



SUPPLEMENTAL APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER	CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP	EFFECTIVE DATE	EXPIRATION DATE
BINDER / POLICY #			E-MAIL ADDRESS	

Eligibility for certain ~~premium discounts~~ [credit rating factors available to which may reduce the premium of your](#) Travelers of [Massachusetts](#) ~~Massachusetts~~ personal motor vehicle insurance ~~policyholders policy~~ [require requires](#) the submission of additional information. Review the descriptions below and, if you believe you qualify for one or more ~~discounts~~, please provide the requested information, sign this form and return it to your agent or company representative. [Credit factors for which you are eligible will be included in the calculation of the premium due for your policy. The impact of such factors on the premium you pay, if any, will vary based on the interaction of all your individual rating characteristics.](#)

~~COMPANION POLICY DISCOUNT~~

Company	Policy Type	Discount Credit Factor	Coverage Parts Affected
Travelers	HO Dwelling	5% 7%	1, 2, 4, 5, 6, 7 , 8 and 9
Other	HO Dwelling	4%	
Travelers	HO, Condo, Tenant	3%	

A Companion Policy ~~Discount~~ [credit rating factor is available factor will be applied](#) to ~~personal motor vehicle insurance policyholders who your~~ [policy if you or your spouse](#) also have in effect a [homeowner dwelling policy on your primary residence](#) – Travelers ~~dwelling, condo or tenant policy~~ [—forms HO-2, HO-3, or HVH003, or their equivalent with another insurance carrier. A discount factor will be applied to your policy if you have in effect a Travelers Condominium or Tenant policy on your primary residence – forms HO-4, HA-6, HVH003 or HVH006.](#) Enter below the policy number(s) of all qualifying ~~insurance~~ policies:

Policy Form	Policy Number	Company	Expiration Date

[Documentation of continuing coverage must be submitted at the time of policy renewal in order to continue application of the factor for subsequent policy terms.](#)

~~GOOD STUDENT DISCOUNT~~

Discount Credit Factor	Coverage Parts Affected
5%	1, 2, 4, 5, 6, 7 , 8 and 9

A Good Student ~~Discount~~ [credit rating is available factor will be applied](#) for vehicles to which a qualifying “Good Student” is the assigned operator. To qualify as a “Good Student”, the operator must be a full time high school, college or university student, at least 16 ½ years of age and less than 25 years of age. Eligibility for the ~~discount~~ [factor](#) requires submission of a certified statement from a school official indicating that the student has met one of the following requirements during the school semester immediately preceding the policy effective date:

- is in the upper 20% of his/her class scholastically;
- has maintained a "B" (or "3") average, or its equivalent. If the grading system cannot be averaged, then no grade can be below "B" (or "3"); or
- is included in a "Dean's List", "Honor Roll" or comparable list indicating scholastic achievement.

Enter the information requested below for each “Good Student”:

Name	License No.	Date of Birth	School

A certification form, to be completed by a school official, can be obtained from your agent or company representative. [Please note that certification is required at each policy renewal in order to continue application of the factor for subsequent policy terms.](#)

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

ROADSIDE ASSISTANCE PROGRAM

<u>Credit Factor</u>	<u>Coverage Parts Affected</u>
<u>5%</u>	<u>7, 8 and 9</u>

A Roadside Assistance Program credit rating factor will be applied to your policy if you or a principal operator of an insured vehicle is a member of a qualifying roadside assistance program. Qualifying roadside assistance programs are those which:

- Are purchased at a fair market value, independent of the vehicle purchase transaction; and
- Provide roadside services and towing assistance throughout the Continental United States.

Enter the information requested below and provide a copy of documentation (current membership card, paid invoice etc.) indicating current membership in an approved program to your agent or company representative:

<u>Program Name</u>	<u>Subscriber Name</u>

Please note that documentation of continuing coverage by a qualifying roadside assistance program is required at each policy renewal in order to continue application of the factor for subsequent policy terms.

PAY-IN-FULL DISCOUNT

<u>Discount</u>	<u>Coverage Parts Affected</u>
<u>3%</u>	<u>1, 2, 4, 5, 7, 8 and 9 All</u>

A Pay-in-Full Discount is available to policyholders who meet the following eligibility criteria:

- Payment of the full policy premium is processed by your agent or company representative, using Travelers of Massachusetts' electronic agency payment tool, on or before the fifth day after the effective date of the policy;
- Additional policy premium charged for any policy changes is paid in full within 30 days of receipt of the first invoice issued following the effective date of such change; and
- No named-insured or customary operator of a vehicle insured on the policy has had a motor vehicle insurance policy canceled for non-payment of premium within the 24 months preceding the effective date of the policy.
- Note: Finance company payments do not qualify for the Pay-in-Full Discount.

