

QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT DISAPPEARING COLLISION DEDUCTIBLE AMENDMENT

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

This endorsement modifies endorsement form **QMEE 04 18**, Quincy Mutual Auto Enhancement Endorsement, when both forms are made part of your policy.

The Section II Paragraph **B. Disappearing Collision Deductible Provision is amended** as follows:

B. Disappearing Collision Deductible

This coverage applies to **your auto** only if a premium is shown on the Coverage Selections Page for Part 7, Collision or Part 8, Limited Collision, and a deductible is applied to a Collision or Limited Collision loss.

The reduction in the deductible will be \$100 for each policy term free of a collision loss up to a maximum of \$500, or the current policy deductible, whichever amount is less.

1. The initial disappearing collision deductible amount may be set to an amount earned from a previous policy that was documented to contain a similar disappearing deductible provision.
2. The disappearing deductible would then continue to reduce upon the first renewal after purchasing this enhancement endorsement with Quincy Mutual.
3. The deductible continues to reduce until the first renewal after a collision loss occurs, or the maximum deductible reduction is reached.
4. The deductible on the renewal term after a collision loss occurs reverts back to the policy deductible.
5. The reduction starts over after the policy is free of any collision loss for a complete twelve-month term.

All other provisions of the policy and endorsement form **QMEE 04 18**, Quincy Mutual Auto Enhancement Endorsement apply.

RULE 34. TRAILERS DESIGNED FOR USE WITH PRIVATE PASSENGER MOTOR VEHICLES

This equipment includes utility, boat, horse, camping, travel or similar type trailers designed to be pulled by a private passenger auto, motorcycle, pick-up truck, van or similar type vehicle, and if not a home, office, store, display or passenger trailer.

For Model Years 2010 and prior refer to Rule 22 to determine rating symbol. Use the FOB List or purchase price, whichever is greater.

For Model Years 2011 and greater refer to Rule 21 to determine Vehicle Rating Group, Use the base list price.

The Merit Rating Plan does not apply to vehicles described in this rule.

Refer to the Miscellaneous Motor Vehicles page for rating methods and factors. No other premium adjustments, factors or discounts apply.

RULE 35. REPLACEMENT COST COVERAGE FOR NEW VEHICLES

This endorsement will be attached to all Massachusetts Auto policies effective 04/01/08 and later. Coverage will apply to an auto only if a premium is shown on the Coverage Selections Page for Part 7, Collision or Part 8, Limited Collision and/or Part 9, Comprehensive coverage.

If within 12 months of the date of purchase of an auto, or 15,000 miles, whichever occurs first, an auto is stolen and not recovered, or suffers a total loss, we will pay, less the deductible, the actual cost to replace the vehicle or the replacement cost value, whichever is the lesser of the two amounts.

For the purpose of this endorsement a new auto does not mean:

1. An auto previously titled under the motor vehicle laws of any state.
2. A substitute or non-owned vehicle.
3. A leased vehicle.
4. A motorcycle, motor home or trailer.

Please refer to endorsement QMRCMA 04 08 for specific terms and conditions of this endorsement.

RULE 36. QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT

This is an optional coverage endorsement which offers a means to broaden some coverages that may already be included in your auto policy and to offer additional coverages to your policy. Some of the coverage enhancements are:

1. Roadside Assistance;
2. Additional Substitute Transportation;
3. Disappearing Collision Deductible;
4. Additional Replacement Cost Coverage for New Vehicles;
5. Accidental Discharge of Air Bag Coverage;
6. Mechanical Parts Replacement Cost Coverage;
7. Pet Coverage;
8. Personal Effects Coverage; and
9. Emergency Travel Expense.

Coverage may be provided only to a vehicle that is a private passenger auto, pickup or van.

The additional premium is \$30 per vehicle per year.

Please refer to endorsement **QMEE 04 18** for specific terms and conditions of this endorsement.

NOTE: The Disappearing Collision Deductible provision of this endorsement can be amended by adding endorsement form **QMDDA 04 18, Quincy Mutual Auto Enhancement Endorsement Disappearing Collision Deductible Amendment.**

This is an optional amendment endorsement which allows the initial collision deductible to be set to a documented amount that was earned on a prior policy with a different carrier offering a similar disappearing deductible provision. The amendment can be added only for renewal policies or renewal book transfers that are pre-arranged and prequalified between agency and company.

**PRIVATE PASSENGER ENDORSEMENTS
ALPHABETICAL INDEX**

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Antique Auto	M-0047-S	<u>04-08</u>
Coverage for Anyone Renting an Auto to You	M-0070-S	<u>04-08</u>
Coverage for Customized Vans and Pick-ups	MPY-0037-S	<u>04-08</u>
Excess Electronic Equipment Coverage	MPY-0041-S	<u>04-08</u>
\$100 Glass Deductible	MPY-0039-S	<u>04-08</u>
Guest Occupants Exclusion	M-0002-S	<u>04-08</u>
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Suspension of Coverage and Reduction of Limits	MPY-0032-S	<u>04-08</u>
Transportation of Fellow Employees, Students or Others	M-0004-S	<u>04-08</u>
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Use of Other Auto Vehicles Furnished or Available for Regular Use	M-0051-S	<u>04-08</u>
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QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT DISAPPEARING COLLISION DEDUCTIBLE AMENDMENT

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The Section II Paragraph **B. Disappearing Collision Deductible Provision** is amended as follows:

B. Disappearing Collision Deductible

This coverage applies to **your auto** only if a premium is shown on the Coverage Selections Page for Part 7, Collision or Part 8, Limited Collision, and a deductible is applied to a Collision or Limited Collision loss.

The reduction in the deductible will be \$100 for each policy term free of a collision loss up to a maximum of \$500, or the current policy deductible, whichever amount is less.

1. The initial disappearing collision deductible amount may be set to an amount earned from a previous policy that was documented to contain a similar disappearing deductible provision.
- 1-2. The disappearing deductible would then ~~begin~~ continue to reduce upon the first renewal after purchasing this enhancement endorsement with Quincy Mutual.
- 2-3. The deductible continues to reduce until the first renewal after a collision loss occurs, or the maximum deductible reduction is reached.
- 3-4. The deductible on the renewal term after a collision loss occurs reverts back to the policy deductible.
- 4-5. The reduction starts over after the policy is free of any collision loss for a complete twelve-month term.

All other provisions of this policy and endorsement form **QMEE 04 18**, Quincy Mutual Auto Enhancement Endorsement apply.

QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by this endorsement.

SECTION I

The coverage shown in this **SECTION I**, Roadside Assistance, applies to all vehicles where a premium charge is shown for Parts 1-5 on the Coverage Selections Page.

Roadside Assistance

The following provisions are added to your policy:

ADDITIONAL DEFINITIONS

Wherever they appear in this Endorsement, the General Definitions set forth in your policy shall apply. The following Additional Definitions shall also apply:

1. **Covered disabled vehicle** means a disabled motor vehicle that is a **covered vehicle**.
2. **Covered emergency** means a disablement that is a result of:
 - a) Mechanical or electrical breakdown;
 - b) Battery failure;
 - c) Insufficient supply of fuel, oil, water or other fluid;
 - d) Flat tire;
 - e) Lock-out; or
 - f) Entrapment in snow, mud, water or sand.
3. **Covered vehicle** is a private passenger type **auto**, pickup or van having four wheels.

INSURING AGREEMENT

If you have a policy for which we provide coverage under Parts 1-5, we will pay for our authorized service representative to provide:

1. Towing of a **covered disabled vehicle** or a **covered vehicle** to the nearest qualified repair facility up to 35 miles; and
2. Minor on-site labor on a **covered disabled vehicle** or a **covered vehicle** at the place of disablement which is necessary due to a **covered emergency**;

when driven by a listed driver.

We will not pay for more than five disablements during a 12-month consecutive period; or an excluded driver.

EXCLUSIONS

READ THE FOLLOWING EXCLUSIONS CAREFULLY. IF AN EXCLUSION APPLIES, ROADSIDE ASSISTANCE COVERGE WILL NOT BE PROVIDED.

This coverage does not apply to;

1. Any parts or replacement keys;
2. The cost of Fluid, lubricants or fuel to get your vehicle back on the road;
3. Installation of any products or materials not related to the disablement;
4. Labor or materials not related to the disablement of your vehicle including work performed at a service station, garage or repair shop;
5. Labor on a **covered disabled vehicle** for any time period in excess of sixty (60) minutes from time of dispatch per disablement;
6. Tire repair or replacement;

QUINCY MUTUAL GROUP

7. Any and all fines, vehicle storage charges, transportation or temporary living expenses;
8. Towing or storage related to impoundment, abandonment, illegal parking or other violations of law or disablement that results from the use of intoxicants or narcotics;
9. Damage or disablement due to fire, flood or vandalism;
10. Towing from a service station, garage or repair shop;
11. A second or any subsequent tow for a single disablement;
12. Mounting or removing of snow tires or chains; or
13. Disablement:
 - a. That results from the willful acts or actions of the operator of a **covered disabled vehicle**;
 - b. That is not the result of a **covered emergency**;
 - c. Service necessary as a result of a disabled **trailer** that is being towed by a **covered vehicle**; and
 - d. That occurred on roads not regularly maintained, such as sand beaches, open fields, and areas designated as not passable due to construction.

UNAUTHORIZED SERVICE PROVIDER

When service is rendered by a provider, other than our authorized service representative, we will only pay reasonable charges up to \$100.00 maximum for:

1. Towing of a **covered disabled vehicle** or vehicle driven by a listed driver on the policy to the nearest qualified repair facility; and
2. Labor on a **covered disabled vehicle** or vehicle driven by a listed driver on the policy at the place of disablement.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THIS POLICY REMAIN UNCHANGED.

Quincy Mutual Group reserves the right to alter this program upon renewal of your policy with written notice. Coverage applies in the United States and Canada.

SECTION II

The coverages shown in this **SECTION II** apply only to the vehicles for which a premium charge is shown for this endorsement on the Coverage Selections Page **AND** that meet the specific requirements of each coverage as shown below.

A. Additional Substitute Transportation Coverage

This coverage applies to **your auto** only if a premium is shown on the Coverage Selections Page for Part 10, Substitute Transportation Coverage.

In the event of a covered loss, we will pay:

1. An additional \$10 limit per day; and
2. An additional \$300 to the maximum limit available.

All other provisions of Part 10, Substitute Transportation coverage apply unless modified above.

B. Disappearing Collision Deductible

This coverage applies to **your auto** only if a premium is shown on the Coverage Selections Page for Part 7, Collision or Part 8, Limited Collision, and a deductible is applied to a Collision or Limited Collision loss.

The reduction in the deductible will be \$100 for each policy term free of a collision loss up to a maximum of \$500, or the current policy deductible, whichever amount is less.

