

**Safety Insurance Company  
Safety Indemnity Insurance Company  
Safety Property and Casualty Insurance Company**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**SAFETY SHIELD PLUS**

This endorsement modifies insurance provided under the following:

MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

The provisions of the Coverage Selections Page (**Item 4.**) apply unless modified by this endorsement. **Your** deductibles, which are shown on the Coverage Selections Page, apply to damage to or loss of **your auto**. No additional deductibles apply to the coverages provided by this endorsement.

**1. DISAPPEARING COLLISION AND LIMITED COLLISION DEDUCTIBLE**

Optional Insurance, Part 7. Collision and Part 8. Limited Collision are amended to add:

If a listed operator on **your** policy with a Merit Rating Plan designation of **Excellent Driver Discount Plus** or **Excellent Driver Discount** is involved in an accident, **your** collision or limited collision deductible will be waived up to a maximum of \$500 per accident.

**2. RENTAL VEHICLE LOSS OF INCOME COVERAGE**

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

We will pay expenses for loss of income of a rented vehicle, if **you** or a **household member** is responsible for a covered accident. There must have been a written rental agreement or contract in place prior to the time of loss, the vehicle must have been rented or hired without a driver, and the rental agreement must make you responsible for loss of income.

We will pay the verified loss of income sustained while the damaged vehicle is being repaired or replaced. Loss of income means the net profits (after the deduction for normal business expenses) that would have been earned if no loss or damage had occurred.

The most we will pay under this coverage is \$35 per day, subject to a maximum payment of \$500.

**3. LOCK IN VALUE (Guaranteed Replacement Cost)**

This coverage applies only if the Coverage Selections Page indicates Part 9. Comprehensive, and either Part 7. Collision or Part 8. Limited Collision apply to **your auto**.

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

If we pay for a total loss to **your auto**, which occurs within the first year of ownership of **your auto**, *and* that you purchased new with less than 100 miles on the odometer *and* has not more than 18,000 miles on the odometer, we will pay to replace **your auto** with an auto of like kind and quality without deduction for depreciation.

In the event that a covered loss happens to **your auto** and there is damage to mechanical non-body related parts of **your auto** we will not apply depreciation to replace those damaged mechanical non-body related parts.

This coverage *does not* apply to:

- a. a leased vehicle,
- b. a previously owned vehicle

#### **4. PERSONAL EFFECTS**

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

We will pay for loss to personal effects including laptop computers and cellular telephones resulting from a covered total loss. The personal effects must be owned by **you** or a **household member** and in or on **your auto**. This coverage does not apply to a motorcycle, motor home or trailer.

The most we will pay under this coverage is \$1,250 per covered total loss, subject to the following limitations:

- a. We will pay up to \$200 for no more than one cellular telephone and,
- b. We will pay up to \$1,000 for no more than one laptop computer.

#### **5. EXTENDED SUBSTITUTE TRANSPORTATION**

This coverage applies only if the Coverage Selections Page indicates Optional Insurance, Part 10. Substitute Transportation applies to **your auto**.

When **your auto** is involved in a covered loss, the maximum limits shown on the Coverage Selections Page for Substitute Transportation, are revised as follows:

<b>SUBSTITUTE TRANSPORTATION EXPENSES</b>	
<b>Per Day Limit</b>	<b>Revised Maximum Limit</b>
\$15	\$675
\$30	\$1350
\$45	\$2025
\$100	\$4500

#### **6. EMERGENCY ROAD TRAVEL EXPENSES**

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

We will pay for additional expenses incurred by **you** and anyone **occupying your auto** when **your auto** is involved in a covered loss occurring more than 100 miles from home, and can not be driven or has been stolen. Expenses covered are overnight lodging, meals, alternative transportation expenses and towing.

The most we will pay under this coverage is \$500 per accident, regardless of how many people occupied **your auto** at the time of loss.

**7. SUPPLEMENTAL AND ENHANCED TOWING AND LABOR**

This coverage applies only if the Coverage Selections Page indicates Optional Insurance, Part 11. Towing and Labor applies to **your auto**.

We will pay to tow or enter **your auto** when your keys are lost, broken or accidentally locked in **your auto**. We will increase the limit shown on your Coverage Selections Page by an additional \$50.

**8. AIR BAG COVERAGE**

General Provisions and Exclusions, number 9. is amended as follows:

The exclusion relating to mechanical failure does not apply to the accidental discharge of an airbag.

**9. SEAT BELT COVERAGE**

We will pay a \$5,000 death benefit for **you** and any **household member** whose death is caused by a covered loss to **your auto** if they were properly wearing their seat belts at the time of the accident.

**10. PET COVERAGE**

This coverage applies only if the Coverage Selections Page indicates Optional Insurance, Part 7. Collision, or Part 8. Limited Collision or Part 9. Comprehensive applies to **your auto**.

We will pay up to \$500 for veterinary care for injuries or for burial or disposal expenses, to a dog or cat owned by **you** or any **household member** when **your auto** is involved in a covered loss.

**11. BAIL BONDS**

Optional Insurance, Part 5. Optional Bodily Injury to Others, second to last paragraph is amended to read:

We will also pay up to \$500 for the cost of bail bonds required as a result of an accident covered under this part including bail bonds for traffic law violations related to the accident.

**12. ACCIDENT FORGIVENESS**

We provide accident forgiveness of Merit Rating premium costs relating to at-fault accidents caused by Experienced Operator(s) having a Merit Rating Code of 99. Merit Rating Points usually do not affect your premium until the policy is renewed.

**A.** We only provide accident forgiveness if this endorsement is purchased:

1. Before the at-fault accident occurred and,
2. The at-fault accident is covered under your MASSACHUSETTS AUTOMOBILE INSURANCE POLICY with us, that this endorsement is attached to and,
3. This endorsement remains on your policy during the next policy term.

**B.** The Merit Rating premium costs relating to the at-fault accident are completely forgiven subject to the following terms and conditions:

1. For this endorsement, Experienced Operator(s) shall mean a driver licensed for six (6) or more years having a Merit Rating Code of 99, as returned by the Massachusetts Merit Rating Board, and who is listed on the Coverage Selections Page as an operator.
2. For this endorsement, Other Operator(s) shall mean a driver that is not an Experienced Operator and who is listed on the Coverage Selections Page as an operator. Other Operator(s) shall also mean any operator who is not listed on the Coverage Selections Page as an operator on the date of the at-fault accident that is subject to accident forgiveness.
3. For this endorsement, at-fault accident(s) shall mean any accident where a claim payment of at least \$500 was made, in excess of any deductible, and where Safety has determined that the Experienced Operator was more than 50% at-fault.

4. At the time this endorsement is initially purchased, there is at least one Experienced Operator listed and rated on one or more of the vehicles insured on the policy.
5. Accident forgiveness applies to an at-fault accident caused by an Experienced Operator following the purchase of this endorsement.
6. Only at-fault accidents caused by the Experienced Operator using the vehicle(s) listed on the Coverage Selections Page are eligible for accident forgiveness.
7. Any at-fault accidents caused by any Other Operators (for example a driver with a Merit Rating Code of 98, or 0-45) do not qualify for accident forgiveness.
8. Any at-fault accidents caused by added Other Operators endorsed onto the policy do not qualify for accident forgiveness.
9. At-fault accidents involving deferred or excluded operators will not be forgiven.
10. The at-fault accident was reported to us within 30 days.
11. Only one at-fault accident will be forgiven for each Experienced Operator during a six (6) year experience period.
12. In no case will more than two (2) at-fault accidents be forgiven during an eight (8) year period while you are insured with us.
13. Other at-fault accident(s) and traffic violations will be reflected in your premium based on our filed Merit Rating Plan.
14. Traffic violations of any kind are not eligible for accident forgiveness.

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If a listed operator on **your** policy with a Merit Rating Plan designation of **Excellent Driver Discount Plus** or **Excellent Driver Discount** is involved in an accident, **your** collision or limited collision deductible will be waived up to a maximum of \$500 per accident.

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We will pay expenses for loss of income of a rented vehicle, if **you** or a **household member** are responsible for a covered accident. There must have been a written rental agreement or contract in place prior to the time of loss, the vehicle must have been rented or hired without a driver, and the rental agreement must make you responsible for loss of income.

We will pay the verified loss of income sustained while the damaged vehicle is being repaired or replaced. Loss of income means the net profits (after the deduction for normal business expenses) that would have been earned if no loss or damage had occurred.

The most we will pay under this coverage is \$35 per day, subject to a maximum payment of \$500.

**3. LOCK IN VALUE (Guaranteed Replacement Cost)**

This coverage applies only if the Coverage Selections Page indicates Part 9. Comprehensive, and either Part 7. Collision or Part 8. Limited Collision apply to **your auto**.

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

If we pay for a total loss to **your auto**, which occurs within the first year of ownership of **your auto** and that you purchased new with less than 100 miles on the odometer and has not more than 12,000 miles on the odometer, we will pay to replace **your auto** with an auto of like kind and quality without deduction for depreciation.

Coverage *does not* apply to:

- a. a leased vehicle,
- b. a previously owned vehicle

**4. PERSONAL EFFECTS**

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

We will pay for loss to personal effects resulting from a covered total loss. The effects must be owned by **you** or a **household member** and in or on **your auto**.

The most we will pay under this coverage is \$250 per accident.

**5. EXTENDED SUBSTITUTE TRANSPORTATION**

This coverage applies only if the Coverage Selections Page indicates Optional Insurance, Part 10. Substitute Transportation applies to **your auto**.

When **your auto** is involved in a covered loss, the maximum limits shown on the Coverage Selections Page for Substitute Transportation, are revised as follows:

SUBSTITUTE TRANSPORTATION EXPENSES	
Per Day Limit	Revised Maximum Limit
\$15	\$675
\$30	\$1350
\$45	\$2025
\$100	\$4500

**6. EMERGENCY ROAD TRAVEL EXPENSES**

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

We will pay for additional expenses incurred by **you** and anyone **occupying your auto** when **your auto** is involved in a covered loss occurring more than 100 miles from home, and can not be driven or has been stolen. Expenses covered are overnight lodging, meals, alternative transportation expenses and towing.

The most we will pay under this coverage is \$250 per accident, regardless of how many people occupied **your auto** at the time of loss.

**7. SUPPLEMENTAL TOWING AND LABOR**

This coverage applies only if the Coverage Selections Page indicates Optional Insurance, Part 11. Towing and Labor applies to **your auto**.

We will increase the limit shown on your Coverage Selections Page by \$50.

**8. AIR BAG COVERAGE**

General Provisions and Exclusions, number 9. is amended as follows:

The exclusion relating to mechanical failure does not apply to the accidental discharge of an airbag.

## SAFETY INSURANCE GROUP MASSACHUSETTS PERSONAL AUTO MANUAL

### **RULE 61. SAFETY SHIELD PLUS**

This endorsement adds coverage extensions and additional coverages to your policy.

These include:

1. Disappearing Deductible
2. Rental Vehicle Loss of Income Coverage
3. Lock in Value (Guaranteed Replacement Cost)
4. Personal Effects
5. Extended Substitute Transportation
6. Emergency Road Travel Expenses
7. Supplemental and Enhanced Towing and Labor
8. Air Bag Coverage
9. Seat Belt Coverage
10. Pet Coverage
11. Bail Bonds
12. Accident Forgiveness

For a premium of \$35 to your selected vehicle (indicated on the Coverage Selections Page) add form **SSA 002** on a per vehicle basis.

## **SAFETY INSURANCE GROUP MASSACHUSETTS PERSONAL AUTO MANUAL**

### **RULE 59. SAFETY SHIELD**

This endorsement adds coverage extensions and additional coverages to your policy.

These include:

1. Disappearing Deductible
2. Rental Vehicle Loss of Income Coverage
3. Lock in Value (Guaranteed Replacement Cost)
4. Personal Effects
5. Extended Substitute Transportation
6. Emergency Road Travel Expenses
7. Supplemental Towing and Labor
8. Air Bag Coverage

For a premium of \$25 to your selected vehicle (indicated on the Coverage Selections Page) add form **SSA 001** on a per vehicle basis.





We know it's a competitive world out there, so here are some highlights of what Safety Insurance Group could offer the insured\*:

**DISCOUNTS:**

- 1. Account Credit** – Policyholders with other insurance with Safety (Businessowners, Commercial Auto, Commercial Package, Commercial Umbrella, Dwelling Fire, Homeowners or Personal Umbrella) may qualify for a 10% credit on their auto policy.
- 2. Non-Safety Account Credit** – Policyholders, who purchase their Homeowners insurance from the FAIR Plan or other eligible company, may qualify for a 5% credit on their auto policy.
- 3. Agency Loyalty Discount** – New policyholders to Safety, who have had three continuous years of prior insurance with a Safety Agent, may qualify for a 3% credit for the first and second year their auto is insured with Safety.
- 4. Renewal Credit** – Policyholders who maintain continuous coverage may be entitled to a credit based on the number of years (1-11+) with Safety ranging from 1% to 4%.
- 5. Combined Account e-Customer** – **(a)** A new policyholder who selects Combined Account Billing with Electronic Policy Issuance and qualifies for an Account Credit may be entitled to a 7% discount for the first year insured, a 5% discount on the second year insured, a 3% discount on the third year insured, and a 1% discount on subsequent years with Safety. **(b)** All other policyholders who select Combined Account Billing with Electronic Policy Issuance may be entitled to a 5% discount for the first year, a 3% discount on the second year of their selection, and 1% discount subsequent years with Safety.  
  
**Mono-line Multi-car e-Customer** – **(a)** A new policyholder who selects Electronic Policy Issuance and qualifies for multi-car discount may be entitled to a 7% discount for the first year insured, a 5% discount on the second year insured, a 3% discount on the third year insured, and a 1% discount on subsequent years with Safety. **(b)** All other policyholders who select Electronic Policy Issuance and qualify for the multi-car discount may be entitled to a 3% discount on the first year, and a 1% discount subsequent years with Safety.
- 6. Electronic Book Transfer Discount** – A policyholder who elects to transfer their policy 30 days before the effective date from a non-Safety company, qualifies for New Business Discount for Agency Loyalty, and is part of a qualified book transfer meeting the underwriting rules established by the company, may qualify for a 7% discount on their auto to be applied to the first year, a 5% discount on their auto to be applied to the second year, a 3% discount on their auto to be applied the third year, and a 1% discount on their fourth year insured with Safety.
- 7. Student Discounts** – **(a)** A good student who is ranked among the top 20% of their class scholastically and a merit rating score of 4 points or less may be entitled for a 10% credit.

**SAFETY INSURANCE GROUP MASSACHUSETTS PERSONAL AUTO MANUAL**

**(b)** A good student that resides at an educational institution 100 miles or more and does not have regular use of a vehicle may be entitled for a 10% credit.

**8. Hybrid Automobile Discount** – Hybrid vehicles may be entitled to a 10% credit.

**9. Multi-Car Discount** – A policyholder who insures 2 or more vehicles with Safety may qualify for a 10% credit on their auto.

**10. Annual Mileage Discount** – Safety has 2 categories:

Mileage	Credit
0 - 5,000	10%
5,001 - 7,500	5%

**11. Merit Rating Plan** – Excellent Driver Discount (SDIP 99 or 98)

Merit Rating Plan	Experienced Operators Credit	Inexperienced Operators Credit
Excellent Driver Plus (6 years Incident Free)	25%	N/A
Excellent Driver (5 years Incident Free)	15%	15%

**SAFETY ENDORSEMENT FORMS AND TIERS PROGRAM:**

**12. Safety Shield (SSA 001)** – Adds extensions and additional coverages to the specified vehicle.

Rental Vehicle Loss of Income Coverage	Extended Substitute Transportation	Supplemental Towing and Labor
Personal Effects	Emergency Road Travel Expenses	Air Bag Coverage
Lock in Value	Disappearing Deductible	
<b>Premium is \$25.00 per vehicle</b>		

**13. Safety Shield Plus (SSA 002)**

Rental Vehicle Loss of Income Coverage	Extended Substitute Transportation	Supplemental Towing and Labor
Personal Effects	Emergency Road Travel Expenses	Air Bag Coverage
Lock in Value	Disappearing Deductible	
Seat Belt	Pet Coverage	Bail Bonds
Accident Forgiveness		
<b>Premium is \$35.00 per vehicle</b>		

**14. Auto Loan/Lease Gap Coverage (SLL 002)** – In the event of a Total Loss to a specified vehicle with this coverage, Safety will pay any unpaid amount due on the lease or loan for that vehicle. **Premium is \$25.00 per vehicle.**

**SAFETY INSURANCE GROUP MASSACHUSETTS PERSONAL AUTO MANUAL**

**15. Safety's Tier Placement Programs** – Review the chart below to determine what program the insured qualifies for.

<b>Tier Name</b>	<b>Companion Policy Client</b>	<b>Loyal Automobile Client</b>	<b>New Insurance Client</b>	<b>New Policyholder</b>
<b>Requirements</b>	Qualifies for the Account Credit	3 or more years with Safety or qualifies for Agency Loyalty Discount	12 or more months continuous coverage or qualifies for the Multi-Car discount	Does not qualify for Companion Policy, Loyal Automobile Client Tiers or New Insurance Client Tier
<b>Factor</b>	<b>0.975</b>	<b>1.000</b>	<b>1.025</b>	<b>MAIP Rates</b>

\* **NOTE:** The New Policyholder Tier is not eligible for the discounts and endorsement forms listed above.

For an extended description of the products refer to your Safety Insurance Personal Auto Manual.

**If you have any questions please call your personal auto underwriter.**

# SAFETY INSURANCE GROUP MASSACHUSETTS PERSONAL AUTO MANUAL

## ADDITIONAL ITEMS

### PRIVATE PASSENGER ENDORSEMENTS ALPHABETICAL INDEX

<u>TITLE</u>	<u>FORM NO.</u>
\$100 Glass Deductible	MPY-0039-S (Ed. 04-08)
Agreed Amount Coverage - Comprehensive	MPY-0034-S (Ed. 04-08)
Antique Auto	M-0047-S (Ed. 04-08)
Commonwealth of Massachusetts Employees Using Autos They Do Not Own In the Course of Their Employment	M-0069-S (Ed. 01-80)
Coverage for Anyone Renting an Auto to You	M-0070-S (Ed. 04-08)
Coverage for Customized Vans and Pickups	MPY-0037-S (Ed. 04-08)
Excess Electronic Equipment Coverage	MPY-0041-S (Ed. 04-08)
Federal Employees Using Autos They Do Not Own In the Course of Their Employment	M-0049-S (Ed. 01-77)
Guest Occupants Exclusion – Motorcycles	M-0002-S (Ed. 04-08)
Mobile Home Endorsement	MPY-0002 (Ed. 01-77)
Non-Renewal of Policy - Motorcycles, Recreational Vehicles and Trailers	M-0103-S (Ed. 04-08)
Operator Exclusion Form	M-0106-S (Ed. 04-08)
Restriction for Personal Injury Protection for Employers Subject to The Massachusetts Workers' Compensation Act	M-0063-S
Stated Amount Coverage	MPY-0027-S (Ed. 04-08)
Substitute Transportation Coverage - \$45 per Day, Maximum Limit \$1,350	M-0105-S (Ed. 01-01)
Suspension of Coverage - Reduction of Limits	MPY-0032-S (Ed. 04-08)
Transportation of Fellow Employees, Students or Others	M-0004-S (Ed. 04-08)
Trust Endorsement	M-0107-S (Ed. 01-06)
Use of Other Autos - Vehicles Furnished or Available for Regular Use	M-0051-S (Ed. 04-08)
Use of Other Autos - Vehicles Furnished or Available for Use As Public or Livery Conveyances	M-0052-S (Ed. 04-08)
Waiver of Deductible	MPY-0016-S (Ed. 04-08)
<b><u>Safety Specific Endorsements</u></b>	
Auto Loan/Lease Gap Coverage Endorsement	SLL 002 (Ed. 04-08)
Safety Shield Endorsement	SSA 001 (Ed. 07-11)
Safety Shield Plus Endorsement	SSA 002 (Ed. 07-11)

**SAFETY INSURANCE GROUP MASSACHUSETTS PERSONAL AUTO MANUAL**

**Miscellaneous Rating Factors (continued)**

<b>PERSONAL INJURY PROTECTION – DEDUCTIBLE (RULE 30)</b>							
<b>DEDUCTIBLE:</b>	<b>\$100</b>	<b>\$250</b>	<b>\$500</b>	<b>\$1,000</b>	<b>\$2,000</b>	<b>\$4,000</b>	<b>\$8,000</b>
Policyholder - Alone:	2%	4%	8% (8%)*	14% (15%)*	26% (28%)	37% (40%)*	45% (50%)*
Policyholder and Household Members:	2%	5%	10% (11%)*	19% (20%)*	35% (37%)	48% (51%)*	59% (64%)*

\*New Policyholder Rates

<b>TOWING AND LABOR (RULE 33)</b>		
<b>Private Passenger and Motorcycle:</b>	<b>\$50 per Disablement</b>	<b>\$100 per Disablement</b>
Companion Policy Client	\$8	\$16
Loyal Automobile Client	\$8	\$16
New Insurance Client	\$8	\$16
New Policyholder	\$8	\$16
<b>EXCESS ELECTRONIC EQUIPMENT COVERAGE (RULE 46)</b>		
Apply a rate of \$4 to each \$100 of valuation.		
<b>CUSTOMIZING EQUIPMENT - STATED AMOUNT COVERAGE (RULE 47)</b>		
Refer to Rule 47		
<b>SAFETY SHIELD (RULE 59)</b>		
Apply a rate of \$25 per vehicle.		
<b>SAFETY GAP (RULE 60)</b>		
Apply a rate of \$25 per vehicle.		
<b>SAFETY SHIELD PLUS (RULE 61)</b>		
Apply a rate of \$35 per vehicle.		

# 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	
COMPULSORY INSURANCE	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	\$	\$8,000 PER PERSON <input type="checkbox"/> YOURSELF	\$
	\$ DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$	\$ 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	\$
<b>OPTIONAL INSURANCE</b>				
5. OPTIONAL BODILY INJURY TO OTHERS	\$ PER PERSON	\$	\$ PER PERSON	\$
	\$ PER ACCIDENT	\$	\$ PER ACCIDENT	\$
6. MEDICAL PAYMENTS	\$ PER PERSON	\$	\$ PER PERSON	\$
7. COLLISION	ACV	\$ DED	ACV	\$ DED
	WAIVER OF DEDUCTIBLE	\$	WAIVER OF DEDUCTIBLE	\$
8. LIMITED COLLISION	ACV	\$ DED	ACV	\$ DED
9. COMPREHENSIVE	ACV	\$ DED	ACV	\$ DED
	\$100 GLASS DEDUCTIBLE	\$	\$100 GLASS DEDUCTIBLE	\$
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 PERSON	\$
	\$ PER ACCIDENT	\$	\$ PER ACCIDENT	\$
MERIT RATING PLAN	PREMIUM ADJUSTMENT	\$	PREMIUM ADJUSTMENT	\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	PREMIUM	\$	PREMIUM*	\$
<b>TOTAL PREMIUM</b>				\$

<b>VEHICLE INFORMATION</b>	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 RATING FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	VEHICLE COST NEW OR MOTORCYCLE AVERAGE RETAIL VALUE	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 POINTS	DATE FIRST LICENSED			DRIVER TRAINING YES / NO	% OF USE			
				MASS	OTHER	MOTOR CYCLE		AUTO 1	AUTO 2	AUTO 3	AUTO 4
1											
2											
3											
4											

**NOTICE** 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 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. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. 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:					
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES	NO	D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES	NO		
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?				
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS ?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?				
<b>LICENSE INFORMATION</b> 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 <a href="http://www.mass.gov/rmv">www.mass.gov/rmv</a> .							
<b>MERIT RATING INFORMATION</b> 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 in assigning merit rating points.							
<b>GENERAL INFORMATION</b> Explain all "Yes" responses in the REMARKS Section; on Questions 3 - 8 include the auto number.							
1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?	YES	NO	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?	YES	NO		
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)			<b>ATTACHMENTS</b>				
AUTO 1 _____ AUTO 2 _____			<input type="checkbox"/> ANTI-THEFT DEVICE CERTIFICATE <input type="checkbox"/> APPRAISAL <input type="checkbox"/> APPROVED DRIVER TRAINING CERTIFICATE <input type="checkbox"/> APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE. <input type="checkbox"/> CUSTOMIZED EQUIPMENT EVIDENCE <input type="checkbox"/> OPERATOR EXCLUSION FORM <input type="checkbox"/> OUT-OF-STATE DRIVER RECORD <input type="checkbox"/> PRE-INSURANCE FORM <input type="checkbox"/> VEHICLE RECOVERY SYSTEM CERTIFICATE				
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.							
11. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW:  <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"/> TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW.							
<b>REMARKS</b> IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.							
<b>FAIR CREDIT REPORTING ACT:</b> 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.							
<b>DECLARATIONS AND SIGNATURES</b>							
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				
<b>TO BE COMPLETED BY AGENT:</b> 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 DIVISION OF INSURANCE  
RATE FILING ABSTRACT**

Page 1 of 2

NOTE: Please be advised that this abstract is not intended to be a substitute for any Rate Type filing materials required by M.G.L. 174A, §6 or M.G.L. 175A, §6, or by Bulletin 2008-08.

INSTRUCTIONS: Please complete one abstract per Filing Company for all Rate Type filings EXCEPT those requiring the Loss Costs Adoption Form or the Rate Deviation Abstract. If requested data differs by category, separate abstracts or combined figures are required.

Safety Insurance Co. (0188-39454)    Safety Indemnity Ins. Co. (0188-33618)

Safety Property and Casualty Ins. Co. (0188-12808)

Please enter the corporate name and nine-digit NAIC number of the Filing Company (e.g. 0000-00000).

Please enter the program name as filed.

Sub-type of Insurance:    19.0001 Private Passenger Auto

Latest Year Massachusetts Direct Written Premium:    413,790,516

**Please complete all items that apply to this filing.**

**1. OVERALL RATE LEVEL CHANGE:**

Formula Indicated    0.6%                      Proposed/Selected                      0.0%

If the Proposed/Selected is different from the Formula Indicated, please explain.

**2. PROGRAM/LINE RATE LEVEL HISTORY:** Please begin with the most recent revision.

Date (MM/DD/YY)	% Change
<u>5/15/2011</u>	<u>3.9%</u>
<u>1/18/2011</u>	<u>-0.2%</u>
<u>7/1/2010</u>	<u>-0.5%</u>
<u>4/19/2010</u>	<u>1.9%</u>

**3. NUMBER OF EXPERIENCE YEARS ANALYZED:** \_\_\_\_\_

**4. CREDIBILITY STANDARDS AND METHODS:** Please complete all that apply.

a. Please enter the Credibility% for the most recent year's experience. \_\_\_\_\_

b. Please enter the Credibility% for Massachusetts versus countrywide experience. \_\_\_\_\_

c. Please specify any other credibility standards or methods used:

**5. Have premium exposures have been trended?** \_\_\_\_\_

**6. Have historical premiums been adjusted to reflect past rate changes?**



**MASSACHUSETTS DIVISION OF INSURANCE  
RATE FILING ABSTRACT**

Page 2 of 2

**7. LOSS TRENDING:** Please begin with the most recent experience year.

	Year	Factor Derived
Method: <input type="text"/>	_____	_____
Annual Rate of Change: _____	_____	_____
Assumed Effective Date: _____	_____	_____

**8. LOSS DEVELOPMENT:** Please begin with the most recent experience year.

Losses are developed from:	Year	Maturity	Factor-Ultimate
Massachusetts data. <input type="checkbox"/>	_____	_____	_____
Countrywide data. <input type="checkbox"/>	_____	_____	_____
Massachusetts and countrywide data. <input type="checkbox"/>	_____	_____	_____

**NOTE: the following items are required for all Rate Type filings.**

**9. EXPENSE PROVISIONS:**

Expenses are based on:		Provision	Flat / Variable
Massachusetts data. <input type="checkbox"/>	General Expense	_____	_____
Countrywide data. <input type="checkbox"/>	Commissions/Brokerage	_____	_____
Massachusetts and countrywide data. <input type="checkbox"/>	Other Acquisition	_____	_____
	Taxes, Licenses, Fees	_____	_____
	Underwriting Profit	_____	_____
	Other Expenses	_____	_____
	Other Expenses	_____	_____
	Other Expenses	_____	_____

Please include a three-year expense data exhibit, and any other supporting information.

**10. LOSS ADJUSTMENT EXPENSE FACTORS:**

**11. UNTRENDED EXPECTED LOSS RATIO:**

**12. If Investment Income is reflected in the filing, please indicate the method/model used.**

**13. Please briefly describe any changes in coverage since the last Rate Level Change.**

Glenn R. Hillpold, FCAS  
Signature of Officer in Charge

3/11/2011  
Date

Glenn R. Hillpold, FCAS, MAAA; Director of Actuarial Services  
Name and Title of Officer in Charge

Tony Choi, Product Research Manager  
Name and Title of Person Completing This Abstract

**Safety Insurance Group  
Safety Supreme Plus**

Exhibit 1

Effective Date: 7/1/11

<b>Company</b>	<b>Endorsement</b>	<b>Price</b>
Safety Insurance	Safety Shield	\$25 per vehicle
Vermont Mutual	Auto Advantage Plus	\$35 per vehicle
Liberty Mutual	Advantage Plus	10% of policy premium
Hanover Insurance	Drive Smart	5% of policy premium
Hanover Insurance	Drive Smart Advantage	10% of policy premium
National Grange	Platinum	\$80 per vehicle
Plymouth Rock	Accident Forgiveness	\$35

Safety Insurance Group

Massachusetts Private Passenger Auto Rates  
Voluntary Rates Effective [7/1/2011](#)

**Explanatory Memorandum**

**Summary**

Effective July 1, 2011, we wish to offer a new endorsement - SSA 002 07 11 Safety Shield Plus for both new and renewal business. We would like to competitively price our endorsement (please see Exhibit 1 under Actuarial Exhibit) at \$35 per vehicle.

Also, we are revising the SSA 001 Safety Shield. The endorsement price for SSA 001 Safety Shield will remain unchanged.

## **SAFETY INSURANCE GROUP MASSACHUSETTS PERSONAL AUTO MANUAL**

### **RULE 61. SAFETY SHIELD PLUS**

This endorsement adds coverage extensions and additional coverages to your policy. In addition to those coverages provided by the Safety Shield (Rental Vehicle Loss of Income Coverage, Lock in Value (Guaranteed Replacement Cost), Personal Effects, Extended Substitute Transportation, Emergency Road Travel Expenses, Supplemental Towing and Labor and Air Bag Coverage), the Safety Shield Plus also offers Seat Belt Coverage, Pet Coverage, Bail Bonds and Accident Forgiveness. For an additional premium of \$35 to your selected vehicle (indicated on the Coverage Selections Page) add form **SSA 002** on a per vehicle basis.