

**Policy Change**  
**[Policy type]**

[LOGO HERE]

**Named Insured(s)**

[Insured Name1]  
[Insured Name2]  
[Insured Address Line 1]  
[Insured Address Line 2]  
[Insured Address Line 3]

Underwritten by: [Issuing Company Name]  
[Return Address Line1]  
[Return Address Line2]  
[Return Address Line3]  
[Return City WI 55555-9999]

For customer service: [customer service phone number]  
For claims service: [claims phone number]  
[www.website.com]

**A Policy Change provides a summary of a change to the policy that occurs during the policy period. This Policy Change is effective the date shown and forms a part of this policy.**

**Policy Information**

<b>Policy number</b>	<b>Policy period</b>	<b>Billing account number</b>
[policy number]	[m/d/yyyy] to [m/d/yyyy]	[billing account number]

**Change(s) made to your policy effective: [m/d/yyyy] at 12:01 a.m.**

**Description of change**  
[policy change description]

**Total premium adjustment: \$0.00**

**[Agent Information]**

[Agency name][Agent ID]  
[Agent Address Line 1]  
[Agent Address Line 2]  
[City] [State code] [12345-1234]  
[XXX-XXX-XXXX]

[Agency Email]

AUTHORIZED REPRESENTATIVE [ *Andrew A. M. Elmer, Jr.* ] [ *[Signature]* ]  
President Secretary

**Massachusetts Automobile  
Insurance Policy  
[Renewal] Declarations**

[LOGO HERE ]

Please read your policy

Named Insured(s)  
[Insured Name1]  
[Insured Name2]  
[Insured Mailing Address]  
[Insured City State Zip-code]

Underwritten by: [Issuing Company Name]  
[Return Address Line 1]  
[ReturnCity ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
For claims service: [claims phone number]  
[website.com]

Policy Information

Policy number [99999-99999-99]	Policy period [m/dd/yyyy] to [m/dd/yyyy]	Billing account number [123-456-789-0]
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Vehicles Insured by This Policy

Year	Make	Model	Series	VIN/Serial Number	Premium
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	[\$[00.00]
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	[\$[00.00]
<b>Subtotal</b>					<b>[\$[00.00]</b>

Policy Level Premium

Bodily Injury Caused By An Underinsured Auto (Part 12)	\$[00.00]
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$[00.00]
[Financial Responsibility Filing Fee]	\$[00.00]

**Total premium with discounts applied** \$[00.00]  
**[Total Premium with Customer Full Pay Discount** \$00.00]

Discounts Applied to this Policy

Driver related discounts

[discount Name] - [applicable person], [applicable person], [applicable person]  
[discount Name] - [applicable person], [applicable person], [applicable person]

Vehicle related discounts

[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr] [Make] [Model]  
[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr] [Make] [Model]

Other policy discounts

[discount name] - [discount subcategory]  
[discount name] - [discount subcategory]

**These discounts reduced your total premium by** \$[00.00]

Drivers

Drivers are individuals who are used to rate this policy.

Name(s)	<b>[Financial Responsibility Filing]</b>
[Operator]	<b>[Yes ]</b>

Non-Drivers

Non-drivers are individuals in the household who are not listed as drivers on this policy.

Name(s)  
[Non-Operator]

Policy Forms

These forms apply to the entire policy.

Form Number	Name(s)
[Form Number]	Name of Endorsement
[Form Number]	Name of Endorsement

State and Policy Information

[You have Earned Accident Forgiveness.]

[Your recent accident was forgiven by our Accident Forgiveness Program. You can earn Accident Forgiveness again by maintaining a clean driving record.]

An asterisk (\*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$[20,000] per person and \$[40,000] per occurrence and Property Damage Liability limits of \$[5,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [customer service number] if you have any questions about available optional coverage.

[Agent Information]

[Agency name][Agent ID]	[Agency Email]
[Agent Address Line 1]	
[Agent Address Line 2]	
[City] [State code] [12345-1234] [XXX-XXX-XXXX]	

Customer Service Information

[1-800-XXX-XXXX]  
[website.com]

Declarations are effective on the date shown. These declarations form a part of this policy and replace all other declarations which may have been issued previously for this policy. If these declarations are accompanied by a new policy, the policy replaces any which may have been issued before with the same policy number.

AUTHORIZED REPRESENTATIVE	[ <i>Andrew A. McElroy, Jr.</i> ]	[ <i>[Signature]</i> ]
	President	Secretary

Policy Level Coverage

The policy level coverage shown below applies to a vehicle when coverage is displayed under Vehicle Coverage, Endorsements and Other Charges for the vehicle. The policy limit shown is the maximum available for each person or each occurrence and may not be added, combined or stacked if coverage is displayed for more than one vehicle insured under this policy.

Coverage	Policy Limit
Bodily Injury To Others (Part 1)*	[\$20,000] per person [\$40,000] per accident
[Optional Bodily Injury To Others (Part 5) The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]	[\$999,999 per person \$999,999 per accident or Not Selected]
Damage To Someone Else's Property (Part 4)*	[\$999,999] per accident
Personal Injury Protection (Part 2)* - Deductible Option: [You and your household or You and your spouse]	\$8,000 per person \$[999] deductible
Medical Payments (Part 6)	[\$999,999 per person or Not Selected]
Bodily Injury Caused By An Uninsured Auto (Part 3)*	[\$999,999] per person [\$999,999] per accident
Bodily Injury Caused By An Underinsured Auto (Part 12)	[\$999,999 per person \$999,999 per accident or Not Selected]

Vehicle #1 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
Name				<b>Policy Limit/Deductible</b>	Premium
Bodily Injury To Others (Part 1)*				[\$20,000] each person/ [\$40,000] each accident	[\$00.00]
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]				[\$0 each person/ \$0 each accident or Not Selected]	[\$00.00]
Damage To Someone Else's Property (Part 4)*				[\$0 limit or deductible]	
Personal Injury Protection (Part 2)* Deductible Option: [You and your household or You and your spouse]				[\$0 limit per person] [\$0 deductible]	
Medical Payments (Part 6)				[\$0 limit or deductible or Not Selected]	
Bodily Injury Caused By An Uninsured Auto (Part 3)				[\$0 limit or deductible]	[Policy Level Premium]
Bodily Injury Caused By An Underinsured Auto (Part 12)				[\$0 limit or deductible or Not Selected]	[Policy Level Premium]
Collision (Part 7) [Waiver of Deductible]				[\$999 Deductible or Not Selected]	[\$00.00 \$[00.00]
Limited Collision (Part 8)				[\$0 Deductible or Not Selected]	[Included]
Comprehensive (Part 9)				[\$9999 deductible] [\$999 Glass Deductible or Not Selected]	[\$00.00]
Substitute Transportation (Part 10)				[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]	[\$00.00]
Emergency Roadside Service (Part 11) [Name]				[blank or Not Selected]	[\$00.00 \$[00.00]

Vehicle premium with discounts applied **\$[00.00]**

Address where vehicle is kept

[Garaged Address]

Lienholder

Lienholder Name and Address

Additional Insured

Additional Insured Name and Address

Additional Insured - Lessor

Additional Insured Name and Address

Additional Interest

Additional Interest Name and Address

Vehicle #2 Coverage, Endorsements and Other Charges

Year	Make	Model	Series	VIN/Serial Number	
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	
Name				<b>Policy Limit/Deductible</b>	Premium
Bodily Injury To Others (Part 1)*				[\$20,000] each person/ [\$40,000] each accident	[\$00.00]
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]				[\$0 each person/ \$0 each accident or Not Selected]	[\$00.00]
Damage To Someone Else's Property (Part 4)*				[\$0 limit or deductible]	
Personal Injury Protection (Part 2)* Deductible Option: [You and your household or You and your spouse]				[\$0 limit per person] [\$0 deductible]	
Medical Payments (Part 6)				[\$0 limit or deductible or Not Selected]	
Bodily Injury Caused By An Uninsured Auto (Part 3)				[\$0 limit or deductible]	Policy Level Premium
Bodily Injury Caused By An Underinsured Auto (Part 12)				[\$0 limit or deductible or Not Selected]	Policy Level Premium]
Collision (Part 7) [Waiver of Deductible]				[\$999 Deductible or Not Selected]	[\$00.00] [\$00.00]
Limited Collision (Part 8)				[\$0 Deductible or Not Selected]	[Included]
Comprehensive (Part 9)				[\$9999 deductible [\$999 Glass Deductible or Not Selected]	[\$00.00]
Substitute Transportation (Part 10)				[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]	[\$00.00]
Emergency Roadside Service (Part 11) [Name]				[blank or Not Selected]	[\$00.00] [\$00.00]

Vehicle premium with discounts applied \$0.00

Vehicle Coverage, Endorsements and Other charges (continued)

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Enhanced Underinsured Motorist - Property  
Damage

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Vehicle premium with discounts applied \$0.00

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Address where vehicle is kept  
[Garaged Address]

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Lienholder  
Lienholder Name and Address

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Additional Insured  
Additional Insured Name and Address

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Additional Insured - Lessor  
Additional Insured Name and Address

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Additional Interest  
Additional Interest Name and Address

# Massachusetts Automobile Insurance Policy Application

[ LOGO HERE ]

[Your Agent is:]  
 [Agency Name] [Agency ID]  
 [Agency Address Line 1]  
 [Agency Address Line 2]  
 [Any City US 12345-6789]  
 [999-999-9999]  
 [AgencyEmail@name.com]

Underwritten by: [Issuing Company Name]  
 [Return Address Line 1]  
 [Return City, ST 55555-4444]  
 For customer service: [1-800-XXX-XXXX]  
 For claims service: [claims phone number]  
 [website.com]

Policy Information	
Policy Number:	Policy Term: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
Effective Date: at 12:01 a.m.	Expiration Date: at 12:01 a.m.
Application Date and Time Taken:	at <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Other Policies:	
Has any member of your household had a loss in the last 5 years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any loss occurred between the effective date and the date of submission? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any named insured resided at a different address in the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, prior address:	
Do you rent or own your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
This information is used for marketing and/or research purposes.	

**Please list all drivers of the vehicles and members of your household on this application.**

Insured Information			
Customer Information - Primary Named Insured			
Name (first, middle, last, suffix):			Date of Birth:
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	
	<input type="checkbox"/> Not Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method:	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail
Primary Residence Address:		<input type="checkbox"/> Use as mailing address	
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
E-mail:	Other E-mail:		
Driver's License State:	Driver's License Number:	Original Driver's License Date:	
Driver Information - Primary Named Insured			
Driver Type:	<input type="checkbox"/> Driver	<input type="checkbox"/> Non-Driver	

Policy Number:

<b>Insured Information (continued)</b>			
<b>Non-Driver Description:</b>		<input type="checkbox"/> Other than specified If other, please describe:	
<input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy			
Are your driving privileges currently revoked or suspended? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Have you been convicted of a felony in the last three years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, conviction date(s) (mm/yyyy): ..... If yes, explain:			
Are you a student staying more than 100 miles away from home without a vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
School City:		School State:	School Zip:
Do you need a financial responsibility filing (SR22)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Filing Type:		<input type="checkbox"/> Owner <input type="checkbox"/> Operator	
		<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Owner in behalf of	
Comments:			
Deployed date (mm/dd/yyyy):		Date returned from military deployment (mm/dd/yyyy):	
<b>Prior Policy Information - Primary Named Insured</b>			
Prior Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Carrier Name:	
Policy Number:		Policy Type:	Policy Status:
Risk Type:		<input type="checkbox"/> Mixed <input type="checkbox"/> Assigned	
		<input type="checkbox"/> Facility <input type="checkbox"/> Non-Standard	
		<input type="checkbox"/> Standard <input type="checkbox"/> Preferred	
Inception Date:	Effective Date:	Expiration Date:	Prior Bodily Injury Limits:
Insured Name (first/last):			Role:
<b>Customer Information - Secondary Named Insured</b>			
Name (first, middle, last, suffix):			Date of Birth:
Relationship to Primary Named Insured: <input type="checkbox"/> Spouse <input type="checkbox"/> Not related <input type="checkbox"/> Related other than spouse			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Not Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail			
Primary Residence Address:			<input type="checkbox"/> Use as mailing address
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
E-mail:		Other E-mail:	
Driver's License State:	Driver's License Number:		Original Driver's License Date:



Policy Number:

Insured Information (continued)			
Driver Information - Secondary Named Insured			
Driver Type:		<input type="checkbox"/> Driver	<input type="checkbox"/> Non-Driver
Non-Driver Description:		<input type="checkbox"/> Other than specified If other, please describe:	
<input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy			
Are your driving privileges currently revoked or suspended? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony in the last three years? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, conviction date(s) (mm/yyyy):		If yes, explain:	
Are you a student staying more than 100 miles away from home without a vehicle? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
School City:		School State:	School Zip:
Do you need a financial responsibility filing (SR22)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Filing Type:		<input type="checkbox"/> Owner	<input type="checkbox"/> Owner/Operator
		<input type="checkbox"/> Operator	<input type="checkbox"/> Owner in behalf of
Comments:			
Deployed date (mm/dd/yyyy):		Date returned from military deployment (mm/dd/yyyy):	
Prior Policy Information - Secondary Named Insured			
Prior Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Carrier Name:	
Policy Number:		Policy Type:	Policy Status:
Risk Type:		<input type="checkbox"/> Mixed	<input type="checkbox"/> Facility
		<input type="checkbox"/> Assigned	<input type="checkbox"/> Non-Standard
		<input type="checkbox"/> Standard	
		<input type="checkbox"/> Preferred	
Inception Date:		Effective Date:	Expiration Date:
			Prior Bodily Injury Limits:
Insured Name (first/last):			Role:
Customer Information - Other Household Occupants			
<b>Furnish information for each individual who customarily operates the auto(s) whether or not a household member.</b> Your failure to list a household member or any individual who customarily operates your auto(s) may have very serious consequences.			
Name (first, middle, last, suffix):			Date of Birth:
Relationship to Named Insured(s):		<input type="checkbox"/> Spouse	<input type="checkbox"/> Not related
		<input type="checkbox"/> Related other than spouse	
Gender:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital Status:		<input type="checkbox"/> Married	<input type="checkbox"/> Separated
		<input type="checkbox"/> Not Married	<input type="checkbox"/> Never Married
		<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method:		<input type="checkbox"/> Mail	<input type="checkbox"/> Phone
		<input type="checkbox"/> E-mail	
Primary Residence Address:			<input type="checkbox"/> Use as mailing address
Home Phone:		Cell Phone:	Work Phone:
			Fax Number:



Policy Number:

Vehicle Information		Vehicle #1
<input type="checkbox"/> <b>Car/Light Truck</b>		
Primary Use:		
<input type="checkbox"/> To work/school	<input type="checkbox"/> Farm year-round - Truck only	<input type="checkbox"/> Business/Occupation other than Farm
<input type="checkbox"/> Pleasure	<input type="checkbox"/> Antique/Classic/Replica	
Annual Mileage:	Odometer:	Odometer date (mm/yyyy):
VIN:		
Year:	Make:	Model:
Series Info:	MSRP:	
Address where garaged:		
Auto Safety Equipment:		
<input type="checkbox"/> Anti lock Brakes	<input type="checkbox"/> Daylight/Daytime Running Lights	<input type="checkbox"/> Electronic Stability Control
<input type="checkbox"/> Air bags (type)		
Salvage title or manufactured VIN? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
State owned? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comprehensive only? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this vehicle a kit car or replica? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which type? <input type="checkbox"/> Kit Car <input type="checkbox"/> Replica		
Is this vehicle used for business purposes (other than to and from work or farm use) including delivery, transporting of merchandise, passengers for hire or as a rented/leased unit to others? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Does this vehicle have any unrepaired damage? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe the unrepaired damage including description of extent:		
Does any person(s) other than the named insured own or co-own this vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which type? <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner		
Primary driver of this vehicle:		Other driver:
<b>Third Party Interest</b>		
Name of Individual or Company:		Address:
Interest Type: <input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder <input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest <input type="checkbox"/> Additional Insured - Lessor		
Titleholder Type: <input type="checkbox"/> Individual		
Loan/Lease Number:		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household <input type="checkbox"/> Insured business		
<input type="checkbox"/> Spouse or relative out of the household <input type="checkbox"/> Employer/LLC		
<input type="checkbox"/> Non-relative in the household <input type="checkbox"/> Lessor		
<input type="checkbox"/> Non-relative out of the household		

Policy Number:

Vehicle Information (continued)		Vehicle #1
<b>Third Party Interest</b>		
Name of Individual or Company:	Address:	
Interest Type:	<input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest
Titleholder Type: <input type="checkbox"/> Individual		<input type="checkbox"/> Additional Insured - Lessor
Loan/Lease Number:	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household	<input type="checkbox"/> Insured business	
<input type="checkbox"/> Spouse or relative out of the household	<input type="checkbox"/> Employer/LLC	
<input type="checkbox"/> Non-relative in the household	<input type="checkbox"/> Lessor	
<input type="checkbox"/> Non-relative out of the household		
<b>Discounts</b>		
[discount name(s)]		
You may be required to take additional action and/or provide additional documentation to qualify for certain discounts.		
<b>Vehicle Information</b>		<b>Vehicle #2</b>
<input type="checkbox"/> <b>Car/Light Truck</b>		
Primary Use:		
<input type="checkbox"/> To work/school	<input type="checkbox"/> Farm year-round - Truck only	<input type="checkbox"/> Business/Occupation other than Farm
<input type="checkbox"/> Pleasure	<input type="checkbox"/> Antique/Classic/Replica	
Annual Mileage:	Odometer:	Odometer date (mm/yyyy):
VIN:		
Year:	Make:	Model:
Series Info:	MSRP:	
Address where garaged:		
Auto Safety Equipment:		
<input type="checkbox"/> Anti lock Brakes	<input type="checkbox"/> Daylight/Daytime Running Lights	<input type="checkbox"/> Electronic Stability Control
		<input type="checkbox"/> Air bags (type)
Salvage title or manufactured VIN? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
State owned? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive only? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this vehicle a kit car or replica? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type?	<input type="checkbox"/> Kit Car <input type="checkbox"/> Replica	
Is this vehicle used for business purposes (other than to and from work or farm use) including delivery, transporting of merchandise, passengers for hire or as a rented/leased unit to others? .....		
If yes, describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this vehicle have any unrepaired damage? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the unrepaired damage including description of extent:		
Does any person(s) other than the named insured own or co-own this vehicle? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type?	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner	
Primary driver of this vehicle:	Other driver:	

Policy Number:

Vehicle Information (continued)		Vehicle #2
<b>Third Party Interest</b>		
Name of Individual or Company:	Address:	
Interest Type:	<input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest  <input type="checkbox"/> Additional Insured - Lessor
Titleholder Type:	<input type="checkbox"/> Individual	
Loan/Lease Number:	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household <input type="checkbox"/> Spouse or relative out of the household <input type="checkbox"/> Non-relative in the household <input type="checkbox"/> Non-relative out of the household		
<input type="checkbox"/> Insured business <input type="checkbox"/> Employer/LLC <input type="checkbox"/> Lessor		
<b>Third Party Interest</b>		
Name of Individual or Company:	Address:	
Interest Type:	<input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest  <input type="checkbox"/> Additional Insured - Lessor
Titleholder Type:	<input type="checkbox"/> Individual	
Loan/Lease Number:	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household <input type="checkbox"/> Spouse or relative out of the household <input type="checkbox"/> Non-relative in the household <input type="checkbox"/> Non-relative out of the household		
<input type="checkbox"/> Insured business <input type="checkbox"/> Employer/LLC <input type="checkbox"/> Lessor		
<b>Discounts</b>		
[discount name(s)]		
You may be required to take additional action and/or provide additional documentation to qualify for certain discounts.		

Coverage Selection	
An asterisk (*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$[20,000] per person and \$[40,000] per occurrence and Property Damage Liability limits of [\$5,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [customer service number] if you have any questions about available optional coverage.	
Coverage applied to all vehicles (unless specified as Comprehensive only)	
Name	Limit/Deductible
Bodily Injury To Others (Part 1) *	\$[20,000] per person \$[40,000] Per accident
Optional Bodily Injury To Others (Part 5) [The limits shown under this part are the total limits you have under Part 1 and Part]	[\$999,999 per person/\$999,999 per accident or Not Selected]
Damage To Someone Else's Property (Part 4) *	\$[999,999] per accident
Personal Injury Protection (Part 2) * - Deductible Option: <input type="checkbox"/> You and your household <input type="checkbox"/> You and your spouse	\$8000 per person \$[999] deductible
Medical Payments (Part 6)	[\$999,999 per person or Not Selected]
Bodily Injury Caused By An Uninsured Auto (Part 3) *	\$[999,999] per person \$[999,999] per accident
Bodily Injury Caused By An Underinsured Auto (Part 12)	[\$999,999 per person/\$999,999 per accident or Not Selected]

Policy Number:

<b>Coverage applied per vehicle</b>	
<b>Vehicle #1</b>	
<b>Name</b>	<b>Limit/Deductible</b>
Collision (Part 7)	[\$999 Deductible or Not Selected]
[Waiver of Deductible - Collision]	
Limited Collision (Part 8)	[\$0 Deductible or Not Selected]
Comprehensive(Part 9)	[\$999 Deductible/ \$999 Glass Deductible or Not Selected]
Substitute Transportation (Part 10)	[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]
Emergency Roadside Service (Part 11)	[Selected or Not Selected]
[Agreed Amount Coverage Comprehensive]	[\$99,999 Agreed Amount/ \$999,999 Actual Cash Value]
[Name]	
<b>Vehicle #2</b>	
<b>Name</b>	<b>Limit/Deductible</b>
Collision (Part 7)	[\$999 Deductible or Not Selected]
[Waiver of Deductible - Collision]	
Limited Collision (Part 8)	[\$0 Deductible or Not Selected]
Comprehensive(Part 9)	[\$999 Deductible/ \$999 Glass Deductible or Not Selected]
Substitute Transportation (Part 10)	[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]
Emergency Roadside Service (Part 11)	[Selected or Not Selected]
[Agreed Amount Coverage Comprehensive]	[\$99,999 Agreed Amount/ \$999,999 Actual Cash Value]
[Name]	
<b>Remarks</b>	
<b>Premium Information</b>	
	<b>Premium</b>
Vehicle #1	[\$00.00]
Vehicle #2	[\$00.00]
Bodily Injury Caused By An Uninsured Auto (Part 3) *	[\$00.00]
Bodily Injury Caused By An Underinsured Auto (Part 12)	[\$00.00]
Financial Responsibility Filing Fee	[\$00.00]
<b>Total Quoted Policy Premium - The quoted policy premium is subject to verification and adjustment when necessary, by the Company</b>	<b>[\$00.00]</b>

Policy Number:

[LOGO HERE]

**Applicant Certification:**

This application is part of your policy. You represent that the statements in your application are true. We provide this policy on the condition that your statements are true. If you or someone on your behalf gives us false, deceptive, misleading information or incomplete information in any application or policy change request 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 of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, names of all household members and customary operators required to be listed and the answers given for all listed operators. We may also limit our payment to those amounts that we are required to sell under the compulsory coverage of this policy.

**NOTICE:** 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 knowingly gives us false, deceptive, misleading or incomplete information in this application 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. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. We may also limit our payments under Part 3 and Part 4.

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 based on accurate information.

**IMPORTANT:** All proposed named insureds listed on this application must be made aware of the following consumer report statement by the person signing this application. Motor vehicle reports or claims loss reports, may be ordered in connection with this application and provide information that may assist in determining your eligibility for insurance and the price you may be charged. Motor vehicle reports or claims loss reports may also be used for updates, renewals or extensions of this insurance. We do not order credit reports or base rates on credit scores. You understand and agree that information we obtain from these reports may be shared with all named insureds on your policy.

You understand that you may be required to take additional action to qualify for discounts and coverages included in this application.

You certify that you have identified all drivers of the vehicles insured on this policy and all members of your household.

By submission of this application you have read this statement (or have had it read to you) and have selected the limits and coverage indicated.

If only one named insured is signing this application: By signing this application, you agree to all statements on this application on behalf of all insureds.

<b>Applicant Signature(s):</b>	<b>Date and Time Signed:</b>
<b>Applicant Signature(s):</b>	<b>Date and Time Signed:</b>

# Massachusetts Automobile Insurance Policy Application

[ LOGO HERE ]

Underwritten by: [Issuing Company Name]  
 [Return Address Line 1]  
 [Return City, ST 55555-4444]  
 For customer service: [1-800-XXX-XXXX]  
 For claims service: [claims phone number]  
 [website.com]

Agent information added here

Policy Information	
Policy Number:	Policy Term: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
Effective Date: at 12:01 a.m.	Expiration Date: at 12:01 a.m.
Application Date and Time Taken:	at <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Other Policies:</b>	
Has any member of your household had a loss in the last 5 years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any loss occurred between the effective date and the date of submission? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any named insured resided at a different address in the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, prior address:	
Do you rent or own your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
This information is used for marketing and/or research purposes.	

Please list all drivers of the vehicles and members of your household on this application.

Insured Information	
Customer Information - Primary Named Insured	
Name (first, middle, last, suffix):	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated	
<input type="checkbox"/> Not Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
SSN:	FEIN:
Primary Language:	Secondary Language:
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
Primary Residence Address:	<input type="checkbox"/> Use as mailing address
Home Phone:	Cell Phone:
Work Phone:	Fax Number:
E-mail:	Other E-mail:
Driver's License State:	Driver's License Number:
	Original Driver's License Date:
Driver Information - Primary Named Insured	
Driver Type: <input type="checkbox"/> Driver <input type="checkbox"/> Non-Driver	



Policy Number:

Insured Information (continued)			
<b>Non-Driver Description:</b> <input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy		<input type="checkbox"/> Other than specified If other, please describe:	
Are your driving privileges currently revoked or suspended? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Have you been convicted of a felony in the last three years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, conviction date(s) (mm/yyyy): ..... If yes, explain:			
Are you a student staying more than 100 miles away from home without a vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
School City:		School State:	School Zip:
Do you need a financial responsibility filing (SR22)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Filing Type:		<input type="checkbox"/> Owner	<input type="checkbox"/> Owner/Operator
		<input type="checkbox"/> Operator	<input type="checkbox"/> Owner in behalf of
Comments:			
Deployed date (mm/dd/yyyy):		Date returned from military deployment (mm/dd/yyyy):	
Prior Policy Information - Primary Named Insured			
Prior Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Carrier Name:	
Policy Number:	Policy Type:	Policy Status:	
Risk Type:		<input type="checkbox"/> Mixed	<input type="checkbox"/> Facility
		<input type="checkbox"/> Assigned	<input type="checkbox"/> Non-Standard
		<input type="checkbox"/> Standard	<input type="checkbox"/> Preferred
Inception Date:	Effective Date:	Expiration Date:	Prior Bodily Injury Limits:
Insured Name (first/last):			Role:
Customer Information - Secondary Named Insured			
Name (first, middle, last, suffix):			Date of Birth:
Relationship to Primary Named Insured:		<input type="checkbox"/> Spouse	<input type="checkbox"/> Not related
		<input type="checkbox"/> Related other than spouse	
Gender:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital Status:		<input type="checkbox"/> Married	<input type="checkbox"/> Separated
		<input type="checkbox"/> Not Married	<input type="checkbox"/> Never Married
		<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method:		<input type="checkbox"/> Mail	<input type="checkbox"/> Phone
		<input type="checkbox"/> E-mail	
Primary Residence Address:			<input type="checkbox"/> Use as mailing address
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
E-mail:		Other E-mail:	
Driver's License State:	Driver's License Number:		Original Driver's License Date:

Policy Number:

Insured Information (continued)			
Driver Information - Secondary Named Insured			
Driver Type:		<input type="checkbox"/> Driver	<input type="checkbox"/> Non-Driver
Non-Driver Description:		<input type="checkbox"/> Other than specified If other, please describe:	
<input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy			
Are your driving privileges currently revoked or suspended? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony in the last three years? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, conviction date(s) (mm/yyyy):		If yes, explain:	
Are you a student staying more than 100 miles away from home without a vehicle? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
School City:		School State:	School Zip:
Do you need a financial responsibility filing (SR22)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Filing Type:		<input type="checkbox"/> Owner	<input type="checkbox"/> Owner/Operator
		<input type="checkbox"/> Operator	<input type="checkbox"/> Owner in behalf of
Comments:			
Deployed date (mm/dd/yyyy):		Date returned from military deployment (mm/dd/yyyy):	
Prior Policy Information - Secondary Named Insured			
Prior Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Carrier Name:	
Policy Number:		Policy Type:	Policy Status:
Risk Type:		<input type="checkbox"/> Mixed	<input type="checkbox"/> Facility
		<input type="checkbox"/> Assigned	<input type="checkbox"/> Non-Standard
		<input type="checkbox"/> Standard	<input type="checkbox"/> Preferred
Inception Date:		Effective Date:	Expiration Date:
Prior Bodily Injury Limits:			
Insured Name (first/last):			Role:
Customer Information - Other Household Occupants			
<b>Furnish information for each individual who customarily operates the auto(s) whether or not a household member.</b> Your failure to list a household member or any individual who customarily operates your auto(s) may have very serious consequences.			
Name (first, middle, last, suffix):			Date of Birth:
Relationship to Named Insured(s):		<input type="checkbox"/> Spouse	<input type="checkbox"/> Not related
		<input type="checkbox"/> Related other than spouse	
Gender:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital Status:		<input type="checkbox"/> Married	<input type="checkbox"/> Separated
		<input type="checkbox"/> Not Married	<input type="checkbox"/> Never Married
		<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method:		<input type="checkbox"/> Mail	<input type="checkbox"/> Phone
		<input type="checkbox"/> E-mail	
Primary Residence Address:			<input type="checkbox"/> Use as mailing address
Home Phone:		Cell Phone:	Work Phone:
			Fax Number:



Policy Number:

Vehicle Information		Vehicle #1
<input type="checkbox"/> <b>Car/Light Truck</b>		
Primary Use:		
<input type="checkbox"/> To work/school <input type="checkbox"/> Farm year-round - Truck only <input type="checkbox"/> Business/Occupation other than Farm <input type="checkbox"/> Antique/Classic/Replica <input type="checkbox"/> Pleasure		
Annual Mileage:	Odometer:	Odometer date (mm/yyyy):
VIN:		
Year:	Make:	Model:
Series Info:	MSRP:	
Address where garaged:		
Auto Safety Equipment:		
<input type="checkbox"/> Anti lock Brakes <input type="checkbox"/> Daylight/Daytime Running Lights <input type="checkbox"/> Electronic Stability Control <input type="checkbox"/> Air bags (type)		
Salvage title or manufactured VIN? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
State owned? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comprehensive only? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this vehicle a kit car or replica? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which type? <input type="checkbox"/> Kit Car <input type="checkbox"/> Replica		
Is this vehicle used for business purposes (other than to and from work or farm use) including delivery, transporting of merchandise, passengers for hire or as a rented/leased unit to others? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Does this vehicle have any unrepaired damage? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe the unrepaired damage including description of extent:		
Does any person(s) other than the named insured own or co-own this vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which type? <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner		
Primary driver of this vehicle:		Other driver:
<b>Third Party Interest</b>		
Name of Individual or Company:		Address:
Interest Type: <input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder <input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest <input type="checkbox"/> Additional Insured - Lessor		
Titleholder Type: <input type="checkbox"/> Individual		
Loan/Lease Number:		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household <input type="checkbox"/> Insured business <input type="checkbox"/> Spouse or relative out of the household <input type="checkbox"/> Employer/LLC <input type="checkbox"/> Non-relative in the household <input type="checkbox"/> Lessor <input type="checkbox"/> Non-relative out of the household		

Policy Number:

Vehicle Information (continued)		Vehicle #1
<b>Third Party Interest</b>		
Name of Individual or Company:	Address:	
Interest Type:	<input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest
Titleholder Type: <input type="checkbox"/> Individual		<input type="checkbox"/> Additional Insured - Lessor
Loan/Lease Number:	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household	<input type="checkbox"/> Insured business	
<input type="checkbox"/> Spouse or relative out of the household	<input type="checkbox"/> Employer/LLC	
<input type="checkbox"/> Non-relative in the household	<input type="checkbox"/> Lessor	
<input type="checkbox"/> Non-relative out of the household		
<b>Discounts</b>		
[discount name(s)]		
You may be required to take additional action and/or provide additional documentation to qualify for certain discounts.		
<b>Vehicle Information</b>		<b>Vehicle #2</b>
<input type="checkbox"/> <b>Car/Light Truck</b>		
Primary Use:		
<input type="checkbox"/> To work/school	<input type="checkbox"/> Farm year-round - Truck only	<input type="checkbox"/> Business/Occupation other than Farm
<input type="checkbox"/> Pleasure	<input type="checkbox"/> Antique/Classic/Replica	
Annual Mileage:	Odometer:	Odometer date (mm/yyyy):
VIN:		
Year:	Make:	Model:
Series Info:	MSRP:	
Address where garaged:		
Auto Safety Equipment:		
<input type="checkbox"/> Anti lock Brakes	<input type="checkbox"/> Daylight/Daytime Running Lights	<input type="checkbox"/> Electronic Stability Control
		<input type="checkbox"/> Air bags (type)
Salvage title or manufactured VIN? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
State owned? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive only? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this vehicle a kit car or replica? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type? <input type="checkbox"/> Kit Car		<input type="checkbox"/> Replica
Is this vehicle used for business purposes (other than to and from work or farm use) including delivery, transporting of merchandise, passengers for hire or as a rented/leased unit to others? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:		
Does this vehicle have any unrepaired damage? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the unrepaired damage including description of extent:		
Does any person(s) other than the named insured own or co-own this vehicle? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type? <input type="checkbox"/> Sole Owner		<input type="checkbox"/> Co-owner
Primary driver of this vehicle:	Other driver:	

Policy Number:

Vehicle Information (continued)		Vehicle #2
<b>Third Party Interest</b>		
Name of Individual or Company:	Address:	
Interest Type:	<input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest
Titleholder Type: <input type="checkbox"/> Individual		<input type="checkbox"/> Additional Insured - Lessor
Loan/Lease Number:	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household	<input type="checkbox"/> Insured business	
<input type="checkbox"/> Spouse or relative out of the household	<input type="checkbox"/> Employer/LLC	
<input type="checkbox"/> Non-relative in the household	<input type="checkbox"/> Lessor	
<input type="checkbox"/> Non-relative out of the household		
<b>Third Party Interest</b>		
Name of Individual or Company:	Address:	
Interest Type:	<input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest
Titleholder Type: <input type="checkbox"/> Individual		<input type="checkbox"/> Additional Insured - Lessor
Loan/Lease Number:	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household	<input type="checkbox"/> Insured business	
<input type="checkbox"/> Spouse or relative out of the household	<input type="checkbox"/> Employer/LLC	
<input type="checkbox"/> Non-relative in the household	<input type="checkbox"/> Lessor	
<input type="checkbox"/> Non-relative out of the household		
<b>Discounts</b>		
[discount name(s)]		
You may be required to take additional action and/or provide additional documentation to qualify for certain discounts.		

Coverage Selection	
An asterisk (*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$[20,000] per person and \$[40,000] per occurrence and Property Damage Liability limits of \$[15,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [customer service number] if you have any questions about available optional coverage.	
Coverage applied to all vehicles (unless specified as Comprehensive only)	
Name	Limit/Deductible
Bodily Injury To Others (Part 1) *	\$[20,000] per person \$[40,000] Per accident
Optional Bodily Injury To Others (Part 5) [The limits shown under this part are the total limits you have under Part 1 and Part]	[\$999,999 per person/\$999,999 per accident or Not Selected]
Damage To Someone Else's Property (Part 4) *	\$[999,999] per accident
Personal Injury Protection (Part 2) * - Deductible Option: <input type="checkbox"/> You and your household <input type="checkbox"/> You and your spouse	\$8000 per person \$[999] deductible
Medical Payments (Part 6)	[\$999,999 per person or Not Selected]
Bodily Injury Caused By An Uninsured Auto (Part 3) *	\$[999,999] per person \$[999,999] per accident
Bodily Injury Caused By An Underinsured Auto (Part 12)	[\$999,999 per person/\$999,999 per accident or Not Selected]

Policy Number:

<b>Coverage applied per vehicle</b>	
<b>Vehicle #1</b>	
<b>Name</b>	<b>Limit/Deductible</b>
Collision (Part 7)	[ \$999 Deductible or Not Selected]
[Waiver of Deductible - Collision]	
Limited Collision (Part 8)	[\$0 Deductible or Not Selected]
Comprehensive(Part 9)	[\$999 Deductible/ \$999 Glass Deductible or Not Selected]
Substitute Transportation (Part 10)	[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]
Emergency Roadside Service (Part 11)	[Selected or Not Selected]
[Agreed Amount Coverage Comprehensive]	[\$99,999 Agreed Amount/ \$999,999 Actual Cash Value]
[Name]	
<b>Vehicle #2</b>	
<b>Name</b>	<b>Limit/Deductible</b>
Collision (Part 7)	[ \$999 Deductible or Not Selected]
[Waiver of Deductible - Collision]	
Limited Collision (Part 8)	[\$0 Deductible or Not Selected]
Comprehensive(Part 9)	[\$999 Deductible/ \$999 Glass Deductible or Not Selected]
Substitute Transportation (Part 10)	[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]
Emergency Roadside Service (Part 11)	[Selected or Not Selected]
[Agreed Amount Coverage Comprehensive]	[\$99,999 Agreed Amount/ \$999,999 Actual Cash Value]
[Name]	
<b>Remarks</b>	
<b>Premium Information</b>	
	<b>Premium</b>
Vehicle #1	[\$[00.00]]
Vehicle #2	[\$[00.00]]
Bodily Injury Caused By An Uninsured Auto (Part 3) *	[\$[00.00]]
Bodily Injury Caused By An Underinsured Auto (Part 12)	[\$[00.00]]
Financial Responsibility Filing Fee	[\$[00.00]]
<b>Total Quoted Policy Premium - The quoted policy premium is subject to verification and adjustment when necessary, by the Company</b>	[\$[00.00]]

Policy Number:

[LOGO HERE]

**Applicant Certification:**

This application is part of your policy. You represent that the statements in your application are true. We provide this policy on the condition that your statements are true. If you or someone on your behalf gives us false, deceptive, misleading information or incomplete information in any application or policy change request 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 of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, names of all household members and customary operators required to be listed and the answers given for all listed operators. We may also limit our payment to those amounts that we are required to sell under the compulsory coverage of this policy.

**NOTICE:** 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 knowingly gives us false, deceptive, misleading or incomplete information in this application 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. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. We may also limit our payments under Part 3 and Part 4.

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 based on accurate information.

**IMPORTANT:** All proposed named insureds listed on this application must be made aware of the following consumer report statement by the person signing this application. Motor vehicle reports or claims loss reports, may be ordered in connection with this application and provide information that may assist in determining your eligibility for insurance and the price you may be charged. Motor vehicle reports or claims loss reports may also be used for updates, renewals or extensions of this insurance. We do not order credit reports or base rates on credit scores. You understand and agree that information we obtain from these reports may be shared with all named insureds on your policy.

You understand that you may be required to take additional action to qualify for discounts and coverages included in this application.

You certify that you have identified all drivers of the vehicles insured on this policy and all members of your household.

By submission of this application you have read this statement (or have had it read to you) and have selected the limits and coverage indicated.

If only one named insured is signing this application: By signing this application, you agree to all statements on this application on behalf of all insureds.

<b>Applicant Signature(s):</b>	<b>Date and Time Signed:</b>
<b>Applicant Signature(s):</b>	<b>Date and Time Signed:</b>



**Massachusetts Automobile  
Insurance Policy  
[Renewal] Declarations**

[LOGO HERE ]

Please read your policy

Named Insured(s)  
[Insured Name1]  
[Insured Name2]  
[Insured Mailing Address]  
[Insured City State Zip-code]

Underwritten by: [Issuing Company Name]  
[Return Address Line 1]  
[ReturnCity ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
For claims service: [claims phone  
number]  
[website.com]

Policy Information

Policy number [99999-99999-99]	Policy period [m/dd/yyyy] to [m/dd/yyyy]	Billing account number [123-456-789-0]
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Vehicles Insured by This Policy

Year	Make	Model	Series	VIN/Serial Number	Premium
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	[\$[00.00]
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	[\$[00.00]
<b>Subtotal</b>					<b>[\$[00.00]</b>

Policy Level Premium

Bodily Injury Caused By An Underinsured Auto (Part 12)	\$[00.00]
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$[00.00]
[Financial Responsibility Filing Fee]	\$[00.00]

**Total premium with discounts applied** \$[00.00]  
**[Total Premium with Customer Full Pay Discount** \$00.00]

Discounts Applied to this Policy

Driver related discounts

[discount Name] - [applicable person], [applicable person], [applicable person]  
[discount Name] - [applicable person], [applicable person], [applicable person]

Vehicle related discounts

[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr]  
[Make] [Model]  
[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr]  
[Make] [Model]

Other policy discounts

[discount name] - [discount subcategory]  
[discount name] - [discount subcategory]

**These discounts reduced your total premium by** \$[00.00]

Drivers

Drivers are individuals who are used to rate this policy.

