

**Policy Number:** <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

**<Policyholder/Policyholders>:**

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

<ARB-NOTE-DT >

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# Application for Massachusetts Motor Vehicle Insurance

Please review, sign where  
indicated and return

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury To Others, Bodily Injury Caused By An Underinsured 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

.....  
Insurance company:

.....  
Named insured:

.....  
Named insureds:

.....  
Policy period:

.....  
Effective date and time:

.....  
Total policy premium:

.....  
Initial payment required:

.....  
Initial payment received:

.....  
Payment plan:

## Drivers and household residents

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
.....	

License status	Years licensed	Operator status
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## Household residents

Total 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.

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.massrmv.com](http://www.massrmv.com).

## Driver filing

Name  
.....  
Filing type:  
State:

## 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

VIN:  
 Principal garaging address:  
 Primary use of the vehicle:  
 This vehicle is currently enrolled in the <UBI program name><sup>SM</sup> 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

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

Total premium for Auto <Auto sequence number> <x\$xxx>

\* 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 <stated amount value>.

**Subtotal policy premium** <\$xxx.xx>

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

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

## Vehicle information

### Auto

VIN:  
Principal garaging address:  
Primary use of the vehicle:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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## Premium discount

Policy

Driver

Vehicle

## Additional policy information

Policy

Driver

Vehicle

## Driving history

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or 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
------------------------	------	----------------------------------

## Risk tier information

Prior insurance:

.....  
Prior insurance carrier:

.....  
Policy number:

.....  
Bodily injury limits:

.....  
Comprehensive claims:

.....  
Not-at-fault accidents:

.....  
Residence insurance carrier:

### **Lienholder and additional interest information**

<b>Vehicle</b>	<b>Lienholder</b>	<b>Additional interest</b>
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.....  
.....

## 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 some coverages under this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

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

## 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 understand that I will be charged a <ARB-CNCL-FEE-AMT> fee if, during the initial policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. When I renew this policy, I understand that the Company will waive any fees that may apply to the renewal policy.

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> when the payment for the minimum amount due is not received or postmarked by the premium due date. The amount of this fee may change upon policy renewal.

I understand that a filing fee of <1\$XXX.XX> will be charged to the policy if any driver on the policy has an SR22 filing issued by the Company.

I understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium shown above is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

**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 household residents 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

.....



**Policy Number:** <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

**<Policyholder/Policyholders>:**

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## Policy and premium information for policy number

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Insurance company:

.....  
Named insured:

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Named insureds:

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Policy period:

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Effective date and time:

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Total policy premium:

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Initial payment required:

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Initial payment received:

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Payment plan:



## Drivers and household residents

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	
.....		
License status	Years licensed	Operator status

## Household residents

Total 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.

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

## Driver filing

Name  
.....  
Filing type:  
State:

## 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

VIN:  
 Principal garaging address:  
 Primary use of the vehicle:  
 This vehicle is currently enrolled in the <UBI program name><sup>SM</sup> 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

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

Total premium for Auto <Auto sequence number> <x\$xxx>

\* 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 <stated amount value>.

**Subtotal policy premium** <\$xxx.xx>

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

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

## Vehicle information

### Auto

VIN:

Principal garaging address:

Primary use of the vehicle:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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## Premium discount

Policy

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Driver

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Vehicle

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## Additional policy information

Policy

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Driver

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Vehicle

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## Driving history

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

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

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<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
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## Risk tier information

Prior insurance:

.....  
Prior insurance carrier:

.....  
Policy number:

.....  
Bodily injury limits:

.....  
Comprehensive claims:

.....  
Not-at-fault accidents:

.....  
Residence insurance carrier:

### **Lienholder and additional interest information**

<b>Vehicle</b>	<b>Lienholder</b>	<b>Additional interest</b>
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.....  
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## 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 [some coverages under](#) this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

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

## 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.
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### Other charges

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I agree to pay a late fee of <ARB-LATE-FEE> ~~during the policy term and each renewal policy term~~ when the payment for either the minimum amount due is not received or ~~paid or payment is~~ postmarked by ~~more than <ARB-PMT-POSTMARK-DAYS> days~~ after the premium due date. The amount of this fee may change upon policy renewal.

I understand that a filing fee of <1\$XXX.XX> will be charged to the policy if any driver on the policy has an SR22 filing issued by the Company.

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**Applicant signature**

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**Signature of named insured**

**Date**

X

.....



**Policy Number:** <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

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**<Policyholder/Policyholders>:**

<XXXXXXXX X XXXXXXXXXXXX XXX>

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License status	Years licensed	Operator status

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## Driver filing

Name  
.....  
Filing type:  
State:



## Outline of coverage

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 Primary use of the vehicle:  
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<x>	<x>	<x>	<xxxx>
<x>	<x>		<x\$xxx>
<x>	<x>	<x>	<xxxx>
<x>			

#### Optional insurance

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

Total premium for Auto <Auto sequence number> <x\$xxx>

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### Auto

VIN:  
Principal garaging address:  
Primary use of the vehicle:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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## Premium discount

Policy

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Driver

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Vehicle

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Driver

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Vehicle

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Driver and Description	Date	Source/Consumer reporting agency
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## Risk tier information

Prior insurance:

.....  
Prior insurance carrier:

.....  
Policy number:

.....  
Bodily injury limits:

.....  
Comprehensive claims:

.....  
Not-at-fault accidents:

.....  
Residence insurance carrier:

### **Lienholder and additional interest information**

<b>Vehicle</b>	<b>Lienholder</b>	<b>Additional interest</b>
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## 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 some coverages under this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

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

## 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 understand that I will be charged a <ARB-CNCL-FEE-AMT> fee if, during the initial policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. When I renew this policy, I understand that the Company will waive any fees that may apply to the renewal policy.

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> when the payment for the minimum amount due is not received or postmarked by the premium due date. The amount of this fee may change upon policy renewal.

I understand that a filing fee of <1\$XXX.XX> will be charged to the policy if any driver on the policy has an SR22 filing issued by the Company.

I understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium shown above is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

**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 household residents 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.

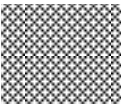
I understand that my name already appears in the signature line below because I chose to electronically sign this application.

**Signature of named insured**

**Date**

X

.....



**Policy Number:** <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

**<Policyholder/Policyholders>:**

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

<ARB-NOTE-DT >

Page <x> of <x>

# Application for Massachusetts Motor Vehicle Insurance

Please review, sign where  
indicated and return

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury To Others, Bodily Injury Caused By An Underinsured 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

.....  
Insurance company:

.....  
Named insured:

.....  
Named insureds:

.....  
Policy period:

.....  
Effective date and time:

.....  
Total policy premium:

.....  
Initial payment required:

.....  
Initial payment received:

.....  
Payment plan:

## Drivers and household residents

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	
.....		
License status	Years licensed	Operator status

## Household residents

Total 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.

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

## Driver filing

Name  
.....  
Filing type:  
State:

## 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

VIN:  
 Principal garaging address:  
 Primary use of the vehicle:  
 This vehicle is currently enrolled in the <UBI program name><sup>SM</sup> 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

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

Total premium for Auto <Auto sequence number> <x\$xxx>

\* 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 <stated amount value>.

**Subtotal policy premium** <\$xxx.xx>

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

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



## Vehicle information

### Auto

VIN:  
Principal garaging address:  
Primary use of the vehicle:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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## Premium discount

Policy

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Driver

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Vehicle

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## Additional policy information

Policy

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Driver

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Vehicle

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## Driving history

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or 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
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## Risk tier information

Prior insurance:

.....  
Prior insurance carrier:

.....  
Policy number:

.....  
Bodily injury limits:

.....  
Comprehensive claims:

.....  
Not-at-fault accidents:

.....  
Residence insurance carrier:

### **Lienholder and additional interest information**

<b>Vehicle</b>	<b>Lienholder</b>	<b>Additional interest</b>
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.....  
.....

## 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 [some coverages under](#) this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

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

## 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 understand that I will be charged a <ARB-CNCL-FEE-AMT> fee if, during the initial policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. When I renew this policy, I understand that the Company will waive any fees that may apply to the renewal policy.

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 the payment for either the minimum amount due is not received or ~~paid or payment is~~ postmarked by ~~more than <ARB-PMT-POSTMARK-DAYS> days~~ after the premium due date. The amount of this fee may change upon policy renewal.

I understand that a filing fee of <1\$XXX.XX> will be charged to the policy if any driver on the policy has an SR22 filing issued by the Company.

I understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium shown above is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

**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 household residents 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

.....



**Policy Number:** <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

**<Policyholder/Policyholders>:**

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

<ARB-NOTE-DT >

Page <x> of <x>

# Application for Massachusetts Motor Vehicle Insurance

Please review, sign where  
indicated and return

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury To Others, Bodily Injury Caused By An Underinsured 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

.....  
Insurance company:

.....  
Named insured:

.....  
Named insureds:

.....  
Policy period:

.....  
Effective date and time:

.....  
Total policy premium:

.....  
Initial payment required:

.....  
Initial payment received:

.....  
Payment plan:

## Drivers and household residents

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  
.....

License status Years licensed Operator status

## Household residents

Total 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.

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/my](http://www.mass.gov/my).

## Driver filing

Name  
.....

Filing type:

State:

## 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

VIN:

Principal garaging address:

Primary use of the vehicle:

This vehicle is currently enrolled in the <UBI program name><sup>SM</sup> 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

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

Total premium for Auto <Auto sequence number> <x\$xxx>

\* 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 <stated amount value>.

**Subtotal policy premium** <\$xxx.xx>

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

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

## Vehicle information

### Auto

VIN:  
Principal garaging address:  
Primary use of the vehicle:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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## Premium discount

Policy

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Driver

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Vehicle

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## Additional policy information

Policy

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Driver

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Vehicle

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## Driving history

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

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- Your application (APP)
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- 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
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## Risk tier information

Prior insurance:



.....  
Prior insurance carrier:

.....  
Policy number:

.....  
Bodily injury limits:

.....  
Comprehensive claims:

.....  
Not-at-fault accidents:

.....  
Residence insurance carrier:

### **Lienholder and additional interest information**

<b>Vehicle</b>	<b>Lienholder</b>	<b>Additional interest</b>
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.....  
.....

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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.

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**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 household residents 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

.....



**Policy Number:** <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

**<Policyholder/Policyholders>:**

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

<ARB-NOTE-DT >

Page <x> of <x>

# Application for Massachusetts Motor Vehicle Insurance

Please review, sign where  
indicated and return

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury To Others, Bodily Injury Caused By An Underinsured 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

.....  
Insurance company:

.....  
Named insured:

.....  
Named insureds:

.....  
Policy period:

.....  
Effective date and time:

.....  
Total policy premium:

.....  
Initial payment required:

.....  
Initial payment received:

.....  
Payment plan:

## Drivers and household residents

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  
.....

License status Years licensed Operator status

## Household residents

Total 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.

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

## Driver filing

Name  
.....

Filing type:

State:

## 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

VIN:

Principal garaging address:

Primary use of the vehicle:

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

### Coverages Parts 1-12

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

### Optional insurance

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

Total premium for Auto <Auto sequence number> <x\$xxx>

\* 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 <stated amount value>.

**Subtotal policy premium** <\$xxx.xx>

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

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

## Vehicle information

### Auto

VIN:  
Principal garaging address:  
Primary use of the vehicle:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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## Premium discount

Policy

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Driver

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Vehicle

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## Additional policy information

Policy

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Driver

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Vehicle

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## Driving history

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or 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
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## Risk tier information

Prior insurance:

.....  
Prior insurance carrier:

.....  
Policy number:

.....  
Bodily injury limits:

.....  
Comprehensive claims:

.....  
Not-at-fault accidents:

.....  
Residence insurance carrier:

### **Lienholder and additional interest information**

<b>Vehicle</b>	<b>Lienholder</b>	<b>Additional interest</b>
----------------	-------------------	----------------------------

.....  
.....



## 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 [some coverages under](#) this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

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

## 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 understand that I will be charged a <ARB-CNCL-FEE-AMT> fee if, during the initial policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. When I renew this policy, I understand that the Company will waive any fees that may apply to the renewal policy.

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 the payment for either the minimum amount due is not received or ~~paid or payment is~~ postmarked by ~~more than <ARB-PMT-POSTMARK-DAYS> days~~ after the premium due date. The amount of this fee may change upon policy renewal.

I understand that a filing fee of <1\$XXX.XX> will be charged to the policy if any driver on the policy has an SR22 filing issued by the Company.

I understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium shown above is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

**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 household residents 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

.....



**Policy Number:** <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

**<Policyholder/Policyholders>:**

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

<ARB-NOTE-DT >

Page <x> of <x>

# Application for Massachusetts Motor Vehicle Insurance

Please review, sign where  
indicated and return

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury To Others, Bodily Injury Caused By An Underinsured 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

.....  
Insurance company:

.....  
Named insured:

.....  
Named insureds:

.....  
Policy period:

.....  
Effective date and time:

.....  
Total policy premium:

.....  
Initial payment required:

.....  
Initial payment received:

.....  
Payment plan:

## Drivers and household residents

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  
.....

License status Years licensed Operator status

## Household residents

Total 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.

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

## Driver filing

Name  
.....

Filing type:

State:

## 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

VIN:  
 Principal garaging address:  
 Primary use of the vehicle:  
 This vehicle is currently enrolled in the <UBI program name><sup>SM</sup> 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

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

Total premium for Auto <Auto sequence number> <x\$xxx>

\* 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 <stated amount value>.

**Subtotal policy premium** <\$xxx.xx>

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

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

## Vehicle information

### Auto

VIN:  
Principal garaging address:  
Primary use of the vehicle:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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## Premium discount

Policy

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Driver

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Vehicle

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## Additional policy information

Policy

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Driver

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Vehicle

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## Driving history

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or 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
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## Risk tier information

Prior insurance:

.....  
Prior insurance carrier:

.....  
Policy number:

.....  
Bodily injury limits:

.....  
Comprehensive claims:

.....  
Not-at-fault accidents:

.....  
Residence insurance carrier:

### **Lienholder and additional interest information**

<b>Vehicle</b>	<b>Lienholder</b>	<b>Additional interest</b>
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.....  
.....

## Application agreement

### Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used as a public or livery conveyance. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

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

## 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 understand that I will be charged a <ARB-CNCL-FEE-AMT> fee if, during the initial policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. When I renew this policy, I understand that the Company will waive any fees that may apply to the renewal policy.

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> when the payment for the minimum amount due is not received or postmarked by the premium due date. The amount of this fee may change upon policy renewal.

I understand that a filing fee of <1\$XXX.XX> will be charged to the policy if any driver on the policy has an SR22 filing issued by the Company.

I understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium shown above is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

**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 household residents 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

.....



**Policy Number:** <XXXXXXXXXX>

<Policyholder/Policyholders>:

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

**<Policyholder/Policyholders>:**

<XXXXXXXX X XXXXXXXXXXXX XXX>

<XXXXXXXX X XXXXXXXXXXXX XXX>

<ARB-NOTE-DT >

Page <x> of <x>

# Application for Massachusetts Motor Vehicle Insurance

Please review, sign where  
indicated and return

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1, 2, 3, 4), it must also offer the following Optional Coverages: Optional Bodily Injury To Others, Bodily Injury Caused By An Underinsured 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

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

.....  
Named insured:  
.....

.....  
Named insureds:  
.....

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

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

.....  
Total policy premium:  
.....

.....  
Initial payment required:  
.....

.....  
Initial payment received:  
.....

.....  
Payment plan:  
.....

## Drivers and household residents

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  
.....

License status Years licensed Operator status

## Household residents

Total 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.

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/my](http://www.mass.gov/my).

## Driver filing

Name  
.....

Filing type:

State:

## 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

VIN:

Principal garaging address:

Primary use of the vehicle:

This vehicle is currently enrolled in the <UBI program name><sup>SM</sup> 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

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

Total premium for Auto <Auto sequence number> <x\$xxx>

\* 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 <stated amount value>.

**Subtotal policy premium** <\$xxx.xx>

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

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

## Vehicle information

### Auto

VIN:  
Principal garaging address:  
Primary use of the vehicle:

Registration plate number	Miles auto was driven in past 12 mos.	Leased auto (Yes/No)
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## Premium discount

Policy

---

Driver

---

Vehicle

---

## Additional policy information

Policy

---

Driver

---

Vehicle

---

## Driving history

If any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to determine your rate. See "Your Consumer Guide" for additional information.

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or 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
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## Risk tier information

Prior insurance:

.....  
Prior insurance carrier:

.....  
Policy number:

.....  
Bodily injury limits:

.....  
Comprehensive claims:

.....  
Not-at-fault accidents:

.....  
Residence insurance carrier:

### **Lienholder and additional interest information**

<b>Vehicle</b>	<b>Lienholder</b>	<b>Additional interest</b>
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.....  
.....

## Application agreement

### Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used as a public or livery conveyance. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

### Notice of information practices

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

## 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 understand that I will be charged a <ARB-CNCL-FEE-AMT> fee if, during the initial policy period, I cancel this policy for any reason or the Company cancels it due to my failure to pay any premium when due. This fee is in addition to any premium the Company has earned for the coverage provided by this policy and may be deducted from any refund to which I am entitled. When I renew this policy, I understand that the Company will waive any fees that may apply to the renewal policy.

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 the payment for either the minimum amount due is not received or ~~paid or payment is~~ postmarked by ~~more than <ARB-PMT-POSTMARK-DAYS> days~~ after the premium due date. The amount of this fee may change upon policy renewal.

I understand that a filing fee of <1\$XXX.XX> will be charged to the policy if any driver on the policy has an SR22 filing issued by the Company.

I understand that Massachusetts law requires that every insurer offer twelve-month term private passenger motor vehicle insurance policies at the customer's option. A six-month term policy is shorter than a twelve-month term policy. If this policy is for a six-month term, the premium shown above is half as much as the premium for a twelve-month term policy that starts on the same initial effective date. The renewal premium for each additional six-month term will be based on the rates in effect for the insurance company on the renewal effective date.

**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 household residents 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

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