

Quincy Mutual Fire Insurance APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

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 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	\$
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	\$
*OPTIONAL COVERAGES		\$		\$
MERIT RATING PLAN	PREMIUM ADJUSTMENT	\$	PREMIUM ADJUSTMENT	\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	PREMIUM * * SUBJECT TO MERIT RATING PLAN	\$	PREMIUM *	\$
				TOTAL PREMIUM \$

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

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:									
		YES	NO							YES	NO
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?				E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?							
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
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 OR FOREIGN 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 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 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)		ATTACHMENTS									
AUTO 1 _____ AUTO 2 _____		<input type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE								
		<input type="checkbox"/>	APPRAISAL								
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"/>	APPROVED DRIVER TRAINING CERTIFICATE								
		<input type="checkbox"/>	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"/>	CUSTOMIZED EQUIPMENT EVIDENCE								
<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"/>	OPERATOR EXCLUSION FORM								
<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"/>	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 COVERAGES:
 AUTO LOAN/LEASE COVERAGE: AUTO 1 \$ _____ AUTO 2 \$ _____
 QUINCY MUTUAL AUTO ENHANCEMENT ENDORSMENT: 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

MASSACHUSETTS
GROUP MARKETING NEW/RENEWAL
AFFIDAVIT

Attached is the documentation required for the application for the listed Quincy Mutual Fire Insurance Company 2010 Group Marketing clients.

We have verified that it is the intention of each of the following clients to participate in the Group Marketing program within their organization for the year 2010 and have confirmed their participation to them in writing:

Quincy Mutual Employee Group

You may contact any of our clients to verify information and confirm participation.

Susan M. Sullivan
Regulatory Affairs Analyst

193R Application Spreadsheet															
Year Plan Will be Applied															
2010															
INSURANCE COMPANY*	GROUP NAME*	STREET ADDRESS	CITY/TOWN	STATE	ZIP	AUTO (A) or HOME (H)	PROPOSED RATE DEV. (0.0%)	PROPOSED EFFECTIVE DATE	CU, E,M,U GROUP TYPE**	TOTAL NUMBER IN GROUP	ELIGIBLE NUMBER IN GROUP	NUMBER OF CURRENT INSUREDS	ORIGINAL PLAN DATE	AGENCY OR MKT. REP.	EXPERIENCE SUBMITTED YES OR NO
Quincy Mutual Fire Insurance Company	Quincy Mutual Company Employee Group	57 Washington Street	Quincy	Ma	02169	AUTO (A)	-13.00%	4/1/2010	E	263	*227 (employees)	263	4/12/2004	Home Office Account 700	YES
* Provide full insurance company name and full group name. If there is more than one company name, please separate the company name by a comma.															
** Group Type - E = employee, CU = credit union, M = all other member groups, U = unions															
* Employees and Immediate family members are eligible. Number of household family members is unknown.															

EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING PLANS						
Year Plan Will be Applied	2010					
Insurers are required to submit the expense ratios underlying their current rates and the expense ratio or average expense per unit associated with the group ma						
		(1)	(2)	(3)	(4)	
		Expenses Assumed	Expenses Associated	Reasons for	Requested	
INSURANCE		In Insurer's Rates	With Group Marketing	Expensed	Group Rate	
COMPANY	GROUPNAME	Currently On File	Plan	Difference	Deviation	
Quincy Mutual Fire Insurance Co	Quincy Mutual Employee C	34.0%	22.0%	Lower Acquisition Costs	-13.0%	



Auto and Homeowners Discounts

Policy

As part of our benefit package, Quincy Mutual Fire Insurance Company offers a Home Office discount on all Personal Lines Policies (Auto, Homeowners, and Dwelling Fire).

Eligibility

All active employees and their immediate family members are eligible for this benefit. New hires must be with the Company for 90 days and be in good standing before they are eligible for this benefit. Immediate family member is defined as spouse, mother, father, sons, or daughters living in the same household. Other relatives who are family members are not eligible.

Quincy Mutual Fire Insurance reserves the right to terminate this benefit if a discounted policy, for an employee or family member, remains unpaid for 30 days after an invoice, cancel notice or Earned Premium Notice due date.

Private information

Employees are required to sign an Insured Employee Acknowledgment Form during orientation, which acknowledges that the employee understands that they may be required to submit private information such as medical reports or submit to physical examinations in accordance with the normal claims processing procedures of Quincy Mutual Fire Insurance Company. Employees should keep in mind that co-workers would handle claims.

Questions

The Home Office Account is serviced by Burgin, Platner, Hurley Insurance Agency. Please call them directly with any questions regarding discount percent, additional information, or changes.

The phone number for Burgin, Platner, Hurley is 617-472-3000. When you call, please identify yourself as a Home Office Account.
