

APPLICATION FOR MASSACHUSETTS AUTO INSURANCE
Government Employees Insurance Company
GEICO General Insurance Company
One GEICO Plaza, Washington, DC 20076

Named Insured (Driver 1)

First Name		Last Name		MI	Date of Birth
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience may be verified with a copy of the foreign license or other document that provides the date first licensed in a foreign country.	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	
Street Address				Phone () -	
				Years at residence?	
City		State	ZIP Code		

Driver 2

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured				Co-insured (circle one) Y/N	
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience may be verified with a copy of the foreign license or other document that provides the date first licensed in a foreign country.	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	

Driver 3

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured					
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience may be verified with a copy of the foreign license or other document that provides the date first licensed in a foreign country.	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	

Driver 4

First Name		Last Name		MI	Date of Birth
Relationship to Named Insured					
Marital Status	Gender	Date 1st licensed in US or Canada		International driving experience may be verified with a copy of the foreign license or other document that provides the date first licensed in a foreign country.	
		Date 1st internationally licensed			
Driver License/ Learner's Permit State and Number				If you have had a license in another state in the last 5 years please list in the additional information section below	
Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates our auto may have very serious consequences. Please List any additional drivers in the additional information section.					

Vehicle 1

Year		Make		Model	
VIN			Odometer reading		
Is the vehicle owned leased or financed?				Estimated Annual Mileage	
Miles driven to work or school (one way)				Number of days driven to work or school	
Type of alarm (circle all that apply) a) Active (driver sets it) b) Passive (sets automatically) c) Homing device					
Is this vehicle customized?				If "yes" Description and value	
Will this vehicle be used for business?				If "yes" Describe	
Are you the original owner of this vehicle?				Registered owner and state	

Vehicle 2

Year		Make		Model	
VIN				Odometer reading	
Is the vehicle owned leased or financed?				Estimated Annual Mileage	
Miles driven to work or school (one way)				Number of days driven to work or school	
Will this vehicle be used for business?				If "yes" Describe	
Type of alarm (circle all that apply) a) Active (driver sets it) b) Passive (sets automatically) c) Homing device					
Is this vehicle customized?				If "yes" Description and value	
Are you the original owner of this vehicle?				Registered owner and state	

Vehicle 3

Year		Make		Model	
VIN				Odometer reading	
Is the vehicle owned leased or financed?				Estimated Annual Mileage	
Miles driven to work or school (one way)				Number of days driven to work or school	
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Is this vehicle customized?				If "yes" Description and value	
Are you the original owner of this vehicle?				Registered owner and state	

Vehicle 4

Year		Make		Model	
VIN				Odometer reading	
Is the vehicle owned leased or financed?				Estimated Annual Mileage	
Miles driven to work or school (one way)				Number of days driven to work or school	
Will this vehicle be used for business?				If "yes" Describe	
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Is this vehicle customized?				If "yes" Description and value	
Are you the original owner of this vehicle?				Registered owner and state	

Please include any additional vehicles in the additional information section

Driver to vehicle assignment

Please assign a driver number to the vehicle that they drive most often					
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	If any vehicle is not kept at the address above please indicate the address where it is garaged.
Driver Number					

	Driver 1	Driver 2	Driver 3	Driver 4
Driver Number				

Accidents within the last 6 years

Driver Number	Loss Date	At-fault? (Y/N)	Your Damage	Your injury	Other's Damage	Other's injury
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

Convictions in the last 6 years, DUIs in the last 10 years

Driver Number	Date of violation	Date of conviction	Description

Please include any additional accidents, convictions or DUIs in the additional information section

Current Insurance

Do you currently have your own insurance?		Company and expiration date?	
How many years have you been insured with this company?		Current Bodily Injury limits?	
If you answered "no" above circle which applies: a) I am listed on someone else's insurance b) I haven't needed it			
c) I was on deployment or overseas for work d) It has been expired 30 days or less e) It has been expired over 30 days			

Government or Military Affiliation

Does the Named insured or co-insured have government or military affiliations?	
If "yes" explain (i.e. retired from the military or serving in the reserves)	

Discounts

List driver numbers for any driver that has completed Driver Training?			
List driver numbers for any full time students with a B or better average?			
List any driver numbers for any drivers that graduated from a four year college with a B or better average?			
Member of an organization that refers GEICO?		If "yes" list	
Do you have any other GEICO policies?		If "yes" list	

Coverage Limits (M denotes 1000)

Compulsory (circle desired limits and deductibles)

1. Bodily Injury To Others	Limits	
	20/40 M	The minimum coverage in Massachusetts for bodily injury is 20,000/40,000 compulsory. This does not provide protection: 1) if the accident occurs outside of Massachusetts 2) places in Massachusetts restricted from the public 3) for injuries to guest passengers of your auto Optional Bodily Injury is available and may better cover these exposures