If you would like to take advantage of the Pay-in-Full Discount, please discuss this option with your agent or company representative.

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

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COMPANION POLICY

Company	Policy Type	Credit Factor	Coverage Parts Affected
Travelers	HO Dwelling	7%	1, 2, 4, 5, 7, 8 and 9
Other	HO Dwelling	4%	
Travelers	HO, Condo, Tenant	3%	

A Companion Policy credit rating factor will be applied to your policy if you or your spouse also have in effect a homeowner dwelling policy on your primary residence – Travelers forms HO-2, HO-3 or HVH003, or their equivalent with another insurance carrier. A factor will be applied to your policy if you have in effect a Travelers Condominium or Tenant policy on your primary residence – forms HO-4, HA-6 or HVH006. Enter below the policy number(s) of all qualifying policies:

Policy Form	Policy Number	Company	Expiration Date

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GOOD STUDENT

Credit Factor	Coverage Parts Affected
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ROADSIDE ASSISTANCE PROGRAM

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5%	7, 8 and 9

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PAY-IN-FULL DISCOUNT

Discount	Coverage Parts Affected
3%	All

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Date and Time



<Allied Mailing Address 1>
<Allied Mailing Address 2>
<City, State Zip Code>

Return By: <Return By Date>

<Insured Name>
<Insured Mailing Address 1>
<Insured Mailing Address 2>
<Insured Mailing City, State Zip Code>

<Agent Name>
<Agent Address 1>
<Agent Address 2>
<Agent City, State Zip Code>

Re: Personal Automobile Insurance Policy No. <Policy Number>

Dear Valued Customer:

Your auto insurance policy with Travelers of Massachusetts will be renewing in the near future. The date you first occupied your current residence is one of many factors used to determine your policy premium. In the chart below, we've listed the information, if any, contained in our records. This information was obtained from a consumer reporting agency and we want to be sure your policy premium is based on up-to-date information.

If this information is correct, you do not need to return this form.

If the information listed below is not correct (or if no information is listed), please:

- Enter the correct information in the space provided;
- Sign at the bottom; and
- Return this form, in the enclosed postage-paid reply envelope, by the "Return By" date noted above.

	Residence Address	Month / Year You First Occupied this Residence
Current Information		
Corrected Information		

Thank you for your attention and your response. We appreciate your business.

The above information is accurate and complete.

Signature

Date Completed



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Eligibility for certain premium discounts available to Travelers of Massachusetts' personal motor vehicle insurance policyholders ~~require~~requires the submission of additional information. Review the descriptions below and, if you believe you qualify for one or more discounts, please provide the requested information, sign this form and return it to your agent or company representative.

COMPANION POLICY DISCOUNT

Company	Policy Type	Discount	Coverage Parts Affected
<u>Travelers</u>	<u>HO Dwelling</u>	<u>5%</u>	<u>1, 2, 4, 5, 6, 7, 8 and 9</u>
<u>All Others</u>	<u>HO Dwelling</u>	<u>Up to 4%</u>	<u>1, 2, 4, 5, 7, 8 and 9</u>
<u>Travelers</u>	<u>HO Condo or Tenant</u>	<u>Up to 3%</u>	

A Companion Policy ~~D~~discount ~~is available~~factor will be applied to ~~personal motor vehicle insurance policyholders who~~your policy if you or your spouse also have in effect a homeowner dwelling policy on your primary residence – Travelers ~~dwelling, condo or tenant policy~~ forms HO-2, HO-3, ~~or HVH003, or their equivalent with another insurance carrier.~~ A discount factor will be applied to your policy if you have in effect a Travelers Condominium or Tenant policy on your primary residence – forms HO-4, HA-6, ~~HVH003~~ or HVH006. -Enter below the policy number(s) of all qualifying ~~insurance~~ policies:

<u>Policy Form</u>	<u>Policy Number</u>

<u>Policy Form</u>	<u>Policy Number</u>	<u>Company</u>	<u>Expiration Date</u>

Documentation of continuing coverage must be submitted at the time of policy renewal in order to continue application of the discount for subsequent policy terms.

