

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 #:
 Your Email:

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:

Policy Level Discounts <i>(These discounts apply to your entire policy.)</i>										
✓										✓
✓										
✓										
Auto Level Coverages and Discounts <i>(These discounts apply to all or a portion of the premium for a specific auto.)</i>										
	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	Passive Restraint 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 Per Person — No Deductible — Deductible for You — Deductible for You and household members		\$8,000 Per Person — 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				
	Total Premium for this Auto		Total Premium for this Auto	
Total Premium for this Policy:				

Operator Name	Date of Birth	License Number and State		Date First Licensed				P=Principal O=Occasional E= Excluded			
				Auto	Motorcycle	Driver Training (Y/N)	Deferred Operator	Auto #			
								1	2	3	4

Attached Endorsements:

ITEM 5. Garaging:
Auto 1: _____
Auto 2: _____

ITEM 6. Lienholder- Additional Insured Information:
Auto 1: _____
Auto 2: _____

Remarks:

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 Massachusetts 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: _____

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✓ ✓ ✓ ✓	<div style="text-align: center;">✓</div>

Auto Level Coverages and Discounts <i>(These discounts apply to all or a portion of the premium for a specific auto.)</i>										
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	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:									

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	Premium Subtotal		Premium Subtotal	

*Total Premium for this
Auto*

*Total Premium for this
Auto*

Total Premium for this Policy:

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

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				Auto	Motorcycle	Driver Training (Y/N)	Deferred Operator	Auto #					
								1	2	3	4		

Attached Endorsements:

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

Auto 1:	
Auto 2:	

ITEM 6. Lienholder- Additional Insured Information:

Auto 1:	
Auto 2:	

Remarks:

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