-VCG-SURCHARGE>

Odometer reading:

Registration	Miles auto was driven	Anti-theft	Leased auto
plate number	in past 12 mos.	(Yes/No)	(Yes/No)

{Insert in variable 1 VEH-LIC-PLT-NBR, variable 2 VEH-ANNUAL-MILES, variable 3 VEH-ANTI-THEFT-T and variable 4 VEH-LSE-AUTO-T.}

<1> <2> <3> <4>

{Heading produces when there is one discount on the policy. }

Premium discount

{Heading produces when there is more than one discount on the policy.}

Premium discounts

{Section produces when there is one or more policy level discount.}

Policy

<HDR-POLICY> <DIS-REN-QT-DISCOUNT>

{Column heading and dotted line produces if there is at least one driver-level discount on the policy.}

Driver

{Section produces once for each driver with a driver-level discount. Insert in variables from left to right DRV-DRV-NAME-FIRST, DRV-DRV-NAME-MI if available, DRV-DRV-NAME-LAST, DRV-DRV-NAME-SFX if available and DRV-DISCOUNT. Multiple discount descriptions may produce.}

<x> <x> <x> <x> <x>

{Column heading and dotted line produces if there is at least one vehicle-level discount on the policy.}

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Vehicle

{Section produces once for each vehicle if the vehicle level discount exists. Multiple discount descriptions may produce.}

<VEH-MODEL-YEAR><VEH-TRADE-NAME> <VEH-DISCOUNT>
<VEH-MODEL-NAME>

{Heading produces if any surcharge exists}

Additional policy information

{Section below produces when there is one or more policy-level surcharges.}

Policy

<HDR-POLICY> <SUR-SURCHARGE-DESC>

{Column heading and dotted line produces when there is at least one driver-level surcharge on the policy}

Driver

{Section produces once for each driver for which driver surcharge is applicable. Insert in variables from left to right DRV-DRV-NAME-FIRST, DRV-DRV-NAME-MI if available, DRV-DRV-NAME-LAST, DRV-DRV-NAME-SFX if available and DRV- SURCHARGE}

<x> <x> <x> <x> <DRV-SURCHARGE>

{Section produces when there is at least one vehicle-level surcharge on the policy}

Vehicle

{Section produces once for each vehicle with a surcharge.}

<VEH-MODEL-YEAR><VEH-TRADE-NAME> <VEH-SURCHARGE>
<VEH-MODEL-NAME>

{100 when driving history is present.}

Driving history

{200 when driving history begins on one page and continues on another.}

Driving history continued

{300 when there's at least one driver with a violation or accident, the driver is not list only or excluded and an accident can be subject to a payment threshold .}

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.

{400 when there's at least one driver with a violation or accident, the driver is not excluded and there is no accident payment threshold.}

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 and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

{500 when all rated drivers have a clean driving record.}

<Company Brand name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

{600a for each driving record incident. Repeats if Driving history spans more than one page}

Driver and Description	Date	Source/Consumer reporting agency
------------------------	------	----------------------------------

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{600b FOR each incident on the policy EXCEPT IF accident surcharge has been waived; an at fault accident is greater than 35 months old; an accident claim is open and \$500 or less;an accident claim is closed and \$500 or less; OR the accident was waived under the Progressive Auto Advantageprogram. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>

{600c FOR each accident where the surcharge has been waived, OR at fault accident is greater than 35 months old. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
accident points not charged

{600d FOR each accident where the claim is open and \$500 or less, OR an accident claim is closed and \$500 or less. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
points not charged

{600e For each violation waived under the Progressive Auto Advantage program. Data within each column will wrap if it exceeds a line}

<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
Waived under the Progressive Auto Advantage package

{Below section always produces.}

Prior insurance and underwriting questions **Risk tier information**

Prior insurance: <POP-INSURANCE-DESC>
{Below line produces when proof of prior insurance policy carrier is available.}

Prior insurance carrier: <POP-CARRIER>
{Below line produces when proof of prior insurance policy number is available.}

Policy number: <POP-POL-NBR>
{Below line produces when proof of prior BI limits is available.}

Bodily injury limits: <POP-BI-LIMIT>
{Below line produces when proof of prior total comp claims is available. The label will always print, even if total is zero.}

Comp claims: <POP-TOT-COMP-CLMS>
{Below line produces when proof of not at fault available. The label will always print, even if total is zero.}

Not at-fault accidents: <POP-TOT-NAF-ACCIDENTS>
{Below line always produces. If proof of property insurance carrier is not available, "None" will print. Language is MA specific.}

Residence insurance carrier: <X>

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{ heading produces if there is a lienholder and a vehicle level additional interest on the policy.}

Lienholder and additional interest information

{ heading produces if there is a lienholder and no vehicle level additional interest on the policy.}

Lienholder information

{ heading produces if there is a vehicle level additional interest and no lienholder on the policy.}

Additional interest information

{headings produce when there's a vehicle level additional interest and a lienholder on the policy.}

Vehicle	Lienholder	Additional interest
----------------	-------------------	----------------------------

{ dotted and detail lines produce once for each vehicle that has a lienholder or a vehicle level additional interest on a policy where there is at least one lienholder and one vehicle level additional interest for any vehicle or combination of vehicles on the policy. Insert in variables 1, 2, 3 and 6 vehicle year, make, model and vehicle id number. Insert in variable 4 lienholder name or blank line if no lienholder applies to the vehicle, insert in variable 5 additional interest name or blank line if additional interest does not apply to vehicle. Insert in variables 7 and 8 lienholder and additional interest city state and zip if applicable.}

.....
<1> <2> <3> <4> <5>
<6> <7> <8>

{ detail lines produce once for each vehicle that has a second lienholder or a second vehicle level additional interest on a policy that has at least one lienholder and one vehicle level additional interest for any vehicle or combination of vehicles on the policy. Insert in variable 1 second lienholder name or blank line if no second lienholder, in variable 2 second additional interest name or blank line if no second additional interest. Insert in variable 3 second lienholder city state and zip if applicable and in variable 4 second additional interest city state and zip if applicable.}

<1> <2>
<3> <4>

{headings produce when there's a vehicle level additional interest and no lienholders for any vehicle on the policy.}