2. Personal Injury Protection	Limits	Deductible	
	8M	100	500
		250	1M

3. Bodily Injury Caused By An Uninsured Auto	Limits (per person/per accident)			
	20/40 M	50/100 M	300/300 M	500/500 M
	20/50 M	100/100 M	200/400 M	500/750 M
	25/50 M	100/200 M	250/500 M	250/1MM
	25/60 M	100/300 M	300/500 M	500/1MM
	35/80 M			1MM/1MM

4. Damage To Someone Else's Property	Limits (per accident)			
	5 M	20 M	35 M	100 M
	10 M	25 M	50 M	
	15 M			

Optional Coverage (circle desired limit or deductible)

5. Bodily Injury To Others	Limits (per person/per accident)			
	20/40 M	50/100 M	300/300 M	500/500 M
	20/50 M	100/100 M	200/400 M	500/750 M
	25/50 M	100/200 M	250/500 M	250/1MM
	25/60 M	100/300 M	300/500 M	500/1MM
	35/80 M			1MM/1MM

6. Medical Payments	Limits			
	1 M	4 M	15 M	50 M
	2 M	5 M	20 M	100 M
	3 M	10 M	25 M	

7. Collision	Deductible (circle desired amount)								
Vehicle 1	100	250	300	500	1000	2000		W	The deductible may be waived for losses less than 51% at-fault by circling the "w" for the desired vehicle
Vehicle 2	100	250	300	500	1000	2000		W	
Vehicle 3	100	250	300	500	1000	2000		W	
Vehicle 4	100	250	300	500	1000	2000		W	

8. Limited Collision								Deductible (circle desired amount)			
Vehicle 1	non	100	250	300	500	1000	2000				(If your vehicle is leased or financed you must carry standard collision.)
Vehicle 2	non	100	250	300	500	1000	2000				
Vehicle 3	non	100	250	300	500	1000	2000				
Vehicle 4	non	100	250	300	500	1000	2000				

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.

9. Comprehensive								Deductible (circle desired amount)				\$0 Glass Deductible	\$100 Glass Deductible	
Vehicle 1	100	250	300	500	1000	2000		non	100	Comprehensive Coverage comes with either a \$0 or \$100 deductible for Glass Coverage. Make your selection by circling your option for the desired vehicle.				
Vehicle 2	100	250	300	500	1000	2000		non	100					
Vehicle 3	100	250	300	500	1000	2000		non	100					
Vehicle 4	100	250	300	500	1000	2000		non	100					

10. Rental Reimbursement			11. Emergency Road Service			Mechanical Breakdown Insurance		
Vehicle 1	accept	decline	Vehicle 1	accept	decline	Vehicle 1	accept	decline
Vehicle 2	accept	decline	Vehicle 2	accept	decline	Vehicle 2	accept	decline
Vehicle 3	accept	decline	Vehicle 3	accept	decline	Vehicle 3	accept	decline
Vehicle 4	accept	decline	Vehicle 4	accept	decline	Vehicle 4	accept	decline

12. Bodily Injury Caused By An Underinsured Auto								Limits (per person/per accident)			
				20/40 M		50/100 M		300/300 M		500/500 M	
				20/50 M		100/100 M		200/400 M		500/750 M	
				25/50 M		100/200 M		250/500 M		250/1MM	
				25/60 M		100/300 M		300/500 M		500/1MM	
				35/80 M						1MM/1MM	

Additional Information
Please use this section to include any information that would not fit above or that you think may be pertinent to your application for insurance.

What date would you like your policy to begin? _____
Please be aware that an insurer must offer 12 month policy, a 6 month policy is shorter than a 12 month policy, the premium of a 6 month policy is half of a 12 month policy and the premium for the renewal of a six month policy is based on rates in effect on the renewal effective date

Would you like a 6 month or 12 month policy? _____
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 vehicles(s) to be insured, the names of all household members and customary operators required to be listed and the answers have correctly 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.

Declarations and Signature
I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL INFORMATION MAY BE VERIFIED WITH OTHER INSURANCE COMPANIES AND GOVERNMENT AGENCIES.