GOOD STUDENT DISCOUNT

Discount	Coverage Parts Affected
<u>Up to 5%</u>	<u>1, 2, 4, 5, 6, 7, 8 and 9</u>

A Good Student ~~D~~discount ~~is available~~factor will be applied for vehicles to which a qualifying “Good Student” is the assigned operator. To qualify as a “Good Student”, the operator must be a full time high school, college or university student, at least 16 ½ years of age and less than 25 years of age. Eligibility for the discount requires submission of a certified statement from a school official indicating that the student has met one of the following requirements during the school semester immediately preceding the policy effective date:

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Enter the information requested below for each “Good Student”:

Name	License No.	Date of Birth	School

A certification form, to be completed by a school official, can be obtained from your agent or company representative. Please note that certification is required at each [policy](#) renewal in order to ~~maintain~~[continue application of](#) the discount [for subsequent policy terms](#).

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

ROADSIDE ASSISTANCE PROGRAM DISCOUNT

Discount	Coverage Parts Affected
Up to 5%	7, 8 and 9

A Roadside Assistance Program discount factor will be applied to your policy if you or a principal operator of an insured vehicle is a member of a qualifying roadside assistance program. Qualifying roadside assistance programs are those which:

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Enter the information requested below and provide a copy of documentation (current membership card, paid invoice etc.) indicating current membership in an approved program to your agent or company representative:

Program Name	Subscriber Name

Please note that documentation of continuing coverage by a qualifying roadside assistance program is required at each policy renewal in order to continue application of the discount for subsequent policy terms.

Discount	Coverage Parts Affected
2% 3%	1, 2, 4, 5, 7, 8 and 9 All

PAY-IN-FULL DISCOUNT

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COMPANION POLICY DISCOUNT

Company	Policy Type	Discount	Coverage Parts Affected
Travelers	HO Dwelling	Up to 7%	1, 2, 4, 5, 7, 8 and 9
All Others	HO Dwelling	Up to 4%	
Travelers	HO Condo or Tenant	Up to 3%	

A Companion Policy discount factor will be applied to your policy if you or your spouse also have in effect a homeowner dwelling policy on your primary residence – Travelers forms HO-2, HO-3 or HVH003, or their equivalent with another insurance carrier. A discount factor will be applied to your policy if you have in effect a Travelers Condominium or Tenant policy on your primary residence – forms HO-4, HA-6 or HVH006. Enter below the policy number(s) of all qualifying policies:

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GOOD STUDENT DISCOUNT

Discount	Coverage Parts Affected
Up to 5%	1, 2, 4, 5, 7, 8 and 9

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ROADSIDE ASSISTANCE PROGRAM DISCOUNT

Discount	Coverage Parts Affected
Up to 5%	7, 8 and 9

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PAY-IN-FULL DISCOUNT

Discount	Coverage Parts Affected
3%	All

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COMPANION POLICY

Company	Policy Type	Credit Factor	Coverage Parts Affected
Travelers	HO Dwelling	7%	1, 2, 4, 5, 7, 8 and 9
All Others	HO Dwelling	4%	
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GOOD STUDENT

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Enter the information requested below and provide a copy of documentation (current membership card, paid invoice etc.) indicating current membership in an approved program to your agent or company representative:

Program Name	Subscriber Name

Please note that documentation of continuing coverage by a qualifying roadside assistance program is required at each policy renewal in order to continue application of the factor for subsequent policy terms.

PAY-IN-FULL DISCOUNT

Discount	Coverage Parts Affected
3%	All

A Pay-in-Full Discount is available to policyholders who meet the following eligibility criteria:

- Payment of the full policy premium is processed by your agent or company representative, using Travelers of Massachusetts' electronic agency payment tool, on or before the fifth day after the effective date of the policy;
- Additional policy premium charged for any policy changes is paid in full within 30 days of receipt of the first invoice issued following the effective date of such change; and
- No named-insured or customary operator of a vehicle insured on the policy has had a motor vehicle insurance policy canceled for non-payment of premium within the 24 months preceding the effective date of the policy.

- Note: Finance company payments do not qualify for the Pay-in-Full Discount.

If you would like to take advantage of the Pay-in-Full Discount, please discuss this option with your agent or company representative.

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

TO BE COMPLETED BY AGENT:

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