Vehicle	Additional interest
----------------	----------------------------

{headings produce when there's a lienholder and no vehicle level additional interest for any vehicle on the policy.}

Vehicle	Lienholder
----------------	-------------------

{ dotted and detail lines produce once for each vehicle that has a lienholder or a vehicle level additional interest on a policy where there are lienholders and no vehicle level additional interests or vehicle level additional interests and no lienholders. Insert in variables 1, 2, 3 and 5 vehicle year, make, model and vehicle id number. For variable 4 insert Lienholder or additional interest name, in variable 6 insert lienholder or additional interest city state and zip,}

.....
<1> <2> <3> <4>
<5> <6>

{ detail lines produce once for each vehicle that has a second lienholder or a second vehicle level additional interest on a policy where there are lienholders and no vehicle level additional interests or vehicle level additional interests and no lienholders. Insert in variable 1 second lienholder or additional interest name and in variable 2 second lienholder or additional interest city state and zip.}

<x>
<x>

{ heading produces if there is a policy level additional interest on the policy.}

Additional interest information

{ section produces once for each policy level additional interest on the policy. Insert in variable 1 the additional interest's name and in variables 2 through 5 the additional interest's street address, city, state and zip code.}

.....
Additional Interest: <x>
<x>
<x>, <x> <x>

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{This section produces on all applications and must print on new pages.}

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. 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.~~

Acknowledgement and agreement

- 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.

{The variable text below represents the company brand name.}

- I acknowledge that insurance prices and products are different when purchased directly from <XXXXXXXXXX> or through agents/brokers.

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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 <ARB-NSF-SERVICE-FEE> 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 <ARB-LATE-FEE> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <ARB-PMT-POSTMARK-DAYS> days after the premium due date. The amount of this fee may change upon policy renewal.

{Below section produces for customers who elect to sign their application electronically.}

Applicant signature

I represent that I, <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>, 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.

{This will always produce. Insert Variable1 with name, as that name is entered by the customer. Insert variable 2 with date for those who elect to sign electronically}

Signature of named insured

Date

X<HDR-PNI-FULL-NAME>

<HDR-PNI-ESIGN-DT>

Form 4905 MA (04/1006/11)

{ Below are data glyphs with embedded information for when forms are sent back to Progressive. Produce if DGI record is passed.}

{ * Section: IF the variable is passed on the policy}
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{Insert brand logo}

Progressive Logo

{ Section produces for sold policies. Insert in variable 1 policy number, variable 2 'Policyholder' if one named insured and 'Policyholders' if there are 2, variable 3 named insured name, variable 4 additional named insured name if present. Middle initial and suffix produce in name fields if applicable.}

Policy Number: <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

{ Section produces for unsold policies. Insert in variable 1 'Policyholder' if one named insured and 'Policyholders' if there are 2, variable 2 named insured name, variable 3 additional named insured name if present. Middle initial and suffix produce in name fields if applicable.}

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

{ Line always produces.}

<ARB-NOTE-DT >

{ Page numbers produce for transactions other than e-sign.}

Page <x> of <x>

Application for Massachusetts Motor Vehicle Insurance

{The heading below will not produce for customers who e-sign.}

Please review, sign where indicated and return

{The heading below produces for customers who e-signs.}

Please review and sign where indicated

{Below section always produces.}

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.

{The below section produces when policy number is available.}

Policy and premium information for policy number <HDR-POLICY>

{The below section produces when policy number is not available.}

Policy and premium information

{The section below will always produce .The variable fields will populate with underwriting company name when state of domicile available.}

Insurance company: <HDR-UNDR-WRT-CO-NAME>, < HDR-DOMICILED-ST-TEXT> domiciled company
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

{The section below will always produce .The variable fields will populate with underwriting company name when state of domicile not available.}

Insurance company: <HDR-UNDR-WRT-CO-NAME>
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

{The below section produces when single named insured is present.}

Named insured: <HDR-NAME-INSD-FIRST><MI> <HDR-NAME-INSD-LAST> <SFX>
 <HDR-INSD-STR-ADRS-1>
 <HDR-INSD-CITY>,<HDR-INSD-ST> <HDR-INSD-ZIP>
 Home: <HX1-INSD-PHONE-HOME>

{The below section produces when additional insured is present.}

Named insureds: <HDR-NAME-INSD-FIRST><HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>
 <HDR-ADD-INSD-FIRST><HDR-ADD-INSD-MI> <HDR-ADD-INSD-LAST> <HDR-ADD-INSD-SFX>
 <HDR-INSD-STR-ADRS-1>
 <HDR-INSD-CITY>,<HDR-INSD-ST> <HDR-INSD-ZIP>
 Home: <HX1-INSD-PHONE-HOME>

{Below section produces when initial payment is paid or when policy is a rewrite due to out of state move.}

Policy period: <ARB-POL-EFF-DT> - <ARB-POL-EXPR-DT>
 Effective date and time: <ARB-POL-EFF-DT> at <ARB-POL-EFF-TIME> <ARB-POL-EFF-TIME-ZONE>
 Total policy premium: <PMD-PREM-TOTAL-JFLD-99>
 Initial payment required: <ARB-CURR-MNM-AMT>
 Initial payment received: <ARB-DOWN-PAY-RECVD>
 Payment plan: <ARB-PAY-METHOD>

{Below section produces when initial payment is not paid or when policy is not a rewrite due to out of state move.}

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: <PMD-PREM-TOTAL-JFLD-99>
 Initial payment required: <ARB-CURR-MNM-AMT>
 Payment plan: <ARB-PAY-METHOD>

{Below line always produces.}

Drivers and resident relatives

{Below section always produces.}

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. Your total policy premium can be affected by all persons of driving age. While designating drivers as Excluded may increase policy premium, the violation and accident history of Excluded drivers does not affect premium.