Signature of applicant _____ Date _____



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Vehicle 1

Year	Make	Model
VIN	Odometer reading	
Is the vehicle owned leased or financed?	Estimated Annual Mileage	

Miles driven to work or school (one way)		Number of days driven to work or school	
Type of alarm (circle all that apply) a) Active (driver sets it) b) Passive (sets automatically) c) Homing device			
Is this vehicle customized?		If "yes" Description and value	
Will this vehicle be used for business?		If "yes" Describe	
Are you the original owner of this vehicle?		Registered owner and state	

Retention #:

Vehicle 2

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			\$	\$	\$	\$
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Driver Number	Date of violation	Date of conviction	Description

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How many years have you been insured with this company?	Current Bodily Injury limits?
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If "yes" explain (i.e. retired from the military or serving in the reserves)

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List driver numbers for any full time students with a B or better average?	
List any driver numbers for any drivers that graduated from a four year college with a B or better average?	
Member of an organization that refers GEICO?	If "yes" list
Do you have any other GEICO policies?	If "yes" list

Coverage Limits (M denotes 1000)
 Compulsory (circle desired limits and deductibles)

1. Bodily Injury to Others	Limits		
	20/40 M		
		The minimum coverage in Massachusetts for bodily injury is 20,000/40,000 compulsory. This does not provide protection: 1) if the accident occurs outside of Massachusetts 2) places in Massachusetts restricted from the public 3) for injuries to guest passengers of your auto Optional Bodily Injury is available and may better cover these exposures	

2. Personal Injury Protection	Limits	Deductible		
	8M	100	500	
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3. Bodily Injury Caused by an Uninsured Auto	Limits (per person/per accident)					
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4. Damage to Someone Else's Property	Limits (per accident)					
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Optional Coverage (circle desired limit or deductible)

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6. Medical payments	Limits					
	1 M		4 M		15 M	50 M
	2 M		5 M		20 M	100 M

3 M		10 M		25 M		
-----	--	------	--	------	--	--

7. Collision		Deductible (circle desired amount)								
Vehicle 1		100	250	300	500	1000	2000		W	The deductible may be waived for losses less than 51% at-fault by circling the "w" for the desired vehicle
Vehicle 2		100	250	300	500	1000	2000		W	
Vehicle 3		100	250	300	500	1000	2000		W	
Vehicle 4		100	250	300	500	1000	2000		W	

8. Limited Collision		Deductible (circle desired amount)								
Vehicle 1	non	100	250	300	500	1000	2000			(If your vehicle is leased or financed you must carry standard collision.)
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10. Rental Reimbursement			11. Emergency Road Service			Mechanical Breakdown Insurance		
Vehicle 1	accept	decline	Vehicle 1	accept	decline	Vehicle 1	accept	decline
Vehicle 2	accept	decline	Vehicle 2	accept	decline	Vehicle 2	accept	decline
Vehicle 3	accept	decline	Vehicle 3	accept	decline	Vehicle 3	accept	decline
Vehicle 4	accept	decline	Vehicle 4	accept	decline	Vehicle 4	accept	decline

12. Underinsured Auto Bodily Injury		Limits (per person/per accident)					
	20/40 M		50/100 M		300/300 M		500/500 M
	20/50 M		100/100 M		200/400 M		500/750 M
	25/50 M		100/200 M		250/500 M		250/1MM
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Additional Information

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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 vehicles(s) to be insured, the names of all household members and customary operators required to be listed and the answers have correctly 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.

Declarations and Signature

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL INFORMATION MAY BE VERIFIED WITH OTHER INSURANCE COMPANIES AND GOVERNMENT AGENCIES.

Signature of applicant _____ Date _____

DPHMDA

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Named Insured (Driver 1)

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Vehicle 1

Year	Make	Model	
VIN	Odometer reading		
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Miles driven to work or school (one way)	Number of days driven to work or school		
Type of alarm (circle all that apply) a) Active (driver sets it) b) Passive (sets automatically) c) Homing device			
Is this vehicle customized?	If "yes" Description and value		
Will this vehicle be used for business?	If "yes" Describe		
Are you the original owner of this vehicle?	Registered owner and state		

Vehicle 2

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Is this vehicle customized?				If "yes" Description and value	
Will this vehicle be used for business?				If "yes" Describe	
Are you the original owner of this vehicle?				Registered owner and state	

Please include any additional vehicles in the additional information section

Driver to vehicle assignment

Please assign a driver number to the vehicle that they drive most often					
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	If any vehicle is not kept at the address above please indicate the address where it is garaged.
Driver Number					

	Driver 1	Driver 2	Driver 3	Driver 4
Driver Number				

Accidents within the last 6 years

Driver Number	Loss Date	At-fault? (Y/N)	Your Damage	Your injury	Other's Damage	Other's injury
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

Convictions in the last 6 years, DUIs in the last 10 years

Driver Number	Date of violation	Date of conviction	Description

Please include any additional accidents, convictions or DUIs in the additional information section

Current Insurance

Do you currently have your own insurance?		Company and expiration date?	
How many years have you been insured with this company?		Current Bodily Injury limits?	
If you answered "no" above circle which applies: a) I am listed on someone else's insurance b) I haven't needed it			
c) I was on deployment or overseas for work d) It has been expired 30 days or less e) It has been expired over 30 days			

Government or Military Affiliation

Does the Named insured or co-insured have government or military affiliations?	
If "yes" explain (i.e. retired from the military or serving in the reserves)	

