



COVERAGE SELECTIONS PAGE

This page and any attached endorsement form a part of your policy

Massachusetts Personal Automobile
 Policy Number:
 Agent:

This policy Issued By: **Vermont Mutual Insurance Company**
ITEM 1. This policy is Issued To:

ITEM 2. This policy is effective from: _____ To: _____ (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO	AUTO
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ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES Parts 1-12	AUTO	Rate Class	Symbol		AUTO	Rate Class	Symbol	
COMPULSORY INSURANCE	LIMITS		DEDUCTIBLE	PREMIUM	LIMITS		DEDUCTIBLE	PREMIUM
1. Bodily Injury To Others	\$20,000 per person		NONE	\$	\$20,000 per person		NONE	\$
	\$40,000 per accident				\$40,000 per accident			
2. Personal Injury Protection	\$8,000 per person		<input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$	\$8,000 per person		<input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000 / \$40,000)	\$ per person		NONE	\$	\$ per person		NONE	\$
	\$ per accident				\$ per accident			
4. Damage to Someone Else's Property (Compulsory Limit \$5000)	\$ per accident		NONE	\$	\$ per accident		NONE	\$
OPTIONAL INSURANCE								
5. Optional Bodily Injury To Others	\$ per person		NONE	\$	\$ per person		NONE	\$
	\$ per accident				\$ per accident			
6. Medical Payments	\$ per person		NONE	\$	\$ per person		NONE	\$
7. Collision	Actual Cash Value			\$	Actual Cash Value			\$
8. Limited Collision	Actual Cash Value			\$	Actual Cash Value			\$
9. Comprehensive	Actual Cash Value			\$	Actual Cash Value			\$
10. Substitute Transportation	Up to \$ a day, Maximum, \$		NONE	\$	Up to \$ a day, Maximum, \$		NONE	\$
11. Towing and Labor	Up to \$ For each disablement		NONE	\$	Up to \$ For each disablement		NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person		NONE	\$	\$ per person		NONE	\$
	\$ per accident				\$ per accident			

SAFE DRIVER INSURANCE PLAN	CREDIT	\$	CREDIT	\$
	ADJUSTMENT	\$	ADJUSTMENT	\$
	PREMIUM	\$	PREMIUM	\$

DISCOUNTS	TOTAL PREMIUM
AUTO	
AUTO	

Identification Numbers of Endorsements Forming a Part of This Policy

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender / Lessor – Additional Insured, If Rented Auto
AUTO	
AUTO	

Driver Information:

Operator Number	Operator Name	Date of Birth	License Number	License State	Good Student Y/N	Driver Training Y/N	Operator Status				
							O – Occasional	P – Principal	E – Excluded	D – Deferred	
							Auto				

REFER TO THE OTHER SIDE FOR ADDITIONAL INFORMATION

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance parts 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. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

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.

DISCOUNTS:

Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

	Age 65 and older	Air Bag/Automatic Seatbelts	Annual Mileage		Anti Theft Device/Vehicle Recovery System	Multi-Car Discount
			0 - 5000	5001 -7500		
Coverage	All	Parts 2, 3, 6 and 12	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1, 2, 4, 5, 7, 8 and 9
Discount Available	25%	25%	10%	5%	5-36% depending on the category of device	10%

PART5-OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

PART 12-BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

SAFE DRIVER INSURANCE PLAN

The Safe Driver Insurance Plan (SDIP) credit or adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If an adjustment is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The SDIP points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Additional Information:



COVERAGE SELECTIONS PAGE

This page and any attached endorsement form a part of your policy

Vehicle Policy
 Amended
 Massachusetts Personal Automobile
 Policy Number:
 Agent:

This policy Issued By: **Vermont Mutual Insurance Company**
ITEM 1. This policy is Issued To:

ITEM 2. This policy is effective from: _____ To: _____ (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO	AUTO
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ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES Parts 1-12	AUTO	Rate Class	Symbol	DEDUCTIBLE	PREMIUM	ADJUSTED PREMIUM	AUTO	Rate Class	Symbol	DEDUCTIBLE	PREMIUM	ADJUSTED PREMIUM
COMPULSORY INSURANCE	LIMITS						LIMITS					
1. Bodily Injury To Others	\$20,000 per person \$40,000 per accident			NONE	\$	\$	\$20,000 per person \$40,000 per accident			NONE	\$	\$
2. Personal Injury Protection	\$8,000 per person			<input type="checkbox"/> yourself <input type="checkbox"/> yourself & household members	\$	\$	\$8,000 per person			<input type="checkbox"/> yourself <input type="checkbox"/> yourself & household members	\$	\$
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000 / \$40,000)	\$ per person \$ per accident			NONE	\$	\$	\$ per person \$ per accident			NONE	\$	\$
4. Damage to Someone Else's Property (Compulsory Limit \$5000)	\$ per accident			NONE	\$	\$	\$ per accident			NONE	\$	\$
OPTIONAL INSURANCE												
5. Optional Bodily Injury To Others	\$ per person \$ per accident			NONE	\$	\$	\$ per person \$ per accident			NONE	\$	\$
6. Medical Payments	\$ per person			NONE	\$	\$	\$ per person			NONE	\$	\$
7. Collision	Actual Cash Value				\$	\$	Actual Cash Value				\$	\$
8. Limited Collision	Actual Cash Value				\$	\$	Actual Cash Value				\$	\$
9. Comprehensive	Actual Cash Value				\$	\$	Actual Cash Value				\$	\$
10. Substitute Transportation	Up to \$ a day, Maximum, \$			NONE	\$	\$	Up to \$ a day, Maximum, \$			NONE	\$	\$
11. Towing and Labor	Up to \$ For each disablement			NONE	\$	\$	Up to \$ For each disablement			NONE	\$	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident			NONE	\$	\$	\$ per person \$ per accident			NONE	\$	\$

SAFE DRIVER INSURANCE PLAN	CREDIT	\$	\$	CREDIT	\$	\$
	ADJUSTMENT	\$	\$	ADJUSTMENT	\$	\$
	PREMIUM	\$	\$	PREMIUM	\$	\$

DISCOUNTS	TOTAL PREMIUM
AUTO	
AUTO	

Identification Numbers of Endorsements Forming a Part of This Policy

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender / Lessor – Additional Insured, If Rented Auto
AUTO	
AUTO	

Driver Information:

Operator Number	Operator Name	Date of Birth	License Number	License State	Good Student Y/N	Driver Training Y/N	Operator Status				
							O – Occasional P – Principal E – Excluded D – Deferred N – Not Licensed				
							Auto				

REFER TO THE OTHER SIDE FOR ADDITIONAL INFORMATION

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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.

DISCOUNTS:

Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

	Age 65 and older	Air Bag/Automatic Seatbelts	Annual Mileage		Anti Theft Device/Vehicle Recovery System	Multi-Car Discount
			0 - 5000	5001 -7500		
Coverage	All	Parts 2, 3, 6 and 12	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1, 2, 4, 5, 7, 8 and 9
Discount Available	25%	25%	10%	5%	5-36% depending on the category of device	10%

PART5-OPTIONAL BODILY INJURY TO OTHERS

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PART 12-BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

SAFE DRIVER INSURANCE PLAN

The Safe Driver Insurance Plan (SDIP) credit or adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If an adjustment is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The SDIP points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Additional Information:

MADEC1 (New & Renewal) – Variable Data

The following is a list of the data that is displayed in the various sections of the MADEC1 Coverage Selections Page, which is used for new & renewal policies:

Item 1:

- Policyholder's name & mailing address
- Policy Number
- Agent's name, address and telephone number

Item 2:

- Policy term

Item 3:

- Vehicle #
- Year
- Make
- Model
- VIN #

Item 4:

- Vehicle #
- Rate Class (operator class)
- Symbol (vehicle rating symbol)
- Bodily Injury To Others: Premium
- Personal Injury Protection: Deductible amount if applicable, Premium
- Bodily Injury Caused By An Uninsured Auto (compulsory): Limit per person/per accident, Premium
- Damage to Someone Else's Property: Limit per accident, Premium
- Optional Bodily Injury To Others: Limit per person/per accident, Premium
- Medical Payments: Limit per person, Premium
- Collision: Deductible amount, Premium
- Limited Collision: Deductible amount, Premium
- Comprehensive: Deductible amount, Premium
- Substitute Transportation: Limit per day/maximum, Premium
- Towing and Labor: Limit per disablement, Premium
- Bodily Injury Caused By An Uninsured Auto (optional): Limit per person/per accident, Premium

Safe Driver Insurance Plan:

- Credit amount
- Adjustment (debit) amount

Discounts:

- Description of Discounts that apply to a specific auto: public transit, anti-theft device, age 65 or older (class 15), annual mileage, passive restraint, good student, student away at school, hybrid auto, years licensed

Identification Numbers of Endorsements Forming a Part of This Policy:

- Form number and edition date of all endorsements attached to the policy

Item 5:

- City name of garaging location
- Territory code of garaging location

Item 6:

- Name and address of lender/lessor
- If more than one lender/lessor applies to a vehicle then "See Additional Information section for Lender and/or Lessor information" merges into this area and all lender/lessor information prints in the Additional Information section

Driver Information:

- Operator number
- Operator name
- Date of birth
- License number
- License state
- Good student indicator
- Driver training indicator
- Operator status

Additional Information:

- Description of policy level discounts applied: support policy, renewal discount, multi-car
- Description of any additional discounts that apply to a specific auto, which did not fit into the designated area on the first page
- Form number and edition date of any additional endorsements attached to the policy, which did not fit into the designated area on the first page
- When the Vermont Mutual Auto Advantage Endorsement is attached to the policy, the vehicles to which the endorsement applies and premium charge are designated in this area
- When the Vermont Mutual Auto Advantage Endorsement is attached to the policy and an accident has been forgiven under the Accident Forgiveness provision of the endorsement, it is stated in this area that accident forgiveness applies
- When the Coverage for Customized Vans and Pick-ups endorsement is attached to the policy, the vehicle to which the endorsement applies is designated in this area
- When the \$100 Glass Deductible - Comprehensive endorsement is attached to the policy, the vehicle to which the endorsement applies is designated in this area
- When the Original Equipment Manufacturer Parts Coverage endorsement is attached to the policy, the vehicle to which the endorsement applies is designated in this area
- When the Auto Loan/Lease Gap Coverage endorsement is attached to the policy, the vehicle to which the endorsement applies and premium charge are designated in this area
- If more than one lender/lessor applies to a vehicle then all lender/lessor information prints in this area

MADEC2 (Policy Changes) – Variable Data

The following is a list of the data that is displayed in the various sections of the MADEC2 Coverage Selections Page, which is used for policy changes:

— Vehicle Policy:

- Number of vehicles covered under the policy

Amended:

- Effective date of change

Item 1:

- Policyholder's name & mailing address
- Policy Number
- Agent's name, address and telephone number

Item 2:

- Policy term

Item 3:

- Vehicle #
- Year
- Make
- Model
- VIN #

Item 4:

- Vehicle #
- Rate Class (operator class)
- Symbol (vehicle rating symbol)
- Bodily Injury To Others: Premium & Adjusted Premium
- Personal Injury Protection: Deductible amount if applicable, Premium & Adjusted Premium
- Bodily Injury Caused By An Uninsured Auto (compulsory): Limit per person/per accident, Premium & Adjusted Premium
- Damage to Someone Else's Property: Limit per accident, Premium & Adjusted Premium
- Optional Bodily Injury To Others: Limit per person/per accident, Premium & Adjusted Premium
- Medical Payments: Limit per person, Premium & Adjusted Premium
- Collision: Deductible amount, Premium & Adjusted Premium
- Limited Collision: Deductible amount, Premium & Adjusted Premium
- Comprehensive: Deductible amount, Premium & Adjusted Premium
- Substitute Transportation: Limit per day/maximum, Premium & Adjusted Premium
- Towing and Labor: Limit per disablement, Premium & Adjusted Premium
- Bodily Injury Caused By An Uninsured Auto (optional): Limit per person/per accident, Premium & Adjusted Premium