Name	Date of birth
{The dotted line and detail lines produce once for each driver and if there is driver information record. Insert in variable 1 DRV-DRV-NAME-FIRST, variable 2 DRV-DRV-NAME-MI, variable 3 DRV-DRV-NAME-LAST, variable 4 DRV-DRV-NAME-SFX and variable 5 DRV-DT-BIRTH.}	
<1> <2> <3> <4>	<5>

{The below line produces when driver information is present.}

Driver's license #/Licensed state	Years licensed	Total years licensed	% of use
-----------------------------------	----------------	----------------------	----------

{The line below produces when the number of vehicles on the policy is 1.}

Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1
Previous:
{The line below produces when the number of vehicles on the policy is 2.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2
Previous:
{The line below produces when the number of vehicles on the policy is 3.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2 Auto 3
Previous:
{The line below produces when the number of vehicles on the policy is 4.}
Current: MASS Other Motorcycle <DRV-YEARS-LICENSED> Auto 1 Auto 2 Auto 3 Auto 4
Previous:

{The following heading is specific to MA.}

Household residents

{If Selected number of residents = 9, insert "9 or more", otherwise insert 1-digit number.}

Total residents <Selected number of residents>

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the 12 next months.

{Below section always produces.}

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.

{Below section always produces.}

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/my.

{Below section produces when there is a driver with filing.}

Driver filing

Name

{Section beginning with driver name and ending with the case number line produces once for each driver on the policy with at least one filing.}

<SRF-INSD-NAME-FIRST> <MI> <SRF-INSD-NAME-LAST> <SFX>

.....
Filing type: <SRF-FILE-TYPE> <SRF-FILE-TYPE-2> <SRF-FILE-TYPE-3> <SRF-FILE-TYPE-4>

State: <SRF-STATE> <SRF-STATE-2> <SRF-STATE-3> <SRF-STATE-4>

Case number: <SRF-CASE-NBR> <SRF-CASE-NBR-2> <SRF-CASE-NBR-3> <SRF-CASE-NBR-4>

{heading and sentence always produce.}

Outline of coverage

{ paragraph produces when there is more than one vehicle and policy is not a Physical Damage Only 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

{ section beginning with vehicle data and ending with the stated amount copy produces once for each vehicle on the policy. Please refer to the Checklist Automation Tool for a list of applicable coverages. Coverage descriptions as they appear on the application are housed in the PMTCALC table by line coverage and limit code. Insert in variable 1 the sequence number of the vehicle in the list of vehicles being processed(ex – 1, 2, 3, 4). Insert as applicable for each coverage listed, in column 1 the coverage description, in column 2 limits, in column 3 the deductible and in column 4 the premium. Each coverage record is separated by a dotted line. The premium for the first coverage listed is preceded by a dollar sign.}

Auto < VCG-CV-COVG-SET >

<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME > <VCG-VCG-MODEL-NAME > <VCG-VCG-BODY-TYPE>

VIN:< VCG-VCG-SERIAL-NUM>

Principal garaging address: < VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: < VCG-VCG-SURCHARGE>

{1800: FOR each vehicle currently enrolled in UBI version 2.0}

This vehicle is currently enrolled in the <UBI program name>SM Program.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
<X>	<X>		<x\$xxx>
<X>	<X>	<X>	<xxxx>
<X>			

{Please refer to the Checklist Automation Tool for a list of applicable coverages. Coverage descriptions as they appear on the application are housed in the PMTCALC table by line coverage and limit code. Insert as applicable for each line coverage in the first column the coverage description, in the second column limits, in the third column deductible and in the forth column the premium. The premium for the first coverage will be preceded by a dollar sign for coverages that are not included. Each coverage is separated by a dotted line. The word 'included' will produce in the Premium column for coverages that are included.}

<X>	<X>		<x\$xxx>
<X>	<X>	<X>	<xxxx>
<X>			

{Headings produce when optional coverages are present.}

Optional insurance

	Limits	Deductible	Premium
<X>	<X>	<X>	<xxxx>
<X>	<X>	<X>	<xxxx>
<X>		<X>	
<X>	<X>	<X>	<xxxx>
<X>			

{ dotted and detail lines produce once for each vehicle if there is more than one vehicle on the policy or if there is only one vehicle on the policy and there is policy level coverage. Insert in variable 1 vehicle year, variable 2 vehicle make and variable 3 vehicle premium.}

Total premium for<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME> <\$x>

{ The below section produces if the stated amount value of the vehicle is greater than zero and if the vehicle is not a trailer. }
 * 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 <VCG-VCG-STATED-AMT-LJFLD>.

{ dotted and detail lines produce after all coverages have been listed when there's a fee on the policy. Insert in variable the policy premium subtotal without fees. }

Subtotal policy premium < \$xxx.xx >

{ dotted and detail lines produce once for each fee present on the policy. Insert in variable1 the fee description and in variable 2 the fee amount. }

<FEE-FEE-DESC-1> < xx.xx >

{ dotted and detail lines produce after all coverages have been listed when the policy does not have the paid in full discount. Insert in variable 1 IF fees were charged, VAR2 ="and fees" the policy term length and in variable 2-3 the total policy premium. }

Total <x> month policy premium <x> < \$xxx.xx >

{ dotted and detail lines produce after all coverages have been listed when the policy has a paid in full discount. Insert in variable 1 IF fees were charged, VAR2 ="and fees" the policy term length and in variable 2-3 the total policy premium with the paid in full discount. }

Total <x> month policy premium, with paid in full discount <x> < \$xxx.xx >

{ Below section always produces. }

Vehicle information

Auto <VCG-CV-COVG-SET>

<VCG-VCG-MODEL-YEAR> <VCG-VCG-TRADE-NAME> <VCG-VCG-MODEL-NAME> <VCG-VCG-BODY-TYPE>

VIN: <VCG-VCG-SERIAL-NUM>

Principal garaging address: <VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: <VCG-VCG-SURCHARGE>

Odometer reading:

Registration	Miles auto was driven	Anti-theft	Leased auto
plate number	in past 12 mos.	(Yes/No)	(Yes/No)

{ Insert in variable 1 VEH-LIC-PLT-NBR, variable 2 VEH-ANNUAL-MILES, variable 3 VEH-ANTI-THEFT-T and variable 4 VEH-LSE-AUTO-T. }

<1> <2> <3> <4>

{ Heading produces when there is one discount on the policy. }

Premium discount

{ Heading produces when there is more than one discount on the policy. }

Premium discounts

{ Section produces when there is one or more policy level discount. }

Policy

<HDR-POLICY> <DIS-REN-QT-DISCOUNT>

{ Column heading and dotted line produces if there is at least one driver-level discount on the policy. }