Discounts

List driver numbers for any driver that has completed Driver Training?	
List driver numbers for any full time students with a B or better average?	
List any driver numbers for any drivers that graduated from a four year college with a B or better average?	
Member of an organization that refers GEICO?	If "yes" list
Do you have any other GEICO policies?	If "yes" list

Coverage Limits (M denotes 1000)
Compulsory (circle desired limits and deductibles)

1. Bodily Injury to Others	Limits		
	20/40 M		The minimum coverage in Massachusetts for bodily injury is 20,000/40,000 compulsory. This does not provide protection: 1) if the accident occurs outside of Massachusetts 2) places in Massachusetts restricted from the public 3) for injuries to guest passengers of your auto Optional Bodily Injury is available and may better cover these exposures

2. Personal Injury Protection	Limits	Deductible	
	8M	100	500
		250	1M

3. Bodily Injury Caused by an Uninsured Auto	Limits (per person/per accident)			
	20/40 M	50/100 M	300/300 M	500/500 M
	20/50 M	100/100 M	200/400 M	500/750 M
	25/50 M	100/200 M	250/500 M	250/1MM
	25/60 M	100/300 M	300/500 M	500/1MM
	35/80 M			1MM/1MM

4. Damage to Someone Else's Property	Limits (per accident)			
	5 M	20 M	35 M	100 M
	10 M	25 M	50 M	
	15 M			

Optional Coverage (circle desired limit or deductible)

5. Bodily Injury to Others	Limits (per person/per accident)			
	20/40 M	50/100 M	300/300 M	500/500 M
	20/50 M	100/100 M	200/400 M	500/750 M
	25/50 M	100/200 M	250/500 M	250/1MM
	25/60 M	100/300 M	300/500 M	500/1MM
	35/80 M			1MM/1MM

6. Medical payments	Limits			
	1 M	4 M	15 M	50 M
	2 M	5 M	20 M	100 M
	3 M	10 M	25 M	

7. Collision	Deductible (circle desired amount)								
Vehicle 1	100	250	300	500	1000	2000		W	The deductible may be waived for losses less than 51% at-fault by circling the "w" for the desired vehicle
Vehicle 2	100	250	300	500	1000	2000		W	
Vehicle 3	100	250	300	500	1000	2000		W	
Vehicle 4	100	250	300	500	1000	2000		W	

8. Limited Collision		Deductible (circle desired amount)								
Vehicle 1	non	100	250	300	500	1000	2000			(If your vehicle is leased or financed you must carry standard collision.)
Vehicle 2	non	100	250	300	500	1000	2000			
Vehicle 3	non	100	250	300	500	1000	2000			
Vehicle 4	non	100	250	300	500	1000	2000			

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.

9. Comprehensive		Deductible (circle desired amount)					\$0 Glass Deductible	\$100 Glass Deductible	
Vehicle 1	100	250	300	500	1000	2000	non	100	Comprehensive Coverage comes with either a \$0 or \$100 deductible for Glass Coverage. Make your selection by circling your option for the desired vehicle.
Vehicle 2	100	250	300	500	1000	2000	non	100	
Vehicle 3	100	250	300	500	1000	2000	non	100	
Vehicle 4	100	250	300	500	1000	2000	non	100	

10. Rental Reimbursement			11. Emergency Road Service			Mechanical Breakdown Insurance		
Vehicle 1	accept	decline	Vehicle 1	accept	decline	Vehicle 1	accept	decline
Vehicle 2	accept	decline	Vehicle 2	accept	decline	Vehicle 2	accept	decline
Vehicle 3	accept	decline	Vehicle 3	accept	decline	Vehicle 3	accept	decline
Vehicle 4	accept	decline	Vehicle 4	accept	decline	Vehicle 4	accept	decline

12. Underinsured Auto Bodily Injury				Limits (per person/per accident)			
	20/40 M			50/100 M		300/300 M	500/500 M
	20/50 M			100/100 M		200/400 M	500/750 M
	25/50 M			100/200 M		250/500 M	250/1MM
	25/60 M			100/300 M		300/500 M	500/1MM
	35/80 M						1MM/1MM

Additional Information

Please use this section to include any information that would not fit above or that you think may be pertinent to your application for insurance.

What date would you like your policy to begin? _____

Please be aware that an insurer must offer 12 month policy, a 6 month policy is shorter than a 12 month policy, the premium of a 6 month policy is half of a 12 month policy and the premium for the renewal of a six month policy is based on rates in effect on the renewal effective date

Would you like a 6 month or 12 month policy? _____

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 have correctly 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.

Declarations and Signature

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL INFORMATION MAY BE VERIFIED WITH OTHER INSURANCE COMPANIES AND GOVERNMENT AGENCIES.

Signature of applicant _____ Date _____

