

18. Are any of the listed operators eligible for the **Good Student Discount (GSD)**? Yes No
If yes, please attach a completed GSD Form CIC-2134, or a copy of the operator's most recent report card to this application.
19. Are any of the listed operators eligible for the **Student Away from Home Discount**? Yes No
If yes, please provide the name(s) of the operator(s):

20. Are any of the listed operators eligible for the **Smart Driver Discount**? Yes No
If yes, please check off the appropriate course below including the driver's name and course completion date.
- | Course: | Drivers Name: | Completion Date: |
|-----------------------------|---------------|------------------|
| ADT – Driven _____ | _____ | _____ |
| ADT – In Control _____ | _____ | _____ |
| ADT -- Stevens _____ | _____ | _____ |
| ADT – Central MA DSDP _____ | _____ | _____ |
| teenSMART _____ | _____ | _____ |
21. Will you be enrolled in either CIC's Electronic Fund Transfer program (EFT) or Electronic Invoice (e-Bill) program and signed up to view and receive policy forms electronically on CWEB (e-Policy) to qualify for the **Green Discount**? Yes No
22. Are you a **AAA Member**? Yes No
If yes, please provide your Member ID Number: _____ and the Year you joined: _____.
23. If your annual policy premium is paid in full, you are eligible to receive the **Paid-In-Full Discount**.
The following exceptions apply:
(1) National Standard and Named Non-Owned Policies
(2) Finance company payments
24. If you have resided at the same residence for 7 or more years, or your policy is submitted to Commerce at least 7 days prior to the effective date, you may qualify for the **Shop Smart Discount**.
The following exceptions apply:
(1) You were insured by Commerce within the last 6 months
(2) There has been a lapse in coverage within the last 3 years
25. Are you donating \$25 or more annually to one of our Marketing Partners? Yes No
If yes, please provide the name of the Marketing Partner: _____
26. Is this vehicle used in a Car/Ride Sharing program, leased or loaned to others for Compensation, or used in any capacity to transport passengers for a fee? Yes No

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 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 PRODUCER:

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 Producer

Date and Time

IF THIS APPLICATION IS BEING ELECTRONICALLY TRANSMITTED, THE FOLLOWING MUST ALSO BE COMPLETED:

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

Applicant's Name

Date

"Ways To Save" Guide Consumer Notification

In accordance with Massachusetts General Laws, we, The Commerce Insurance Company, are required to provide you, the consumer, with the following required consumer information guide: "Your Consumer Guide – Ways To Save on your Automobile Insurance" ("Ways to Save Guide").

The "Ways to Save Guide" is important for all policyholders as it provides a detailed description of compulsory coverages, optional coverages, and ways to lower your premium. In addition, it provides important information to help consumers understand how driving records impact insurance premiums.

You may choose to receive the "Ways to Save Guide" either electronically, by accessing our company website at [www.mapfreinsurance.com], you may email us at [waystosave@mapfreusa.com], or you may contact The Commerce Insurance Company at [1-800-922-8276 extension 14414] if you would like to receive a free paper copy.

If you have any questions regarding the "Ways to Save Guide", please contact The Commerce Insurance Company at [1-800-922-8276 extension 14414].



**MASSACHUSETTS
PRIVATE PASSENGER AUTOMOBILE
INSURANCE MANUAL**

M. Welcome Back Credit

The Welcome Back Credit will apply to new business policies, effective 12-1-14 and subsequent, provided the following criteria are met:

- a.) Eligible policyholders must have been insured with Commerce previously; and
- b.) Eligible policyholders must have prior continuous insurance with a company(s) other than Commerce for at least 6 months but not more than 48 months prior to returning to Commerce; and
- c.) Eligible policyholders must have no prior lapse in coverage within the last 3 years.

In addition to this credit, eligible policyholders will receive their prior continuous years with Commerce, as noted in Rule 26 D.

Exceptions:

- (1) The policyholder is not eligible for this credit if they were previously insured with Commerce through the MA Automobile Insurance Plan. (MAIP).
- (2) The policyholder is not eligible for this credit if they were previously cancelled or non-renewed by Commerce due to Fraud or Underwriting reasons. (DNR, MM1, MM2, MM3, and UNR).
- (3) The Welcome Back and Shop Smart Credits are mutually exclusive.

In addition, an eligible policy must include vehicles of the private passenger type as defined in Rule 27, or motor homes/camper bodies as defined in Rule 39. Vehicles classified as antiques, motorcycles and miscellaneous motor vehicle types (with the exception of motor homes/camper bodies as defined in Rule 39) are not eligible to receive this credit.

The Welcome Back Credit will continue to apply per the roll back period indicated within the Miscellaneous Rating Factor page (RS-2).

A credit of the premium applicable for Coverage Parts 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12 will be given to eligible policyholders. Refer to the Miscellaneous Rating Factors page for applicable discount.