Name(s)	<b>[Financial Responsibility Filing]</b>
[Operator]	<b>[Yes ]</b>

Non-Drivers

Non-drivers are individuals in the household who are not listed as drivers on this policy.

Name(s)  
[Non-Operator]

## Policy Forms

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These forms apply to the entire policy.

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Form Number	Name(s)
[Form Number]	Name of Endorsement
[Form Number]	Name of Endorsement

## State and Policy Information

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[You have Earned Accident Forgiveness.]

[Your recent accident was forgiven by our Accident Forgiveness Program. You can earn Accident Forgiveness again by maintaining a clean driving record.]

An asterisk (\*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$[20,000] per person and \$[40,000] per occurrence and Property Damage Liability limits of \$[15,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [customer service number] if you have any questions about available optional coverage.

Agent information added here

## Customer Service Information

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[1-800-XXX-XXXX]  
[website.com]

Declarations are effective on the date shown. These declarations form a part of this policy and replace all other declarations which may have been issued previously for this policy. If these declarations are accompanied by a new policy, the policy replaces any which may have been issued before with the same policy number.

AUTHORIZED  
REPRESENTATIVE

[] []

President

Secretary

Policy Level Coverage

The policy level coverage shown below applies to a vehicle when coverage is displayed under Vehicle Coverage, Endorsements and Other Charges for the vehicle. The policy limit shown is the maximum available for each person or each occurrence and may not be added, combined or stacked if coverage is displayed for more than one vehicle insured under this policy.

Coverage	Policy Limit
Bodily Injury To Others (Part 1)*	[\$20,000] per person [\$40,000] per accident
[Optional Bodily Injury To Others (Part 5) The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]	[\$999,999 per person \$999,999 per accident or Not Selected]
Damage To Someone Else's Property (Part 4)*	[\$999,999] per accident
Personal Injury Protection (Part 2)* - Deductible Option: [You and your household or You and your spouse]	\$8,000 per person \$[999] deductible
Medical Payments (Part 6)	[\$999,999 per person or Not Selected]
Bodily Injury Caused By An Uninsured Auto (Part 3)*	[\$999,999] per person [\$999,999] per accident
Bodily Injury Caused By An Underinsured Auto (Part 12)	[\$999,999 per person \$999,999 per accident or Not Selected]

Vehicle #1 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
Name				<b>Policy Limit/Deductible</b>	Premium
Bodily Injury To Others (Part 1)*				[\$20,000] each person/ [\$40,000] each accident	[\$00.00]
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]				[\$0 each person/ \$0 each accident or Not Selected]	[\$00.00]
Damage To Someone Else's Property (Part 4)*				[\$0 limit or deductible]	
Personal Injury Protection (Part 2)* Deductible Option: [You and your household or You and your spouse]				[\$0 limit per person] [\$0 deductible]	
Medical Payments (Part 6)				[\$0 limit or deductible or Not Selected]	
Bodily Injury Caused By An Uninsured Auto (Part 3)				[\$0 limit or deductible]	[Policy Level Premium]
Bodily Injury Caused By An Underinsured Auto (Part 12)				[\$0 limit or deductible or Not Selected]	[Policy Level Premium]
Collision (Part 7) [Waiver of Deductible]				[\$999 Deductible or Not Selected]	[\$00.00 \$[00.00]
Limited Collision (Part 8)				[\$0 Deductible or Not Selected]	[Included]
Comprehensive (Part 9)				[\$9999 deductible] [\$999 Glass Deductible or Not Selected]	[\$00.00]
Substitute Transportation (Part 10)				[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]	[\$00.00]
Emergency Roadside Service (Part 11) [Name]				[blank or Not Selected]	[\$00.00 \$[00.00]

Vehicle premium with discounts applied **\$[00.00]**

Address where vehicle is kept

[Garaged Address]

Lienholder

Lienholder Name and Address

Additional Insured

Additional Insured Name and Address

Additional Insured - Lessor

Additional Insured Name and Address

Additional Interest

Additional Interest Name and Address

Vehicle #2 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
Name				<b>Policy Limit/Deductible</b>	Premium
Bodily Injury To Others (Part 1)*				[\$20,000] each person/ [\$40,000] each accident	[\$00.00]
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]				[\$0 each person/ \$0 each accident or Not Selected]	[\$00.00]
Damage To Someone Else's Property (Part 4)*				[\$0 limit or deductible]	
Personal Injury Protection (Part 2)* Deductible Option: [You and your household or You and your spouse]				[\$0 limit per person] [\$0 deductible]	
Medical Payments (Part 6)				[\$0 limit or deductible or Not Selected]	
Bodily Injury Caused By An Uninsured Auto (Part 3)				[\$0 limit or deductible]	Policy Level Premium
Bodily Injury Caused By An Underinsured Auto (Part 12)				[\$0 limit or deductible or Not Selected]	Policy Level Premium]
Collision (Part 7) [Waiver of Deductible]				[\$999 Deductible or Not Selected]	[\$00.00] [\$00.00]
Limited Collision (Part 8) Comprehensive (Part 9)				[\$0 Deductible or Not Selected] [\$9999 deductible [\$999 Glass Deductible or Not Selected]	[Included] [\$00.00]
Substitute Transportation (Part 10)				[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]	[\$00.00]
Emergency Roadside Service (Part 11) [Name]				[blank or Not Selected]	[\$00.00] [\$00.00]

Vehicle premium with discounts applied \$0.00

Vehicle Coverage, Endorsements and Other charges (continued)

Enhanced Underinsured Motorist - Property  
Damage

Vehicle premium with discounts applied \$0.00

Address where vehicle is kept  
[Garaged Address]

Lienholder  
Lienholder Name and Address

Additional Insured  
Additional Insured Name and Address

Additional Insured - Lessor  
Additional Insured Name and Address

Additional Interest  
Additional Interest Name and Address

**Policy Change**  
**[Policy type]**

[LOGO HERE]

**Named Insured(s)**

[Insured Name1]  
[Insured Name2]  
[Insured Address Line 1]  
[Insured Address Line 2]  
[Insured Address Line 3]

Underwritten by: [Issuing Company Name]  
[Return Address Line1]  
[Return Address Line2]  
[Return Address Line3]  
[Return City WI 55555-9999]

For customer service: [customer service phone number]  
For claims service: [claims phone number]  
[www.website.com]

**A Policy Change provides a summary of a change to the policy that occurs during the policy period. This Policy Change is effective the date shown and forms a part of this policy.**

**Policy Information**

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<b>Policy number</b> [policy number]	<b>Policy period</b> [m/d/yyyy] to [m/d/yyyy]	<b>Billing account number</b> [billing account number]
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**Change(s) made to your policy effective: [m/d/yyyy] at 12:01 a.m.**

---

**Description of change**  
[policy change description]

Agent information added here

**Total premium adjustment: \$0.00**

AUTHORIZED REPRESENTATIVE

[*Andrew A. M. Edrington, Jr.*]  
President

[*[Signature]*]  
Secretary

**Massachusetts Automobile  
Insurance Policy  
[Renewal] Declarations**

[LOGO HERE ]

Please read your policy

Named Insured(s)  
[Insured Name1]  
[Insured Name2]  
[Insured Mailing Address]  
[Insured City State Zip-code]

Underwritten by: [Issuing Company Name]  
[Return Address Line 1]  
[ReturnCity ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
For claims service: [claims phone  
number]  
[website.com]

**Policy Information**

Policy number [99999-99999-99]	Policy period [m/dd/yyyy] to [m/dd/yyyy]	Billing account number [123-456-789-0]
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**Vehicles Insured by This Policy**

Year	Make	Model	Series	VIN/Serial Number	Premium
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	[\$[00.00]
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	[\$[00.00]
<b>Subtotal</b>					<b>[\$[00.00]</b>

**Policy Level Premium**

Bodily Injury Caused By An Underinsured Auto (Part 12)	\$[00.00]
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$[00.00]
[Financial Responsibility Filing Fee]	\$[00.00]
<b>Total premium with discounts applied</b>	
<b>[\$[00.00]</b>	
<b>[Total Premium with Customer Full Pay Discount</b>	
<b>\$[00.00]</b>	

**Discounts Applied to this Policy**

**Driver related discounts**

[discount Name] - [applicable person], [applicable person], [applicable person]  
[discount Name] - [applicable person], [applicable person], [applicable person]

**Vehicle related discounts**

[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr]  
[Make] [Model]  
[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr]  
[Make] [Model]

**Other policy discounts**

[discount name] - [discount subcategory]  
[discount name] - [discount subcategory]

**These discounts reduced your total premium by \$[00.00]**

**Drivers**

Drivers are individuals who are used to rate this policy.

Name(s)	<b>[Financial Responsibility Filing]</b>
[Operator]	<b>[Yes ]</b>

**Non-Drivers**

Non-drivers are individuals in the household who are not listed as drivers on this policy.

Name(s)  
[Non-Operator]

## Policy Forms

These forms apply to the entire policy.

Form Number	Name(s)
[Form Number]	Name of Endorsement
[Form Number]	Name of Endorsement

## State and Policy Information

[You have Earned Accident Forgiveness.]

[Your recent accident was forgiven by our Accident Forgiveness Program. You can earn Accident Forgiveness again by maintaining a clean driving record.]

An asterisk (\*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$[20,000] per person and \$[40,000] per occurrence and Property Damage Liability limits of \$[15,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [customer service number] if you have any questions about available optional coverage.

Agent information added here

## Customer Service Information

[1-800-XXX-XXXX]  
[website.com]

Declarations are effective on the date shown. These declarations form a part of this policy and replace all other declarations which may have been issued previously for this policy. If these declarations are accompanied by a new policy, the policy replaces any which may have been issued before with the same policy number.

AUTHORIZED  
REPRESENTATIVE

[] []

President

Secretary



Policy Level Coverage

The policy level coverage shown below applies to a vehicle when coverage is displayed under Vehicle Coverage, Endorsements and Other Charges for the vehicle. The policy limit shown is the maximum available for each person or each occurrence and may not be added, combined or stacked if coverage is displayed for more than one vehicle insured under this policy.

Coverage	Policy Limit
Bodily Injury To Others (Part 1)*	[\$20,000] per person [\$40,000] per accident
[Optional Bodily Injury To Others (Part 5) The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]	[\$999,999] per person \$999,999 per accident or Not Selected]
Damage To Someone Else's Property (Part 4)*	[\$999,999] per accident
Personal Injury Protection (Part 2)* - Deductible Option: [You and your household or You and your spouse]	\$8,000 per person \$[999] deductible
Medical Payments (Part 6)	[\$999,999] per person or Not Selected]
Bodily Injury Caused By An Uninsured Auto (Part 3)*	[\$999,999] per person [\$999,999] per accident
Bodily Injury Caused By An Underinsured Auto (Part 12)	[\$999,999] per person \$999,999 per accident or Not Selected]

Vehicle #1 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
Name				<b>Policy Limit/Deductible</b>	Premium
Bodily Injury To Others (Part 1)*				[\$20,000] each person/ [\$40,000] each accident	[\$00.00]
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]				[\$0 each person/ \$0 each accident or Not Selected]	[\$00.00]
Damage To Someone Else's Property (Part 4)*				[\$0 limit or deductible]	
Personal Injury Protection (Part 2)* Deductible Option: [You and your household or You and your spouse]				[\$0 limit per person] [\$0 deductible]	
Medical Payments (Part 6)				[\$0 limit or deductible or Not Selected]	
Bodily Injury Caused By An Uninsured Auto (Part 3)				[\$0 limit or deductible]	[Policy Level Premium]
Bodily Injury Caused By An Underinsured Auto (Part 12)				[\$0 limit or deductible or Not Selected]	[Policy Level Premium]
Collision (Part 7) [Waiver of Deductible]				[\$999 Deductible or Not Selected]	[\$00.00 \$[00.00]
Limited Collision (Part 8)				[\$0 Deductible or Not Selected]	[Included]
Comprehensive (Part 9)				[\$9999 deductible] [\$999 Glass Deductible or Not Selected]	[\$00.00]
Substitute Transportation (Part 10)				[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]	[\$00.00]
Emergency Roadside Service (Part 11) [Name]				[blank or Not Selected]	[\$00.00] [\$00.00]

Vehicle premium with discounts applied **\$[00.00]**

Address where vehicle is kept

[Garaged Address]

Lienholder

Lienholder Name and Address

Additional Insured

Additional Insured Name and Address

Additional Insured - Lessor

Additional Insured Name and Address

Additional Interest

Additional Interest Name and Address

Vehicle #2 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
Name				<b>Policy Limit/Deductible</b>	Premium
Bodily Injury To Others (Part 1)*				[\$20,000] each person/ [\$40,000] each accident	[\$00.00]
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]				[\$0 each person/ \$0 each accident or Not Selected]	[\$00.00]
Damage To Someone Else's Property (Part 4)*				[\$0 limit or deductible]	
Personal Injury Protection (Part 2)* Deductible Option: [You and your household or You and your spouse]				[\$0 limit per person] [\$0 deductible]	
Medical Payments (Part 6)				[\$0 limit or deductible or Not Selected]	
Bodily Injury Caused By An Uninsured Auto (Part 3)				[\$0 limit or deductible]	Policy Level Premium
Bodily Injury Caused By An Underinsured Auto (Part 12)				[\$0 limit or deductible or Not Selected]	Policy Level Premium]
Collision (Part 7) [Waiver of Deductible]				[\$999 Deductible or Not Selected]	[\$00.00] [\$00.00]
Limited Collision (Part 8) Comprehensive (Part 9)				[\$0 Deductible or Not Selected] [\$9999 deductible [\$999 Glass Deductible or Not Selected]	[Included] [\$00.00]
Substitute Transportation (Part 10)				[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]	[\$00.00]
Emergency Roadside Service (Part 11) [Name]				[blank or Not Selected]	[\$00.00] [\$00.00]

Vehicle premium with discounts applied \$0.00

Vehicle Coverage, Endorsements and Other charges (continued)

