

Applicant Social Security Number:		
-----------------------------------	--	--

Name of Applicant				Telephone Number
First Name	Middle Initial	Last Name		

Residential Address				
Number	Street	City or Town	State	Zip Code

Mail Address (if different)				
Number	Street	City or Town	State	Zip Code

Effective Date:	Expiration Date:	Credit to Rep. (Name):	BR/DD:	Agency:	Index:	Referral Agent	Number of Vehicles on Policy:
-----------------	------------------	------------------------	--------	---------	--------	----------------	-------------------------------

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 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 Compulsory Insurance	Auto 1			Auto 2		
	Limits	Deductible	Premium	Limits	Deductible	Premium
1. Bodily Injury to Others	\$20,000 Per Person \$40,000 Per Accident	None	\$	\$20,000 Per Person \$40,000 Per Accident	None	\$
2. Personal Injury Protection	\$8,000 Per Person	\$ Yourself Yourself & Household Members	\$	\$8,000 Per Person	\$ Yourself 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: Guest Occupant Exclusion for Motorcycle	\$ Per Person \$ Per Accident	None	\$	\$ Per Person \$ Per Accident	None	\$
6. Medical Payments	\$ Per Person	None	\$	\$ Per Person	None	\$
7. Collision	ACV Waiver of Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	ACV Waiver of Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
8. Limited Collision	ACV	\$	\$	ACV	\$	\$
9. Comprehensive	ACV \$100 Glass Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	ACV \$100 Glass Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
10. Substitute Transportation	Up to \$ Daily	\$ Max	\$	Up to \$ Daily	\$ Max	\$
11. Towing and Labor	Up to \$	Per Disablement	\$	Up to \$	Per Disablement	\$
12. Bodily Injury Caused by an Underinsured Auto	\$ Per Person \$ Per Accident	None	\$	\$ Per Person \$ Per Accident	None	\$
			Premium*	\$		
			*Subject to Safe Driver Credit or Surcharge			
			Estimated Total Premium		\$	
			Deposit Premium		\$	

Vehicle Information										
Auto	Year	Make	Model	Vehicle Identification Number		Place of Principal Garaging (City or Town)	Date of Purchase	New/Used	Cost New	Motorcycle CC
Auto	Airbag/Automatic Seat Belt Yes/No		Anti-Theft Device Yes/No	Vehicle Recovery System Yes/No	Miles Auto Was Driven In Past 12 Months		Current Odometer Reading			

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.

Auto	Leased Auto		Lienholder		Secured Lender/Lessor (Name and Address)	Date of Final Payment
	Yes	No	Yes	No		

Driver Information: Furnish the following information for the applicant and each individual who customarily operates the auto(s), whether or not a Household Member.											
Oper. No.	Operator Name (Last, First, Middle)			For Agent Use Only	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. All such operators will initially be assigned SDIP Step 15 pending verification of driving information.)	Date First Licensed		Approved Driver Training Yes/No	% of Use	
	Mass.	Other	Auto 1				Auto 2				

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 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, 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 be assigned a higher rating step under the Safe Driver Insurance Plan.

Please continue and complete information on reverse.

Driver Information (Continued) 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	D. Been convicted of vehicular homicide, auto related fraud, auto theft, or driving under the influence of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Been assigned to an alcohol education program?	<input type="checkbox"/>	<input type="checkbox"/>	E. Received payment from an insurance company for any collision or comprehensive loss including fire, theft, vandalism, malicious mischief, or glass?	<input type="checkbox"/>	<input type="checkbox"/>
C. Had two or more total fire or total theft losses?	<input type="checkbox"/>	<input type="checkbox"/>	F. Have your license revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please explain. - Any additional incidents should be listed in remarks or on a supplemental sheet of paper.

Oper. No.	Description of Incident	Location (City and State)	Date

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 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 you to an SDIP step. If the record(s) is not electronically available, SDIP Step 15 will be assigned unless you provide an official copy of the driving records to the company. See "Your Consumer Guide" for additional information.

General Information (Explain all "Yes" responses in Remarks Section; on Questions 3-9 include the Auto Number.)

	Yes	No		Yes	No
1. Do you presently owe any motor vehicle premium, payable in the last twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	5. Is any auto used to transport (To or from work or school):	<input type="checkbox"/>	<input type="checkbox"/>
			A. Fellow employees, passengers or students, for a fee?	<input type="checkbox"/>	<input type="checkbox"/>
			B. Persons employed by you?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your automobile insurance policy been cancelled or non-renewed for any reason in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	6. Is any van or pick-up equipped with custom furnishings or custom equipment? (If Yes, you may wish to purchase additional coverage).	<input type="checkbox"/>	<input type="checkbox"/>
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 #)	<input type="checkbox"/>	<input type="checkbox"/>	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).	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>	8. Is any auto used in business? (type of business)	<input type="checkbox"/>	<input type="checkbox"/>
			A. If a van or pick-up, is it used to deliver or transport goods?	<input type="checkbox"/>	<input type="checkbox"/>
			B. Is gross vehicle weight 10,000 pounds or more?	<input type="checkbox"/>	<input type="checkbox"/>

Operator Number	Insurance Company	Policy Type Private Passenger/Commercial	Policy Number

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)	<p style="text-align: center;">AUTO 1 _____ AUTO 2 _____</p>	Attachments
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.		
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"/> Anti-Theft Device Certificate
<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"/> Appraisal
		<input type="checkbox"/> Approved Driver Training Certificate
		<input type="checkbox"/> Approved Motorcycle Rider Training Certificate
		<input type="checkbox"/> Customized Equipment Evidence
		<input type="checkbox"/> Operator Exclusion Form
		<input type="checkbox"/> Out-of-State Driver Record
		<input type="checkbox"/> Pre-Inspection Form
		<input type="checkbox"/> Vehicle Recovery System Certificate

Remarks

Is there any vehicle not listed on this application which is owned by you or your spouse and is insured by this company?
 Yes No If yes, complete the following to be considered for a Multi-Car Discount.

Owner _____	Policy Number _____
-------------	---------------------

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.

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, including that of the applicant for this insurance.

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 with my previous automobile insurance company.

_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____
Time and Date		Signature of Applicant

To be Completed by Producer:

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.

_____	<input type="checkbox"/> AM <input type="checkbox"/> PM	_____
Time and Date		Signature of Producer

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 _____

Bill Mode: <input type="checkbox"/> Insured <input type="checkbox"/> Other <input type="checkbox"/> Payroll Ded. <input type="checkbox"/> ExpressIt	ExpressIt Deduction Dates (Choose Only One) <input type="checkbox"/> 1st of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/> 8th of the month <input type="checkbox"/> 22nd of the month NOTE: Attach all required documents, i.e. authorization form and voided check.	Pay Plan: Other Payor Name: Other Payor Address:	Capture: <input type="checkbox"/>	Policy Numbers:
---	---	--	--------------------------------------	-----------------