Safe Driver Insurance Plan:

- Credit amount
- Adjustment (debit) amount

Discounts:

- Description of Discounts that apply to a specific auto: public transit, anti-theft device, age 65 or older (class 15), annual mileage, passive restraint, good student, student away at school, hybrid auto, years licensed

Identification Numbers of Endorsements Forming a Part of This Policy:

- Form number and edition date of all endorsements attached to the policy

Item 5:

- City name of garaging location
- Territory code of garaging location

Item 6:

- Name and address of lender/lessor
- If more than one lender/lessor applies to a vehicle then “See Additional Information section for Lender and/or Lessor information” merges into this area and all lender/lessor information prints in the Additional Information section

Driver Information:

- Operator number
- Operator name
- Date of birth
- License number
- License state
- Good student indicator
- Driver training indicator
- Operator status

Additional Information:

- Brief description of change transaction: change of mailing address, addition/deletion/transfer of a vehicle, change of limits or deductibles, SDIP update, addition/deletion of discounts, change of garaging location , change of lender/lessor, addition/deletion of optional endorsements
- Description of policy level discounts applied: support policy, renewal discount, multi-car
- Description of any additional discounts that apply to a specific auto, which did not fit into the designated area on the first page
- Form number and edition date of any additional endorsements attached to the policy, which did not fit into the designated area on the first page
- When the Vermont Mutual Auto Advantage Endorsement is attached to the policy, the vehicles to which the endorsement applies and premium charge are designated in this area
- When the Vermont Mutual Auto Advantage Endorsement is attached to the policy and an accident has been forgiven under the Accident Forgiveness provision of the endorsement, it is stated in this area that accident forgiveness applies
- When the Coverage for Customized Vans and Pick-ups endorsement is attached to the policy, the vehicle to which the endorsement applies is designated in this area
- When the \$100 Glass Deductible - Comprehensive endorsement is attached to the policy, the vehicle to which the endorsement applies is designated in this area
- When the Original Equipment Manufacturer Parts Coverage endorsement is attached to the policy, the vehicle to which the endorsement applies is designated in this area
- When the Auto Loan/Lease Gap Coverage endorsement is attached to the policy, the vehicle to which the endorsement applies and premium charge are designated in this area
- If more than one lender/lessor applies to a vehicle then all lender/lessor information prints in this area



COVERAGE SELECTIONS PAGE

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Massachusetts Personal Automobile
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 Agent:

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ITEM 1. This policy is Issued To:

ITEM 2. This policy is effective from: _____ To: _____ (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO	AUTO
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ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES Parts 1-12	AUTO			AUTO		
	Rate Class	Symbol		Rate Class	Symbol	
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM
1. Bodily Injury To Others	\$20,000 per person \$40,000 per accident	NONE	\$	\$20,000 per person \$40,000 per accident	NONE	\$
2. Personal Injury Protection	\$8,000 per person	<input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$	\$8,000 per person	<input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000 / \$40,000)	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
4. Damage to Someone Else's Property (Compulsory Limit \$5000)	\$ per accident	NONE	\$	\$ per accident	NONE	\$
OPTIONAL INSURANCE						
5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$
6. Medical Payments	\$ per person	NONE	\$	\$ per person	NONE	\$
7. Collision	Actual Cash Value		\$	Actual Cash Value		\$
8. Limited Collision	Actual Cash Value		\$	Actual Cash Value		\$
9. Comprehensive	Actual Cash Value		\$	Actual Cash Value		\$
10. Substitute Transportation	Up to \$ a day, Maximum, \$	NONE	\$	Up to \$ a day, Maximum, \$	NONE	\$
11. Towing and Labor	Up to \$ For each disablement	NONE	\$	Up to \$ For each disablement	NONE	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$ per person \$ per accident	NONE	\$