Enhanced Underinsured Motorist - Property  
Damage

Vehicle premium with discounts applied \$0.00

Address where vehicle is kept  
[Garaged Address]

Lienholder  
Lienholder Name and Address

Additional Insured  
Additional Insured Name and Address

Additional Insured - Lessor  
Additional Insured Name and Address

Additional Interest  
Additional Interest Name and Address

**Policy Change**  
**[Policy type]**

[LOGO HERE]

**Named Insured(s)**

[Insured Name1]  
[Insured Name2]  
[Insured Address Line 1]  
[Insured Address Line 2]  
[Insured Address Line 3]

Underwritten by: [Issuing Company Name]  
[Return Address Line1]  
[Return Address Line2]  
[Return Address Line3]  
[Return City WI 55555-9999]

For customer service: [customer service phone number]  
For claims service: [claims phone number]  
[www.website.com]

**A Policy Change provides a summary of a change to the policy that occurs during the policy period. This Policy Change is effective the date shown and forms a part of this policy.**

**Policy Information**

---

**Policy number**

[policy number]

**Policy period**

[m/d/yyyy] to [m/d/yyyy]

**Billing account number**

[billing account number]

**Change(s) made to your policy effective: [m/d/yyyy] at 12:01 a.m.**

---

**Description of change**

[policy change description]

Agent information added here

**Total premium adjustment: \$0.00**

AUTHORIZED  
REPRESENTATIVE

[Signature]

President

[Signature]

Secretary

**Policy Change**  
**[Policy type]**

[LOGO HERE]

**Named Insured(s)**

[Insured Name1]  
[Insured Name2]  
[Insured Address Line 1]  
[Insured Address Line 2]  
[Insured Address Line 3]

Underwritten by: [Issuing Company Name]  
[Return Address Line1]  
[Return Address Line2]  
[Return Address Line3]  
[Return City WI 55555-9999]

For customer service: [customer service phone number]  
For claims service: [claims phone number]  
[www.website.com]

**A Policy Change provides a summary of a change to the policy that occurs during the policy period. This Policy Change is effective the date shown and forms a part of this policy.**

**Policy Information**

Policy number	Policy period	Billing account number
[policy number]	[m/d/yyyy] to [m/d/yyyy]	[billing account number]

**Change(s) made to your policy effective: [m/d/yyyy] at 12:01 a.m.**

**Description of change**  
[policy change description]

**Total premium adjustment: \$0.00**

**[Agent Information]**

[Agency name][Agent ID]  
[Agent Address Line 1]  
[Agent Address Line 2]  
[City] [State code] [12345-1234]  
[XXX-XXX-XXXX]

[Agency Email]

AUTHORIZED REPRESENTATIVE [ *Andrew A. M. Elmer, Jr.* ] [ *[Signature]* ]  
President Secretary

**Massachusetts Automobile  
Insurance Policy  
[Renewal] Declarations**

[LOGO HERE ]

Please read your policy

Named Insured(s)  
[Insured Name1]  
[Insured Name2]  
[Insured Mailing Address]  
[Insured City State Zip-code]

Underwritten by: [Issuing Company Name]  
[Return Address Line 1]  
[ReturnCity ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
For claims service: [claims phone number]  
[website.com]

Policy Information

Policy number [99999-99999-99]	Policy period [m/dd/yyyy] to [m/dd/yyyy]	Billing account number [123-456-789-0]
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Vehicles Insured by This Policy

Year	Make	Model	Series	VIN/Serial Number	Premium
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	[\$[00.00]
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	[\$[00.00]
<b>Subtotal</b>					<b>[\$[00.00]</b>

Policy Level Premium

Bodily Injury Caused By An Underinsured Auto (Part 12)	\$[00.00]
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$[00.00]
[Financial Responsibility Filing Fee]	\$[00.00]

**Total premium with discounts applied** \$[00.00]  
**[Total Premium with Customer Full Pay Discount** \$00.00]

Discounts Applied to this Policy

Driver related discounts

[discount Name] - [applicable person], [applicable person], [applicable person]  
[discount Name] - [applicable person], [applicable person], [applicable person]

Vehicle related discounts

[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr] [Make] [Model]  
[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr] [Make] [Model]

Other policy discounts

[discount name] - [discount subcategory]  
[discount name] - [discount subcategory]

**These discounts reduced your total premium by** \$[00.00]

Drivers

Drivers are individuals who are used to rate this policy.

Name(s)	<b>[Financial Responsibility Filing]</b>
[Operator]	<b>[Yes ]</b>

Non-Drivers

Non-drivers are individuals in the household who are not listed as drivers on this policy.

Name(s)  
[Non-Operator]

Policy Forms

These forms apply to the entire policy.

Form Number	Name(s)
[Form Number]	Name of Endorsement
[Form Number]	Name of Endorsement

State and Policy Information

[You have Earned Accident Forgiveness.]

[Your recent accident was forgiven by our Accident Forgiveness Program. You can earn Accident Forgiveness again by maintaining a clean driving record.]

An asterisk (\*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$[20,000] per person and \$[40,000] per occurrence and Property Damage Liability limits of \$[5,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [customer service number] if you have any questions about available optional coverage.

[Agent Information]

[Agency name][Agent ID]	[Agency Email]
[Agent Address Line 1]	
[Agent Address Line 2]	
[City] [State code] [12345-1234] [XXX-XXX-XXXX]	

Customer Service Information

[1-800-XXX-XXXX]  
[website.com]

Declarations are effective on the date shown. These declarations form a part of this policy and replace all other declarations which may have been issued previously for this policy. If these declarations are accompanied by a new policy, the policy replaces any which may have been issued before with the same policy number.

AUTHORIZED REPRESENTATIVE	[ <i>Andrew A. McElroy, Jr.</i> ]	[ <i>[Signature]</i> ]
	President	Secretary

Policy Level Coverage

The policy level coverage shown below applies to a vehicle when coverage is displayed under Vehicle Coverage, Endorsements and Other Charges for the vehicle. The policy limit shown is the maximum available for each person or each occurrence and may not be added, combined or stacked if coverage is displayed for more than one vehicle insured under this policy.

Coverage	Policy Limit
Bodily Injury To Others (Part 1)*	[\$20,000] per person [\$40,000] per accident
[Optional Bodily Injury To Others (Part 5) The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]	[\$999,999 per person \$999,999 per accident or Not Selected]
Damage To Someone Else's Property (Part 4)*	[\$999,999] per accident
Personal Injury Protection (Part 2)* - Deductible Option: [You and your household or You and your spouse]	\$8,000 per person \$[999] deductible
Medical Payments (Part 6)	[\$999,999 per person or Not Selected]
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$[999,999] per person \$[999,999] per accident
Bodily Injury Caused By An Underinsured Auto (Part 12)	[\$999,999 per person \$999,999 per accident or Not Selected]

Vehicle #1 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
<b>Name</b>				<b>Policy Limit/Deductible</b>	<b>Premium</b>
Bodily Injury To Others (Part 1)*				[\$20,000] each person/ [\$40,000] each accident	[\$00.00]
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]				[\$0 each person/ \$0 each accident or Not Selected]	[\$00.00]
Damage To Someone Else's Property (Part 4)*				[\$0 limit or deductible]	
Personal Injury Protection (Part 2)* Deductible Option: [You and your household or You and your spouse]				[\$0 limit per person] [\$0 deductible]	
Medical Payments (Part 6)				[\$0 limit or deductible or Not Selected]	
Bodily Injury Caused By An Uninsured Auto (Part 3)				[\$0 limit or deductible]	[Policy Level Premium]
Bodily Injury Caused By An Underinsured Auto (Part 12)				[\$0 limit or deductible or Not Selected]	[Policy Level Premium]
Collision (Part 7) [Waiver of Deductible]				[\$999 Deductible or Not Selected]	[\$00.00 \$[00.00]
Limited Collision (Part 8)				[\$0 Deductible or Not Selected]	[Included]
Comprehensive (Part 9)				[\$9999 deductible] [\$999 Glass Deductible or Not Selected]	[\$00.00]
Substitute Transportation (Part 10)				[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]	[\$00.00]
Emergency Roadside Service (Part 11) [Name]				[blank or Not Selected]	[\$00.00 \$[00.00]

Vehicle premium with discounts applied **[\$00.00]**



Address where vehicle is kept

[Garaged Address]

Lienholder

Lienholder Name and Address

Additional Insured

Additional Insured Name and Address

Additional Insured - Lessor

Additional Insured Name and Address

Additional Interest

Additional Interest Name and Address

Vehicle #2 Coverage, Endorsements and Other Charges

Year	Make	Model	Series	VIN/Serial Number	
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	
Name				<b>Policy Limit/Deductible</b>	Premium
Bodily Injury To Others (Part 1)*				[\$20,000] each person/ [\$40,000] each accident	[\$00.00]
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]				[\$0 each person/ \$0 each accident or Not Selected]	[\$00.00]
Damage To Someone Else's Property (Part 4)*				[\$0 limit or deductible]	
Personal Injury Protection (Part 2)* Deductible Option: [You and your household or You and your spouse]				[\$0 limit per person] [\$0 deductible]	
Medical Payments (Part 6)				[\$0 limit or deductible or Not Selected]	
Bodily Injury Caused By An Uninsured Auto (Part 3)				[\$0 limit or deductible]	Policy Level Premium
Bodily Injury Caused By An Underinsured Auto (Part 12)				[\$0 limit or deductible or Not Selected]	Policy Level Premium]
Collision (Part 7) [Waiver of Deductible]				[\$999 Deductible or Not Selected]	[\$00.00] [\$00.00]
Limited Collision (Part 8)				[\$0 Deductible or Not Selected]	[Included]
Comprehensive (Part 9)				[\$9999 deductible [\$999 Glass Deductible or Not Selected]	[\$00.00]
Substitute Transportation (Part 10)				[\$00 Daily Limit/ \$00 Maximum Limit or Not Selected]	[\$00.00]
Emergency Roadside Service (Part 11) [Name]				[blank or Not Selected]	[\$00.00] [\$00.00]

Vehicle premium with discounts applied \$0.00

Vehicle Coverage, Endorsements and Other charges (continued)

---

Enhanced Underinsured Motorist - Property  
Damage

---

Vehicle premium with discounts applied \$0.00

---

Address where vehicle is kept  
[Garaged Address]

---

Lienholder  
Lienholder Name and Address

---

Additional Insured  
Additional Insured Name and Address

---

Additional Insured - Lessor  
Additional Insured Name and Address

---

Additional Interest  
Additional Interest Name and Address

# Policy Change Family Car Policy

[LOGO HERE]

## Named Insured(s)

[Insured Name1]  
[Insured Name2]  
[Insured Address Line 1]  
[Insured Address Line 2]  
[Insured Address Line 3]

Underwritten by: [Issuing Company Name]  
[Return Address Line 1]  
[Return City ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
For claims service: [claims phone number]  
[website.com]

A Policy Change provides a summary of a change to the policy that occurs during the policy period. This Policy Change is effective the date shown and forms a part of this policy.

## Policy Information

Policy number	Policy period	Billing account number
[policy number]	[XX/XX/XXXX] to [XX/XX/XXXX]	[XXX-XXX-XXX-X]

Change(s) made to your policy effective: [XX/XX/XXXX] at 12:01 a.m.

Description of change [Policy  
Change description]

**Total premium adjustment: \$0.00**

## [Agent Information]

[Agency name][Agent ID]

[Agency Email]

[Agent Address Line 1]  
[Agent Address Line 2]  
[City] [State code] [12345-1234]  
[XXX-XXX-XXXX]

AUTHORIZED REPRESENTATIVE [ *Andrew A. M. Elvira, Jr.* ] [ *[Signature]* ]  
President Secretary

# Massachusetts Automobile Insurance Policy Renewal Declarations

[LOGO HERE]

Underwritten by: [Issuing Company Name]  
[Return Address Line 1]  
[Return City ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
For claims service: [claims phone  
number]  
[website.com]

Please read your policy

Named Insured(s)  
[Insured Name1]  
[Insured Name2]  
[Insured Address Line 1]  
[Insured Address Line 2]  
[Insured Address Line 3]

## Policy Information

Policy number [99999-99999-99]	Policy period [XX/XX/XXXX] to [XX/XX/XXXX]	Billing account number [XXX-XXX-XXX-X]
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## Vehicles Insured by This Policy

Year	Make	Model	Series	VIN/Serial Number	Premium
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	

Subtotal \$0.00

## Policy Level Premium

Bodily Injury Caused By An Underinsured Auto (Part 12)	\$0.00
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$0.00
Financial Responsibility Filing Fee	\$0.00

Total premium with discounts applied \$0.00

Total Premium with Customer Full Pay Discount \$0.00

## Discounts Applied to this Policy

Driver related discounts  
[discount Name] - [applicable person], [applicable person], [applicable person]  
[discount Name] - [applicable person], [applicable person], [applicable person]

Vehicle related discounts  
[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr]  
[Make] [Model]  
[discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr]  
[Make] [Model]

Other policy discounts  
[discount name] - [discount subcategory]  
[discount name] - [discount subcategory]

These discounts reduced your total premium by \$0.00

## Drivers

Drivers are individuals who are used to rate this policy.

Name(s)	Financial Responsibility Filing
[Operator]	Yes

Non-Drivers

Non-drivers are individuals in the household who are not listed as drivers on this policy.

Name(s)  
[Non-Operator]

Policy Forms

These forms apply to the entire policy.

Form Number      Name(s)  
[Form Number]      Name of Endorsement  
[Form Number]      Name of Endorsement

State and Policy Information

[Your recent accident was forgiven by our Accident Forgiveness Program. You can earn Accident Forgiveness again by maintaining a clean driving record.]

An asterisk (\*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least [\$20,000] per person and [\$40,000] per occurrence and Property Damage Liability limits of [\$5,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [1-800-XXX-XXXX] if you have any questions about available optional coverage.

