



APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER		CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP		PHONE:
BINDER/POLICY#:					
EFFECTIVE DATE	EXPIRATION DATE		MAIL ADDRESS (IF DIFFERENT)		
COMPANY USE			DIRECT BILL	PAYMENT PLAN	DEPOSIT PREMIUM
			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 Uninsured Auto, 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 canceled 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	YOURSELF YOURSELF & HOUSE- HOLD MEMBERS	\$	\$8,000 PER PERSON	YOURSELF YOURSELF & HOUSE- HOLD MEMBERS	\$
	\$ DED			\$ DED		
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	\$	WAIVER OF DEDUCTIBLE	\$ DED	\$
8. LIMITED COLLISION ACV		\$ DED	\$		\$ DED	\$
9. COMPREHENSIVE ACV	\$100 GLASS DEDUCTIBLE	\$ DED	\$	\$100 GLASS DEDUCTIBLE	\$ DED	\$
10. SUBSTITUTE TRANSPORTATION	UP TO \$	A DAY \$	MAX \$		A DAY \$	MAX \$
11. TOWING AND LABOR	UP TO \$	FOR EACH DISABLEMENT		\$	FOR EACH DISABLEMENT	\$
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO	PER PERSON		\$	PER PERSON		\$
	PER ACCIDENT			PER ACCIDENT		
SAFE DRIVER INSURANCE PLAN (SDIP)	PREMIUM ADJUSTMENT		\$	PREMIUM ADJUSTMENT		\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	PREMIUM*		\$	PREMIUM*		\$
*SUBJECT TO SAFE DRIVER CREDIT OR SURCHARGE				TOTAL PREMIUM		\$

VEHICLE INFORMATION PLACE OF PRINCIPAL GARAGING - STREET ADDRESS, CITY OR TOWN, ZIP CODE AUTO 1: _____ AUTO 2: _____

#	YR	MAKE, MODEL AND IF MOTORCYCLE CC	VEHICLE IDENTIFICATION NUMBER	GROSS VEH WT RATING FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	VEH COST NEW/ MTRCYCLE AVG RETAIL VALUE	MILES AUTO WAS DRIVEN IN PAST 12 MOS
1								
2								

#	ODOMETER READING	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 an 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 High-Theft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

DRIVER INFORMATION: Furnish info for applicant & each individual who customarily operates 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.

#	OPERATOR NAME	DATE OF BIRTH	CURRENT DRIVER'S LICENSE # / LICENSED STATE (If licensed in another state/country within the last 6 years, also indicate the state/country and the license number.)	SDIP POINTS	DATE FIRST LICENSED			DRIVER TRAIN YES/NO	% OF USE	
					MASS	OTHER	MOTOR CYCLE		AUTO 1	AUTO 2
1										
2										
3										
4										

NOTICE: If you or someone else on your behalf 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, 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 Safe Driver Insurance Plan.

DRIVER INFORMATION (CONTINUED) - Explain all "YES" Responses in 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	D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES	NO
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		

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 license. A 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 driver's 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 to 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 Vehicle's website at www.mass.gov/rmv.

SDIP 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 SDIP points to you. See "Your Consumer Guide" for additional information.

GENERAL INFORMATION - Explain all "YES" responses in the Remarks Section; on Questions 3 - 8 include the auto number.

1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?	YES	NO	6. IS ANY VAN OR PICK-UP EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (If Yes, You May Wish to Purchase Additional Coverage.)	YES	NO
2. HAS ANY AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE (3) YEARS?			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 Insurance for Items).		
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 #)			8. IS ANY AUTO USED IN BUSINESS? (Type of Business)		
4. IF A VEHICLE IS A MOTORCYCLE, HAS THE PRINCIPAL OPERATOR COMPLETED AN APPROVED MOTORCYCLE RIDER TRAINING PROGRAM? (Attach Copy of Certificate or Other Evidence of Completion)			A. IF VAN/PICK-UP, IS IT USED TO DELIVER/TRANSPORT GOODS?		
5. IS ANY AUTO USED TO TRANSPORT (To or From Work or School):			B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE?		
A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE?					
B. PERSONS EMPLOYED BY YOU?					

9. IF ANY AUTO(S) TO BE INSURED IS 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)	ATTACHMENTS				
AUTO 1 _____ AUTO 2 _____					
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.					ANTI-THEFT DEVICE CERTIFICATE
11. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW:					APPRAISAL
<input type="checkbox"/> MOTORCYCLE ONLY- ISSUE MY POLICY TO EXPIRE AT 12:01 AM ON JANUARY 1ST AND DO NOT RENEW.					APPROVED DRIVER TRAINING CERTIFICATE
<input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE- ISSUE MY POLICY TO EXPIRE AT 12:01 AM ON DECEMBER 1ST AND DO NOT RENEW.					APPROVED MOTORCYCLE RIDER TRAINING CERT
					CUSTOMIZED EQUIPMENT EVIDENCE
					OPERATOR EXCLUSION FORM
					OUT-OF-STATE DRIVER RECORD
					PRE-INSURANCE FORM
					VEHICLE RECOVERY SYSTEM CERTIFICATE

REMARKS (If additional space is required, attach additional sheet(s) of paper)

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