



## Personal Auto Coverage Selections Page

This Coverage Selections Page shows the coverages and discounts for your auto insurance policy issued by Safety Insurance Company. This page, the attached endorsements and the Massachusetts Auto Insurance Policy (2008 edition) form your policy.

Your Policy #:

**ITEM 2.** Policy Effective Dates:

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

**ITEM 1.**

Policy Issued to:

Your Agent:

Agent Code

**ITEM 3.** The following auto(s) are covered by this insurance policy:

Auto 1:

Auto 2:

**Policy Level Discounts** (These discounts apply to your entire policy.)

--

**Auto Level Coverages and Discounts** (These discounts apply to all or a portion of the premium for a specific auto.)

	Safety Shield Coverage	Loan Lease/Gap Coverage	Good Student Discount	Away at School Discount	Hybrid Auto Discount	Anti Theft Discount	Annual Mileage Discount	Multi Car Discount	Age 65 or older Discount
Auto 1:									
Auto 2:									

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

Coverages, Parts 1-12	Auto 1- Limits	Premium	Auto 2- Limits	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 ___ No Deductible ___ Deductible for You ___ Deductible for You and household members		\$8,000 ___ No Deductible ___ Deductible for You ___ Deductible for You and household members	
3. Bodily Injury Caused by an Uninsured Auto	\$      Per Person, \$      Per Accident		\$      Per Person, \$      Per Accident	
4. Damage to Someone Else's Property	\$      Per Accident		\$      Per Accident	
5. Optional Bodily Injury to Others	\$      Per Person, \$      Per Accident		\$      Per Person, \$      Per Accident	
6. Medical Payments	\$      Per Person		\$      Per Person	
7. Collision	\$      Deductible Actual Cash Value		\$      Deductible Actual Cash Value	
8. Limited Collision	\$      Deductible Actual Cash Value		\$      Deductible Actual Cash Value	
9. Comprehensive	\$      Deductible Actual Cash Value		\$      Deductible Actual Cash Value	
10. Substitute Transportation	Up to \$      a day to a maximum of \$		Up to \$      a day to a maximum of \$	
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	
	Premium Subtotal		Premium Subtotal	
Merit Rating Plan Adjustment				
	<b>Total Premium for this Auto</b>		<b>Total Premium for this Auto</b>	
<b>Total Premium for this Policy:</b>				

Operator Name	Date of Birth	License Number and State		Date First Licensed			P=Principal O=Occasional E= Excluded D=Deferred	
				Auto	Motorcycle	Driver Training (Y/N)	Auto 1	Auto 2

<b>Attached Endorsements:</b>

<b>ITEM 5. Alternate Garaging:</b> (If blank, auto is garaged at the address shown on Page 1 of this Coverage Selections Page)	
Auto 1:	
Auto 2:	

<b>ITEM 6. Lienholder Information:</b>	
Auto 1:	
Auto 2:	

<b>Remarks:</b>

*Check carefully to ensure that the information listed on your Coverage Selections Page is correct.*

- Are all operators listed? Failure to list a household member or any individual who customarily operates your auto may have very serious consequences.
- Are all your autos listed?
- Is the garaging correct?
- Are you receiving all the discounts you are entitled to?
- Is your mailing address correct?

**NOTICE:** It is important for you to notify us of any changes that have occurred prior to the renewal of this policy and at any time during the policy period.

Please review this Coverage Selections Page and the MA Auto Insurance Policy (2008 Edition) carefully to ensure that you understand the coverages and limits contained in this policy. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. 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 5 thru 12) and we may cancel your policy.

**MERIT RATING PLAN**

The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators. The Merit Rating Plan adjustment shown on the Coverage Selections Page for each auto is based on the driving records of the operators listed on your policy.

*Thank you for insuring your auto with Safety Insurance.*

Countersigned by: \_\_\_\_\_



## Personal Auto Coverage Selections Page

This Coverage Selections Page shows the coverages and discounts for your auto insurance policy issued by Safety Insurance Company. This page, the attached endorsements and the Massachusetts Auto Insurance Policy (2008 edition) form your policy.

Your Policy #:

**ITEM 2.** Policy Effective Dates:

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

**ITEM 1.**

Policy Issued to:

Your Agent:

Agent Code

**ITEM 3.** The following auto(s) are covered by this insurance policy:

Auto 1:

Auto 2:

**Policy Level Discounts** (These discounts apply to your entire policy.)

--

**Auto Level Coverages and Discounts** (These discounts apply to all or a portion of the premium for a specific auto.)

	Safety Shield Coverage	Loan Lease/Gap Coverage	Good Student Discount	Away at School Discount	Hybrid Auto Discount	Anti Theft Discount	Annual Mileage Discount	Multi Car Discount	Age 65 or older Discount
Auto 1:									
Auto 2:									

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

Coverages, Parts 1-12	Auto 1- Limits	Premium	Auto 2- Limits	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 ___ No Deductible ___ Deductible for You ___ Deductible for You and household members		\$8,000 ___ No Deductible ___ Deductible for You ___ Deductible for You and household members	
3. Bodily Injury Caused by an Uninsured Auto	\$ _____ Per Person, \$ _____ Per Accident		\$ _____ Per Person, \$ _____ Per Accident	
4. Damage to Someone Else's Property	\$ _____ Per Accident		\$ _____ Per Accident	
5. Optional Bodily Injury to Others	\$ _____ Per Person, \$ _____ Per Accident		\$ _____ Per Person, \$ _____ Per Accident	
6. Medical Payments	<del>NONE</del> \$ _____ Per Person		<del>NONE</del> \$ _____ Per Person	
7. Collision	\$ _____ Deductible Actual Cash Value		\$ _____ Deductible Actual Cash Value	
8. Limited Collision	\$ _____ Deductible Actual Cash Value		\$ _____ Deductible Actual Cash Value	
9. Comprehensive	Actual Cash Value		Actual Cash Value	
10. Substitute Transportation	Up to \$ _____ a day to a maximum of \$ _____		Up to \$ _____ a day to a maximum of \$ _____	
11. Towing <del>&amp;</del> 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 Adjustment	Premium Subtotal		Premium Subtotal	
	<b>Total Premium for this Auto</b>		<b>Total Premium for this Auto</b>	
<b>Total Premium for this Policy:</b>				

Operator Name	Date of Birth	License Number and State		Date First Licensed			P=Principal O=Occasional E= Excluded D=Deferred	
				Auto	Motorcycle	Driver Training (Y/N)	Auto 1	Auto 2

<b>Attached Endorsements:</b>

<b>ITEM 5. Alternate Garaging:</b> (If blank, auto is garaged at the address shown on Page 1 of this Coverage Selections Page)	
Auto 1:	
Auto 2:	

<b>ITEM 6. Lienholder Information:</b>	
Auto 1:	
Auto 2:	

<b>Remarks:</b>

*Check carefully to ensure that the information listed on your Coverage Selections Page is correct.*

- Are all operators listed? Failure to list a household member or any individual who customarily operates your auto may have very serious consequences.
- Are all your autos listed?
- Is the garaging correct?
- Are you receiving all the discounts you are entitled to?
- Is your mailing address correct?

**NOTICE:** — It is important for you to notify us of any changes that have occurred prior to the renewal of this policy and at any time during the policy period.

Please review this Coverage Selections Page and the MA Auto Insurance Policy (2008 Edition) carefully to ensure that you understand the coverages and limits contained in this policy. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. 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 5 thru 12) and we may cancel your policy.

**MERIT RATING PLAN**

The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators. The Merit Rating Plan adjustment shown on the Coverage Selections Page for each auto is based on the driving records of the operators listed on your policy.

*Thank you for insuring your auto with Safety Insurance.*

Countersigned by: \_\_\_\_\_

# COVERAGE SELECTIONS PAGE

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

This policy is Issued By:  
**ITEM 1.** This policy is Issued To:

Massachusetts Personal Automobile  
 Policy Number  
 [Producer]

**ITEM 2.** This policy is effective from:

To:

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

**ITEM 3.** Description of your Auto:

AUTO	AUTO
------	------

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

COVERAGES, Parts 1-12	AUTO			AUTO		
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	NONE	\$	\$20,000 per person \$40,000 per accident	NONE	\$
2. Personal Injury Protection	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$	\$ 8,000 per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$
3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small>	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	NONE	\$	\$ per accident	NONE	\$

OPTIONAL INSURANCE						
5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	NONE	\$
7. Collision	Actual Cash Value	\$	\$	Actual Cash Value	\$	\$
8. Limited Collision	Actual Cash Value	\$	\$	Actual Cash Value	\$	\$
9. Comprehensive	Actual Cash Value	\$	\$	Actual Cash Value	\$	\$
10. Substitute Transportation	Up to \$ a day, maximum \$	NONE	\$	Up to \$ day, maximum \$ a	NONE	\$
11. Towing and Labor	Up to \$ For each disablement	NONE	\$	Up to \$ for each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

MERIT RATING PLAN	CREDIT	\$	CREDIT	\$	
	SURCHARGE	\$	SURCHARGE	\$	
	PREMIUM	\$	PREMIUM	\$	
Identification Numbers of Endorsements Forming a Part of This Policy				TOTAL PREMIUM	\$

**ITEM 5.** Place of Principal Garaging

**ITEM 6.** Secured Lender/Lessor - Additional Insured, if Rented Auto

AUTO	
AUTO	

Driver Information:

Oper No.	Operator Name	Date of Birth	License Number	Lic. State	Date First Licensed if Less Than 6 Yrs		Driver Training Yes/No	% Use		Operator Status: O - Occasional P - Principal E - Excluded D - Deferred	
					Auto	Motor cycle		Auto 1	Auto 2	Auto 1	Auto2

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

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:** You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. 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. 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.

	<b>Age 65 and Older</b>	<b>Air Bag/ Automatic Seatbelts</b>	<b>Annual Mileage</b>		<b>Anti-Theft Device/ Vehicle Recovery System</b>	<b>Multi-Car Discount</b>
			<b>0-5000</b>	<b>5001-7500</b>		
Coverage	All	Parts 2, 3, 6, and 12	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1, 2, 4, 5, 7, 8 and 9
Discount Available	25%	25%	10%	5%	5-36% Depending on the category of device	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 Plan credit or surcharge shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If a surcharge is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The merit rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Countersigned by: \_\_\_\_\_

This Coverage Selections Page shows the coverages and discounts for your auto insurance policy issued by Safety Insurance Company. This page, the attached endorsements and the Massachusetts Auto Insurance Policy (2008 edition) form your policy.

Your Policy #:

**ITEM 2.** Policy Effective Dates:

(12:01 Eastern Standard Time)

**ITEM 1.**

Policy Issued to:

Your Agent:

Agent Code

**ITEM 3.** The following auto(s) are covered by this insurance policy:

Auto 1:

Auto 2:

**Policy Level Discounts** (These discounts apply to your entire policy.)

**Auto Level Coverages and Discounts** (These discounts apply to all or a portion of the premium for a specific auto.)

	Safety Shield Coverage	Loan Lease/Gap Coverage	Good Student Discount	Away at School Discount	Hybrid Auto Discount	Anti Theft Discount	Annual Mileage Discount	Multi Car Discount	Age 65 or older Discount
Auto 1:									
Auto 2:									

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

Coverages, Parts 1-12	Auto 1- Limits	Premium	Auto 2- Limits	Premium
1. Bodily Injury to Others	\$ Per Person, \$ Per Accident		\$ Per Person, \$ Per Accident	
2. Personal Injury Protection	\$ ___ No Deductible ___ Deductible for You ___ Deductible for You and household members		\$ ___ No Deductible ___ Deductible for You ___ Deductible for You and household members	
3. Bodily Injury Caused by an Uninsured Auto	\$ Per Person, \$ Per Accident		\$ Per Person, \$ Per Accident	
4. Damage to Someone Else's Property	\$ Per Accident		\$ Per Accident	
5. Optional Bodily Injury to Others	\$ Per Person, \$ Per Accident		\$ Per Person, \$ Per Accident	
6. Medical Payments	NONE		NONE	
7. Collision	\$ Deductible Actual Cash Value		\$ Deductible Actual Cash Value	
8. Limited Collision	Actual Cash Value		Actual Cash Value	
9. Comprehensive	Actual Cash Value \$ Deductible		Actual Cash Value \$ Deductible	
10. Substitute Transportation	Up to \$ a day to a maximum of \$		Up to \$ a day to a maximum of \$	
11. Towing & 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	
	Premium Subtotal		Premium Subtotal	
Merit Rating Plan Adjustment				
	<b>Total Premium for this Auto</b>		<b>Total Premium for this Auto</b>	
		<b>Total Premium for this Policy:</b>		

Operator Name	Date of Birth	License Number and State		Date First Licensed			P=Principal O=Occasional E= Excluded D=Deferred	
				Auto	Motorcycle	Driver Training (Y/N)	Auto 1	Auto 2

<b>Attached Endorsements:</b>

**ITEM 5. Alternate Garaging:** (If blank, auto is garaged at the address shown on Page 1 of this Coverage Selections Page)

Auto 1:	
Auto 2:	

**ITEM 6. Lienholder Information:**

Auto 1:	
Auto 2:	

<b>Remarks:</b>

*Check carefully to ensure that the information listed on your Coverage Selections Page is correct.*

- Are all operators listed? Failure to list a household member or any individual who customarily operates your auto may have very serious consequences.
- Are all your autos listed?
- Is the garaging correct?
- Are you receiving all the discounts you are entitled to?
- Is your mailing address correct?

**NOTICE:** It is important for you to notify us of any changes that have occurred prior to the renewal of this policy and at any time during the policy period.

Please review this Coverage Selections Page and the MA Auto Insurance Policy (2008 Edition) carefully to ensure that you understand the coverages and limits contained in this policy. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. 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 5 thru 12) and we may cancel your policy.

**MERIT RATING PLAN**

The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators. The Merit Rating Plan adjustment shown on the Coverage Selections Page for each auto is based on the driving records of the operators listed on your policy.

*Thank you for insuring your auto with Safety Insurance.*

Countersigned by: \_\_\_\_\_