

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SAFETY SHIELD

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.

The coverages provided by this endorsement apply only when this endorsement is selected for the vehicle sustaining loss.

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** 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 500 miles on the odometer *and* has not more than 15,000 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.

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SAFETY SHIELD PLUS

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No additional deductibles apply to the coverages provided by this endorsement.

The coverages provided by this endorsement apply only when this endorsement is selected for the vehicle sustaining loss.

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 500 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 occurs 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:

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 \$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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AUTO LOAN/LEASE GAP COVERAGE

This endorsement modifies insurance provided under the following:

MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

The provisions of the policy apply unless modified by this endorsement.

In the event of a covered total loss to **your auto** shown on the Coverage Selections Page which indicates the Auto Loan/Lease Gap Coverage applies to that specific auto, we will pay any unpaid amount due on the lease or loan for **your auto** less;

1. The amount paid under Part 7. Collision, Part 8. Limited Collision or Part 9. Comprehensive; and
2. The applicable deductible shown for Part 7. Collision, Part 8. Limited Collision or Part 9. Comprehensive; and
3. Any:
 - a. Overdue lease/loan payments, penalties, taxes, interest or charges resulting from overdue payments or lease termination fees at the time of the loss;
 - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - c. Security deposits not returned by the lessor;
 - d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
 - e. Carry-over balances from previous loans or leases.

Text Comparison

Documents Compared

SLL 002 04 08 Auto loan lease.pdf - Adobe Acrobat Professional

SLL 002 05 12.pdf

Summary

51 word(s) added

35 word(s) deleted

183 word(s) matched

5 block(s) matched

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This endorsement modifies insurance provided under the following:

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The provisions of the policy apply unless modified by this endorsement.

In the event of a covered total loss to **your auto** shown on the Coverage Selections Page ~~for which a specific premium charge indicates that Auto Loan/Lease Coverage applies,~~ we will pay any unpaid amount due on the lease or loan for **your auto** less;

1. The amount paid under Part 7. Collision, Part 8. Limited Collision or Part 9. ~~Comprehensive of your policy,~~ and
2. Any:
 - a. Overdue lease/loan payments, penalties, taxes, interest or charges resulting from overdue payments or lease termination fees at the time of the loss;
 - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - c. Security deposits not returned by the lessor;
 - d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
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In the event of a covered total loss to **your auto** shown on the Coverage Selections Page which indicates the Auto Loan/Lease Gap Coverage applies to that specific auto, we will pay any unpaid amount due on the lease or loan for **your auto** less;

1. The amount paid under Part 7. Collision, Part 8. Limited Collision or Part 9. Comprehensive; and
2. The applicable deductible shown for Part 7. Collision, Part 8. Limited Collision or Part 9. Comprehensive; and
3. Any:
 - a. Overdue lease/loan payments, penalties, taxes, interest or charges resulting from overdue payments or lease termination fees at the time of the loss;
 - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - c. Security deposits not returned by the lessor;
 - d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
 - e. Carry-over balances from previous loans or leases.

Text Comparison

Documents Compared

Revised SSA 001 07 11.pcdoc.pdf

SSA 001 05 12.pdf

Summary

36 word(s) added

18 word(s) deleted

744 word(s) matched

8 block(s) matched

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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** 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

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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.

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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 500 miles on the odometer *and* has not more than 15,000 miles on the odometer, we will pay to replace **your auto** with an auto of like kind and quality without deduction for depreciation.

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**.

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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

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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.

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Text Comparison

Documents Compared

SSA 002 Safety Shield Plus 070111.pdf

SSA 002 Safety Shield Plus 05 12.pdf

Summary

49 word(s) added

31 word(s) deleted

1550 word(s) matched

13 block(s) matched

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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.

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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.

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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 500 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.

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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:

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 \$500 per accident, regardless of how many people occupied **your auto** at the time of loss.

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In the event that a covered loss **occurs 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

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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.

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.

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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.

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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.

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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.

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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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.
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