



PRODUCER CODE:		APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP		PHONE:
BINDER/POLICY #:		MAIL ADDRESS (IF DIFFERENT)		
EFFECTIVE DATE	EXPIRATION DATE			
[COMPANY USE]		DIRECT BILL AGENCY BILL	PAYMENT PLAN	DEPOSIT PREMIUM \$

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1.2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Part 11, Towing and Labor Coverage is available at the option of the Company.

COVERAGES PARTS 1 - 12	AUTO 1		AUTO 2	
	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 \$ DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$	\$8,000 PER PERSON <input type="checkbox"/> YOURSELF \$ DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)	\$ PER PERSON \$ PER ACCIDENT	\$	\$ PER PERSON \$ 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 ACCIDENT	\$	\$ PER PERSON \$ PER ACCIDENT	\$
6. MEDICAL PAYMENTS	\$ PER PERSON	\$	\$ PER PERSON	\$
7. COLLISION ACV	WAIVER OF DEDUCTIBLE \$ DED	\$	WAIVER OF DEDUCTIBLE \$ DED	\$
8. LIMITED COLLISION ACV	\$ DED	\$	\$ DED	\$
9. COMPREHENSIVE ACV	\$100 GLASS DEDUCTIBLE \$ DED	\$	\$100 GLASS DEDUCTIBLE \$ 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 ACCIDENT	\$	\$ PER PERSON \$ PER ACCIDENT	\$
MERIT RATING PLAN	PREMIUM ADJUSTMENT	\$	PREMIUM ADJUSTMENT	\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	PREMIUM *	\$	PREMIUM *	\$
				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 an 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 High-Theft 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	% OF USE						
				MASS	OTHER		YES/NO	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, 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.

DRIVER INFORMATION (CONTINUED)		Explain all "Yes" responses in the REMARKS Section. During the last six years have you or any listed operator:			
	YES	NO		YES	NO
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?			D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?		
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS ?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		
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/rmv .					
MERIT RATING PLAN 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 Questions 3 - 8 include the auto number.			
	YES	NO		YES	NO
1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?			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?		
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 OTHER 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?		
9. IF ANY AUTO(S) TO BE INSURED IS TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE. (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9) AUTO 1 _____ AUTO 2 _____	ATTACHMENTS				
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"/> ANTI-THEFT DEVICE CERTIFICATE <input type="checkbox"/> APPRAISAL <input type="checkbox"/> APPROVED DRIVER TRAINING CERTIFICATE <input type="checkbox"/> APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE. <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				
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.					
REMARKS IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.					
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					

MASSACHUSETTS RENEWAL FORM (STATEMENT OF FACTS)

ISSUED BY: #####
#####

POLICY NUMBER: @@@@@@@@@@

POLICY RENEWAL DATE: @@@@@@@@@@

INSURED NAME AND ADDRESS:
@@
@@
@@
@@
@@

AGENT NAME AND ADDRESS:
@@
@@
@@
@@
@@

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring. The following is a description of the auto(s) that you are insuring:

@@ @@@
@@ @@@

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete.

VEHICLE INFORMATION If a notation is shown, our records indicate that your auto(s) is:

	Auto					Auto			
	1	2	3	4		1	2	3	4
	#	#	#	#		#	#	#	#
1. Used in business					4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer.				
2. Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed by you.	@	@	@	@	(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks).	@	@	@	@

3. Our information indicates that your auto(s) is principally garaged in:

Auto 1 : @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Auto 2 : @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Auto 3: @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
Auto 4: @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@

DRIVER INFORMATION

According to our information listed:

Operator @@@@@@@@@@@@@@@@@ (a) has had two (2) or more "total loss" insurance claims because of auto theft or fire.

Operator @@@@@@@@@@@@@@@@@ (b) has been convicted of vehicular homicide, auto insurance related fraud or auto theft.

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper. No.	Operator Name	Date of Birth	Driver's License Number	Lic State	Date First Licensed		Driver Training (Y/N)	% of Use for Auto				Please Indicate Reason for Change
					in any State/Country	Motor Cycle		1	2	3	4	

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 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.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

IF YOU ARE MAKING CHANGES OR CORRECTING INFORMATION, PLEASE RETURN THIS FORM TO YOUR AGENT

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 be assigned to a higher rating step under the Merit Rating Plan.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

	YES	NO		YES	NO
(A) been involved in any Motor Vehicle accident or been found guilty of any moving violation?	<input type="checkbox"/>	<input type="checkbox"/>) (C had two (2) or more "total loss" insurance claims because of auto theft or fire?	<input type="checkbox"/>	<input type="checkbox"/>
(B) been assigned to an Alcohol Education Program?	<input type="checkbox"/>	<input type="checkbox"/>) (D been convicted of vehicular homicide, auto insurance related fraud or auto theft?	<input type="checkbox"/>

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added 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 Code. See "Your Consumer Guide" for additional information.

LICENSE INFORMATION

Once you or the principal operator listed on this form 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 Vehicles website at www.mass.gov/rmv.

DISCOUNTS

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

ADDITIONAL INFORMATION

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

Date

Signature



PRODUCER		CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP		PHONE:
QUOTE #:					
EFFECTIVE DATE	EXPIRATION DATE	MAIL ADDRESS (IF DIFFERENT)			
		DIRECT BILL AGENCY BILL	PAYMENT PLAN		DEPOSIT PREMIUM \$

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. 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	\$
			<input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS			<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	
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:				AUTO 2:			
		STREET ADDRESS, CITY OR TOWN ZIP CODE							
#	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)					
1									
2									

NOTICE: Evidence of installation of an 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 High-Theft 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	MERIT RATING PLAN CODE	DATE FIRST LICENSED		DRIVER TRAINING	% OF USE						
				MASS	OTHER		YES/NO	AUTO 1	AUTO 2	AUTO 3	AUTO 4		
1		If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.											
2													
3													
4													

NOTICE This is only a quote. Coverage has not been bound. Actual policy premium may vary based on verification of information provided.



Massachusetts Declination of Automobile Insurance

Date of Notice: _____

Agency: _____ Agency Code: _____

Applicant's Name: _____

Applicant's Address: _____

You are hereby informed that your request for a Massachusetts automobile insurance policy has been declined by Quincy Mutual Fire Insurance Company for the following reason(s):

- The application for private passenger motor vehicle insurance lists an operator or a named insured with a Merit Rating Code of 10 to 45 .
- Applicant is a newly licensed driver applying for his or her own policy.
- Applicant has not been insured in the Commonwealth in the twelve (12) months preceding the application for coverage.

You may be eligible for coverage through the Massachusetts Automobile Insurance Program (MAIP). The MAIP is available for individuals who cannot obtain automobile insurance from an insurance carrier voluntarily. The Commonwealth Automobile Reinsurers (CAR) manages the MAIP program. Once you have met CAR's new business submission requirements, they will assign you to a carrier licensed to write automobile insurance in Massachusetts.

You can obtain additional information concerning the MAIP program through your insurance agent or by accessing the website through the Massachusetts Division of Insurance at: www.mass.gov.

If you feel the information used to determine your eligibility is incorrect, we ask that you have your agent contact our office immediately.

Sincerely,

Quincy Mutual Fire Insurance Company

Merit Rating Plan

How the Merit Rating Plan Works:

The Merit Rating Plan varies the premium for this policy based on your driving record and that of the other drivers covered by this policy.

Each listed operator on a policy is assigned a merit rating based on the operator's driving record. The merit rating adjustment is a percentage multiplied by the otherwise applicable premium that reflects the number, type, and age of at fault accidents and traffic violations of the operator during the policy experience period. The percentage can be either positive or negative.

The policy experience period is the six years immediately preceding the effective date of the policy. At fault accidents or traffic violations that occurred more than five years prior to the policy effective date are not considered in the determination of the merit rating adjustment. The merit rating adjustment for each listed operator will be determined based on the merit rating code reported to us by the Merit Rating Board.

We will send you a "Merit Rating Plan Statement" with your Coverage Selections Page if this policy is not entitled to a maximum credit.

We will also send you a booklet that includes an explanation of the Plan.



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BINDER/POLICY #:			MAIL ADDRESS (IF DIFFERENT)		
EFFECTIVE DATE	EXPIRATION DATE				
[COMPANY USE]			DIRECT BILL AGENCY BILL	PAYMENT PLAN	DEPOSIT PREMIUM \$

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COVERAGES PARTS 1 - 12	AUTO 1			AUTO 2		
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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		\$
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	\$	WAIVER OF DEDUCTIBLE	\$ DED	\$
		\$ DED	\$		\$ DED	\$
8. LIMITED COLLISION ACV		\$ DED	\$		\$ DED	\$
		\$ DED	\$		\$ DED	\$
9. COMPREHENSIVE ACV	\$100 GLASS DEDUCTIBLE	\$ DED	\$	\$100 GLASS DEDUCTIBLE	\$ DED	\$
		\$ 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		\$
SAFE DRIVER INSURANCE MERIT RATING PLAN (SDIP)	PREMIUM ADJUSTMENT		\$	PREMIUM ADJUSTMENT		\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	PREMIUM *		\$	PREMIUM *		\$
	* SUBJECT TO SAFE-DRIVER-CREDIT-OR-SURCHARGE 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 an 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 High-Theft 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.	SDIP POINTS MERIT RATING PLAN CODE	DATE FIRST LICENSED		DRIVER TRAINING	% OF USE							
				MASS	OTHER		YES/NO	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, 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 Safe Driver Insurance Merit Rating Plan.

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	D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES	NO
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS ?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		
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/rmv .					
SDIP-MERIT RATING PLAN 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 <u>you to an SDIP points a Merit Rating Plan code</u> to you. See "Your Consumer Guide" for additional information.					
GENERAL INFORMATION		Explain all "Yes" responses in the REMARKS Section; on Questions 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 OTHER 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?		
9. IF ANY AUTO(S) TO BE INSURED IS TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE. (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9)			ATTACHMENTS		
AUTO 1 _____ AUTO 2 _____			<input type="checkbox"/> ANTI-THEFT DEVICE CERTIFICATE <input type="checkbox"/> APPRAISAL <input type="checkbox"/> APPROVED DRIVER TRAINING CERTIFICATE <input type="checkbox"/> APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE. <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		
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.					
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.					
REMARKS IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.					
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		

MASSACHUSETTS RENEWAL FORM (STATEMENT OF FACTS)

ISSUED BY: #####
#####

POLICY NUMBER: @@@@@@@@@@

POLICY RENEWAL DATE: @@@@@@@@@@

INSURED NAME AND ADDRESS:

@@
 @@@
 @@@
 @@@
 @@@

AGENT NAME AND ADDRESS:

@@
 @@@
 @@@
 @@@
 @@@

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring. The following is a description of the auto(s) that you are insuring:

@@ @@@
 @@@ @@@

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete.

VEHICLE INFORMATION If a notation is shown, our records indicate that your auto(s) is:

	Auto					Auto			
	1	2	3	4		1	2	3	4
	#	#	#	#		#	#	#	#
1. Used in business					4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer.				
2. Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed by you.	<u>@</u>	<u>@</u>	<u>@</u>	<u>@</u>	4. (b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks).	<u>@</u>	<u>@</u>	<u>@</u>	<u>@</u>

3. Our information indicates that your auto(s) is principally garaged in:

Auto 1 : @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
 Auto 2 : @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
 Auto 3: @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@
 Auto 4: @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@ @@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@

DRIVER INFORMATION

According to our information listed:

Operator @@@@@@@@@@@@@@@@@ (a) has had two (2) or more "total loss" insurance claims because of auto theft or fire.

Operator @@@@@@@@@@@@@@@@@ (b) has been convicted of vehicular homicide, auto insurance related fraud or auto theft.

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper. No.	Operator Name	Date of Birth	Driver's License Number	Lic State	Date First Licensed		Driver Training (Y/N)	% of Use for Auto				Please Indicate Reason for Change
					in any State/Country	Motor Cycle		1	2	3	4	

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 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.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

IF YOU ARE MAKING CHANGES OR CORRECTING INFORMATION, PLEASE RETURN THIS FORM TO YOUR AGENT

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 be assigned to a higher rating step under the **Safe Driver Insurance Merit Rating** Plan.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

	YES	NO		YES	NO
(A) been involved in any Motor Vehicle accident or been found guilty of any moving violation?	<input type="checkbox"/>	<input type="checkbox"/>) (C had two (2) or more "total loss" insurance claims because of auto theft or fire?	<input type="checkbox"/>	<input type="checkbox"/>
(B) been assigned to an Alcohol Education Program?	<input type="checkbox"/>	<input type="checkbox"/>) (D been convicted of vehicular homicide, auto insurance related fraud or auto theft?	<input type="checkbox"/>

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added 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 **SDIP points to you a Merit Rating Code**. See "Your Consumer Guide" for additional information.

LICENSE INFORMATION

Once you or the principal operator listed on this form 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 Vehicles website at www.mass.gov/rmv.

DISCOUNTS

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

ADDITIONAL INFORMATION

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

Date

Signature



Quincy Mutual Fire Insurance

MASSACHUSETTS MOTOR VEHICLE INSURANCE QUOTE

PRODUCER		CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP		PHONE:
QUOTE #:					
EFFECTIVE DATE	EXPIRATION DATE	MAIL ADDRESS (IF DIFFERENT)			
			DIRECT BILL AGENCY BILL	PAYMENT PLAN	DEPOSIT PREMIUM \$

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. 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	\$
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	\$	WAIVER OF DEDUCTIBLE	\$
8. LIMITED COLLISION	ACV		\$	DED	\$		\$
9. COMPREHENSIVE	ACV	\$100 GLASS DEDUCTIBLE	\$	DED	\$	\$100 GLASS DEDUCTIBLE	\$
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	
SAFE DRIVER INSURANCE MERIT RATING PLAN (SDIP)		PREMIUM ADJUSTMENT		\$	PREMIUM ADJUSTMENT		\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE		PREMIUM *		\$	PREMIUM *		\$
				* SUBJECT TO SAFE DRIVER CREDIT OR SURCHARGE MERIT RATING PLAN			
							TOTAL PREMIUM \$

VEHICLE INFORMATION		PLACE OF PRINCIPAL GARAGING - AUTO 1:				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)					
1									
2									

NOTICE: Evidence of installation of an 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 High-Theft 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	SDIP POINTS MERIT RATING PLAN CODE	DATE FIRST LICENSED		DRIVER TRAINING	% OF USE						
				MASS	OTHER		YES/NO	AUTO 1	AUTO 2	AUTO 3	AUTO 4		
1													
2													
3													
4													

NOTICE This is only a quote. Coverage has not been bound. Actual policy premium may vary based on verification of information provided.



Massachusetts Declination of Automobile Insurance

Date of Notice: _____

Agency: _____ Agency Code: _____

Applicant's Name: _____

Applicant's Address: _____

You are hereby informed that your request for a Massachusetts automobile insurance policy has been declined by Quincy Mutual Fire Insurance Company for the following reason(s):

- The application for private passenger motor vehicle insurance lists an operator or a named insured with a Merit Rating Code of 10 to 45 or more Safe Driver Insurance Points (SDIP).
- Applicant is a newly licensed driver applying for his or her own policy.
- Applicant has not been insured in the Commonwealth in the twelve (12) months preceding the application for coverage.

You may be eligible for coverage through the Massachusetts Automobile Insurance Program (MAIP). The MAIP is available for individuals who cannot obtain automobile insurance from an insurance carrier voluntarily. The Commonwealth Automobile Reinsurers (CAR) manages the MAIP program; oOnce you have met CAR's new business submission requirements, they will assign you to a carrier licensed to write automobile insurance in Massachusetts.

You can obtain additional information concerning the MAIP program through your insurance agent or by accessing the website through the Massachusetts Division of Insurance at: www.mass.gov.

If you feel the information used to determine your eligibility is incorrect, we ask that you have your agent contact our office immediately.

Sincerely,

Quincy Mutual Fire Insurance Company

Quincy Mutual ~~Amendatory Endorsement~~ Informational Notice
~~Safe Driver Insurance~~ Merit Rating Plan

How the ~~Safe Driver Insurance~~ Merit Rating Plan Works:

The ~~Safe~~ ~~Driver Insurance~~ Merit Rating Plan varies the premium for this policy based on your driving record and that of the other drivers covered by this policy.

Each listed operator on a policy is assigned a merit rating based on the operator's driving record. The merit rating adjustment is a percentage multiplied by the otherwise applicable premium that reflects the number, type, and age of at fault accidents and traffic violations of the operator during the policy experience period. The percentage can be either positive or negative.

The policy experience period is the six years immediately preceding the effective date of the policy. At fault accidents or traffic violations that occurred more than five years prior to the policy effective date are not considered in the determination of the merit rating adjustment. The merit rating adjustment for each listed operator will be determined based on the merit rating code reported to us by the Merit Rating Board.

~~The plan increases or decreases the premium for this policy through the application of surcharge points or a credit factor. A credit factor is awarded to operators with at least five years of incident-free driving. Every point results in a higher premium and the credit factor results in a lower premium. A minimum of two and a maximum of five points will be assigned to each surchargeable moving traffic violation. A minimum of three and a maximum of four points will be assigned for each surchargeable at-fault accident.~~

We will send you a "~~Safe Driver Insurance~~ Merit Rating Plan Statement" with your Coverage Selections Page if this policy is not entitled to a maximum credit.

We will also send you a booklet that includes an explanation of the Plan.

~~The Safe Driver Insurance Plan may also be referred to as the Merit Rating Plan in this policy.~~