1. The disappearing deductible begins to reduce upon the first renewal after purchasing this enhancement endorsement with Quincy Mutual.
2. The deductible continues to reduce until the first renewal after a collision loss occurs, or the maximum deductible reduction is reached.
3. The deductible on the renewal term after a collision loss occurs reverts back to the policy deductible.
4. The reduction starts over after the policy is free of any collision loss for a complete twelve-month term.

C. Additional Replacement Cost Coverage For New Vehicles

This coverage applies to **your auto** only if a premium is shown on the Coverage Selections Page for Part 7, Collision or Part 8, Limited Collision and/or Part 9, Comprehensive coverage for that **auto**.

We will pay, less the deductible, the lesser of:

1. The replacement cost of your stolen or damaged **auto**; or
2. The actual amount necessary to replace the **auto**;

If within 24 months of the date of purchase of your new **auto** or 20,000 miles, whichever occurs first, **your auto** is stolen and not recovered or otherwise suffers a covered total loss under Part 7, Collision or Part 8, Limited Collision and/or Part 9, Comprehensive coverage.

The replacement **auto** will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a total loss or is stolen.

We reserve the right to replace the covered **auto** or pay the loss in money. Our liability for any loss will not exceed the Manufacturer's Suggested Retail Price (MSRP) of the vehicle of the same year, make, model, and equipment as the stolen or damaged vehicle.

We will pay for "customized equipment" only as described in the insured's policy or policy endorsements.

For the purpose of this endorsement a new **auto** does not mean:

1. An **auto** previously titled under the motor vehicle laws of any state;
2. A substitute or non-owned vehicle;
3. A leased vehicle; or
4. A motorcycle, motor home or **trailer**.

All other provisions of Part 7, Collision, Part 8, Limited Collision and/or Part 9, Comprehensive coverage apply unless modified above.

This coverage part **C**. replaces form QMRC MA, Replacement Cost Coverage For New Vehicles.

D. Accidental Discharge of Air Bag Coverage

We will pay the cost to repair or restore an airbag that accidentally discharges, without the **auto** being in an **accident**. This coverage applies to any **auto** shown on the Coverage Selections Page for which a premium charge is shown for Comprehensive (Part 9). However, if you are entitled by other insurance or warranty for the cost to repair or restore the airbag, we will pay only the cost not covered by the other insurance or warranty. No deductible applies to this coverage.

E. Mechanical Parts Replacement Cost Coverage

This coverage applies to your auto only if a premium is shown on the Coverage Selections Page for Part 7, Collision or Part 8, Limited Collision **and** Part 9, Comprehensive coverage for that auto.

We will pay to replace any damaged mechanical non-body related part, which cannot be repaired, without a deduction for depreciation. The damage must involve an auto described on the Coverage Selections Page. The damage must:

1. Arise from a covered loss under Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9); and
2. Occur to an auto:
 - a. With less than 50,000 miles; and
 - b. That is no more than 10 model years old.

This coverage does not apply if your auto is a motorcycle or a motor home.

All other provisions of Part 7, Collision, Part 8, Limited Collision and Part 9, Comprehensive coverage apply.

F. Laptop or Tablet Computer Replacement

We will pay replacement cost coverage up to \$500 for any laptop or tablet computer (limit one laptop or tablet computer per occurrence), provided the loss or damage arises from a covered Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) loss to **your auto**. No deductible applies. This coverage is primary over any other valid and collectible insurance. However, in no event shall you be entitled to collect twice for the same loss.

G. Electronic Lock and Key Replacement Deductible Waiver

If the electronic keys or electronic remote control pads to **your auto** are lost or stolen, we will pay up to \$250 for the replacement of electronic keys, electronic remote control pads and the locks or codes, without the application of a deductible. Comprehensive (Part 9) coverage must apply to the vehicle.

H Cellular Telephone Replacement

We will pay replacement cost coverage up to \$500 for any cellular telephones (limit one cellular phone per occurrence), provided the loss or damage arises from a covered Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) loss to **your auto**. No deductible applies. This coverage is primary over any other valid and collectible insurance. However, in no event shall you be entitled to collect twice for the same loss.

SECTION III

The coverages shown in **SECTION III** apply to any vehicle shown on the Coverage Selection Page for which a premium charge is shown for Part 7, Collision or Part 8, Limited Collision **and** Part 9, Comprehensive coverage.

A. Pet Coverage

We will pay up to \$500 for reasonable and customary veterinarian bills for injury or death to your cat or dog if the pet is injured in an **accident** involving a vehicle.

1. No deductible applies to this coverage.
2. \$500 is the most we will pay for any **accident** or **collision** regardless of the number of pets.

B. Personal Effects Coverage

We will pay replacement cost up to \$250 for loss or damage to personal effects (such as sunglasses and clothing) resulting from an **accident**.

1. The personal effects must be owned by you or a **household member** and be contained in a covered **auto**.
2. Coverage is primary over any other collectible insurance, except in the case of cellular telephones or laptops and tablets where this insurance would be excess over other collectible insurance.
3. The **accident** results in a loss payment that exceeds any applicable deductible.

C. Emergency Travel Expense

We will pay additional expenses up to \$250 per **accident** incurred by you, **household members** and anyone **occupying** your covered **auto** for lodging and meals in the event of an **accident** occurring more than 100 miles from your principal address.

1. The most we will pay is \$250 per **accident**, regardless of how many people occupied **your auto** at the time of the loss.
2. The **accident** results in a loss payment that exceeds any applicable deductible.

