

Rule 22. NON-SYMBOLLED VEHICLES AND RATING VEHICLES FOR WHICH SYMBOLS ARE NOT SHOWN ON THE RATE PAGES

A. Non-Symbolled Vehicles

1. For rating of newly announced models of 2010 and prior for which no symbol is shown, use the symbol of the latest corresponding model which is shown until announcement is made.
2. For rating of other 2010 and prior model years vehicles which have no prior corresponding model, determine the appropriate symbol based on the FOB List Price or Purchase Price, whichever is higher, from the following table.
3. For rating of 2011 and subsequent model years, determine the appropriate symbol based on the FOB List Price or Purchase Price, whichever is higher, from the following table.

Symbol	Model Years 1980 & Prior	Model Years 1981-1989	Model Years 1990 & Subsequent
1	0- 1600	0- 1600	0- 6500
2	1601- 2100	1601- 2100	6501- 8000
3	2101- 2750	2101- 2750	8001- 9000
4	2751- 3700	2751- 3700	9001-10000
5	3701- 5000	3701- 5000	10001-11250
6	5001- 6500	5001- 6500	11251-12500
7	6501- 8000	6501- 8000	12501-13750
8	8001-10000	8001-10000	13751-15000
10	10001-12500	10001-12500	15001-16250
11	12501-15000	12501-15000	16251-17500
12	15001-17500	15001-17500	17501-18750
13	17501-20000	17501-20000	18751-20000
14	20001 & above	20001-24000	20001-22000
15		24001-28000	22001-24000
16		28001-33000	24001-26000
17		33001-39000	26001-28000
18		39001-46000	28001-30000
19		46001-55000	30001-33000
20		55001-65000	33001-36000
21		65001 & above	36001-40000
22			40001-45000
23			45001-50000
24			50001-60000
25			60001-70000
26			70001-80000
27			80001 & above

3. Stated or Agreed Amount

If an automobile is appraised for stated or agreed amount coverage, the appraised value must be used to determine the symbol.

For model years 1980 and prior, with values of \$20,001 and above, the auto must be rated on a Stated Amount Basis in accordance with Rule 41. The insurer has the option to waive the requirement of obtaining an appraisal as required under Rule 41.

4. Equipment: Vans and Pick-ups

Except with respect to the coverage provided under Rule 47 for custom furnishings or custom equipment, the cost of any equipment installed in or upon a pick-up or van shall be added to the FOB List Price, Purchase Price or Appraisal Value in determining the applicable symbol.

B. Rating Vehicles with Symbols 18 and Above

For model years 1981 and after, to determine the actual cash value premium for vehicle symbols 18 and above, apply the following factors to the base premium shown for Symbol 17 and the applicable territory, class, and model year, in accordance with Rule 11. and our rating worksheet page R-68 of this manual:

Symbol	Model Year 1989& Prior	Model Year 1990 & Subsequent
18	1.15	1.08
19	1.30	1.15
20	1.45	1.25
21	1.60	1.35
22		1.45
23		1.55
24		1.70
25		1.85
26		2.00
27		*

*Determine the actual cash value premium for Symbol 27 vehicles by:

a) Increasing the factor for Symbol 26 by +.15 for each \$10,000 or portion of \$10,000 above \$80,000 of the FOB List Price or Purchase Price, whichever is higher.

b) Applying this factor to the Symbol 17 base premium shown in the Rate Pages for the applicable territory, class, and model year, in accordance with Rule 11. and our rating worksheet page R-68 of this manual.

RULE 23. HIGH-THEFT VEHICLES

For certain model years, some makes and models are considered high-theft vehicles. These vehicles are identified as such in the High Theft Vehicle Section of this Manual.

Any person who acquires ownership of a high-theft vehicle must have a Category III, Category IV or Category V anti-theft device or vehicle recovery system installed in the vehicle, otherwise the company may, at its option, charge an extra-risk rate, decline coverage, or cancel existing coverage.

New Business Rule

Any high-theft vehicle listed on a New Business Application which does not have an appropriate anti-theft device or vehicle recovery system shall be written at the extra-risk rate. If an appropriate device is installed within thirty days of the policy effective date, the extra-risk premium will be waived and the anti-theft discount will be allowed retroactive to policy inception. If an appropriate device is not installed within thirty days of policy inception, the company, at its election, may cancel Collision and Comprehensive or continue such coverage at the extra-risk rate.

A category III, IV, or V device installed more than thirty days after the policy effective date qualifies for the applicable discount, but the discount shall be calculated pro-rata from the date of installation. Any premium charged for an extra-risk rate shall be earned on a pro-rata basis.

RULE 24. EXTRA-RISK RATING (COLLISION AND COMPREHENSIVE)

The following circumstances require the application of the extra-risk rate if the company elects to write the coverage and the insurance to be provided is on a vehicle:

1. customarily driven by or owned by persons who have within the last five years been convicted of vehicular homicide, auto insurance related fraud, or auto theft.
2. customarily driven or owned by persons who have within the last three years, been convicted of any category of driving under the influence of alcohol or drugs.

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 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	\$
*OPTIONAL COVERAGES		\$		\$
MERIT RATING PLAN	PREMIUM ADJUSTMENT	\$	PREMIUM ADJUSTMENT	\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	* 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:					
#	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 <small>If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.</small>	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

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4. Equipment: Vans and Pick-ups

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