

Quincy Mutual Group

MASSACHUSETTS MANDATORY ENDORSEMENT - QM-0099-S (04-18)

This endorsement includes changes that affect your auto insurance. Please read this endorsement carefully to see how it affects your policy.

Optional Insurance (Page 13):

Paragraph 5. is deleted and replaced by the following:

5. For bodily injury or property damage caused by intentional acts committed or caused by you, a **household member**, or any other person using **your auto** with your consent. This exclusion applies even if the bodily injury or property damage is different from, or greater than, that which is expected or intended.

Part 6. Medical Payments (Page 15):

After the first sentence, this sentence is added:

The coverage of this Part is always secondary to and in excess of any health benefit plan which allows for coordination of benefits under Massachusetts law and the Personal Injury Protection coverage of this policy or any other Massachusetts automobile insurance policy.

**PRIVATE PASSENGER ENDORSEMENTS
ALPHABETICAL INDEX**

<u>TITLE</u>	<u>FORM NO.</u>	<u>EDITION</u>
Agreed Amount Coverage – Comprehensive	MPY-0034-S	<u>04-08</u>
Antique Auto	M-0047-S	<u>04-08</u>
Coverage for Anyone Renting an Auto to You	M-0070-S	<u>04-08</u>
Coverage for Customized Vans and Pick-ups	MPY-0037-S	<u>04-08</u>
Excess Electronic Equipment Coverage	MPY-0041-S	<u>04-08</u>
\$100 Glass Deductible	MPY-0039-S	<u>04-08</u>
Guest Occupants Exclusion	M-0002-S	<u>04-08</u>
MA Mandatory Endorsement	QM-0099-S	<u>04-18</u>
Mobile Home Endorsement	MPY-0002-S	<u>01-77</u>
Non-Renewal of Policy - Motorcycles, Recreational Vehicles and Trailers	M-0103-S	<u>04-08</u>
Operator Exclusion Form	M-0106-S	<u>02-17</u>
Original Equipment Manufacturer Parts Coverage	MPY-0040-S	<u>04-08</u>
Quincy Mutual Merit Rating Points forgiveness	QMAF	<u>04-16</u>
Quincy Mutual Amendatory Endorsement	QMAE	<u>04-09</u>
Quincy Mutual Auto Loan/Lease Coverage	QMAL	<u>06-09</u>
Quincy Mutual Enhancement Endorsement	QMEE	<u>04-18</u>
Replacement Cost Coverage For New Vehicles	QMRC MA	<u>04-08</u>
Restriction of PIP for Employers Subject to the Massachusetts Workers' Compensation Act	M-0063-S	<u>01-88</u>
Stated Amount Coverage	MPY-0027-S	<u>04-08</u>
Suspension of Coverage and Reduction of Limits	MPY-0032-S	<u>04-08</u>
Transportation of Fellow Employees, Students or Others	M-0004-S	<u>04-08</u>
Trust Endorsement	M-0107-S	<u>01-06</u>
Use of Other Auto Vehicles Furnished or Available for Regular Use	M-0051-S	<u>04-08</u>
Waiver of Deductible	MPY-0016-S	<u>04-08</u>

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5. For bodily injury or property damage caused by intentional acts committed or caused by you, a **household member**, or any other person using **your auto** with your consent. This exclusion applies even if the bodily injury or property damage is different from, or greater than, that which is expected or intended.

Part 6. Medical Payments (Page 15):

After the first sentence, this sentence is added:

The coverage of this Part is always secondary to and in excess of any health benefit plan which allows for coordination of benefits under Massachusetts law and the Personal Injury Protection coverage of this policy or any other Massachusetts automobile insurance policy.



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	\$	DED
				\$		\$	
8. LIMITED COLLISION		ACV		\$	DED	\$	DED
				\$		\$	
9. COMPREHENSIVE		ACV	\$100 GLASS DEDUCTIBLE	\$	DED	\$	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



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.

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

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: 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. Contact your agent or company representative for further details.

	Age 65 and Older	Passive Restraint	Anti-Theft Device/ Vehicle Recovery System	Annual Mileage		Multi-Car Discount	Preferred Operator
				0-5000	5001-7500		
Coverage	All	Parts 2, 3, 6, and 12	Part 9	Parts 1-8 and 12	Parts 1-8 and 12	Parts 1, 2, 4, 5, 7, 8 and 9	All
Discount Available	25%	25%	5 - 36% Depending on the category of device	10 - 12.5%	5 - 7.5%	5 - 15%	4% 1-4 Years 6% > 4 Years

	One Pay Billing	Continuous Coverage	Student Away at School	Good Student	Account Credit	Good Driver	Superior Client	Early Issue
Discount Available	5%	10%	5%	5%	12%	10%	6%	5%

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 adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from 5 or 6 years of incident-free driving. If an additional premium is shown for any auto, refer to the Merit Rating Plan statement furnished with your Coverage Selections Page to determine how the additional amount for each listed operator was calculated. The operator with the highest combined operator classification and Merit Rating Code shall be assigned to the auto with the highest premium for Parts 1, 2, 4, 5, 7, 8 and 9. The operator with the next highest combined operator classification and Merit Rating Code shall be assigned to the auto with the next highest premium and so forth.

ADDITIONAL INFORMATION:

VEH #	RATING CLASS	PREM. TOWN	STAT. CLASS	CAR ID	RISK TYPE	COMM TO TOWN	EST. MILES	PIP						LIABILITY LIMITS										PHYSICAL DAMAGE COVERAGES									
								COV	DED	BI	PD	MED	U1	U2	BI/PDL	PIP/MP	COL	LOSS OF USE	OTC	AGE	SYMBOL	ATD	MCD	PRE	HT CMP	ER CMP	ER COL	EXP					
MRP CODE	P R	SND EQ	OEM	CO USE	CURR DATE	END NO	COUNTERSIGNED BY _____ AUTHORIZED AGENT _____																										

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Quincy Mutual Auto Loan/Lease Coverage	QMAL	<u>06-09</u>
Quincy Mutual Enhancement Endorsement	QMEE	<u>10-14</u>
Replacement Cost Coverage For New Vehicles	QMRC MA	<u>04-08</u>
Restriction of PIP for Employers Subject to the Massachusetts Workers' Compensation Act	M-0063-S	<u>01-88</u>
Stated Amount Coverage	MPY-0027-S	<u>04-08</u>
Suspension of Coverage and Reduction of Limits	MPY-0032-S	<u>04-08</u>
Transportation of Fellow Employees, Students or Others	M-0004-S	<u>04-08</u>
Trust Endorsement	M-0107-S	<u>01-06</u>
Use of Other Auto Vehicles Furnished or Available for Regular Use	M-0051-S	<u>04-08</u>
Waiver of Deductible	MPY-0016-S	<u>04-08</u>