APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

☐ The Commerce Insurance Company
☐ Citation Insurance

PRODUCER CODE:

BINDER/POLICY #:

EFFECTIVE DATE | EXPIRATION DATE

AGENCY RECOMMENDATION
☐ VOLUNTARY ☐ CEDED (REASON BELOW)

APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP | PHONE:

MAIL ADDRESS
(IF DIFFERENT)

DIRECT BILL / AGENCY BILL | PAYMENT PLAN | DEPOSIT PREMIUM $

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	AUTO 1 LIMITS/DEDUCTIBLE	AUTO 1 PREMIUM	AUTO 2 LIMITS/DEDUCTIBLE	AUTO 2 PREMIUM
COMPULSORY INSURANCE				
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 $ DED ☐ YOURSELF & HOUSEHOLD MEMBERS	$ $	$8,000 PER PERSON ☐ YOURSELF $ DED ☐ YOURSELF & HOUSEHOLD MEMBERS	$ $
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS $20,000/$40,000)	$ PER PERSON $ PER ACCIDENT	$	$ PER PERSON $ 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 ACCIDENT	$	$ PER PERSON $ 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, 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 ACCIDENT	$	$ PER PERSON $ PER ACCIDENT	$
SAFE DRIVER INSURANCE PLAN (SDIP)	STEP #: PREMIUM ADJUSTMENT	$	STEP #: PREMIUM ADJUSTMENT	$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE ☐	PREMIUM * *SUBJECT TO SAFE DRIVER CREDIT OR SURCHARGE	$	PREMIUM *	$
			TOTAL PREMIUM	$

VEHICLE INFORMATION

PLACE OF PRINCIPAL GARAGING – AUTO 1: (CITY OR TOWN) ZIP CODE — AUTO 2:

#	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	VEHICLE COST NEW OR MOTORCYCLE AVERAGE RETAIL VALUE	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 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 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.

	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. All such operators will initially be assigned SDIP Step 15 pending verification of driving information.	SDIP STEP	DATE FIRST LICENSED MASS	DATE FIRST LICENSED OTHER	DATE FIRST LICENSED MOTOR CYCLE	DRIVER TRAINING YES/NO	% OF USE AUTO 1	% OF USE AUTO 2	% OF USE AUTO 3	% OF USE 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, 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)

Explain all "Yes" responses in the **REMARKS** Section. During the last six years have you or any listed operator:

	YES	NO		YES	NO
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?			D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?		
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 r 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 v 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 u 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 poli 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 drivin 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 "Your Consumer Guide" for additional information.

GENERAL INFORMATION

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

	YES	NO		YES	NO
1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?			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?		
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 Other 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?		

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)

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.

11. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW:

☐ MOTORCYCLE ONLY - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON JANUARY 1ST AND DO NOT RENEW.

☐ TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW.

ATTACHMENTS

- ☐ ANTI-THEFT DEVICE CERTIFICATE
- ☐ APPRAISAL
- ☐ APPROVED DRIVER TRAINING CER
- ☐ APPROVED MOTORCYCLE RIDER TRA
- ☐ CUSTOMIZED EQUIPMENT EVIDEN
- ☐ OPERATOR EXCLUSION FORM
- ☐ OUT-OF-STATE DRIVER RECORD
- ☐ PRE-INSURANCE FORM
- ☐ VEHICLE RECOVERY SYSTEM CER

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 obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained thr interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nat 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 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