

**MASSACHUSETTS
DISCLOSURE NOTICE - PERSONAL INJURY PROTECTION COVERAGE**

THE PERSONAL INJURY PROTECTION COVERAGE PROVIDED BY THIS POLICY DOES NOT INCLUDE PERSONAL INJURY PROTECTION FOR OWNERS, OPERATORS OR GUESTS OF OWNERS OR OPERATORS WHO INCUR BODILY INJURY WHILE OPERATING OR RIDING AS A GUEST ON A MOTORCYCLE.

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All other provisions of your policy apply.

MASSACHUSETTS

ANTIQUÉ AND CLASSIC AUTO PROGRAM

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MASSACHUSETTS

ANTIQUÉ AND CLASSIC AUTO PROGRAM

COMPANY TRACKING NUMBER: K-4

SUMMARY OF REVISIONS

General Comments

We submit this filing for your formal stamp of approval or acknowledgement.

Form Section

Form 733518 02/17 – Massachusetts Disclosure Notice – Personal Injury Protection Coverage

This form has been developed to comply with 211 CMR 3.00. We are providing notice to the policyholder that our policy does not include personal injury protection for owners, operators or guests of owners or operators who incur bodily injury while operating or riding as a guest on a motorcycle.

Form MAMA 01/06 – Massachusetts Motor Vehicle Insurance

We are withdrawing this form as it is no longer in use. The prior filing containing this form can be found in SRB file number 100516.

Table of Contents

The Table of Contents is being updated to reflect the correct revision date of Form 6234.

Replacement of Table of Contents and Forms

Please withdraw:

Table of Contents – Revised Printing 6/14

Form MAMA 01/06 – Massachusetts Motor Vehicle Insurance

Please insert:

Table of Contents – Revised Printing 4/17

Form 733518 02/17 – Massachusetts Disclosure Notice – Personal Injury Protection Coverage

The following rule of implementation will apply:

This filing will be effective for all new policies written to be effective on and after September 1, 2017 and all renewals written to be effective on and after October 1, 2017. No policy effective prior to the above dates is to be cancelled and rewritten to take advantage of or to avoid the application of this filing except at the request of the insured.

Pursuant to section C., number 4, within the Filing Instructions for Massachusetts, the requirement of M.G.L. 175, §§18 and 192F is satisfied insofar as our Coverage Selections Page, Form M0359 Ed. 1/12, placed on file effective November 1, 2012, under state tracking number 12FEB06-060, is being consistently used as the first page of our policy pursuant to Filing Guidance Notice 2006-A.

MASSACHUSETTS

ANTIQUÉ AND CLASSIC AUTO PROGRAM

COMPANY TRACKING NUMBER: K-4

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Pursuant to section C., number 4, within the Filing Instructions for Massachusetts, the requirement of M.G.L. 175, §§18 and 192F is satisfied insofar as our declarations page, Form M0359 Ed. 1/12, placed on file effective November 1, 2012, under state tracking number 12FEB06-060, is being consistently used as the first page of our policy pursuant to Filing Guidance Notice 2006-A.



Applicant _____ Date of Birth ____/____/____ Proposed Policy Effective Date ____/____/____
 Residence Address _____ Zip Code _____
 Mailing Address, if different _____ Zip Code _____ Proposed Policy Expiration Date ____/____/____

Furnish information for the applicant, any licensed household member, and any person who customarily operates any of these vehicles.

DRIVER'S NAME	STATE & DRIVER'S LICENSE NUMBER	DATE OF BIRTH	NUMBER OF YRS. LICENSED	YEAR & MAKE OF VEHICLE DRIVEN FOR DAILY USE	* Co.
1.)					
2.)					
3.)					

Attach a separate sheet for additional drivers * If company car, check (✓)

Description of insured vehicles.

YEAR	MAKE	BODY TYPE SERIES OR MODEL	VEHICLE IDENTIFICATION, SERIAL OR MOTOR NUMBER	AGREED VALUE	IS THIS VEHICLE REGISTERED? (circle one)	STATE OF REGISTRATION
1)					Yes No	
2)					Yes No	
3)					Yes No	

COMPULSORY COVERAGE	1 st Car	2 nd Car	3 rd Car	Part 2 - Personal Injury Protection \$8,000	1 st Car	2 nd Car	3 rd Car	Premium	
Part 1 - LIABILITY Bodily Injury to Others	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	Deductible <input type="checkbox"/> Yourself <input type="checkbox"/> Household Members	\$8	\$6	\$2	\$	
	\$32	\$24	\$16						
Part 3 - Bodily Injury Caused by and Uninsured Motorist (UM) (See back for other UM options)	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	Part 4* Property Damage	5,000	25,000	50,000	\$	
	\$12	\$12	\$12		\$1	\$3	\$6		\$1

OPTIONAL COVERAGES	1 st Car	2 nd Car	3 rd Car	1 st Car	2 nd Car	3 rd Car	Premium		
*Optional LIABILITY Bodily Injury to Others	\$20,000/\$40,000	\$50,000/\$100,000	\$100,000/\$300,000	\$20,000/\$40,000	\$50,000/\$100,000	\$100,000/\$300,000	\$		
	\$2	\$5	\$6	\$1	\$3	\$5	\$1	\$2	\$2
*Underinsured Auto (UIM) (See back for other UIM options)	\$20,000/\$40,000	\$50,000/\$100,000	\$100,000/\$300,000	\$20,000/\$40,000	\$50,000/\$100,000	\$100,000/\$300,000	\$		
	Included	\$10	\$12	Included	\$10	\$12	Included	\$10	\$12
Medical Payments Coverage of \$5,000	\$1		\$1		\$1		\$		

Vehicles in excess of three - No charge for above coverages *Higher limits are available. Please contact customer service for limits and rates.

