

COVERAGE SELECTIONS PAGE

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

This Policy is Issued By:

NORFOLK & DEDHAM MUTUAL
DEDHAM, MA

ITEM 1. This Policy is Issued To:

Massachusetts Personal Automobile
Policy Number
Agent

ITEM 2. This Policy is Effective From:

To:

(12:01 A.M. Eastern Standard Time)

ITEM 3. Description of Your Auto:

AUTO 1	
AUTO 2	

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

COVERAGES, Parts 1-12	AUTO 1				AUTO 2				
	LIMITS	DEDUCTIBLE	PREMIUM			LIMITS	DEDUCTIBLE	PREMIUM	
			ANNUAL	ADJUSTED				ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ per person per accident	None			\$ per person per accident	None			
2. Personal Injury Protection	\$ per person	\$ <i>NIL</i> <input type="checkbox"/> For Yourself <input type="checkbox"/> Yourself & household members			\$ per person	\$ <input type="checkbox"/> For Yourself <input type="checkbox"/> Yourself & household members			
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$ per person per accident	None			\$ per person per accident	None			
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$ per accident	None			\$ per accident	None			
OPTIONAL INSURANCE									
5. Optional Bodily Injury To Others	\$ per person per accident	None			\$ per person per accident	None			
6. Medical Payments	\$ per person	None			\$ per person	None			
7. Collision	Actual Cash Value	\$			Actual Cash Value	\$			
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$			
9. Comprehensive	Actual Cash Value	\$			Actual Cash Value	\$			
10. Substitute Transportation	Up to \$ a day, maximum \$	None			Up to \$ a day, maximum \$	None			
11. Towing and Labor	Up to \$ for each disablement				Up to \$ for each disablement				
12. Bodily Injury Caused By An Underinsured Auto	\$ per person per accident	None			\$ per person per accident	None			
MERIT RATING PLAN									
	CREDIT				CREDIT				
	CHARGE				CHARGE				
Accident Forgiveness	CREDIT				CREDIT				
	PREMIUM				PREMIUM				
								TOTAL PREMIUM	

See 'Ways To Save Buyer's Guide' included with your Dec.

Identification Numbers of Endorsements Forming a Part of This Policy
AUTO
AUTO

ITEM 5. Place of Principal Garaging

ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto

AUTO 1	
AUTO 2	

DRIVER INFORMATION

NO.	OPERATOR			DATE OF BIRTH	LICENSE		DATE FIRST LICENSED		POINTS	
	NAME	VEH. STATUS*	DEFER		NUMBER	STATE	AUTO	MOTORCYCLE	MRB	N&D
1										
2										

* E - Excluded, O - Occasional, P - Principal

REFER TO OTHER PAGES FOR ADDITIONAL INFORMATION

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

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

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

DISCOUNTS: Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4.

	Account	Advance Purchase	Advanced Driver Training	Annual Mileage	Anti-Theft Device	Book Transfer/ Transition	Class 15	Full Pay	Good Student	Hybrid Vehicle	Student Away At School
AUTO 1											
AUTO 2											

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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

PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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

MERIT RATING PLAN

The Merit Rating Plan credit or charge shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits results from incident-free driving. If a charge is shown for any auto, refer to the statement furnished with your Coverage Selection Page to determine how the points for each listed operator were calculated. The merit rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

Countersigned by: _____

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	LIMITS	DEDUCTIBLE	PREMIUM			LIMITS	DEDUCTIBLE	PREMIUM	
			ANNUAL	ADJUSTED				ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ per person per accident	None			\$ per person per accident	None			
2. Personal Injury Protection	\$ per person	\$ <i>NIL</i> <input type="checkbox"/> For Yourself <input type="checkbox"/> Yourself & household members			\$ per person	\$ <input type="checkbox"/> For Yourself <input type="checkbox"/> Yourself & household members			
3. Bodily Injury Caused By An Uninsured Auto <small>(Compulsory Limits \$20,000/\$40,000)</small>	\$ per person per accident	None			\$ per person per accident	None			
4. Damage To Someone Else's Property <small>(Compulsory Limit \$5,000)</small>	\$ per accident	None			\$ per accident	None			
OPTIONAL INSURANCE									
5. Optional Bodily Injury To Others	\$ per person per accident	None			\$ per person per accident	None			
6. Medical Payments	\$ per person	None			\$ per person	None			
7. Collision	Actual Cash Value	\$			Actual Cash Value	\$			
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$			
9. Comprehensive	Actual Cash Value	\$			Actual Cash Value	\$			
10. Substitute Transportation	Up to \$ a day, maximum \$	None			Up to \$ a day, maximum \$	None			
11. Towing and Labor	Up to \$ for each disablement				Up to \$ for each disablement				
12. Bodily Injury Caused By An Underinsured Auto	\$ per person per accident	None			\$ per person per accident	None			
MERIT RATING PLAN									
	CREDIT				CREDIT				
	CHARGE				CHARGE				
Accident Forgiveness	CREDIT				CREDIT				
	PREMIUM				PREMIUM				
								TOTAL PREMIUM	

See 'Ways To Save Buyer's Guide' included with your Dec.

Identification Numbers of Endorsements Forming a Part of This Policy
AUTO
AUTO

ITEM 5. Place of Principal Garaging

ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto

AUTO 1	
AUTO 2	

DRIVER INFORMATION

NO.	OPERATOR			DATE OF BIRTH	LICENSE		DATE FIRST LICENSED		POINTS	
	NAME	VEH. STATUS*	DEFER		NUMBER	STATE	AUTO	MOTORCYCLE	MRB	N&D
1										
2										

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DISCOUNTS: Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4.

	Account	Advance Purchase	Advanced Driver Training	Annual Mileage	Anti-Theft Device	Book Transfer/ Transition	Class 15	Full Pay	Good Student	Hybrid Vehicle	Student Away At School
AUTO 1											
AUTO 2											

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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

PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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MERIT RATING PLAN

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Countersigned by: _____

COVERAGE SELECTIONS PAGE

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

This Policy is Issued By:

NORFOLK & DEDHAM MUTUAL
DEDHAM, MA

ITEM 1. This Policy is Issued To:

31 BENNETT STREET
WAKEFIELD MA 01880

Massachusetts Personal Automobile
Policy Number 9179*****A
Agent 20037

SALEM FIVE INSURANCE SERVICES LLC
TEL. (781)933-3100

NEW BUSINESS

ITEM 2. This Policy is Effective From: Jun. 15, 2017 To: Jun. 15, 2018 (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of Your Auto: DIRECT BILL 10 PAY

AUTO 1	08 FORD F150	1FTPX145X8FB92977	765DGM	12,362 MI.
AUTO				

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

COVERAGES, Parts 1-12	AUTO 1	AUTO						
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM		LIMITS	DEDUCTIBLE	PREMIUM	
			ANNUAL	ADJUSTED			ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	None	153.00		\$ per person \$ per accident	None		
2. Personal Injury Protection	\$ 8,000 per person	\$ NIL <input type="checkbox"/> For Yourself <input type="checkbox"/> Yourself & household members	40.00		\$ per person	\$ <input type="checkbox"/> For Yourself <input type="checkbox"/> Yourself & household members		
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$ 100,000 per person \$ 300,000 per accident	None	19.00		\$ per person \$ per accident	None		
4. Damage To Someone Else's Property (Compulsory Limit \$5,000)	\$ 100,000 per accident	None	266.00		\$ per accident	None		
OPTIONAL INSURANCE								
5. Optional Bodily Injury To Others	\$ 100,000 per person \$ 300,000 per accident	None	116.00		\$ per person \$ per accident	None		
6. Medical Payments	\$ 10,000 per person	None	36.00		\$ per person	None		
7. Collision	Actual Cash Value	\$ 500	273.00		Actual Cash Value	\$		
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$		
9. Comprehensive	Actual Cash Value	\$ 500	96.00		Actual Cash Value	\$		
10. Substitute Transportation	Up to \$ 15 a day, maximum \$ 450	None	14.00		Up to \$ a day, maximum \$	None		
11. Towing and Labor	Up to \$ 50 for each disablement		8.00		Up to \$ for each disablement			
12. Bodily Injury Caused By An Underinsured Auto	\$ 100,000 per person \$ 300,000 per accident	None	37.00		\$ per person \$ per accident	None		
OTHER COVERAGE	Accident Forgiveness		100.00					
MERIT RATING PLAN	CREDIT	98	- 95.00		CREDIT			
	CHARGE				CHARGE			
Accident Forgiveness	CREDIT				CREDIT			
	PREMIUM		1,063.00		PREMIUM			
TOTAL PREMIUM							\$ 1,063.00	

See 'Ways To Save Buyer's Guide' included with your Dec.