[Agent Information]

[Agency name][Agent ID]

[Agency Email]

[Agent Address Line 1]  
[Agent Address Line 2]  
[City] [State code] [12345-1234]  
[XXX-XXX-XXXX]

Customer Service Information

[1-800-XXX-XXXX]  
[website.com]

Declarations are effective on the date shown. These declarations form a part of this policy and replace all other declarations which may have been issued previously for this policy. If these declarations are accompanied by a new policy, the policy replaces any which may have been issued before with the same policy number.

AUTHORIZED REPRESENTATIVE [ *Andrew A. M. Edwards, Jr.* ] [ *[Signature]* ]  
President Secretary

Policy Level Coverage

The policy level coverage shown below applies to a vehicle when coverage is displayed under Vehicle Coverage, Endorsements and Other Charges for the vehicle. The policy limit shown is the maximum available for each person or each occurrence and may not be added, combined or stacked if coverage is displayed for more than one vehicle insured under this policy.

Coverage	Policy Limit
Bodily Injury To Others (Part 1)*	\$999,999 per person \$999,999 per accident
Optional Bodily Injury To Others (Part 5) The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5	\$999,999 per person \$999,999 per accident
Damage To Someone Else's Property (Part 4)	\$999,999 per accident
Medical Payments(Part 6)	\$999,999 per person
Bodily Injury Caused By An Underinsured Auto (Part 12)	\$999,999 per person \$999,999 per accident
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$999,999 per person \$999,999 per accident
Personal Injury Protection (Part 2)* -Deductible Option: [You and your household or You and your spouse]	\$999,999 per person \$999,999 deductible

Vehicle #1 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
Name					Premium
Bodily Injury To Others (Part 1)*			\$999,999 per person \$999,999 per accident		
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]			\$999,999 per person \$999,999 per accident		
Damage To Someone Else's Property (Part 4)*			\$999,999 per accident		
Bodily Injury Caused By An Uninsured Auto (Part 3)*			\$999,999 per person \$999,999 per accident		
Bodily Injury Caused By An Underinsured Auto (Part 12)			\$999,999 per person \$999,999 per accident		
Medical Payments (Part 6)			\$999,999 per person		
Comprehensive (Part 9)			\$999 deductible		
Collision (Part 7) [Waiver of Deductible - Collision]			\$999 deductible		
Limited Collision (Part 8)			\$999,999 deductible		
Emergency Roadside Service (Part 11)					
Loan or Lease Assistance					
New Car Replacement					
Road Trip Accident Accommodations					
Substitute Transportation (Part 10)			\$99 Daily Limit \$99 Maximum Limit		
Personal Injury Protection (Part 2)* Deductible Option:[You and your household or You and your spouse]			\$999,999 per person \$999 deductible		

Vehicle Coverage, Endorsements and Other charges (continued)

Agreed Amount Coverage - Comprehensive	\$25,000 Agreed Amount \$25,000 Actual Cash value
Vehicle premium with discounts applied \$0.00	

Address where vehicle is kept  
[Garaged Address]

Lienholder  
Lienholder Name and Address

Additional Insured  
Additional Insured Name and Address

Additional Insured - Lessor  
Additional Insured Lessor Name and Address

Additional Interest  
Additional Interest Name and Address

Vehicle #2 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
Name					Premium
Bodily Injury To Others (Part 1)*			\$999,999 per person \$999,999 per accident		
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]			\$999,999 per person \$999,999 per accident		
Damage To Someone Else's Property (Part 4)*			\$999,999 per accident		
Bodily Injury Caused By An Uninsured Auto (Part 3)*			\$999,999 per person \$999,999 per accident		
Bodily Injury Caused By An Underinsured Auto (Part 12)			\$999,999 per person \$999,999 per accident		
Medical Payments (Part 6)			\$999,999 per person		
Comprehensive (Part 9)			\$999 deductible		
Collision (Part 7) [Waiver of Deductible - Collision]			\$999 deductible		
Limited Collision (Part 8)			\$999,999 deductible		
Emergency Roadside Service (Part 11)					
Loan or Lease Assistance					
New Car Replacement					
Road Trip Accident Accommodations					
Substitute Transportation (Part 10)			\$99 Daily Limit \$99 Maximum Limit		
Personal Injury Protection (Part 2)* Deductible Option:[You and your household or You and your spouse]			\$999,999 per person \$999 deductible		

Vehicle Coverage, Endorsements and Other charges (continued)

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Agreed Amount Coverage -	\$25,000 Agreed Amount
Comprehensive	\$25,000 Actual Cash value

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Vehicle premium with discounts applied \$0.00

Address where vehicle is kept

[Garaged Address]

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Lienholder

Lienholder Name and Address

---

Additional Insured

Additional Insured Name and Address

---

Additional Insured - Lessor

Additional Insured Lessor Name and Address

---

Additional Interest

Additional Interest Name and Address



# Massachusetts Automobile Insurance Policy Application

[LOGO HERE]

[Your Agent is:]  
 [Agency Name] [Agency ID]  
 [Agency Address Line 1]  
 [Agency Address Line 2]  
 [Any City US 12345-6789]  
 [999-999-9999]  
 [AgencyEmail@name.com]

Underwritten by: [Issuing Company Name]  
 [Return Address Line 1]  
 [ReturnCity ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
 For claims service: [claims phone number]  
 [website.com]

Policy Information	
<b>Policy Number:</b>	<b>Policy Term:</b> <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
<b>Effective Date:</b> at 12:01 a.m.	<b>Expiration Date:</b> at 12:01 a.m.
<b>Application Date and Time Taken:</b>	at <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>Other Policies:</b>	
Has any member of your household had a loss in the last 5 years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any loss occurred between the effective date and the date of submission? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any named insured resided at a different address in the past 12 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, prior address:	
Do you rent or own your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
This information is used for marketing and/or research purposes.	

**Please list all drivers of the vehicles and members of your household on this application.**

Insured Information	
Customer Information - Primary Named Insured	
<b>Name</b> (first, middle, last, suffix):	<b>Date of Birth:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Not Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>SSN:</b>	<b>FEIN:</b>
<b>Primary Language:</b>	<b>Secondary Language:</b>
<b>Preferred Contact Method:</b> <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
<b>Primary Residence Address:</b>	<input type="checkbox"/> Use as mailing address
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Work Phone:</b>	<b>Fax Number:</b>
<b>E-mail:</b>	<b>Other E-mail:</b>
<b>Driver's License State:</b>	<b>Driver's License Number:</b>
	<b>Original Driver's License Date:</b>
Driver Information - Primary Named Insured	
<b>Driver Type:</b> <input type="checkbox"/> Driver <input type="checkbox"/> Non-Driver <input type="checkbox"/> Excluded Driver	
<b>Non-Driver Description:</b>	<input type="checkbox"/> Other than specified If other, please describe:
<input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy	

Policy Number:

Insured Information (continued)			
Are your driving privileges currently revoked or suspended? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Have you been convicted of a felony in the last three years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, conviction date(s) (mm/yyyy):		If yes, explain:	
Are you a student staying more than 100 miles away from home without a vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
School City:		School State:	School Zip:
Do you need a financial responsibility filing (SR22)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Filing Type:		<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Owner in behalf of	
Comments:			
Deployed date (mm/dd/yyyy):		Date returned from military deployment (mm/dd/yyyy):	
Prior Policy Information - Primary Named Insured			
Prior Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Carrier Name:	
Policy Number:		Policy Type:	Policy Status:
Risk Type:		<input type="checkbox"/> Mixed <input type="checkbox"/> Assigned <input type="checkbox"/> Facility <input type="checkbox"/> Non-Standard <input type="checkbox"/> Standard <input type="checkbox"/> Preferred	
Inception Date:	Effective Date:	Expiration Date:	Prior Bodily Injury Limits:
Insured Name (first/last):			Role:
Customer Information - Secondary Named Insured			
Name (first, middle, last, suffix):			Date of Birth:
Relationship to Primary Named Insured: <input type="checkbox"/> Spouse <input type="checkbox"/> Not related <input type="checkbox"/> Related other than spouse			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail			
Primary Residence Address: <input type="checkbox"/> Use as mailing address			
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
E-mail:		Other E-mail:	
Driver's License State:	Driver's License Number:		Original Driver's License Date:
Driver Information - Secondary Named Insured			
Driver Type: <input type="checkbox"/> Driver <input type="checkbox"/> Non-Driver <input type="checkbox"/> Excluded Driver			
Non-Driver Description:			<input type="checkbox"/> Other than specified If other, please describe:
<input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy			

Policy Number:

<b>Insured Information (continued)</b>			
Are your driving privileges currently revoked or suspended? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Have you been convicted of a felony in the last three years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, conviction date(s) (mm/yyyy):		If yes, explain:	
Are you a student staying more than 100 miles away from home without a vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
School City:		School State:	School Zip:
Do you need a financial responsibility filing (SR22)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Filing Type:		<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Owner in behalf of	
Comments:			
Deployed date (mm/dd/yyyy):		Date returned from military deployment (mm/dd/yyyy):	
<b>Prior Policy Information - Secondary Named Insured</b>			
Prior Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Carrier Name:	
Policy Number:		Policy Type:	Policy Status:
Risk Type:		<input type="checkbox"/> Mixed <input type="checkbox"/> Assigned <input type="checkbox"/> Facility <input type="checkbox"/> Non-Standard <input type="checkbox"/> Standard <input type="checkbox"/> Preferred	
Inception Date:	Effective Date:	Expiration Date:	Prior Bodily Injury Limits:
Insured Name (first/last):			Role:
<b>Customer Information - Other Household Occupants</b>			
<b>Furnish information for each individual who customarily operates the auto(s) whether or not a household member.</b> Your failure to list a household member or any individual who customarily operates your auto(s) may have very serious consequences.			
Name (first, middle, last, suffix):			Date of Birth:
Relationship to Named Insured(s): <input type="checkbox"/> Spouse <input type="checkbox"/> Not related <input type="checkbox"/> Related other than spouse			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail			
Primary Residence Address: <input type="checkbox"/> Use as mailing address			
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
E-mail:		Other E-mail:	
Driver's License State:	Driver's License Number:		Original Driver's License Date:
<b>Driver Information - Other Household Occupants</b>			
Driver Type: <input type="checkbox"/> Driver <input type="checkbox"/> Non-Driver <input type="checkbox"/> Excluded Driver			

Policy Number:

Insured Information (continued)	
<b>Non-Driver Description:</b> <input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy	
<input type="checkbox"/> Other than specified If other, please describe:	
Are your driving privileges currently revoked or suspended? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Have you been convicted of a felony in the last three years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, conviction date(s) (mm/yyyy): ..... If yes, explain:	
Are you a student staying more than 100 miles away from home without a vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
School City:	School State: School Zip:
Do you need a financial responsibility filing (SR22)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Filing Type: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Owner in behalf of	
Comments:	
Deployed date (mm/dd/yyyy):	Date returned from military deployment (mm/dd/yyyy):

Prior Losses and Violations			
<b>Prior Losses</b> - Describe any losses in the household in the last 5 years.			
Name	Incurred Date	Accident Type	Amount
<b>Comments:</b>			

Prior Violations - Describe any violations in the household in the last 5 years.			
Name	Incurred Date	Conviction Date	Description
<b>Comments:</b>			

Vehicle Information		Vehicle #1
<input type="checkbox"/> <b>Car/Light Truck</b>		
Primary Use: <input type="checkbox"/> To work/school <input type="checkbox"/> Farm year-round - Truck only <input type="checkbox"/> Business/Occupation other than Farm <input type="checkbox"/> Antique/Classic/Replica <input type="checkbox"/> Pleasure		
Annual Mileage:	Odometer:	Odometer date (mm/yyyy):
VIN:		
Year:	Make:	Model:
Series Info:	MSRP:	
Address where garaged:		



Policy Number:

Vehicle Information		Vehicle #2
<input type="checkbox"/> <b>Car/Light Truck</b>		
Primary Use:		
<input type="checkbox"/> To work/school <input type="checkbox"/> Farm year-round - Truck only <input type="checkbox"/> Business/Occupation other than Farm <input type="checkbox"/> Antique/Classic/Replica <input type="checkbox"/> Pleasure		
Annual Mileage:	Odometer:	Odometer date (mm/yyyy):
VIN:		
Year:	Make:	Model:
Series Info:	MSRP:	
Address where garaged:		
Auto Safety Equipment:		
<input type="checkbox"/> Anti lock Brakes <input type="checkbox"/> Daylight/Daytime Running Lights <input type="checkbox"/> Electronic Stability Control <input type="checkbox"/> Air bags (type)		
Salvage title or manufactured VIN? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
State owned? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this vehicle leased? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, date of lease (mm/yyyy):		
Comprehensive only? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this vehicle a kit car or replica? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which type? <input type="checkbox"/> Kit Car <input type="checkbox"/> Replica		
Is this vehicle used for business purposes (other than to and from work or farm use) including delivery, transporting of merchandise, passengers for hire or as a rented/leased unit to others? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Does this vehicle have any unrepaired damage? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe the unrepaired damage including description of extent:		
Does any person(s) other than the named insured own or co-own this vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which type? <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner		
Primary driver of this vehicle:		Other driver:
<b>Third Party Interest</b>		
Name of Individual or Company:		Address:
Interest Type: <input type="checkbox"/> Lienholder <input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Insured - Lessor <input type="checkbox"/> Titleholder <input type="checkbox"/> Additional Interest		
Titleholder Type: <input type="checkbox"/> Individual		
Loan/Lease Number:		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household <input type="checkbox"/> Insured business <input type="checkbox"/> Spouse or relative out of the household <input type="checkbox"/> Employer/LLC <input type="checkbox"/> Non-relative in the household <input type="checkbox"/> Lessor <input type="checkbox"/> Non-relative out of the household		

Policy Number:

Vehicle Information (continued)		Vehicle #2
<b>Third Party Interest</b>		
Name of Individual or Company:		Address:
Interest Type:	<input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Interest  <input type="checkbox"/> Additional Insured - Lessor
Titleholder Type:	<input type="checkbox"/> Individual	
Loan/Lease Number:		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household <input type="checkbox"/> Spouse or relative out of the household <input type="checkbox"/> Non-relative in the household <input type="checkbox"/> Non-relative out of the household		
<input type="checkbox"/> Insured business <input type="checkbox"/> Employer/LLC <input type="checkbox"/> Lessor		
<b>Discounts</b>		
[Discounts Applied]		
You may be required to take additional action and/or provide additional documentation to qualify for certain discounts.		

Coverage Selection	
An asterisk (*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$[20,000] per person and \$[40,000] per occurrence and Property Damage Liability limits of \$[5,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [customer service number] if you have any questions about available optional coverage.	
Coverage applied to all vehicles (unless specified as Comprehensive only)	
Name	Limit/Deductible
Bodily Injury To Others (Part 1) *	\$20,000 Per Person \$40,000 per accident
Optional Bodily Injury To Others (Part 5) The limits shown under this part are the total limits you have under Part 1 and Part 5	\$999,999 Per person \$999,999 Per accident
Damage To Someone Else's Property (Part 4) *	\$999,999 per accident
Personal Injury Protection (Part 2)* - Deductible Option: <input type="checkbox"/> You and your household <input type="checkbox"/> You and your spouse	\$999,999 per Person
Bodily Injury Caused By An Uninsured Auto (Part 3) *	\$999,999 per Person \$999,999 per accident
Bodily Injury Caused By An Underinsured Auto (Part 12)	\$999,999 Per person \$999,999 Per Accident

Coverage applied per vehicle	
Vehicle #1	
Name	Limit/Deductible
Not applicable	
Comprehensive (Part 9)	
Collision (Part 7)	
Waiver of Deductible - Collision	
Limited Collision (Part 8)	
Emergency Roadside Service (Part 11)	
Loan or Lease Assistance Coverage	
New Car Replacement Coverage	
Substitute Transportation (Part 10)	
Road Trip Accident Accommodations Coverage	
Agreed Amount Coverage Comprehensive	

Policy Number:

<b>Coverages (continued)</b>	
<b>Coverage applied per vehicle</b>	
	<b>Vehicle #2</b>
<b>Name</b>	<b>Limit/Deductible</b>
Not applicable	
Comprehensive (Part 9)	
Collision (Part 7)	
Waiver of Deductible - Collision	
Limited Collision (Part 8)	
Emergency Roadside Service (Part 11)	
Loan or Lease Assistance Coverage	
New Car Replacement Coverage	
Substitute Transportation (Part 10)	
Road Trip Accident Accommodations Coverage	
Agreed Amount Coverage Comprehensive	

<b>Remarks</b>

<b>Premium Information</b>	
	<b>Premium</b>
Vehicle #1	
Vehicle #2	
Bodily Injury Caused By An Uninsured Auto (Part 3) *	\$0.00
Bodily Injury Caused By An Underinsured Auto (Part 12)	\$0.00
Financial Responsibility Filing Fee	\$0.00
<b>Total Quoted Policy Premium - The quoted policy premium is subject to verification and adjustment when necessary, by the Company</b>	



Policy Number:

**Applicant Certification:**

This application is part of your policy. You represent that the statements in your application are true. We provide this policy on the condition that your statements are true. If you or someone on your behalf gives us false, deceptive, misleading information or incomplete information in any application or policy change request 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 of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, names of all household members and customary operators required to be listed and the answers given for all listed operators. We may also limit our payment to those amounts that we are required to sell under the compulsory coverage of this policy.

**NOTICE:** 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 knowingly gives us false, deceptive, misleading or incomplete information in this application 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. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. We may also limit our payments under Part 3 and Part 4.

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 based on accurate information.

**IMPORTANT:** All proposed named insureds listed on this application must be made aware of the following consumer report statement by the person signing this application. Motor vehicle reports or claims loss reports, may be ordered in connection with this application and provide information that may assist in determining your eligibility for insurance and the price you may be charged. Motor vehicle reports or claims loss reports may also be used for updates, renewals or extensions of this insurance. We do not order credit reports or base rates on credit scores. You understand and agree that information we obtain from these reports may be shared with all named insureds on your policy.

You understand that you may be required to take additional action to qualify for discounts and coverages included in this application.

You certify that you have identified all drivers of the vehicles insured on this policy and all members of your household.

By submission of this application you have read this statement (or have had it read to you) and have selected the limits and coverage indicated.

If only one named insured is signing this application: By signing this application, you agree to all statements on this application on behalf of all insureds.

<b>Applicant Signature(s):</b>	<b>Date and Time Signed:</b>
<b>Applicant Signature(s):</b>	<b>Date and Time Signed:</b>

# Policy Change Family Car Policy

[LOGO HERE]

Named Insured(s)  
[Insured Name1]  
[Insured Name2]  
[Insured Address Line 1]  
[Insured Address Line 2]  
[Insured Address Line 3]

Underwritten by: [Issuing Company Name]  
[Return Address Line 1]  
[ReturnCity ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
For claims service:[claims phone number]  
[website.com]

A Policy Change provides a summary of a change to the policy that occurs during the policy period. This Policy Change is effective the date shown and forms a part of this policy.

## Policy Information

Policy number	Policy period	Billing account number
[policy number]	<del>1/1/2013 to 1/1/2014</del> [XX/XX/XXXX] to [XX/XX/XXXX]	<del>123-456-789-0</del> [XXX-XXX-XXX-X]

Change(s) made to your policy effective: ~~1/1/2013~~ [XX/XX/XXXX] at 12:01 a.m.

Description of change  
[Policy Change description]

Agent information added here

Total premium adjustment: \$0.00

AUTHORIZED  
REPRESENTATIVE

[Signature: Andrew A. M. Edwards, Jr.]  
President

[Signature: JEC]  
Secretary

# Massachusetts Automobile Insurance Policy Renewal Declarations

[LOGO HERE]

Underwritten by: [Issuing Company Name]  
 [Return Address Line 1]  
 [Return City ST 55555-4444]

For customer service: [1-800-XXX-XXXX]  
 For claims service: [claims phone number]  
 [website.com]

Please read your policy

Named Insured(s)  
 [Insured Name1]  
 [Insured Name2]  
 [Insured Address Line 1]  
 [Insured Address Line 2]  
 [Insured Address Line 3]

## Policy Information

Policy number [99999-99999-99]	Policy period 1/1/2013 to 1/1/2014 [XX/XX/XXXX] to [XX/XX/XXXX]	Billing account number <del>123-456-789-0</del> [XXX-XXX-XXX-X]
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## Vehicles Insured by This Policy

Year	Make	Model	Series	VIN/Serial Number	Premium
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	
[Yr]	[Make]	[Model]	[Series]	[VIN/Serial Number]	

Subtotal \$0.00

## Policy Level Premium

Bodily Injury Caused By An Underinsured Auto (Part 12)	\$0.00
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$0.00
Financial Responsibility Filing Fee	<del>\$10.00</del> \$0.00
Total premium with discounts applied \$0.00	
Total Premium with Customer Full Pay Discount <del>\$99.90</del> \$0.00	

## Discounts Applied to this Policy

- Driver related discounts
  - [discount Name] - [applicable person], [applicable person], [applicable person]
  - [discount Name] - [applicable person], [applicable person], [applicable person]
- Vehicle related discounts
  - [discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr] [Make] [Model]
  - [discount Name] - [applicable vehicle], [applicable vehicle], [applicable vehicle] -- [Yr] [Make] [Model], [Yr] [Make] [Model]
- Other policy discounts
  - [discount name] - [discount subcategory]
  - [discount name] - [discount subcategory]

These discounts reduced your total premium by \$0.00

## Drivers

Drivers are individuals who are used to rate this policy.	
Name(s)	Financial Responsibility Filing
[Operator]	Yes

Non-Drivers

Non-drivers are individuals in the household who are not listed as drivers on this policy.

Name(s)  
[Non-Operator]

Policy Forms

These forms apply to the entire policy.

Form Number	Name(s)
[Form Number]	Name of Endorsement
[Form Number]	Name of Endorsement

State and Policy Information

Your recent accident was forgiven by our Accident Forgiveness Program. You can earn Accident Forgiveness again by maintaining a clean driving record.

An asterisk (\*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$20,000 per person and \$40,000 per occurrence and Property Damage Liability limits of \$5,000 per occurrence. Higher coverage limits are available and recommended. Contact us at [1-800-XXX-XXXX] if you have any questions about available optional coverage.

← Agent information added here

Customer Service Information

[1-800-XXX-XXXX]  
[website.com]

Declarations are effective on the date shown. These declarations form a part of this policy and replace all other declarations which may have been issued previously for this policy. If these declarations are accompanied by a new policy, the policy replaces any which may have been issued before with the same policy number.

AUTHORIZED REPRESENTATIVE

 President

 Secretary

## Policy Level Coverage

The policy level coverage shown below applies to a vehicle when coverage is displayed under Vehicle Coverage, Endorsements and Other Charges for the vehicle. The policy limit shown is the maximum available for each person or each occurrence and may not be added, combined or stacked if coverage is displayed for more than one vehicle insured under this policy.

Coverage	Policy Limit
Bodily Injury To Others (Part 1)*	\$999,999 per person \$999,999 per accident
Optional Bodily Injury To Others (Part 5) The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5	\$999,999 per person \$999,999 per accident
Damage To Someone Else's Property (Part 4)	\$999,999 per accident
Medical Payments(Part 6)	\$999,999 per person
Bodily Injury Caused By An Underinsured Auto (Part 12)	\$999,999 per person \$999,999 per accident
Bodily Injury Caused By An Uninsured Auto (Part 3)*	\$999,999 per person \$999,999 per accident
Personal Injury Protection (Part 2)* -Deductible Option: [You and your household or You and your spouse]	\$999,999 per person \$999,999 deductible

## Vehicle #1 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	
Name					Premium
Bodily Injury To Others (Part 1)*			\$999,999 per person \$999,999 per accident		
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]			\$999,999 per person \$999,999 per accident		
Damage To Someone Else's Property (Part 4)*			\$999,999 per accident		
Bodily Injury Caused By An Uninsured Auto (Part 3)*			\$999,999 per person \$999,999 per accident		
Bodily Injury Caused By An Underinsured Auto (Part 12)			\$999,999 per person \$999,999 per accident		
Medical Payments (Part 6)			\$999,999 per person		
Comprehensive (Part 9)			\$999 deductible		
Collision (Part 7) [Waiver of Deductible - Collision]			\$999 deductible		
Limited Collision (Part 8)			\$999,999 deductible		
Emergency Roadside Service (Part 11)					
Loan or Lease Assistance					
New Car Replacement					
Road Trip Accident Accommodations					
Substitute Transportation (Part 10)			\$99 Daily Limit \$99 Maximum Limit		
Personal Injury Protection (Part 2)* Deductible Option:[You and your household or You and your spouse]			\$999,999 per person \$999 deductible		

## Vehicle Coverage, Endorsements and Other charges (continued)

Agreed Amount Coverage - Comprehensive	\$25,000 Agreed Amount \$25,000 Actual Cash value
Vehicle premium with discounts applied \$0.00	

Address where vehicle is kept  
[Garaged Address]

Lienholder  
Lienholder Name and Address

Additional Insured  
Additional Insured Name and Address

Additional Insured - Lessor  
Additional Insured Lessor Name and Address

Additional Interest  
Additional Interest Name and Address

## Vehicle #2 Coverage, Endorsements and Other Charges

Year [Yr]	Make [Make]	Model [Model]	Series [Series]	VIN/Serial Number [VIN/Serial Number]	Premium
Name					Premium
Bodily Injury To Others (Part 1)*			\$999,999 per person \$999,999 per accident		
Optional Bodily Injury To Others (Part 5) [The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5]			\$999,999 per person \$999,999 per accident		
Damage To Someone Else's Property (Part 4)*			\$999,999 per accident		
Bodily Injury Caused By An Uninsured Auto (Part 3)*			\$999,999 per person \$999,999 per accident		
Bodily Injury Caused By An Underinsured Auto (Part 12)			\$999,999 per person \$999,999 per accident		
Medical Payments (Part 6)			\$999,999 per person		
Comprehensive (Part 9)			\$999 deductible		
Collision (Part 7) [Waiver of Deductible - Collision]			\$999 deductible		
Limited Collision (Part 8)			\$999,999 deductible		
Emergency Roadside Service (Part 11)					
Loan or Lease Assistance					
New Car Replacement					
Road Trip Accident Accommodations					
Substitute Transportation (Part 10)			\$99 Daily Limit \$99 Maximum Limit		
Personal Injury Protection (Part 2)* Deductible Option:[You and your household or You and your spouse]			\$999,999 per person \$999 deductible		

## Vehicle Coverage, Endorsements and Other charges (continued)

Agreed Amount Coverage -	\$25,000 Agreed Amount
Comprehensive	\$25,000 Actual Cash value
Vehicle premium with discounts applied \$0.00	

Address where vehicle is kept

[Garaged Address]

Lienholder

Lienholder Name and Address

Additional Insured

Additional Insured Name and Address

Additional Insured - Lessor

Additional Insured Lessor Name and Address

Additional Interest

Additional Interest Name and Address

# Massachusetts Automobile Insurance Policy Application

[LOGO HERE]

Underwritten by: [Issuing Company Name]  
 [Return Address Line 1]  
 [Return City ST 55555-4444]

Agent information added here

For customer service: [1-800-XXX-XXXX]  
 For claims service: [claims phone number]  
 [website.com]

Policy Information	
Policy Number:	Policy Term: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
Effective Date: _____ at 12:01 a.m.	Expiration Date: _____ at 12:01 a.m.
Application Date and Time Taken: _____ at _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Other Policies:	
Has any member of your household had a loss in the last 5 years? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any loss occurred between the effective date and the date of submission? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any named insured resided at a different address in the past 12 months? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, prior address:	
Do you rent or own your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
This information is used for marketing and/or research purposes.	