PHYSICAL DAMAGE	Noted: Collision Coverage is only available with Comprehensive Coverage	Premium
Comprehensive Coverage - Agreed Value Minimum \$300 Deductible applies	\$0.75/hundred for Vehicles 25 years or older (Hot Rods and Modifieds) \$1.05/hundred for Vehicles 25 years or older (Kit Cars and Replicars)	\$
Collision Coverage - Agreed Value Minimum \$300 Deductible applies	\$0.55/hundred for Vehicles 25 years or older (Hot Rods and Modifieds) \$0.80/hundred for Vehicles 25 years or older (Kit cars and Replicars)	\$
Limited Collision		\$

Secured Lender and, or/Lessor: _____
 Towing & Labor: _____ Substitute Transportation: _____ **TOTAL PREMIUM \$**

My vehicle(s) will be used mainly in exhibitions, club activities, parades and other functions of public interest and will not be used primarily for the transportation of passengers or goods.

Date: _____ Signature of Applicant: _____

Note: Your insurance will become effective upon payment of the entire premium, our acceptance of the risk and compliance with all state specific laws and regulations. Please sign and forward all requirements to:

J.C. Taylor Antique Auto Insurance Agency, Inc.
 320 South 69th Street, Upper Darby, PA 19082

Check List (✓)	()	Signed, completed application & supplemental form	()	4 recent, color photos of each vehicle. See supplemental form.
	()	Check for full premium	()	Appraisal for vehicles over \$30,000
	()	Signed state option forms (if applicable)	()	Copy of daily use policy

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

MA

J.C. TAYLOR
MASSACHUSETTS
ANTIQUÉ AUTO INSURANCE

P.O. Box 2268 • Upper Darby, PA 19082
1-800-345-8290
www.jctaylor.com

To properly expedite the handling of your application, please answer the following questions. Explain in detail for the necessary questions.

1. Have you or any driver in your household had any auto losses or moving violations in the past 3 years? If Yes, explain. Include: Date-Cause-Payment. ___ Yes ___ No
2. Will you be using your modified car as a means of daily transportation, errands, or back-up? ___ Yes ___ No
3. Are the vehicles used in any racing events? If yes, explain. ___ Yes ___ No
4. Are the vehicles currently insured?
Insurance Company _____ ___ Yes ___ No
5. What is the annual mileage? (a) Club functions miles _____ (b) Other purposes miles _____
Explain other purposes use _____
6. Is any auto currently under restoration? If yes, a.) What is the expected date of completion? _____
b.) If in shop, list name and address _____ ___ Yes ___ No
7. Are all modified auto(s) garaged? ___ Yes ___ No
8. Construction of garage: Cinder Block ___ Brick/Stone ___ Frame ___ Other (explain) _____
Location(s) of garage(s) 1.) Same as mailing address? Yes ___ No ___
If No, list full garage address _____
9. Do you own any Antique or Classic vehicles? ___ Yes ___ No
10. Massachusetts Registration (Plate No.): _____ Registration (Plate Type): _____

Application cannot be considered until above information is supplied.

AGENTS NAME: J.C. TAYLOR PRODUCERS CODE: 02367043

Underwritten by Foremost Insurance Company (A member of the worldwide Zurich Financial Services Group with offices and claim facilities in principal U.S. Cities)

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences. 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.

FRAUD NOTICE: 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 operators required to be listed and the answers given above for all listed operators.

IMPORTANT NOTICE: BODILY INJURY CAUSED BY AN UNINSURED OR UNDERINSURED AUTO

Your policy will provide Uninsured (UM) and Underinsured (UIM) coverage in the amount of \$20,000/\$40,000 per person/per accident. You may also elect limits up to the Bodily Injury Limits of your policy. UM and UIM Coverage protect you for damages caused by other drivers or vehicle owners who either have no automobile liability insurance (UM) or have automobile liability coverage limits that are less than the Uninsured Motorists Coverage limits you have purchased (UIM). While UM is mandatory and cannot be rejected, UIM coverage is entirely optional. Please make your selection below.

	UM RATES			UIM RATES		
	1 st Car	2 nd Car	3 rd Car*	1 st Car	2 nd Car	3 rd Car*
\$50,000/100,000	\$20	\$20	\$20	\$10	\$10	\$10
\$100,000/300,000	\$24	\$24	\$24	\$12	\$12	\$12

* Vehicles in excess of three - NO CHARGE for above coverages

BODILY INJURY CAUSED BY AN UNINSURED OR UNDERINSURED AUTO - Please contact customer service for higher limits and rates

I have read the statement above and hereby:

- Elect UM Bodily Injury Coverage at a limit of: \$50,000/100,000 \$100,000/300,000
- Elect UIM Bodily Injury Coverage at a limit of: \$50,000/100,000 \$100,000/300,000
- Reject UIM coverage only.

DECLARATIONS AND SIGNATURES

MY AUTOMOBILES WILL BE USED MAINLY IN EXHIBITIONS, CLUB ACTIVITIES, PARADES AND OTHER FUNCTIONS OF PUBLIC INTEREST AND WILL NOT BE USED PRIMARILY FOR THE TRANSPORTATION OF PASSENGERS OR GOODS.

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 WITH MY PREVIOUS ANTIQUÉ AUTOMOBILE INSURANCE COMPANY.

Signature of Applicant _____ Time & Date _____

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 _____ Time & Date _____