Identification Numbers of Endorsements Forming a Part of This Policy	M109S (11-13)	ND0003S (01-15)	ND0099S (07-14)	NDPVSE (07-14)
AUTO 1	MPY0016S (04-08)			
AUTO				

ITEM 5. Place of Principal Garaging

ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto

AUTO 1 WAKEFIELD	101 SEE LAST PAGE FOR DETAILS
AUTO	

DRIVER INFORMATION

NO.	OPERATOR			DATE OF BIRTH	LICENSE		DATE FIRST LICENSED		POINTS
	NAME	VEH. STATUS*	DEFER		NUMBER	STATE	AUTO	MOTORCYCLE	
1	JAMES R	P1	NO	05/14/69	xxxxx4676	MA	12/02/85		98
2	SUSAN A	O1	NO	08/15/44	xxxxx3015	MA	08/15/61		99

* E - Excluded, O - Occasional, P - Principal

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	Account	Advance Purchase	Advanced Driver Training	Annual Mileage	Anti-Theft Device	Book Transfer / Transition	Class 15	Full Pay	Good Student	Hybrid Vehicle	Student Away At School
AUTO 1	NO	YES	NO	NO	YES	NO	NO		NO	NO	NO

PART 5 - OPTIONAL BODILY INJURY TO OTHERS

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

PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

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101 FORD MOTOR CREDIT CO; PO BOX 105704; ATLANTA, GA 30348

Countersigned by: _____

COVERAGE SELECTIONS PAGE

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COVERAGES, Parts 1-12		AUTO 1				AUTO			
COMPULSORY INSURANCE		LIMITS	DEDUCTIBLE	PREMIUM		LIMITS	DEDUCTIBLE	PREMIUM	
				ANNUAL	ADJUSTED			ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ 20,000 per person \$ 40,000 per accident	None		153.00		\$ per person per accident	None		
2. Personal Injury Protection	\$ 8,000 per person	\$ NIL <input type="checkbox"/> For Yourself <input type="checkbox"/> Yourself & household members		40.00		\$ per person	\$ <input type="checkbox"/> For Yourself <input type="checkbox"/> Yourself & household members		
3. Bodily Injury Caused By An Uninsured Auto (Compulsory Limits \$20,000/\$40,000)	\$ 100,000 per person \$ 300,000 per accident	None		19.00		\$ per person per accident	None		
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8. Limited Collision	Actual Cash Value	\$				Actual Cash Value	\$		
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10. Substitute Transportation	Up to \$ 15 a day, maximum \$ 450	None		14.00		Up to \$ a day, maximum \$	None		
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OTHER COVERAGE	Accident Forgiveness			100.00					
MERIT RATING PLAN	CREDIT	98		- 95.00		CREDIT			
	CHARGE					CHARGE			
Accident Forgiveness	CREDIT					CREDIT			
	PREMIUM			1,063.00		PREMIUM			
								TOTAL PREMIUM	\$ 1,063.00

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AUTO 1	MPY0016S (04-08)			
AUTO				

ITEM 5. Place of Principal Garaging

AUTO 1	WAKEFIELD
AUTO	

ITEM 6. Secured Lender/Lessor - Additional Insured, if Rented Auto

101	SEE LAST PAGE FOR DETAILS
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DRIVER INFORMATION

NO.	NAME	OPERATOR		DATE OF BIRTH	LICENSE		DATE FIRST LICENSED		POINTS
		VEH. STATUS*	DEFER		NUMBER	STATE	AUTO	MOTORCYCLE	
1	JAMES R	P1	NO	05/14/69	xxxxx4676	MA	12/02/85		98
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AUTO 1	NO	YES	NO	NO	YES	NO	NO		NO	NO	NO

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