

193R Application Spreadsheet															
Year Plan Will be Applied															
2011															
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%	4/1/2011	E	267	*201 (employees)	267	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.															
* Employees and Immediate family members are eligible. Number of household family members is unknown.															
** Group Type - E = employee, CU = credit union, M = all other member groups, U = unions															





MASSACHUSETTS  
GROUP MARKETING NEW/RENEWAL  
AFFIDAVIT

Attached is the documentation required for the application for the listed Quincy Mutual Fire Insurance Company 2011 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 2011 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

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