RULE 34. TRAILERS DESIGNED FOR USE WITH PRIVATE PASSENGER MOTOR VEHICLES

This equipment includes utility, boat, horse, camping, travel or similar type trailers designed to be pulled by a private passenger auto, motorcycle, pick-up truck, van or similar type vehicle, and if not a home, office, store, display or passenger trailer.

For Model Years 2010 and prior refer to Rule 22 to determine rating symbol. Use the FOB List or purchase price, whichever is greater.

For Model Years 2011 and greater refer to Rule 21 to determine Vehicle Rating Group, Use the base list price.

The Merit Rating Plan does not apply to vehicles described in this rule.

Refer to the Miscellaneous Motor Vehicles page for rating methods and factors. No other premium adjustments, factors or discounts apply.

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This endorsement will be attached to all Massachusetts Auto policies effective 04/01/08 and later. Coverage will apply to an auto only if a premium is shown on the Coverage Selections Page for Part 7, Collision or Part 8, Limited Collision and/or Part 9, Comprehensive coverage.

If within 12 months of the date of purchase of an auto, or 15,000 miles, whichever occurs first, an auto is stolen and not recovered, or suffers a total loss, we will pay, less the deductible, the actual cost to replace the vehicle or the replacement cost value, whichever is the lesser of the two amounts.

For the purpose of this endorsement a new auto does not mean:

1. An auto previously titled under the motor vehicle laws of any state.
2. A substitute or non-owned vehicle.
3. A leased vehicle.
4. A motorcycle, motor home or trailer.

Please refer to endorsement QMRCMA 04 08 for specific terms and conditions of this endorsement.

RULE 36. QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT

This is an optional coverage endorsement which offers a means to broaden some coverages that may already be included in your auto policy and to offer additional coverages to your policy. Some of the coverage enhancements are:

1. Roadside Assistance;
2. Additional Substitute Transportation;
3. Disappearing Collision Deductible;
4. Additional Replacement Cost Coverage for New Vehicles;
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6. Mechanical Parts Replacement Cost Coverage;
7. Pet Coverage;
8. Personal Effects Coverage; and
9. Emergency Travel Expense.

Coverage may be provided only to a vehicle that is a private passenger auto, pickup or van.

The additional premium is \$30 per vehicle per year.

Please refer to endorsement **QMEE 04 18** for specific terms and conditions of this endorsement.

NOTE: The Disappearing Collision Deductible provision of this endorsement can be amended by adding endorsement form QMDDA 04 18, Quincy Mutual Auto Enhancement Endorsement Disappearing Collision Deductible Amendment.

This is an optional amendment endorsement which allows the initial collision deductible to be set to a documented amount that was earned on a prior policy with a different carrier offering a similar disappearing deductible provision. The amendment can be added only for renewal policies or renewal book transfers that are pre-arranged and prequalified between agency and company.

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<u>Quincy Mutual Enhancement Endorsement Disappearing Collision Deductible Amendment</u>	<u>QMDDA</u>	<u>04-18</u>
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Stated Amount Coverage	MPY-0027-S	<u>04-08</u>
Suspension of Coverage and Reduction of Limits	MPY-0032-S	<u>04-08</u>
Transportation of Fellow Employees, Students or Others	M-0004-S	<u>04-08</u>
Trust Endorsement	M-0107-S	<u>01-06</u>
Use of Other Auto Vehicles Furnished or Available for Regular Use	M-0051-S	<u>04-08</u>
Waiver of Deductible	MPY-0016-S	<u>04-08</u>



POL. COMPANY. GROUP. NAME

COVERAGE SELECTIONS PAGE

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

This policy is Issued By: POL. COMPANY. NAME

Massachusetts Personal Automobile

ITEM 1. This policy is Issued To:

Agent: POL. A Policy Number POL. NUMBER

POL. INSURED. NAME
 POL. INSURED. AD1
 POL. INSURED. AD2
 POL. INSURED. AD3
 POL. INSURED. AD4

POL. AGENT. NAME
 POL. AGENT. AD1
 POL. AGENT. AD2
 POL. AGENT. AD3
 POL. AGENT. AD4

ITEM 2. This policy is effective from: POL. EFFECTIVE. DATE

To: POL. EXPIRATION. DATE

(12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

BILL TO

AUTO <input checked="" type="checkbox"/>	VEH. DESC	AUTO <input checked="" type="checkbox"/>	VEH. DESC #002
	VEH. VIN		VEH. VIN #002

ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, PARTS 1-12	AUTO <input checked="" type="checkbox"/>	VEH. NEW. COST	AUTO <input checked="" type="checkbox"/>	VEH. NEW. COST
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	ADJUSTED PREMIUM
1. Bodily Injury To Others	\$BI.PERS per person \$BI.ACCT per accident	NONE	\$BI.PR \$BI.PR	\$BI.PR \$BI.PR
2. Personal Injury Protection	\$PIP.PE per person	\$PIP.P (P) Yourself (P) Yourself and household members	\$PIP.P \$PIP.P	\$PIP.P \$PIP.P
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$BI.UNIN per person \$BI.UNIN per accident	NONE	\$BI.UN \$BI.UN	\$BI.UN \$BI.UN
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$PROP.AC per accident	NONE	\$PROP. \$PROP.	\$PROP. \$PROP.
OPTIONAL INSURANCE				
5. Optional Bodily Injury To Others	\$BI.OPT. per person \$BI.OPT. per accident	NONE	\$BI.OP \$BI.OP	\$BI.OP \$BI.OP
6. Medical Payments	\$MED.PER per person	NONE	\$MED.P \$MED.P	\$MED.P \$MED.P
7. Collision	COL.LIMIT CCC	\$COL. \$COL.	\$COL.P \$COL.P	\$COL.P \$COL.P
8. Limited Collision	LCOL.LIMIT LLL	\$LCOL. \$LCOL.	\$LCOL.P \$LCOL.P	\$LCOL.P \$LCOL.P
9. Comprehensive	COMP.LIMIT C C	\$COMP. \$COMP.	\$COMP.P \$COMP.P	\$COMP.P \$COMP.P
10. Substitute Transportation	Up to \$TRA a day maximum \$TRAN	NONE	\$TRAN. \$TRAN.	\$TRAN. \$TRAN.
11. Towing And Labor	Up to \$TOW. each disablement	NONE	\$TOW.P \$TOW.P	\$TOW.P \$TOW.P
12. Bodily Injury Caused By An Underinsured Auto	\$BI.UNDE per person \$BI.UNDE per accident	NONE	\$BI.UN \$BI.UN	\$BI.UN \$BI.UN
Optional Coverages			\$OPTCO \$OPTCO	\$OPTCO \$OPTCO
MERIT RATING PLAN	CREDIT SD		\$SDIP. \$SDIP.	\$SDIP. \$SDIP.
	ADDITIONAL PREMIUM SD		\$SDIP. \$SDIP.	\$SDIP. \$SDIP.
	PREMIUM		\$VEH.T \$VEH.T	\$VEH.T \$VEH.T
			PREMIUM	\$POLIC \$POLIC

WAIVE_MSG	DD_MSG		TOTAL PREMIUM	\$POLIC	\$POLIC									
GLASS_MSG	RISK_MSG													
Discount %	Age 65+	Anti-Theft	Multi-Car	Account	Mileage	Superior Client	Air bag/Auto Seatbelts	One Pay/ Full Pay	Continuous Coverage	Good Student	Student Away	Preferred Operator	Good Driver	Early Issue
AUTO <input checked="" type="checkbox"/>	VEH	VEH	VEH	VEH	VEH.D	VEH	VEH	VEH	VEH	VEH	VEH	VEH	VEH	VEH
AUTO <input checked="" type="checkbox"/>	VEH	VEH	VEH	VEH	VEH.D	VEH	VEH	VEH	VEH	VEH	VEH	VEH	VEH	VEH

Identification Numbers of Endorsements Forming a Part of this Policy

FORMS.ENDORSE.MSG
 FORMS.LINE.1
 FORMS.LINE.2

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto
AUTO <input checked="" type="checkbox"/> VEH.GARAGE	VEH.LOSSPAYEE
AUTO <input checked="" type="checkbox"/> VEH.GARAGE #002	VEH.LOSSPAYEE #002

Driver Information:

Op. No.	Operator Name	Date of Birth mm/dd/yy	License Number	Lic. St.	Date First Licensed		Driver Training	Extra Risk 7=Part 7 9=Part 9				Deferred Operator	Operator Status: O-Occasional P-Principal E-Excluded					
					Auto mm/dd/yy	Motorcycle mm/dd/yy		Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>		Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>
<input type="checkbox"/>	DRV.1.NAME	DRV.1.DO	DRV.1.LICENSE	DR	DRV.1.LT	DRV.1.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.2.NAME	DRV.2.DO	DRV.2.LICENSE	DR	DRV.2.LT	DRV.2.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.3.NAME	DRV.3.DO	DRV.3.LICENSE	DR	DRV.3.LT	DRV.3.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.4.NAME	DRV.4.DO	DRV.4.LICENSE	DR	DRV.4.LT	DRV.4.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.5.NAME	DRV.5.DO	DRV.5.LICENSE	DR	DRV.5.LT	DRV.5.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.6.NAME	DRV.6.DO	DRV.6.LICENSE	DR	DRV.6.LT	DRV.6.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

DISCOUNTS: Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. Contact your agent or company representative for further details.

	Age 65 and Older	Passive Restraint	Anti-Theft Device/ Vehicle Recovery System	Annual Mileage		Multi-Car Discount	Preferred Operator
				0-5000	5001-7500		
Coverage	All	Parts 2, 3, 6, and 12	Part 9	Parts 1-8 and 12	Parts 1-8 and 12	Parts 1, 2, 4, 5, 7, 8 and 9	All
Discount Available	25%	25%	5 - 36% Depending on the category of device	10 - 12.5%	5 - 7.5%	5 - 15%	4% 1-4 Years 6% > 4 Years

	One Pay Billing/ Full Pay	Continuous Coverage	Student Away at School	Good Student	Account Credit	Good Driver	Superior Client	Early Issue
Discount Available	5%	10%	5%	5%	9 - 12%	10%	6%	5%

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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

PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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

MERIT RATING PLAN

The Merit Rating adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from 5 or 6 years of incident-free driving. If an additional premium is shown for any auto, refer to the Merit Rating Plan statement furnished with your Coverage Selections Page to determine how the additional amount for each listed operator was calculated. The operator with the highest combined operator classification and Merit Rating Code shall be assigned to the auto with the highest premium for Parts 1, 2, 4, 5, 7, 8 and 9. The operator with the next highest combined operator classification and Merit Rating Code shall be assigned to the auto with the next highest premium and so forth.

ADDITIONAL INFORMATION:

COMMENT . 1
COMMENT . 2
COMMENT . 3
COMMENT . 4
COMMENT . 5
COMMENT . 6
COMMENT . 7
COMMENT . 8
COMMENT . 9
COMMENT . 10
COMMENT . 11
COMMENT . 12
COMMENT . 13
COMMENT . 14

V E H #	RATING CLASS	PREM. TOWN	STAT. CLASS	CAR ID	RISK TYPE	COMM TO TOWN	EST. MILES	LIABILITY LIMITS										PHYSICAL DAMAGE COVERAGES																		
								PIP		BI		PD	MED		U1		U2		SYMBOL BI/PDL		PIP/MP		COL	LOSS OF USE	OTC	AGE	SYMBOL		ATD	MCD	PRE	HT CMP	ER CMP	ER COL	EXP	
S	STAT	STA	STAT	S	S	STA	STAT	S	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	S	ST	ST	S	ST	ST	S	ST	ST	ST	ST	ST
S	STAT	STA	STAT	S	S	STA	STAT	S	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	S	ST	ST	S	ST	ST	S	ST	ST	ST	ST	ST

MRP CODE	P R	SND EQ	OEM	CO USE	CURR DATE	END NO
ST	S	STA	S		CO. CUR	CO.
ST	S	STA	S			

COUNTERSIGNED BY _____ AUTHORIZED AGENT _____



COVERAGE SELECTIONS PAGE

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

This policy is Issued By: POL. COMPANY. NAME

Massachusetts Personal Automobile

ITEM 1. This policy is Issued To:

Agent: POL. A Policy Number POL. NUMBER

POL. INSURED. NAME
 POL. INSURED. AD1
 POL. INSURED. AD2
 POL. INSURED. AD3
 POL. INSURED. AD4

POL. AGENT. NAME
 POL. AGENT. AD1
 POL. AGENT. AD2
 POL. AGENT. AD3
 POL. AGENT. AD4

ITEM 2. This policy is effective from: POL. EFFECTIVE. DATE

To: POL. EXPIRATION. DATE

(12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

BILL TO

AUTO <input checked="" type="checkbox"/>	VEH. DESC	AUTO <input checked="" type="checkbox"/>	VEH. DESC #002
	VEH. VIN		VEH. VIN #002

ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, PARTS 1-12	AUTO <input checked="" type="checkbox"/>	VEH. NEW. COST	AUTO <input checked="" type="checkbox"/>	VEH. NEW. COST
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	ADJUSTED PREMIUM
1. Bodily Injury To Others	\$BI.PERS per person \$BI.ACCT per accident	NONE	\$BI.PR \$BI.PR	\$BI.PR \$BI.PR
2. Personal Injury Protection	\$PIP.PE per person	\$PIP.P (P) Yourself (P) Yourself and household members	\$PIP.P \$PIP.P	\$PIP.P \$PIP.P
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$BI.UNIN per person \$BI.UNIN per accident	NONE	\$BI.UN \$BI.UN	\$BI.UN \$BI.UN
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$PROP.AC per accident	NONE	\$PROP. \$PROP.	\$PROP. \$PROP.
OPTIONAL INSURANCE				
5. Optional Bodily Injury To Others	\$BI.OPT. per person \$BI.OPT. per accident	NONE	\$BI.OP \$BI.OP	\$BI.OP \$BI.OP
6. Medical Payments	\$MED.PER per person	NONE	\$MED.P \$MED.P	\$MED.P \$MED.P
7. Collision	COL.LIMIT CCC	\$COL. \$COL.	\$COL.P \$COL.P	\$COL.P \$COL.P
8. Limited Collision	LCOL.LIMIT LLL	\$LCOL. \$LCOL.	\$LCOL.P \$LCOL.P	\$LCOL.P \$LCOL.P
9. Comprehensive	COMP.LIMIT C C	\$COMP. \$COMP.	\$COMP.P \$COMP.P	\$COMP.P \$COMP.P
10. Substitute Transportation	Up to \$TRA a day maximum \$TRAN	NONE	\$TRAN. \$TRAN.	\$TRAN. \$TRAN.
11. Towing And Labor	Up to \$TOW. each disablement	NONE	\$TOW.P \$TOW.P	\$TOW.P \$TOW.P
12. Bodily Injury Caused By An Underinsured Auto	\$BI.UNDE per person \$BI.UNDE per accident	NONE	\$BI.UN \$BI.UN	\$BI.UN \$BI.UN
Optional Coverages			\$OPTCO \$OPTCO	\$OPTCO \$OPTCO
MERIT RATING PLAN	CREDIT SD		\$SDIP. \$SDIP.	\$SDIP. \$SDIP.
	ADDITIONAL PREMIUM SD		\$SDIP. \$SDIP.	\$SDIP. \$SDIP.
	PREMIUM		\$VEH.T \$VEH.T	\$VEH.T \$VEH.T
WAIVE_MSG	DD_MSG			TOTAL PREMIUM
GLASS_MSG	RISK_MSG			\$POLIC \$POLIC

Discount %	Age 65+	Anti-Theft	Multi-Car	Account	Mileage	Superior Client	Air bag/Auto Seatbelts	One Pay/Full Pay	Continuous Coverage	Good Student	Student Away	Preferred Operator	Good Driver	Early Issue
AUTO <input checked="" type="checkbox"/>	VEH	VEH	VEH	VEH	VEH.D	VEH	VEH	VEH	VEH	VEH	VEH	VEH	VEH	VEH
AUTO <input checked="" type="checkbox"/>	VEH	VEH	VEH	VEH	VEH.D	VEH	VEH	VEH	VEH	VEH	VEH	VEH	VEH	VEH