Please list all drivers of the vehicles and members of your household on this application.

Insured Information	
Customer Information - Primary Named Insured	
Name (first, middle, last, suffix): _____	Date of Birth: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Not Married <input type="checkbox"/> Never Married
SSN: _____	FEIN: _____
Primary Language: _____	Secondary Language: _____
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail	
Primary Residence Address: _____	<input type="checkbox"/> Use as mailing address
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Fax Number: _____
E-mail: _____	Other E-mail: _____
Driver's License State: _____	Driver's License Number: _____
	Original Driver's License Date: _____
Driver Information - Primary Named Insured	
Driver Type: <input type="checkbox"/> Driver <input type="checkbox"/> Non-Driver <input type="checkbox"/> Excluded Driver	
Non-Driver Description:	
<input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy	<input type="checkbox"/> Other than specified If other, please describe: _____



Policy Number

Insured Information (continued)			
Are your driving privileges currently revoked or suspended? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony in the last three years? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, conviction date(s) (mm/yyyy):		If yes, explain:	
Are you a student staying more than 100 miles away from home without a vehicle? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
School City:		School State:	School Zip:
Do you need a financial responsibility filing (SR22)? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Filing Type:	Owner Operator	Owner/Operator Owner in behalf of	
Comments:			
Deployed date (mm/dd/yyyy):		Date returned from military deployment (mm/dd/yyyy):	
Prior Policy Information - Primary Named Insured			
Prior Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Carrier Name:	
Policy Number:		Policy Type:	Policy Status:
Risk Type:	Mixed Assigned	Facility Non-Standard	Standard Preferred
Inception Date:	Effective Date:	Expiration Date:	Prior Bodily Injury Limits:
Insured Name (first/last):			Role:
Customer Information - Secondary Named Insured			
Name (first, middle, last, suffix):			Date of Birth:
Relationship to Primary Named Insured: <input type="checkbox"/> Spouse <input type="checkbox"/> Not related <input type="checkbox"/> Related other than spouse			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Not Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail			
Primary Residence Address:			<input type="checkbox"/> Use as mailing address
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
E-mail:		Other E-mail:	
Driver's License State:	Driver's License Number:		Original Driver's License Date:
Driver Information - Secondary Named Insured			
Driver Type: <input type="checkbox"/> Driver <input type="checkbox"/> Non-Driver <input type="checkbox"/> Excluded Driver			
Non-Driver Description:		<input type="checkbox"/> Other than specified If other, please describe:	
<input type="checkbox"/> Not related roommate who doesn't operate vehicle(s) <input type="checkbox"/> Active military deployment <input type="checkbox"/> Never licensed <input type="checkbox"/> Not currently licensed by choice <input type="checkbox"/> Suspended/Revoked driver's license <input type="checkbox"/> Titleholder/Leaseholder on own vehicle and insured on different policy			

Policy Number

Insured Information (continued)			
Are your driving privileges currently revoked or suspended? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an insurance policy refused, cancelled or expired for other than nonpayment of premium in the last three years? If yes, explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony in the last three years? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, conviction date(s) (mm/yyyy):		If yes, explain:	
Are you a student staying more than 100 miles away from home without a vehicle? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
School City:		School State:	School Zip:
Do you need a financial responsibility filing (SR22)? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
Filing Type:		Owner Operator	Owner/Operator Owner in behalf of
Comments:			
Deployed date (mm/dd/yyyy):		Date returned from military deployment (mm/dd/yyyy):	
Prior Policy Information - Secondary Named Insured			
Prior Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Carrier Name:	
Policy Number:		Policy Type:	Policy Status:
Risk Type:	Mixed Assigned	Facility Non-Standard	Standard Preferred
Inception Date:	Effective Date:	Expiration Date:	Prior Bodily Injury Limits:
Insured Name (first/last):			Role:
Customer Information - Other Household Occupants			
Furnish information for each individual who customarily operates the auto(s) whether or not a household member. Your failure to list a household member or any individual who customarily operates your auto(s) may have very serious consequences.			
Name (first, middle, last, suffix):			Date of Birth:
Relationship to Named Insured(s): <input type="checkbox"/> Spouse <input type="checkbox"/> Not related <input type="checkbox"/> Related other than spouse			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Not Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
SSN:		FEIN:	
Primary Language:		Secondary Language:	
Preferred Contact Method: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail			
Primary Residence Address:			<input type="checkbox"/> Use as mailing address
Home Phone:	Cell Phone:	Work Phone:	Fax Number:
E-mail:		Other E-mail:	
Driver's License State:	Driver's License Number:	Original Driver's License Date:	
Driver Information - Other Household Occupants			
Driver Type: <input type="checkbox"/> Driver <input type="checkbox"/> Non-Driver <input type="checkbox"/> Excluded Driver			



Policy Number

Vehicle Information (continued)		Vehicle #1
Auto Safety Equipment:		
<input type="checkbox"/> Anti lock Brakes	<input type="checkbox"/> Daylight/Daytime Running Lights	<input type="checkbox"/> Electronic Stability Control <input type="checkbox"/> Air bags (type)
Salvage title or manufactured VIN? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
State owned? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this vehicle leased? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of lease (mm/yyyy):		
Comprehensive only? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this vehicle a kit car or replica? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type? <input type="checkbox"/> Kit Car <input type="checkbox"/> Replica		
Is this vehicle used for business purposes (other than to and from work or farm use) including delivery, transporting of merchandise, passengers for hire or as a rented/leased unit to others? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:		
Does this vehicle have any unrepaired damage? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the unrepaired damage including description of extent:		
Does any person(s) other than the named insured own or co-own this vehicle? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type? <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner		
Primary driver of this vehicle:		Other driver:
<b>Third Party Interest</b>		
Name of Individual or Company:		Address:
Interest Type:	Lienholder Titleholder	Additional Insured Additional Interest <input type="checkbox"/> Additional Insured - Lessor
Titleholder Type: <input type="checkbox"/> Individual		
Loan/Lease Number:		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household	<input type="checkbox"/> Insured business	
<input type="checkbox"/> Spouse or relative out of the household	<input type="checkbox"/> Employer/LLC	
<input type="checkbox"/> Non-relative in the household	<input type="checkbox"/> Lessor	
<input type="checkbox"/> Non-relative out of the household		
<b>Third Party Interest</b>		
Name of Individual or Company:		Address:
Interest Type:	Lienholder Titleholder	Additional Insured Additional Interest <input type="checkbox"/> Additional Insured - Lessor
Titleholder Type: <input type="checkbox"/> Individual		
Loan/Lease Number:		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household	<input type="checkbox"/> Insured business	
<input type="checkbox"/> Spouse or relative out of the household	<input type="checkbox"/> Employer/LLC	
<input type="checkbox"/> Non-relative in the household	<input type="checkbox"/> Lessor	
<input type="checkbox"/> Non-relative out of the household		
<b>Discounts</b>		
[discount name(s)]		
You may be required to take additional action and/or provide additional documentation to qualify for certain discounts.		

Policy Number

Vehicle Information		Vehicle #2
<b>Car/Light Truck</b>		
Primary Use:		
To work/school Pleasure	<input type="checkbox"/> Farm year-round - Truck only	<input type="checkbox"/> Business/Occupation other than Farm <input type="checkbox"/> Antique/Classic/Replica
Annual Mileage:	Odometer:	Odometer date (mm/yyyy):
VIN:		
Year:	Make:	Model:
Series Info:	MSRP:	
Address where garaged:		
Auto Safety Equipment:		
<input type="checkbox"/> Anti lock Brakes	<input type="checkbox"/> Daylight/Daytime Running Lights	<input type="checkbox"/> Electronic Stability Control <input type="checkbox"/> Air bags (type)
Salvage title or manufactured VIN? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
State owned? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this vehicle leased? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date of lease (mm/yyyy):		
Comprehensive only? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this vehicle a kit car or replica? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type? <input type="checkbox"/> Kit Car <input type="checkbox"/> Replica		
Is this vehicle used for business purposes (other than to and from work or farm use) including delivery, transporting of merchandise, passengers for hire or as a rented/leased unit to others? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:		
Does this vehicle have any unrepaired damage? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the unrepaired damage including description of extent:		
Does any person(s) other than the named insured own or co-own this vehicle? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which type? <input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-owner		
Primary driver of this vehicle:		Other driver:
<b>Third Party Interest</b>		
Name of Individual or Company:		Address:
Interest Type:	Lienholder Titleholder	Additional Insured Additional Interest <input type="checkbox"/> Additional Insured - Lessor
Titleholder Type:	<input type="checkbox"/> Individual	
Loan/Lease Number:		Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household	<input type="checkbox"/> Insured business	
<input type="checkbox"/> Spouse or relative out of the household	<input type="checkbox"/> Employer/LLC	
<input type="checkbox"/> Non-relative in the household	<input type="checkbox"/> Lessor	
<input type="checkbox"/> Non-relative out of the household		

Policy Number

Vehicle Information (continued)		Vehicle #2
<b>Third Party Interest</b>		
Name of Individual or Company:		Address:
Interest Type:	<input type="checkbox"/> Lienholder <input type="checkbox"/> Titleholder	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Additional Insured - Lessor <input type="checkbox"/> Additional Interest
Titleholder Type:	<input type="checkbox"/> Individual	
Loan/Lease Number:	Deceased <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Named Insured(s):		
<input type="checkbox"/> Relative (other than spouse) in the household <input type="checkbox"/> Spouse or relative out of the household <input type="checkbox"/> Non-relative in the household <input type="checkbox"/> Non-relative out of the household		
<input type="checkbox"/> Insured business <input type="checkbox"/> Employer/LLC <input type="checkbox"/> Lessor		
<b>Discounts</b>		
[discount name(s)]		
You may be required to take additional action and/or provide additional documentation to qualify for certain discounts.		

Coverage Selection	
An asterisk (*) next to a coverage on this Declarations indicates a compulsory coverage. State law requires you to have Bodily Injury Liability limits of at least \$[20,000] per person and \$[40,000] per occurrence and Property Damage Liability limits of \$[15,000] per occurrence. Higher coverage limits are available and recommended. Contact us at [customer service number] if you have any questions about available optional coverage.	
Coverage applied to all vehicles (unless specified as Comprehensive only)	
Name	Limit/Deductible
Bodily Injury To Others (Part 1) *	\$20,000 Per Person \$40,000 per accident
Optional Bodily Injury To Others (Part 5) The Limits Shown Under This Part Are The Total Limits You Have Under Part 1 And Part 5	\$999,999 Per person \$999,999 Per accident
Damage To Someone Else's Property (Part 4) *	\$999,999 per accident
Medical Payments (Part 6)	\$999,999 per Person
Personal Injury Protection (Part 2) * - Deductible Option: <input type="checkbox"/> You and your household <input type="checkbox"/> You and your spouse	\$999,999 per Person
Bodily Injury Caused By An Uninsured Auto (Part 3) *	\$999,999 per Person \$999,999 per accident
Bodily Injury Caused By An Underinsured Auto (Part 12)	\$999,999 Per person \$999,999 Per Accident

Coverage applied per vehicle	
<b>Vehicle #1</b>	
Name	Limit/Deductible
Not applicable	
Comprehensive (Part 9)	
Collision (Part 7)	
Waiver of Deductible - Collision	
Limited Collision (Part 8)	
Substitute Transportation (Part 10)	
Road Trip Accident Accommodations Coverage	
Agreed Amount Coverage - Comprehensive	
<b>Vehicle #2</b>	
Name	Limit/Deductible
Not applicable	

[LOGO HERE]

Policy Number

Coverages (continued)	
Coverage applied per vehicle	
Comprehensive (Part 9)	
Collision (Part 7)	
Waiver of Deductible - Collision	
Limited Collision (Part 8)	
Emergency Roadside Service (Part 11)	
Loan or Lease Assistance Coverage	
New Car Replacement Coverage	
Substitute Transportation (Part 10)	
Road Trip Accident Accommodations Coverage	
Agreed Amount Coverage - Comprehensive	

Remarks

Premium Information	
	Premium
Vehicle #1	
Vehicle #2	
Bodily Injury Caused By An Uninsured Auto (Part 3) *	\$0.00
Bodily Injury Caused By An Underinsured Auto (Part 12)	\$21.00
Financial Responsibility Filing Fee	\$0.00
Total Quoted Policy Premium - The quoted policy premium is subject to verification and adjustment when necessary, by the Company	

Policy Number

**Applicant Certification:**

This application is part of your policy. You represent that the statements in your application are true. We provide this policy on the condition that your statements are true. If you or someone on your behalf gives us false, deceptive, misleading information or incomplete information in any application or policy change request 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 of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, names of all household members and customary operators required to be listed and the answers given for all listed operators. We may also limit our payment to those amounts that we are required to sell under the compulsory coverage of this policy.

**NOTICE:** 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 knowingly gives us false, deceptive, misleading or incomplete information in this application 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. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. We may also limit our payments under Part 3 and Part 4.

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 based on accurate information.

**IMPORTANT:** All proposed named insureds listed on this application must be made aware of the following consumer report statement by the person signing this application. Motor vehicle reports or claims loss reports, may be ordered in connection with this application and provide information that may assist in determining your eligibility for insurance and the price you may be charged. Motor vehicle reports or claims loss reports may also be used for updates, renewals or extensions of this insurance. We do not order credit reports or base rates on credit scores. You understand and agree that information we obtain from these reports may be shared with all named insureds on your policy.

You understand that you may be required to take additional action to qualify for discounts and coverages included in this application.

You certify that you have identified all drivers of the vehicles insured on this policy and all members of your household.

By submission of this application you have read this statement (or have had it read to you) and have selected the limits and coverage indicated.

If only one named insured is signing this application: By signing this application, you agree to all statements on this application on behalf of all insureds.

Applicant Signature(s):	Date and Time Signed:
Applicant Signature(s):	Date and Time Signed: