



**SUPPLEMENTAL APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE**  
(Complete and submit with Personal Auto Application)

<b>Applicant's Name</b>		<b>Producer Name</b>			
<b>Residential Address</b>		<b>Safety Producer Code</b>			
<b>City, State &amp; Zip Code</b>		<b>Effective Date</b>			
<b>E-mail Address</b>		<b>Home Phone</b>		<b>Cell Phone</b>	
<b>MAIP Cert# (if applicable)</b>					

1. Do you have Property Insurance on your Massachusetts principal place of residence?  Yes  No  
If yes, please enter the information below.

Type of Policy	Policy Number	Name of Company	Expiration Date	How Long at this residence

- Do you have other Insurance (not including auto and the property insurance above) with Safety Insurance?  Yes  No

Type of Policy	Policy Number	Name of Company	Expiration Date

2. Has any listed driver completed an **Advanced Driver Skill Program or Defensive Driver Course**?  Yes  No  
If yes, please enter the information below.

Name of Driver	Name of Program	Date of Certificate	Copy of Certificate (yes or no)

3. Have you had continuous automobile insurance coverage in the past 12 months?  Yes  No  
Have you had continuous automobile insurance coverage in the past 36 months?  Yes  No

4. Do you currently have an automobile insurance policy?  Yes  No  
If yes, who is your current insurance carrier? \_\_\_\_\_ What is the Bodily Injury Limit (Part 5)? \_\_\_\_\_  
If yes, how long have you been with your current producer (continuously)? \_\_\_\_\_

5. Does any listed driver have a Foreign Driver's License?  Yes  No  
If yes, how long have they resided in MA? \_\_\_\_\_  
If yes, please attach a copy of the front and back of license and copy of driving record from license state.

6. Do you carry supplemental independent roadside assistance coverage?  Yes  No  
If yes, please enter the information below.

Subscriber Name	Name of Program	Annual Cost

7. Are any of the household vehicle(s) used in a carpool? If yes, list the information below.

Vehicle	How many days per month?	How many passengers?

8. Do any of your vehicles have a permanently installed Bluetooth?  Yes  No
9. Do any of your vehicles have an active car link system installed?  Yes  No
10. Do you or any household member have an active Military status?  Yes  No
11. Would you like to sign up for Electronic Policy Issuance?  Yes  No
12. Would you like to sign up for Combined Account Billing (if you have another policy with Safety)?  Yes  No
13. Are any listed drivers (inexperienced operator) students that meet the following criteria?  Yes  No
- Full time student in high school, college or home study group or
  - In the upper 20% class scholastically or
  - Maintains a grade point average of “B” or better or
  - Is included on the Dean’s List or Honor Roll or comparable list indicting scholastic achievement.

Please attach any relevant documentation.

14. Are any listed drivers a full-time student that resides at an educational institution at least 100 miles away and does not have regular access to a vehicle? If yes, please enter the information below.  Yes  No

Name of Student	Name of School	Address of School

15. If you are excluding any operators on the policy, please remember to attach the Operator Exclusion Form (signed by both the named insured and the operator to be excluded).
16. Are you eligible for any of Safety’s Group Marketing discounts?  Yes  No  
 If yes, what is the name of the group? \_\_\_\_\_  
 (For a list of Safety’s Group Marketing discounts please contact your producer.)
17. Will you be using your vehicle(s) in your occupation, profession, or business (excluding commuting)?  Yes  No  
 If yes, please describe the nature of such use: \_\_\_\_\_

**A.** I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that Safety may exchange payment of premium information and accident or claim information with my previous automobile carrier.

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 I agree to be bound by this electronic record and it shall have the same legal force and effect as the written application.