Identification Numbers of Endorsements Forming a Part of this Policy			
FORMS.ENDORSE.MSG			
FORMS.LINE.1			
FORMS.LINE.2			

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto
AUTO <input checked="" type="checkbox"/> VEH.GARAGE	VEH.LOSSPAYEE
AUTO <input checked="" type="checkbox"/> VEH.GARAGE #002	VEH.LOSSPAYEE #002

Driver Information:		Date of Birth mm/dd/yy	License Number	Lic. St.	Date First Licensed		Driver Training	Extra Risk 7=Part 7 9=Part 9				Deferred Operator	Operator Status: O-Occasional P-Principal E-Excluded					
Op. No.	Operator Name				Auto mm/dd/yy	Motorcycle mm/dd/yy		Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>		Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>	Veh <input type="checkbox"/>
<input type="checkbox"/>	DRV.1.NAME	DRV.1.DO	DRV.1.LICENSE	DR	DRV.1.LT	DRV.1.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.2.NAME	DRV.2.DO	DRV.2.LICENSE	DR	DRV.2.LT	DRV.2.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.3.NAME	DRV.3.DO	DRV.3.LICENSE	DR	DRV.3.LT	DRV.3.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.4.NAME	DRV.4.DO	DRV.4.LICENSE	DR	DRV.4.LT	DRV.4.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.5.NAME	DRV.5.DO	DRV.5.LICENSE	DR	DRV.5.LT	DRV.5.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DRV.6.NAME	DRV.6.DO	DRV.6.LICENSE	DR	DRV.6.LT	DRV.6.MC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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				0-5000	5001-7500		
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Discount Available	25%	25%	5 - 36% Depending on the category of device	10 - 12.5%	5 - 7.5%	5 - 15%	4% 1-4 Years 6% > 4 Years

	One Pay Billing/ Full Pay	Continuous Coverage	Student Away at School	Good Student	Account Credit	Good Driver	Superior Client	Early Issue
Discount Available	5%	10%	5%	5%	8 - 12%	10%	6%	5%

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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

MERIT RATING PLAN

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ADDITIONAL INFORMATION:

COMMENT . 1 _____

COMMENT . 2 _____

COMMENT . 3 _____

COMMENT . 4 _____

COMMENT . 5 _____

COMMENT . 6 _____

COMMENT . 7 _____

COMMENT . 8 _____

COMMENT . 9 _____

COMMENT . 10 _____

COMMENT . 11 _____

COMMENT . 12 _____

COMMENT . 13 _____

COMMENT . 14 _____

V E H #	RATING CLASS	PREM. TOWN	STAT. CLASS	CAR ID	RISK TYPE	COMM TO TOWN	EST. MILES	PIP									LIABILITY LIMITS													PHYSICAL DAMAGE COVERAGES																	
								COV	DED	BI	PD	MED	U1	U2	SYMBOL		BI/PDL	PIP/MP	COL	LOSS OF USE	OTC	AGE	SYMBOL	ATD	MCD	PRE	HT CMP	ER CMP	ER COL	EXP																	
S	STAT	STA	STAT	S	S	STA	STAT	S	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST				
S	STAT	STA	STAT	S	S	STA	STAT	S	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST

MRP CODE	P R	SND EQ	OEM	CO USE	CURR DATE	END NO
ST	S	STA	S		CO. CUR	CO.

COUNTERSIGNED BY _____ AUTHORIZED AGENT _____



PRODUCER		CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP		PHONE:
BINDER/POLICY#					
EFFECTIVE DATE	EXPIRATION DATE		MAIL ADDRESS (IF DIFFERENT)		

(COMPANY USE)	<input type="checkbox"/> DIRECT BILL	PAYMENT PLAN	\$	DEPOSIT PREMIUM
	<input type="checkbox"/> AGENCY BILL			

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. Part 11, Towing And Labor Coverage is available at the option of the Company.

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

VEHICLE INFORMATION	PLACE OF PRINCIPAL GARAGING - AUTO 1: STREET ADDRESS, CITY OR TOWN, ZIP CODE	AUTO 2:
----------------------------	---	---------

#	YEAR	MAKE, MODEL, AND, IF MOTORCYCLE C.C.	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	MILES AUTO WAS DRIVEN IN PAST 12 MOS	ODOMETER READING
1.									
2.									

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

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

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

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

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, is listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the Merit Rating Plan.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

DRIVER INFORMATION (CONTINUED)

EXPLAIN ALL "Yes" responses in the REMARKS Section. During the last six years have you or any listed operator:

A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES	NO	E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?	YES	NO										
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?												
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?			G. HAVE ALL LISTED OPERATORS BEEN INSURED WITHOUT A LAPSE IN COVERAGE DURING THE 12 MONTHS PRECEDING THE EFFECTIVE DATE OF THE POLICY ?	OPERATORS											
				1		2		3		4		5		6	
				Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
D. FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED?			H. DOES ANY OPERATOR HAVE AN OUT OF STATE LICENSE AND BEEN CONTINUOUSLY INSURED WITHOUT A LAPSE IN COVERAGE DURING THE 12 MONTHS PRECEDING THE EFFECTIVE DATE OF THE POLICY? IF "YES" PLEASE INDICATE THE PREVIOUS CARRIER, POLICY NUMBER AND POLICY DATES IN THE REMARKS SECTION.												

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 licenses. 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 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 Vehicles's website at www.mass.gov/rmv.

