



QUINCY MUTUAL GROUP
 57 Washington Street
 Quincy, MA 02169
 617-770-5100 OR 800-899-1116

ACCESS CODE: D2MF

PRIVATE PASSENGER AUTOMOBILE

NOTICE DATE: 04/28/2017

POLICYHOLDER:

JOHN DOE
 16 MAIN STREET
 HOLBROOK MA 02343-0000

MAP 017045 04/19/2017 82168
 JOHN DOE
 16 MAIN STREET
 HOLBROOK MA 02343-0000

DESCRIPTION OF PROPERTY:

2006 DODG RAM PU
 V.I. NUMBER 1DTOT18206S546822

Cancellation Notice for Non-payment of Premium

POLICY NUMBER	POLICY PERIOD	AGENT CODE: 82168	AGENT TEL.
MAP 017045	04/19/2017 TO 04/19/2018	A-AFFORDABLE IA INC.	800-897-2837

Effective Date of Cancellation : **05/19/2017**

Specific Reason for Cancellation: **NON-PAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.**

You are hereby notified that the designated Massachusetts Automobile Insurance Policy, issued to you by Quincy Mutual Fire Insurance Company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above. Section 113A of Chapter 175 of the General Laws requires 20 days advance written notice of cancellation. The premiums earned on this policy to the effective date of cancellation will be adjusted in accordance with the terms of the policy. In accordance with the provisions of Section 113A of Chapter 175 of the General Laws notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above. This cancellation will not take effect if the minimum amount due shown below is paid on or prior to the effective date of cancellation.

IMPORTANT NOTICE TO POLICYHOLDER: Read carefully the information on the back which outlines your legal rights relative to this cancellation.

A fee of \$29 is applied to the second and any subsequent Cancellation Pending Notice for each policy term.

Angela Mitchell
 Authorized Representative

DETACH AT THE PERFORATION AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.

QUINCY MUTUAL FIRE INSURANCE COMPANY CANCELLATION PENDING

POLICYHOLDER: JOHN DOE
 POLICY NUMBER: MAP 111110
 AGENT CODE: 82168
 POLICY PERIOD: 04/19/2017 TO 04/19/2018

PLEASE ENTER AMOUNT PAID \$ _____

TOTAL PREMIUM	\$783.00
SERVICE CHARGE (TO DATE)	\$8.00
PAYMENTS RECEIVED	\$0.00
ADJUSTMENTS & FEES	\$0.00
TOTAL DUE	\$791.00
MINIMUM DUE ON 05/19/2017	\$234.20

WRITE YOUR POLICY NUMBER ON YOUR CHECK AND MAKE PAYABLE TO QUINCY MUTUAL FIRE INSURANCE COMPANY FOR QUESTIONS CONCERNING THIS NOTICE, YOUR INSURANCE COVERAGE, OR ANY CHANGE IN ADDRESS, PLEASE CONTACT YOUR AGENT.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will be not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was cancelled; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at (617)521-7794 or (877)563-4467 (Toll Free).

Unless one of the three above actions occur, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

RIGHT OF APPEAL AFTER CANCELLATION

If you have failed to take appropriate action as above indicated under items 1, 2, or 3, before the effective date of cancellation, you have a right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation and your license plates should not be used on or after the effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.

QUESTIONS REGARDING YOUR BILL?

Contact your agent or our 24 hour billing system toll free at 1-877-796-6803

Quick Payments can be made online at quincymutual.com or by calling 1-866-361-2795

QUINCY MUTUAL GROUP
PO BOX 699150
QUINCY, MA 02269-9150

POL.COMPANY.GROUP.NAME	ACCESS.LIT	ACCESS
POL.COMPANY.GROUP.ADDR1		
POL.COMPANY.GROUP.ADDR2		
COMPANY.PHONE.		

POL.PRODUCT.TYPE

ACCOUNT.LIT ACCOUNT.NUM

ACCOUNT.INFO

POL.NUMBER POL.EFFECT POL.A

LTR.ADDR1

LTR.ADDR2

LTR.ADDR3

LTR.ADDR4

LTR.ADDR5

NOTICE DATE: MAIL.DATE

POLICYHOLDER:

POL.INSURED.NAME

POL.INSURED.AD1

POL.INSURED.AD2

POL.INSURED.AD3

POL.INSURED.AD4

DESCRIPTION OF PROPERTY:

PROPERTY.INFO1

PROPERTY.INFO2

PROPERTY.INFO3

PROPERTY.INFO4

PROPERTY.INFO5

Cancellation Notice for Non-payment of Premium

POLICY NUMBER	POLICY PERIOD	AGENT CODE: POL.A	AGENT TEL.
POL.NUMBER #0	POL.EFFECTO	POL.EXPIR	POL.AGENT.NAME
			POL.AGENT.TELE

Effective Date of Cancellation : **DUE.DATE #**

Specific Reason for Cancellation: NON-PAYMENT OF THE INSURANCE PREMIUM FOR THE POLICY IDENTIFIED ABOVE.

You are hereby notified that the designated Massachusetts Motor Vehicle Automobile Insurance Policy, herein designated issued to you by Quincy Mutual Fire Insurance Company is hereby cancelled in accordance with its terms, such cancellation to become effective at 12:01 A.M. on the effective date of cancellation stated above. Section 113A of Chapter 175 of the General Laws, as amended, requires 20 days advance written notice of cancellation. The premiums earned on this policy to the effective date of cancellation will be adjusted in accordance with the terms of the policy. In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, as amended, a notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above. This cancellation will not take effect if the minimum amount due shown below is paid on or prior to the effective date of cancellation.

IMPORTANT NOTICE TO POLICYHOLDER: Read carefully the information on the back which outlines your legal rights relative to this cancellation.

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Angela Mitchell
Authorized Representative

DETACH AT THE PERFORATION AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.

POL.COMPANY.NAME

CANCELLATION PENDING

POLICYHOLDER: POL.INSURED.NAME #002

POLICY NUMBER: POL.NUMBER #0

AGENT CODE: POL.A

POLICY PERIOD: POL.EFFECTO POL.EXPIRAT

PLEASE ENTER AMOUNT PAID \$ _____

TOTAL PREMIUM	TOTAL.PREMI
SERVICE CHARGE (TO DATE)	SERVICE.CHA
PAYMENTS RECEIVED	PAYMENTS
ADJUSTMENTS & FEES	ADJUST.FEES
TOTAL DUE	TOTAL.DUE
MINIMUM DUE ON DUE.DATE	MINIMUM.DUE

COPY . STAMP

WRITE YOUR POLICY NUMBER ON YOUR CHECK AND MAKE PAYABLE TO POL.COMPANY.NAME #002
FOR QUESTIONS CONCERNING THIS NOTICE, YOUR INSURANCE COVERAGE, OR ANY CHANGE IN ADDRESS, PLEASE CONTACT YOUR AGENT.

INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS

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1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will be not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was ~~not~~ **renewed cancelled**; or

3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at www.mass.gov/doi or can be obtained by calling the Division's Consumer Service Section at (617)521-7794 or (877)563-4467 (Toll Free).

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If you have failed to take appropriate action as above indicated under items 1, 2, or 3, before the effective date of cancellation, you have a right to file a written complaint with the Commissioner of Insurance within ten days after the effective date of cancellation of your policy.

The filing of such a complaint shall not affect the operation of the cancellation; and your license plates should not be used on or after ~~said the~~ effective date of cancellation but should be returned to an office of the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the Registrar will be notified and license plates and a certificate of registration will again be issued to you.

QUESTIONS REGARDING YOUR BILL?

Contact your agent or our 24 hour billing system toll free at 1-877-796-6803

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RETURN.ADDR1
RETURN.ADDR2
RETURN.ADDR3
RETURN.ADDR4
RETURN.ADDR5



COVERAGE SELECTIONS PAGE

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

This policy is Issued By:
This policy is Issued To:

Massachusetts Personal Automobile
Policy Number

ITEM 1.

Agent:

ITEM 2. This policy is effective from:
ITEM 3. Description of your Auto:

To:

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

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

COVERAGES, PARTS 1-12	AUTO				AUTO			
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	PREMIUM	ADJUSTED PREMIUM	LIMITS	DEDUCTIBLE	PREMIUM	ADJUSTED PREMIUM
1. Bodily Injury To Others	\$ per person \$ per accident	NONE	\$	\$	\$ per person \$ per accident	NONE	\$	\$
2. Personal Injury Protection	\$ per person	() Yourself () Yourself and household members	\$	\$	\$ per person	() Yourself () Yourself and 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		\$	\$	\$		\$	\$	\$
8. Limited Collision		\$	\$	\$		\$	\$	\$
9. Comprehensive		\$	\$	\$		\$	\$	\$
10. Substitute Transportation	Up to \$ a day \$ maximum	NONE	\$	\$	Up to \$ a day \$ maximum	NONE	\$	\$
11. Towing And Labor	Up to \$ each disablement	NONE	\$	\$	Up to \$ each disablement	NONE	\$	\$
12. Bodily Injury Caused By An Underinsured Auto	\$ per person \$ per accident	NONE	\$	\$	\$ per person \$ per accident	NONE	\$	\$
Optional Coverages			\$	\$			\$	\$
MERIT RATING PLAN	CREDIT		\$	\$	CREDIT		\$	\$
	ADDITIONAL PREMIUM		\$	\$	ADDITIONAL PREMIUM		\$	\$
	PREMIUM		\$	\$	PREMIUM		\$	\$
TOTAL PREMIUM							\$	\$

Discount % Age 65+ Anti-Theft Multi-Car Account Mileage Superior Client Air bag/Auto Seatbelts One Pay Plan Continuous Coverage Good Student Student Away Preferred Operator Good Driver Early Issue

AUTO
AUTO

Identification Numbers of Endorsements Forming a Part of this Policy

ITEM 5. Place of Principal Garaging	ITEM 6. Secured Lender/Lessor-Additional Insured, if Rented Auto
AUTO	
AUTO	

Driver Information:		Date of Birth mm/dd/yy	License Number	Lic. St.	Date First Licensed		Driver Training	Extra Risk				Deferred Operator	Operator Status: O-Occasional P-Principal E-Excluded						
Opr No.	Operator Name				Auto mm/dd/yy	Motorcycle mm/dd/yy		7=Part 7	9=Part 9	Veh 1	Veh 2		Veh 3	Veh 4	Veh 1	Veh 2	Veh 3	Veh 4	

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

MADEC17 04/17



PRODUCER		CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP		PHONE:
BINDER/POLICY#					
EFFECTIVE DATE	EXPIRATION DATE		MAIL ADDRESS (IF DIFFERENT)		

(COMPANY USE)	<input type="checkbox"/> DIRECT BILL	PAYMENT PLAN	\$	DEPOSIT PREMIUM
	<input type="checkbox"/> AGENCY BILL			

COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury To Others, Bodily Injury Caused By An Underinsured Auto at limits up to \$ 35,000 each person, \$ 80,000 each accident, Medical Payments Coverage up to \$ 5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or cancelled in certain situations as provided for in the law. Part 11, Towing And Labor Coverage is available at the option of the Company.

COVERAGES PARTS 1-12		AUTO 1			AUTO 2		
COMPULSORY INSURANCE		LIMITS/DEDUCTIBLE		PREMIUM	LIMITS/DEDUCTIBLE		PREMIUM
1. BODILY INJURY TO OTHERS		\$20,000 PER PERSON/ \$40,000 PER ACCIDENT		\$	\$20,000 PER PERSON/ \$40,000 PER ACCIDENT		\$
2. PERSONAL/INJURY PROTECTION		\$8,000 PER PERSON	<input type="checkbox"/> YOURSELF	\$	\$8,000 PER PERSON	<input type="checkbox"/> YOURSELF	\$
		DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS			DED <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS		
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)		\$	PER PERSON	\$	\$	PER PERSON	\$
		\$	PER ACCIDENT		\$	PER ACCIDENT	
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)		\$	PER ACCIDENT	\$	\$	PER ACCIDENT	\$
OPTIONAL INSURANCE							
5. OPTIONAL BODILY INJURY TO OTHERS		\$	PER PERSON	\$	\$	PER PERSON	\$
		\$	PER ACCIDENT		\$	PER ACCIDENT	
6. MEDICAL PAYMENTS		\$	PER PERSON	\$	\$	PER PERSON	\$
7. COLLISION		ACV	WAIVER OF DEDUCTIBLE	\$	DED	\$	\$
8. LIMITED COLLISION		ACV		\$	DED	\$	\$
9. COMPREHENSIVE		ACV	\$100 GLASS DEDUCTIBLE	\$	DED	\$	\$
10. SUBSTITUTE TRANSPORTATION		UP TO \$	A DAY, MAXIMUM \$	\$	UP TO \$	A DAY, MAXIMUM \$	\$
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 PERSON	\$
		\$	PER ACCIDENT		\$	PER ACCIDENT	
* OPTIONAL COVERAGES				\$			\$
MERIT RATING PLAN			PREMIUM ADJUSTMENT	\$		PREMIUM ADJUSTMENT	\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE			PREMIUM*	\$		PREMIUM*	\$
			*SUBJECT TO MERIT RATING PLAN				
TOTAL PREMIUM							\$

VEHICLE INFORMATION	PLACE OF PRINCIPAL GARAGING - AUTO 1: STREET ADDRESS, CITY OR TOWN, ZIP CODE	AUTO 2:
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#	YEAR	MAKE, MODEL, AND, IF MOTORCYCLE C.C.	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	MILES AUTO WAS DRIVEN IN PAST 12 MOS	ODOMETER READING
1.									
2.									

#	AIR BAG/PASSIVE SEAT BELT YES/NO	ANTI-THEFT (YES/NO)	VEHICLE RECOVERY SYSTEM (YES/NO)	LEASED AUTO (YES/NO)	SECURED LENDER AND/OR LESSOR (Please include name and address)
1.					
2.					

NOTICE: Evidence of installation of anti-theft device or a vehicle recovery system is required to receive a discount for Part 9, Comprehensive. If your auto is not equipped with an anti-theft device or a vehicle recovery system and your auto is on the HighTheft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

DRIVER INFORMATION	Furnish information for the applicant and 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 may have very serious consequences.
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OPERATOR NAME	DATE OF BIRTH	CURRENT DRIVER'S LICENSE # / LICENSED STATE If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.	MERIT RATING PLAN CODE	DATE FIRST LICENSED		DRIVER TRAINING YES/NO	% OF USE			
				Auto	Motorcycle		AUTO 1	AUTO 2	AUTO 3	AUTO 4
1.										
2.										
3.										
4.										

NOTICE 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. 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, is 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.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

DRIVER INFORMATION (CONTINUED)

EXPLAIN ALL "Yes" responses in the REMARKS Section. During the last six years have you or any listed operator:

A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES	NO	E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?	YES	NO										
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?												
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?			G. HAVE ALL LISTED OPERATORS BEEN INSURED WITHOUT A LAPSE IN COVERAGE DURING THE 12 MONTHS PRECEDING THE EFFECTIVE DATE OF THE POLICY ?	OPERATORS											
				1		2		3		4		5		6	
				Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
D. FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED?			H. DOES ANY OPERATOR HAVE AN OUT OF STATE LICENSE AND BEEN CONTINUOUSLY INSURED WITHOUT A LAPSE IN COVERAGE DURING THE 12 MONTHS PRECEDING THE EFFECTIVE DATE OF THE POLICY? IF "YES" PLEASE INDICATE THE PREVIOUS CARRIER, POLICY NUMBER AND POLICY DATES IN THE REMARKS SECTION.												

LICENSE INFORMATION

Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's licenses. Resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicles's website at www.mass.gov/rmv.

MERIT RATING INFORMATION

If in the last six years any listed operator had a driver's license in the United States or certain countries whose records are electronically available, We will obtain that official driving record(s), which will be used to assign a Merit Rating Plan Code to you. See "Your Consumer Guide" for additional information.

GENERAL INFORMATION

Explain all "Yes" responses in the REMARKS Section; on Question 3-8 include the auto number.

1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS	YES	NO	5. IS ANY AUTO USED TO TRANSPORT (To or From Work or School): A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE? B. PERSONS EMPLOYED BY YOU?	YES	NO
2. HAS YOUR AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE YEARS?			6. IS ANY VAN OR PICK-UP EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (If Yes, You May Wish to Purchase Additional Coverage.)		
3. ARE ANY LISTED OPERATORS INCLUDED ON ANOTHER POLICY OR DO THEY HAVE THEIR OWN MASSACHUSETTS PERSONAL AUTOMOBILE POLICY? (LIST OPERATOR #, INSURANCE COMPANY, AND POLICY#)			7. IS ANY AUTO EQUIPPED WITH ELECTRONIC EQUIPMENT PERMANENTLY INSTALLED BUT NOT IN LOCATIONS USED BY THE AUTO MANUFACTURER FOR SUCH EQUIPMENT? (If You Wish to Purchase Coverage For these Items, list Make, Model, Serial #, Amount of Ins, for Items).		
4. IF A VEHICLE IS A MOTORCYCLE, HAS THE PRINCIPAL OPERATOR COMPLETED AN APPROVED MOTORCYCLE RIDER TRAINING PROGRAM? (ATTACH COPY OF CERTIFICATE OR EVIDENCE OF COMPLETION)			8. IS ANY AUTO USED IN BUSINESS? (Type of Business) A. IF VAN/PICK-UP, IS IT USED TO DELIVER /TRANSPORT GOODS? B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE? C. TRANSPORTING ANYONE FOR A FEE, FOR RIDE SHARING, OR PUBLIC LIVERY?		

ATTACHMENTS

9. IF ANY AUTO(S) TO BE INSURED TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE. (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7,8, or 9) AUTO 1 _____ AUTO 2 _____	<input type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
10. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7,8, OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.	<input type="checkbox"/>	APPRAISAL
	<input type="checkbox"/>	APPROVED DRIVER TRAINING CERTIFICATE APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE
11. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW: <input type="checkbox"/> MOTORCYCLE ONLY - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON JANUARY 1ST AND DO NOT RENEW. <input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW.	<input type="checkbox"/>	CUSTOMIZED EQUIPMENT EVIDENCE
	<input type="checkbox"/>	OPERATOR EXCLUSION FORM
	<input type="checkbox"/>	OUT-OF STATE DRIVER RECORD
	<input type="checkbox"/>	PRE-INSURANCE FORM
	<input type="checkbox"/>	VEHICLE RECOVERY SYSTEM CERTIFICATE

REMARKS

IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.

***OPTIONAL COVERAGE:**

AUTO LOAN/LEASE COVERAGE:

AUTO 1 \$ _____

AUTO 2 \$ _____

QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT:

AUTO 1 \$ _____

AUTO 2 \$ _____

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

DECLARATIONS AND SIGNATURES

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION AND ACCIDENT OR CLAIM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.

Signature of Applicant

Date and Time

TO BE COMPLETED BY AGENT:

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Signature of Agent

Date and Time

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

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

Applicant's Name