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**For detailed information about Safety’s discount program (specific discount percentages and descriptions) please visit us at [www.safetyinsurance.com/products/discounts.html](http://www.safetyinsurance.com/products/discounts.html)**

# 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	\$	\$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	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 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 <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 POINTS	DATE FIRST LICENSED			DRIVER TRAINING	% OF USE			
				MASS	OTHER	MOTOR CYCLE		YES / NO	AUTO 1	AUTO 2	AUTO 3
				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:					
		YES	NO			YES	NO
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?				D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?			
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)  AUTO 1 _____ AUTO 2 _____				<b>ATTACHMENTS</b>			
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"/> 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			
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			
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				_____ Applicant's Name			



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<b>Applicant's Name</b>		<b>Producer Name</b>	
<b>Residential Address</b>		<b>Safety Producer Code</b>	
<b>City, State &amp; Zip Code</b>		<b>Effective Date</b>	
<b>E-mail Address</b>		<b>Home Phone</b>	<b>Cell Phone</b>
<b>MAIP Cert# (if applicable)</b>			

1. Do you have Property Insurance on your Massachusetts principal place of residence?  Yes  No  
If yes, please enter the information below.

Type of Policy	Policy Number	Name of Company	Expiration Date	How Long at this residence

- Do you have other Insurance (not including auto and the property insurance above) with Safety Insurance?  Yes  No

Type of Policy	Policy Number	Name of Company	Expiration Date

2. Has any listed driver completed an **Advanced Driver Skill Program or Defensive Driver Course**?  Yes  No  
If yes, please enter the information below.

Name of Driver	Name of Program	Date of Certificate	Copy of Certificate (yes or no)

3. Have you had continuous automobile insurance coverage in the past 12 months?  Yes  No  
Have you had continuous automobile insurance coverage in the past 36 months?  Yes  No

4. Do you currently have an automobile insurance policy?  Yes  No  
If yes, who is your current insurance carrier? \_\_\_\_\_ What is the Bodily Injury Limit (Part 5)? \_\_\_\_\_  
If yes, how long have you been with your current producer (continuously)? \_\_\_\_\_

5. Does any listed driver have a Foreign Driver's License?  Yes  No  
If yes, how long have they resided in MA? \_\_\_\_\_  
If yes, please attach a copy of the front and back of license and copy of driving record from license state.

6. Do you carry supplemental independent roadside assistance coverage?  Yes  No  
If yes, please enter the information below.

Subscriber Name	Name of Program	Annual Cost

7. Are any of the household vehicle(s) used in a carpool? If yes, list the information below.

Vehicle	How many days per month?	How many passengers?

8. Do any of your vehicles have a permanently installed Bluetooth?  Yes  No
9. Do any of your vehicles have an active car link system installed?  Yes  No
10. Do you or any household member have an active Military status?  Yes  No
11. Would you like to sign up for Electronic Policy Issuance?  Yes  No
12. Would you like to sign up for Combined Account Billing (if you have another policy with Safety)?  Yes  No
13. Are any listed drivers (inexperienced operator) students that meet the following criteria?  Yes  No
- Full time student in high school, college or home study group or
  - In the upper 20% class scholastically or
  - Maintains a grade point average of “B” or better or
  - Is included on the Dean’s List or Honor Roll or comparable list indicting scholastic achievement.

Please attach any relevant documentation.

14. Are any listed drivers a full-time student that resides at an educational institution at least 100 miles away and does not have regular access to a vehicle? If yes, please enter the information below.  Yes  No

Name of Student	Name of School	Address of School

15. If you are excluding any operators on the policy, please remember to attach the Operator Exclusion Form (signed by both the named insured and the operator to be excluded).
16. Are you eligible for any of Safety’s Group Marketing discounts?  Yes  No  
 If yes, what is the name of the group? \_\_\_\_\_  
 (For a list of Safety’s Group Marketing discounts please contact your producer.)
17. Will you be using your vehicle(s) in your occupation, profession, or business (excluding commuting)?  Yes  No  
 If yes, please describe the nature of such use: \_\_\_\_\_

**A.** I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that Safety may exchange payment of premium information and accident or claim information with my previous automobile carrier.

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