MERIT RATING INFORMATION

If in the last six years any listed operator had a driver's license in the United States or certain countries whose records are electronically available, We will obtain that official driving record(s), which will be used to assign a Merit Rating Plan Code to you. See "Your Consumer Guide" for additional information.

GENERAL INFORMATION

Explain all "Yes" responses in the REMARKS Section; on Question 3-8 include the auto number.

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

ATTACHMENTS

9. IF ANY AUTO(S) TO BE INSURED TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE. (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7,8, or 9) AUTO 1 _____ AUTO 2 _____	<input type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
10. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7,8, OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.	<input type="checkbox"/>	APPRAISAL
	<input type="checkbox"/>	APPROVED DRIVER TRAINING CERTIFICATE APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE
11. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW: <input type="checkbox"/> MOTORCYCLE ONLY - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON JANUARY 1ST AND DO NOT RENEW. <input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW.	<input type="checkbox"/>	CUSTOMIZED EQUIPMENT EVIDENCE
	<input type="checkbox"/>	OPERATOR EXCLUSION FORM
	<input type="checkbox"/>	OUT-OF STATE DRIVER RECORD
	<input type="checkbox"/>	PRE-INSURANCE FORM
	<input type="checkbox"/>	VEHICLE RECOVERY SYSTEM CERTIFICATE

REMARKS

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

***OPTIONAL COVERAGE:**

AUTO LOAN/LEASE COVERAGE:

AUTO 1 \$ _____

AUTO 2 \$ _____

QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT:

AUTO 1 \$ _____

AUTO 2 \$ _____

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

DECLARATIONS AND SIGNATURES

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

Signature of Applicant

Date and Time

TO BE COMPLETED BY AGENT:

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Signature of Agent

Date and Time

IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:

I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

Applicant's Name

**PRIVATE PASSENGER ENDORSEMENTS
ALPHABETICAL INDEX**

<u>TITLE</u>	<u>FORM NO.</u>	<u>EDITION</u>
Agreed Amount Coverage – Comprehensive	MPY-0034-S	<u>04-08</u>
Antique Auto	M-0047-S	<u>04-08</u>
Coverage for Anyone Renting an Auto to You	M-0070-S	<u>04-08</u>
Coverage for Customized Vans and Pick-ups	MPY-0037-S	<u>04-08</u>
Excess Electronic Equipment Coverage	MPY-0041-S	<u>04-08</u>
\$100 Glass Deductible	MPY-0039-S	<u>04-08</u>
Guest Occupants Exclusion	M-0002-S	<u>04-08</u>
MA Mandatory Endorsement	QM-0099-S	<u>04-18</u>
Mobile Home Endorsement	MPY-0002-S	<u>01-77</u>
Non-Renewal of Policy - Motorcycles, Recreational Vehicles and Trailers	M-0103-S	<u>04-08</u>
Operator Exclusion Form	M-0106-S	<u>02-17</u>
Original Equipment Manufacturer Parts Coverage	MPY-0040-S	<u>04-08</u>
Quincy Mutual Merit Rating Points forgiveness	QMAF	<u>04-16</u>
Quincy Mutual Amendatory Endorsement	QMAE	<u>04-09</u>
Quincy Mutual Auto Loan/Lease Coverage	QMAL	<u>06-09</u>
Quincy Mutual Enhancement Endorsement	QMEE	<u>04-18</u>
Quincy Mutual Enhancement Endorsement Disappearing Collision Deductible Amendment	QMDDA	04-18
Replacement Cost Coverage For New Vehicles	QMRC MA	
Restriction of PIP for Employers Subject to the Massachusetts Workers' Compensation Act	M-0063-S	<u>01-88</u>
Stated Amount Coverage	MPY-0027-S	<u>04-08</u>
Suspension of Coverage and Reduction of Limits	MPY-0032-S	<u>04-08</u>
Transportation of Fellow Employees, Students or Others	M-0004-S	<u>04-08</u>
Trust Endorsement	M-0107-S	<u>01-06</u>
Use of Other Auto Vehicles Furnished or Available for Regular Use	M-0051-S	<u>04-08</u>
Waiver of Deductible	MPY-0016-S	<u>04-08</u>

QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT DISAPPEARING COLLISION DEDUCTIBLE AMENDMENT

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

This endorsement modifies endorsement form **QMEE 04 18**, Quincy Mutual Auto Enhancement Endorsement, when both forms are made part of your policy.

The Section II Paragraph **B. Disappearing Collision Deductible Provision is amended** as follows:

B. Disappearing Collision Deductible

This coverage applies to **your auto** only if a premium is shown on the Coverage Selections Page for Part 7, Collision or Part 8, Limited Collision, and a deductible is applied to a Collision or Limited Collision loss.

The reduction in the deductible will be \$100 for each policy term free of a collision loss up to a maximum of \$500, or the current policy deductible, whichever amount is less.

1. The initial disappearing collision deductible amount may be set to an amount earned from a previous policy that was documented to contain a similar disappearing deductible provision.
2. The disappearing deductible would then continue to reduce upon the first renewal after purchasing this enhancement endorsement with Quincy Mutual.
3. The deductible continues to reduce until the first renewal after a collision loss occurs, or the maximum deductible reduction is reached.
4. The deductible on the renewal term after a collision loss occurs reverts back to the policy deductible.
5. The reduction starts over after the policy is free of any collision loss for a complete twelve-month term.

All other provisions of this policy and endorsement form **QMEE 04 18**, Quincy Mutual Auto Enhancement Endorsement apply.