N. Marketing Partner Discount

A discount will be applied to the policy when an insured has a verifiable business relationship* with a marketing partner of Commerce during the 12 months preceding the policy effective date. The discount will be removed upon renewal. Re-verification will be required.

*A verifiable business relationship is defined as making a documented contribution to an IRS Section 501(c)(3) organization that is a marketing partner of Commerce in such minimum amount as detailed in the marketing partner's written promotional marketing agreement with Commerce.

The discount will be applied to Coverage Parts 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12. Refer to the Miscellaneous Rating Factors page for applicable discount.

O. DriveAdvisor Discount

DriveAdvisor is a voluntary program available to eligible operators to promote safe, accident-free driving. As a DriveAdvisor participant, the insured will be provided with a device to install in their auto. The device collects data, which is analyzed for the purpose of providing online feedback and information about the insureds driving patterns. Participation in DriveAdvisor is subject to the program's terms and conditions.

DriveAdvisor Endorsement may continue to apply to policies with an original New Business effective date prior to 1/1/2018. We will continue to offer this discount only to those renewal policies that have vehicles currently enrolled in the program and maintain eligibility:

- 1. have a 1996 or newer automobile that is compatible with the DriveAdvisor device; and
- 2. provide a valid email address.

This program allows for a 5% discount and has no impact on coverage selections. If the participant withdraws from the DriveAdvisor Program at any time, the discount will be removed as per the relevant date. If the participant becomes disqualified from participating in the program for failing to comply with the program's terms of use, the discount will be removed as per the relevant date.

This service is provided through a third party and is subject to availability, terms, conditions and limitations, which may change without prior written notice.

Supplemental Application for Massachusetts Motor Vehicle Insurance

(must be completed and submitted with all Personal Auto applications)

Company: The Commerce Insurance Company		Producer Name:	
Named Insured			
Mailing Address			
City/State		Zip Code	
E-mail address:			
Home Phone:		Cell Phone:	
		Producer Code:	
		Policy Effective Date:	

1. Do you have **Property Insurance** on your principal place of residence? ___Yes___No
 If yes, and your principal place of residence is in **Massachusetts**, please provide the following information, as you may be eligible for an **Account Discount**.
 What company is your property policy with? ___Commerce/Citation___ Fair Plan___Other (Name) _____
 What type of property policy do you have? ___Homeowners with HO-15___ Condo (owner occupied)___Renters
 ___Homeowners without HO-15
2. Do you have an **Umbrella Policy or Endorsement** with Commerce or Citation? If yes, please provide the Policy Number. _____
3. Do you have a **Life Policy** with MAPFRE Life Insurance Company? If yes, please provide the Policy Number. _____
4. Do you have a **Yacht Policy** with The Commerce Insurance Company? If yes, please provide the Policy Number. _____
5. How long have you been living at your **current residence**? _____
6. Have you had a **lapse** in auto insurance coverage in the past 12 months? ___Yes___No
7. Do you currently have a Personal Automobile Insurance Policy? ___Yes___No
 If Yes:
 - a. What is the name of your **current insurance carrier**? _____
 - b. How many months have you been with your current insurance carrier? _____
 - c. Which of the following limit ranges does your **Bodily Injury Limit** belong?
 (if varying limits by vehicle, please choose based on the highest limit)

_____ < or = 20/60	_____ 100/100 to <250/500
_____ 25/50 to <50/50	_____ > or = 250/500
_____ 50/50 to <100/100	
8. Have you been previously insured with Commerce Insurance during the past 48 months? ___Yes___No
9. How many automobiles in addition to your motorcycle do you have insured with Commerce Insurance? _____
10. Do you have a **Foreign Driver's License**? If yes, attach a copy of the front and back of the drivers license to this application. ___Yes___No
11. Were you previously licensed to drive **outside of Massachusetts or in a foreign country**? ___Yes___No
 If yes, attach a 917 Form for possible driving credit.
12. Do you drive less than 20,001 miles annually and qualify for the **Annual Mileage Discount (AMD)**? ___Yes___No
 If yes, attach a copy of the AMD Form, CIC-750 to this application. The insured can also submit their current odometer reading anytime by accessing the Annual Mileage page through their CommerceCares.com account.
13. Would you like to purchase the **Commerce Enhancer Package Endorsement** for an additional premium? ___Yes___No
14. Would you like to purchase the **Commerce Elite Package Endorsement** for an additional premium? ___Yes___No
15. Would you like to purchase **Auto Loan/Lease Coverage** for any of your vehicles for an additional premium? ___Yes___No
 Please check applicable vehicle: #1_____ #2_____ #3_____ #4_____
16. Would you like to purchase **Accident Forgiveness** for an additional premium? ___Yes___No
- ~~17. Would you like to participate in our **DriveAdvisor Program** and receive a discount? ___Yes___No~~
- ~~18. 17.~~ Would you like to purchase the **Motorcycle Accessory Endorsement** for an additional premium? ___Yes___No
 Please indicate the limit you would like for each applicable vehicle: #1_____ #2_____ #3_____ #4_____

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