Driver

{ Section produces once for each driver with a driver-level discount. Insert in variables from left to right DRV-DRV-NAME-FIRST, DRV-DRV-NAME-MI if available, DRV-DRV-NAME-LAST, DRV-DRV-NAME-SFX if available and DRV-DISCOUNT. Multiple discount descriptions may produce. }

<x> <x> <x> <x> <x>

{ Column heading and dotted line produces if there is at least one vehicle-level discount on the policy. }

Vehicle

{Section produces once for each vehicle if the vehicle level discount exists. Multiple discount descriptions may produce.}

<VEH-MODEL-YEAR><VEH-TRADE-NAME> <VEH-DISCOUNT>
<VEH-MODEL-NAME>

{Heading produces if any surcharge exists}

Additional policy information

{Section below produces when there is one or more policy-level surcharges.}

Policy

<HDR-POLICY> <SUR-SURCHARGE-DESC>

{Column heading and dotted line produces when there is at least one driver-level surcharge on the policy}

Driver

{Section produces once for each driver for which driver surcharge is applicable. Insert in variables from left to right DRV-DRV-NAME-FIRST, DRV-DRV-NAME-MI if available, DRV-DRV-NAME-LAST, DRV-DRV-NAME-SFX if available and DRV- SURCHARGE}

<x> <x> <x> <x> <DRV-SURCHARGE>

{Section produces when there is at least one vehicle-level surcharge on the policy}

Vehicle

{Section produces once for each vehicle with a surcharge.}

<VEH-MODEL-YEAR><VEH-TRADE-NAME> <VEH-SURCHARGE>
<VEH-MODEL-NAME>

{100 when driving history is present.}

Driving history

{200 when driving history begins on one page and continues on another.}

Driving history continued

{300 when there's at least one driver with a violation or accident, the driver is not list only or excluded and an accident can be subject to a payment threshold .}

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.

{400 when there's at least one driver with a violation or accident, the driver is not excluded and there is no accident payment threshold.}

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 and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

{500 when all rated drivers have a clean driving record.}

<Company Brand name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

{600a for each driving record incident. Repeats if Driving history spans more than one page}

Driver and Description	Date	Source/Consumer reporting agency
------------------------	------	----------------------------------

{600b FOR each incident on the policy EXCEPT IF accident surcharge has been waived; an at fault accident is greater than 35 months old; an accident claim is open and \$500 or less;an accident claim is closed and \$500 or less; OR the accident was waived under the Progressive Auto Advantageprogram. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

.....
<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>

{600c FOR each accident where the surcharge has been waived, OR at fault accident is greater than 35 months old. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

.....
<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
accident points not charged

{600d FOR each accident where the claim is open and \$500 or less, OR an accident claim is closed and \$500 or less. VAR1=Violation Date. Data within each column will wrap if it exceeds a line}

.....
<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
points not charged

{600e For each violation waived under the Progressive Auto Advantage program. Data within each column will wrap if it exceeds a line}

.....
<Violation Driver Full Name> <Mon DD, YYYY> <All sources/reporting vendor names>
<Violation Description>
Waived under the Progressive Auto Advantage package

{Below section always produces.}

Prior insurance and underwriting questions **Risk tier information**

.....
Prior insurance: <POP-INSURANCE-DESC>
{Below line produces when proof of prior insurance policy carrier is available.}

.....
Prior insurance carrier: <POP-CARRIER>
{Below line produces when proof of prior insurance policy number is available.}

.....
Policy number: <POP-POL-NBR>
{Below line produces when proof of prior BI limits is available.}

.....
Bodily injury limits: <POP-BI-LIMIT>
{Below line produces when proof of prior total comp claims is available. The label will always print, even if total is zero.}

.....
Comp claims: <POP-TOT-COMP-CLMS>
{Below line produces when proof of not at fault available. The label will always print, even if total is zero.}

.....
Not at-fault accidents: <POP-TOT-NAF-ACCIDENTS>
{Below line produces when proof of property insurance carrier is available. Language is MA specific.}

.....
Property insurance carrier: <X>

{ heading produces if there is a lienholder and a vehicle level additional interest on the policy.}

Lienholder and additional interest information

{ heading produces if there is a lienholder and no vehicle level additional interest on the policy.}

Lienholder information

{ heading produces if there is a vehicle level additional interest and no lienholder on the policy.}

Additional interest information

{headings produce when there's a vehicle level additional interest and a lienholder on the policy.}

Vehicle	Lienholder	Additional interest
----------------	-------------------	----------------------------

{ dotted and detail lines produce once for each vehicle that has a lienholder or a vehicle level additional interest on a policy where there is at least one lienholder and one vehicle level additional interest for any vehicle or combination of vehicles on the policy. Insert in variables 1, 2, 3 and 6 vehicle year, make, model and vehicle id number. Insert in variable 4 lienholder name or blank line if no lienholder applies to the vehicle, insert in variable 5 additional interest name or blank line if additional interest does not apply to vehicle. Insert in variables 7 and 8 lienholder and additional interest city state and zip if applicable.}

<1>	<2>	<3>	<4>	<5>
<6>	<7>			<8>

{ detail lines produce once for each vehicle that has a second lienholder or a second vehicle level additional interest on a policy that has at least one lienholder and one vehicle level additional interest for any vehicle or combination of vehicles on the policy. Insert in variable 1 second lienholder name or blank line if no second lienholder, in variable 2 second additional interest name or blank line if no second additional interest. Insert in variable 3 second lienholder city state and zip if applicable and in variable 4 second additional interest city state and zip if applicable.}

<1>	<2>
<3>	<4>

{headings produce when there's a vehicle level additional interest and no lienholders for any vehicle on the policy.}

Vehicle	Additional interest
----------------	----------------------------

{headings produce when there's a lienholder and no vehicle level additional interest for any vehicle on the policy.}

Vehicle	Lienholder
----------------	-------------------

{ dotted and detail lines produce once for each vehicle that has a lienholder or a vehicle level additional interest on a policy where there are lienholders and no vehicle level additional interests or vehicle level additional interests and no lienholders. Insert in variables 1, 2, 3 and 5 vehicle year, make, model and vehicle id number. For variable 4 insert Lienholder or additional interest name, in variable 6 insert lienholder or additional interest city state and zip,}

<1>	<2>	<3>	<4>
<5>	<6>		

{ detail lines produce once for each vehicle that has a second lienholder or a second vehicle level additional interest on a policy where there are lienholders and no vehicle level additional interests or vehicle level additional interests and no lienholders. Insert in variable 1 second lienholder or additional interest name and in variable 2 second lienholder or additional interest city state and zip.}

<x>
<x>

{ heading produces if there is a policy level additional interest on the policy.}

Additional interest information

{ section produces once for each policy level additional interest on the policy. Insert in variable 1 the additional interest's name and in variables 2 through 5 the additional interest's street address, city, state and zip code.}

Additional Interest:	<x>
	<x>
	<x>, <x> <x>

{This section produces on all applications and must print on new pages.}

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. 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.~~

Acknowledgement and agreement

- 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.

{The variable text below represents the company brand name.}

- I acknowledge that insurance prices and products are different when purchased directly from <XXXXXXXXXX> or through agents/brokers.

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 <ARB-NSF-SERVICE-FEE> 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 <ARB-LATE-FEE> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <ARB-PMT-POSTMARK-DAYS> days after the premium due date. The amount of this fee may change upon policy renewal.

{Below section produces for customers who elect to sign their application electronically.}

Applicant signature

I represent that I, <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>, 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.

{This will always produce. Insert Variable1 with name, as that name is entered by the customer. Insert variable 2 with date for those who elect to sign electronically}

Signature of named insured

Date

X<HDR-PNI-FULL-NAME>

<HDR-PNI-ESIGN-DT>

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

Progressive Logo

INSURED
123 ANY STREET
CITY, MA 01077

Policy Number:

Underwritten by:
Progressive Direct Insurance Company
Month, day, year
Policy Period:
Page 1 of 3

Online Service

Make payments, check billing activity, update
<x> information or check status of a claim.

1-800-PROGRESSIVE (1-800-776-4737)

For customer service and claims service, 24 hours a
day, 7 days a week.

Auto Insurance Coverage Summary

This is your Coverage Selections Page

Your coverage begins on Month dd, yyyy at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on Month dd, yyyy at 12:01 a.m.

This page and any attached endorsements form a part of your policy and 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. The policy contract is form 9609D MA (11/07).

Drivers and household residents

Additional information

Insured

Named insured

Outline of coverage

This policy provides only the coverages for which a premium charge is shown.

Auto 1

Year Make Model

VIN:

Principal garaging address:

[This vehicle is currently enrolled in the Snapshot Program.](#)

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$

Personal Injury Protection (Part 2)> Deductible applies to You>	\$8,000 each person	\$	\$
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$25,000 each person/\$50,000 each accident		\$
Damage to Someone Else's Property (Part 4) (Compulsory Limits \$5,000)	\$100,000 each accident		\$
Optional insurance	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$25,000 each person/\$50,000 each accident>		\$
Collision (Part 7)	Actual Cash Value	\$	\$
Comprehensive (Part 9)	Actual Cash Value>	\$ \$100 glass	\$
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		\$
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$25,000 each person/\$50,000 each accident		\$
Total premium for Auto 1			\$

* 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 \$.

Total 6 month policy premium and fees \$

Part 5 - Optional Bodily Injury To Others

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

Part 12 - Bodily Injury Caused By An Underinsured Auto

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

Premium discount

Several discounts are available and your premium has been reduced if one or more discounts are indicated below. Contact customer service for further details.

Policy

123456789

Residence Insurance, and Multi-Car

Vehicle

Year Make Model

Anti-Theft Device

Lienholder information

We send certain notices such as coverage summaries and cancellation notices to the following:

Vehicle

Lienholder

Year Make Model
VIN

Driver information

Name

Date of Birth

Current driver's license #

License status

Years licensed

Operator Status

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

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. We may verify the accuracy of the previous driving records of all listed operators.

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

Countersigned by


Authorized Signature


Authorized Signature

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

Progressive Logo

INSURED
123 ANY STREET
CITY, MA 01077

Policy Number:

Underwritten by:
Progressive Direct Insurance Company
Month, day, year
Policy Period:
Page 1 of 3

Online Service

Make payments, check billing activity, update
<x> information or check status of a claim.

1-800-PROGRESSIVE (1-800-776-4737)

For customer service and claims service, 24 hours a
day, 7 days a week.

Auto Insurance Coverage Summary

This is your Coverage Selections Page

Your coverage begins on Month dd, yyyy at the later of 12:01 a.m. or the effective time shown on your application. This policy period ends on Month dd, yyyy at 12:01 a.m.

This page and any attached endorsements form a part of your policy and 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. The policy contract is form 9609D MA (11/07).

Drivers and household residents

Additional information

Insured

Named insured

Outline of coverage

This policy provides only the coverages for which a premium charge is shown.

Auto 1

Year Make Model

VIN:

Principal garaging address:

This vehicle is currently enrolled in the Snapshot Program.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
Bodily Injury to Others (Part 1)	\$20,000 each person/\$40,000 each accident		\$

Personal Injury Protection (Part 2)> Deductible applies to You>	\$8,000 each person	\$	\$
Bodily Injury Caused by An Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$25,000 each person/\$50,000 each accident		\$
Damage to Someone Else's Property (Part 4) (Compulsory Limits \$5,000)	\$100,000 each accident		\$
Optional insurance	Limits	Deductible	Premium
Optional Bodily Injury to Others (Part 5)	\$25,000 each person/\$50,000 each accident>		\$
Collision (Part 7)	Actual Cash Value	\$	\$
Comprehensive (Part 9)	Actual Cash Value>	\$ \$100 glass	\$
Substitute Transportation (Part 10)	\$40 a day for a maximum of 30 days		\$
Bodily Injury Caused by An Underinsured Auto (Part 12)	\$25,000 each person/\$50,000 each accident		\$
Total premium for Auto 1			\$

* 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 \$.

Total 6 month policy premium and fees **\$**

Part 5 - Optional Bodily Injury To Others

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

Part 12 - Bodily Injury Caused By An Underinsured Auto

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

Premium discount

Several discounts are available and your premium has been reduced if one or more discounts are indicated below. Contact customer service for further details.

Policy

123456789

Residence Insurance, and Multi-Car

Vehicle

Year Make Model

Anti-Theft Device

Lienholder information

We send certain notices such as coverage summaries and cancellation notices to the following:

Vehicle

Lienholder

Year Make Model
VIN

Driver information

Name

Date of Birth

Current driver's license #

License status

Years licensed


Operator Status

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

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. We may verify the accuracy of the previous driving records of all listed operators.

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

Countersigned by


Authorized Signature


Authorized Signature

Application for Massachusetts Motor Vehicle Insurance

Please review, sign where indicated and return

Please review and sign where indicated

Policy Number: <XXXXXXXXXX>
<Policyholder/Policyholders>:
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<Policyholder/Policyholders>:
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<ARB-NOTE-DT >
Page <x> of <x>

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.

Policy and premium information for policy number <HDR-POLICY> Policy and premium information

Insurance company: <HDR-UNDR-WRT-CO-NAME>, < HDR-DOMICILED-ST-TEXT> domiciled company
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

Insurance company: <HDR-UNDR-WRT-CO-NAME>
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

Named insured: <HDR-NAME-INSD-FIRST><MI> <HDR-NAME-INSD-LAST> <SFX>
<HDR-INSD-STR-ADRS-1>
<HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
Home: <HX1-INSD-PHONE-HOME>

Named insureds: <HDR-NAME-INSD-FIRST><HDR-NAME-INSD-MI><HDR-NAME-INSD-LAST><HDR-NAME-INSD-SFX>
<HDR-ADD-INSD-FIRST><HDR-ADD-INSD-MI><HDR-ADD-INSD-LAST><HDR-ADD-INSD-SFX>
<HDR-INSD-STR-ADRS-1>
<HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
Home: <HX1-INSD-PHONE-HOME>

Policy period: <ARB-POL-EFF-DT> - <ARB-POL-EXPR-DT>

Effective date and time: <ARB-POL-EFF-DT> at <ARB-POL-EFF-TIME> <ARB-POL-EFF-TIME-ZONE>

.....
 Total policy premium: <PMD-PREM-TOTAL-JFLD-99>

Initial payment required: <ARB-CURR-MNM-AMT>

Initial payment received: <ARB-DOWN-PAY-RECVD>

Payment plan: <ARB-PAY-METHOD>

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: <PMD-PREM-TOTAL-JFLD-99>

Initial payment required: <ARB-CURR-MNM-AMT>

Payment plan: <ARB-PAY-METHOD>

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. Your total policy premium can be affected by all persons of driving age. While designating drivers as Excluded may increase policy premium, the violation and accident history of Excluded drivers does not affect premium.

Name	Date of birth		
<1> <2> <3> <4>	<5>		
Driver's license #/Licensed state	Years licensed	Total years licensed	% of use
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2 Auto 3
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2 Auto 3 Auto 4
Previous:			

Household residents

Total residents <Selected number of residents>

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the 12 next months.

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.

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.

Driver filing

Name

<SRF-INSD-NAME-FIRST> <MI> <SRF-INSD-NAME-LAST> <SFX>

Filing type: <SRF-FILE-TYPE> <SRF-FILE-TYPE-2> <SRF-FILE-TYPE-3> <SRF-FILE-TYPE-4>

State: <SRF-STATE> <SRF-STATE-2> <SRF-STATE-3> <SRF-STATE-4>

Case number: <SRF-CASE-NBR> <SRF-CASE-NBR-2> <SRF-CASE-NBR-3> <SRF-CASE-NBR-4>

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

Auto < VCG-CV-COVG-SET>

<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME > <VCG-VCG-MODEL-NAME > <VCG-VCG-BODY-TYPE>

VIN:< VCG-VCG-SERIAL-NUM>

Principal garaging address: < VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: < VCG-VCG-SURCHARGE>

This vehicle is currently enrolled in the <UBI program name>SM Program.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
<X>	<X>		<x\$xxx>
<X>	<X>	<X>	<xxxx>
<X>	<X>		<x\$xxx>
<X>	<X>	<X>	<xxxx>
<X>			

Optional insurance

	Limits	Deductible	Premium
<X>	<X>	<X>	<xxxx>
<X>	<X>	<X>	<xxxx>
<X>	<X>	<X>	<xxxx>
<X>			

Total premium for <VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME>

<\$x>

* 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 <VCG-VCG-STATED-AMT-UFLD>.

Subtotal policy premium	<\$xxx.xx>
<FEE-FEE-DESC-1>	<xx.xx>
Total <x> month policy premium <x>	<\$xxx.xx>
Total <x> month policy premium, with paid in full discount <x>	<\$xxx.xx>

Vehicle information

Auto <VCG-CV-COVG-SET>
 <VCG-VCG-MODEL-YEAR> <VCG-VCG-TRADE-NAME> <VCG-VCG-MODEL-NAME> <VCG-VCG-BODY-TYPE>
 VIN: <VCG-VCG-SERIAL-NUM>
 Principal garaging address: <VCG-VCG-GARAGE-ZIP>
 Primary use of the vehicle: <VCG-VCG-SURCHARGE>
 Odometer reading:

Registration plate number AUTO-T.}	Miles auto was driven in past 12 mos.	Anti-theft (Yes/No)	Leased auto (Yes/No)
<1>	<2>	<3>	<4>

Premium discount

Premium discounts

Policy	<HDR-POLICY>	<DIS-REN-QT-DISCOUNT>
Driver	<x> <x> <x> <x>	<x>
Vehicle	<VEH-MODEL-YEAR> <VEH-TRADE-NAME> <VEH-MODEL-NAME>	<VEH-DISCOUNT>

Additional policy information

Policy	<HDR-POLICY>	<SUR-SURCHARGE-DESC>
Driver	<x> <x> <x> <x>	<DRV-SURCHARGE>
Vehicle	<VEH-MODEL-YEAR> <VEH-TRADE-NAME> <VEH-MODEL-NAME>	<VEH-SURCHARGE>

Driving history

Driving history continued

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 and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

<Company Brand name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Driver and Description	Date	Source/Consumer reporting agency
<Violation Driver Full Name> <Violation Description>	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> accident points not charged	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> points not charged	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> Waived under the Progressive Auto Advantage package	<Mon DD, YYYY>	<All sources/reporting vendor names>

Risk tier information

Prior insurance: <POP-INSURANCE-DESC>

Prior insurance carrier: <POP-CARRIER>

Policy number: <POP-POL-NBR>

Bodily injury limits: <POP-BI-LIMIT>

Comp claims: <POP-TOT-COMP-CLMS>

Not at-fault accidents: <POP-TOT-NAF-ACCIDENTS>

Residence insurance carrier: <X>

Lienholder and additional interest information

Lienholder information

Additional interest information

Vehicle	Lienholder	Additional interest
---------	------------	---------------------

<1> <2> <3>	<4>	<5>
<6>	<7>	<8>

<1>	<2>
<3>	<4>

Vehicle	Additional interest
Vehicle	Lienholder

<1> <2> <3>	<4>
<5>	<6>

<x>
<x>

Additional interest information

Additional Interest:

<x>
<x>
<x>, <x> <x>

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. 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.

Acknowledgement and agreement

- 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 acknowledge that insurance prices and products are different when purchased directly from <XXXXXXXXXX> or through agents/brokers.

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 <ARB-NSF-SERVICE-FEE> 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 <ARB-LATE-FEE> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <ARB-PMT-POSTMARK-DAYS> days after the premium due date. The amount of this fee may change upon policy renewal.

Applicant signature

I represent that I, <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>, 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.

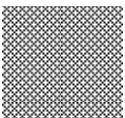
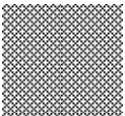
Signature of named insured

Date

X<HDR-PNI-FULL-NAME>

<HDR-PNI-ESIGN-DT>

Form 4905 MA (06/11)



Application for Massachusetts Motor Vehicle Insurance

Please review, sign where
indicated and return

Please review and sign where
indicated

Policy Number: <XXXXXXXXXX>
<Policyholder/Policyholders>:
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<Policyholder/Policyholders>:
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<XXXXXXXX X XXXXXXXXXXXXXX XXX>
<ARB-NOTE-DT >
Page <x> of <x>

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.

Policy and premium information for policy number <HDR-POLICY> Policy and premium information

Insurance company: <HDR-UNDR-WRT-CO-NAME>, < HDR-DOMICILED-ST-TEXT> domiciled company
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

Insurance company: <HDR-UNDR-WRT-CO-NAME>
<HX1-UNDR-WRT-ADRS>
<HX1-UNDR-WRT-CITY>, <HX1-UNDR-WRT-ST> <HX1-UNDR-WRT-ZIP>

Named insured: <HDR-NAME-INSD-FIRST><MI> <HDR-NAME-INSD-LAST> <SFX>
<HDR-INSD-STR-ADRS-1>
<HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
Home: <HX1-INSD-PHONE-HOME>

Named insureds: <HDR-NAME-INSD-FIRST><HDR-NAME-INSD-MI><HDR-NAME-INSD-LAST><HDR-NAME-INSD-SFX>
<HDR-ADD-INSD-FIRST><HDR-ADD-INSD-MI><HDR-ADD-INSD-LAST><HDR-ADD-INSD-SFX>
<HDR-INSD-STR-ADRS-1>
<HDR-INSD-CITY>, <HDR-INSD-ST> <HDR-INSD-ZIP>
Home: <HX1-INSD-PHONE-HOME>

Policy period: <ARB-POL-EFF-DT> - <ARB-POL-EXPR-DT>

Effective date and time: <ARB-POL-EFF-DT> at <ARB-POL-EFF-TIME> <ARB-POL-EFF-TIME-ZONE>

.....
 Total policy premium: <PMD-PREM-TOTAL-JFLD-99>

Initial payment required: <ARB-CURR-MNM-AMT>

Initial payment received: <ARB-DOWN-PAY-RECVD>

Payment plan: <ARB-PAY-METHOD>

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: <PMD-PREM-TOTAL-JFLD-99>

Initial payment required: <ARB-CURR-MNM-AMT>

Payment plan: <ARB-PAY-METHOD>

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. Your total policy premium can be affected by all persons of driving age. While designating drivers as Excluded may increase policy premium, the violation and accident history of Excluded drivers does not affect premium.

Name	Date of birth		
<1> <2> <3> <4>	<5>		
Driver's license #/Licensed state	Years licensed	Total years licensed	% of use
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2 Auto 3
Previous:			
Current:	MASS Other Motorcycle	<DRV-YEARS-LICENSED>	Auto 1 Auto 2 Auto 3 Auto 4
Previous:			

Household residents

Total residents <Selected number of residents>

The total number of residents currently residing in your household, including listed drivers, young children, roommates or anyone else living in the home for 60 days or more during the 12 next months.

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.

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.

Driver filing

Name

<SRF-INSD-NAME-FIRST> <MI> <SRF-INSD-NAME-LAST> <SFX>

Filing type: <SRF-FILE-TYPE> <SRF-FILE-TYPE-2> <SRF-FILE-TYPE-3> <SRF-FILE-TYPE-4>

State: <SRF-STATE> <SRF-STATE-2> <SRF-STATE-3> <SRF-STATE-4>

Case number: <SRF-CASE-NBR> <SRF-CASE-NBR-2> <SRF-CASE-NBR-3> <SRF-CASE-NBR-4>

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

Auto < VCG-CV-COVG-SET>

<VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME > <VCG-VCG-MODEL-NAME > <VCG-VCG-BODY-TYPE>

VIN:< VCG-VCG-SERIAL-NUM>

Principal garaging address: < VCG-VCG-GARAGE-ZIP>

Primary use of the vehicle: < VCG-VCG-SURCHARGE>

This vehicle is currently enrolled in the <UBI program name>SM Program.

Coverages Parts 1-12

Compulsory insurance

	Limits	Deductible	Premium
<X>	<X>		<x\$xxx>
<X>	<X>	<X>	<xxxx>
<X>	<X>		<x\$xxx>
<X>	<X>	<X>	<xxxx>
<X>			

Optional insurance

	Limits	Deductible	Premium
<X>	<X>	<X>	<xxxx>
<X>	<X>	<X>	<xxxx>
<X>	<X>	<X>	<xxxx>
<X>			

Total premium for <VCG-VCG-MODEL-YEAR> < VCG-VCG-TRADE-NAME>

<\$x>

* 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 <VCG-VCG-STATED-AMT-UFLD>.

Subtotal policy premium	<\$xxx.xx>
<FEE-FEE-DESC-1>	<xx.xx>
Total <x> month policy premium <x>	<\$xxx.xx>
Total <x> month policy premium, with paid in full discount <x>	<\$xxx.xx>

Vehicle information

Auto <VCG-CV-COVG-SET>
 <VCG-VCG-MODEL-YEAR> <VCG-VCG-TRADE-NAME> <VCG-VCG-MODEL-NAME> <VCG-VCG-BODY-TYPE>
 VIN: <VCG-VCG-SERIAL-NUM>
 Principal garaging address: <VCG-VCG-GARAGE-ZIP>
 Primary use of the vehicle: <VCG-VCG-SURCHARGE>
 Odometer reading:

Registration plate number AUTO-T.}	Miles auto was driven in past 12 mos.	Anti-theft (Yes/No)	Leased auto (Yes/No)
<1>	<2>	<3>	<4>

Premium discount

Premium discounts

Policy	<HDR-POLICY>	<DIS-REN-QT-DISCOUNT>
Driver	<x> <x> <x> <x>	<x>
Vehicle	<VEH-MODEL-YEAR> <VEH-TRADE-NAME> <VEH-MODEL-NAME>	<VEH-DISCOUNT>

Additional policy information

Policy	<HDR-POLICY>	<SUR-SURCHARGE-DESC>
Driver	<x> <x> <x> <x>	<DRV-SURCHARGE>
Vehicle	<VEH-MODEL-YEAR> <VEH-TRADE-NAME> <VEH-MODEL-NAME>	<VEH-SURCHARGE>

Driving history

Driving history continued

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 and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

<Company Brand name> uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Driver and Description	Date	Source/Consumer reporting agency
<Violation Driver Full Name> <Violation Description>	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> accident points not charged	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> points not charged	<Mon DD, YYYY>	<All sources/reporting vendor names>
<Violation Driver Full Name> <Violation Description> Waived under the Progressive Auto Advantage package	<Mon DD, YYYY>	<All sources/reporting vendor names>

Risk tier information

Prior insurance: <POP-INSURANCE-DESC>

Prior insurance carrier: <POP-CARRIER>

Policy number: <POP-POL-NBR>

Bodily injury limits: <POP-BI-LIMIT>

Comp claims: <POP-TOT-COMP-CLMS>

Not at-fault accidents: <POP-TOT-NAF-ACCIDENTS>

Property insurance carrier: <X>

Lienholder and additional interest information

Lienholder information

Additional interest information

Vehicle	Lienholder	Additional interest
<1> <2> <3>	<4>	<5>
<6>	<7>	<8>
	<1>	<2>
	<3>	<4>
Vehicle	Additional interest	
Vehicle	Lienholder	
<1> <2> <3>	<4>	
<5>	<6>	
	<x>	
	<x>	

Additional interest information

Additional Interest: <x>
<x>
<x>, <x> <x>

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. 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.

Acknowledgement and agreement

- 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 acknowledge that insurance prices and products are different when purchased directly from <XXXXXXXXXX> or through agents/brokers.

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 <ARB-NSF-SERVICE-FEE> 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 <ARB-LATE-FEE> during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than <ARB-PMT-POSTMARK-DAYS> days after the premium due date. The amount of this fee may change upon policy renewal.

Applicant signature

I represent that I, <HDR-NAME-INSD-FIRST> <HDR-NAME-INSD-MI> <HDR-NAME-INSD-LAST> <HDR-NAME-INSD-SFX>, 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.

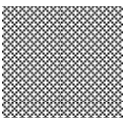
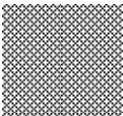
Signature of named insured

Date

X<HDR-PNI-FULL-NAME>

<HDR-PNI-ESIGN-DT>

Form 4905 MA (06/11)



Progressive Logo

INSURED
Valued customer since

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

Policy Number:
Underwritten by:
Progressive Direct Insurance Company
Date of Mailing:
Policy Period:
Page 1 of 2

Online Service
progressive.com
Customer Service
1-800-776-4737

INSURED
123 ANY STREET
ANY CITY, MA

Cancellation Notice

Unfortunately, we didn't receive your payment and, as a result, your policy will be canceled at 12:01 a.m. on Month dd YYYY.

Please know this means that from 12:01 a.m. on Month dd YYYY until 12:01 a.m. on Month dd YYYY, you will only have the Massachusetts mandatory coverages at the minimum required limits. Those Massachusetts mandatory minimum coverages will end at 12:01 a.m. on Month dd YYYY.

We value you as a customer and want to continue being your insurance provider. Your policy can be renewed if your payment by check or money order is received or postmarked by 12:01 a.m. on Month dd YYYY. However, if a loss occurs after the expiration shown above, but before we receive your renewal premium, we will only furnish Massachusetts mandatory coverages for that loss, and only at the minimum required limits.

If you've scheduled a payment, we've canceled it; please pay the amount due (if any).

If you've already sent your payment, thank you. Your next regular payment will be due on Month dd YYYY.

You can also pay online or over the phone using a credit card or authorizing a withdrawal from your bank account. We'll credit your payment right away so your insurance coverage will continue.

We sincerely appreciate your attention to this matter and thank you for your business.



Please see the reverse side.

Continued on back

Payment Coupon

Minimum amount due	\$
Due date	
Amount enclosed	\$

Policy Number:
INSURED

For immediate payment, please go to progressive.com or call 1-800-999-8781.

If you pay by check, please allow five to seven days for your payment to reach us. Write your policy number on the check and make it payable to Progressive Direct Insurance Company.

To maintain continuous coverage, your payment must be received or postmarked by 12:01 a.m. on Month dd, YYYY.



PROGRESSIVE
P.O. BOX 7247-0311
PHILADELPHIA PA 19170-0311

Do not write below this section of coupon.
IC-94576 Form 6268 MA (07/11)



Important Notice to Policyholders

Please read carefully the information below which outlines your legal rights relative to this cancellation.

Information About Minimum Insurance Requirements

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

Right of Appeal after Cancellation and Revocation - Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, or 3 before the effective date of cancellation, you have the right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation and your license plates should not be used on or after the effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.