SAFE DRIVER INSURANCE PLAN	CREDIT	\$	CREDIT	\$
	ADJUSTMENT SURCHARGE	\$	ADJUSTMENT SURCHARGE	\$
	PREMIUM	\$	PREMIUM	\$

DISCOUNTS	TOTAL PREMIUM	
AUTO		
AUTO		

Identification Numbers of Endorsements Forming a Part of This Policy

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender / Lessor – Additional Insured, If Rented Auto
AUTO	
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Operator Number	Operator Name	Date of Birth	License Number	License State	Good Student Y/N	Driver Training Y/N	Operator Status				
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SAFE DRIVER INSURANCE PLAN

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Additional Information:



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This page and any attached endorsement form a part of your policy

Vehicle Policy
Amended
Massachusetts Personal Automobile
Policy Number:
Agent:

This policy Issued By: **Vermont Mutual Insurance Company**
ITEM 1. This policy is Issued To:

ITEM 2. This policy is effective from: _____ To: _____ (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

AUTO	AUTO
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2. Personal Injury Protection	\$8,000 per person	<input type="checkbox"/> yourself <input type="checkbox"/> yourself & household members	\$	\$	\$8,000 per person	<input type="checkbox"/> yourself <input type="checkbox"/> yourself & household members	\$	\$
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000 / \$40,000)	\$ per person \$ per accident	NONE	\$	\$	\$ per person \$ per accident	NONE	\$	\$
4. Damage to Someone Else's Property (Compulsory Limit \$5000)	\$ per accident	NONE	\$	\$	\$ per accident	NONE	\$	\$
OPTIONAL INSURANCE								
5. Optional Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$	\$ per person \$ per accident	NONE	\$	\$
6. Medical Payments	\$ per person	NONE	\$	\$	\$ per person	NONE	\$	\$
7. Collision	Actual Cash Value		\$	\$	Actual Cash Value		\$	\$
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9. Comprehensive	Actual Cash Value		\$	\$	Actual Cash Value		\$	\$
10. Substitute Transportation	Up to \$ a day, Maximum, \$	NONE	\$	\$	Up to \$ a day, Maximum, \$	NONE	\$	\$
11. Towing and Labor	Up to \$ For each disablement	NONE	\$	\$	Up to \$ For each disablement	NONE	\$	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$	\$ per person \$ per accident	NONE	\$	\$

SAFE DRIVER INSURANCE PLAN	CREDIT	\$	\$	CREDIT	\$	\$
	ADJUSTMENT SURCHARGE	\$	\$	ADJUSTMENT SURCHARGE	\$	\$
	PREMIUM	\$	\$	PREMIUM	\$	\$
DISCOUNTS				TOTAL PREMIUM		
AUTO						
AUTO						

Identification Numbers of Endorsements Forming a Part of This Policy

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender / Lessor – Additional Insured, If Rented Auto
AUTO	
AUTO	

Driver Information:

Operator Number	Operator Name	Date of Birth	License Number	License State	Good Student Y/N	Driver Training Y/N	Operator Status				
							O – Occasional P – Principal E – Excluded D – Deferred N – Not Licensed				
							Auto				

REFER TO THE OTHER SIDE FOR ADDITIONAL INFORMATION

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

NOTICE: You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance parts 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. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

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.

DISCOUNTS:

Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

	Age 65 and older	Air Bag/Automatic Seatbelts	Annual Mileage		Anti Theft Device/Vehicle Recovery System	Multi-Car Discount
			0 - 5000	5001 -7500		
Coverage	All	Parts 2, 3, 6 and 12	Parts 1-8 and 12	Parts 1-8 and 12	Part 9	Parts 1, 2, 4, 5, 7, 8 and 9
Discount Available	25%	25%	10%	5%	5-36% depending on the category of device	10%

PART5-OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

PART 12-BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

SAFE DRIVER INSURANCE PLAN

The Safe Driver Insurance Plan (SDIP) credit or **adjustment surcharge** shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If **an adjustment a surcharge** is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The SDIP points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Additional Information: