### Coverages: Parts 1-12

<table>
<thead>
<tr>
<th>Coverage</th>
<th>AUTO 1</th>
<th>AUTO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bodily Injury to Others</td>
<td>$20,000 per person / $40,000 per accident</td>
<td>$20,000 per person / $40,000 per accident</td>
</tr>
<tr>
<td>2. Personal Injury Protection</td>
<td>$8,000 per person</td>
<td>$8,000 per person</td>
</tr>
<tr>
<td>3. Bodily Injury Caused by an Uninsured Auto (Compulsory Limits $20,000 / $40,000)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4. Damage to Someone Else’s Property (Compulsory Limit $5,000)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### Optional Insurance

<table>
<thead>
<tr>
<th>Coverage</th>
<th>AUTO 1</th>
<th>AUTO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Optional Bodily Injury to Others</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>6. Medical Payments</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7. Collision</td>
<td>ACV Waiver of Deductible</td>
<td>ACV Waiver of Deductible</td>
</tr>
<tr>
<td>8. Limited Collision</td>
<td>ACV</td>
<td>ACV</td>
</tr>
<tr>
<td>9. Comprehensive</td>
<td>ACV $100 Glass Deductible</td>
<td>ACV $100 Glass Deductible</td>
</tr>
<tr>
<td>10. Substitute Transportation</td>
<td>Up to $ A Day</td>
<td>Up to $ A Day</td>
</tr>
<tr>
<td>11. Towing and Labor</td>
<td>Up to $ For Each Disability</td>
<td>Up to $ For Each Disability</td>
</tr>
<tr>
<td>12. Bodily Injury Caused by an Underinsured Auto</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Safe Driver Insurance Plan (SDIP)</td>
<td>Premium Adjustment</td>
<td>Premium Adjustment</td>
</tr>
</tbody>
</table>

### Guest Occupant Exclusion for Motorcycle

- Subject to Safe Driver Credit or Surcharge
- Total Premium $"
**DRIVER INFORMATION (CONTINUED) - Explain all "YES" Responses in Remarks Section**

During the last six years have you or any listed operator:

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN GUILTY OF ANY MOVING VIOLATION?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?**
2. **HAS ANY AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE (3) YEARS?**
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 #)**
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)**
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?
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
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).**
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. **IS ANY AUTO 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
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 AM ON JANUARY 1ST AND DO NOT RENEW.
    - TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 AM ON DECEMBER 1ST AND DO NOT RENEW.

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

**ATTACHMENTS**

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

**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 __________________________ Date and Time __________________________

MA AIB APPLICATION FORM, 2007

ACORD 90 MA (2007/08)