

Submission for Other Autos Application (Classic/Antique Car, Trailer, RV/Motorhome)

Please include this form with your submission.

Agency Name: _____

Agent City/Town: _____

Agent Contact Email: _____

Instructions to Submit Business:

Please upload completed items via secure submission portal:

1. This Cover Page
2. Acord Application for MA Motor Vehicle Insurance (fully completed)
 - I. Phone Number
 - II. Mailing Address (if applicable)
 - III. Full Year, Make and Model
 - IV. Full Date of Purchase
 - V. Odometer
 - VI. Lease/Lien info (if applicable)
 - VII. Drivers full Date of Birth and Date First Licensed
3. Completed Application Supplement
4. Prior Carrier Declaration Page (if applicable)
5. Primary Residence Declaration Page (if applicable)
6. Submit this application through the secure portal (not unsecured email)



For RV, Motorhome, Trailer, Classic/Antique Cars and Watercrafts – the purchase price with Bill of Sale will only be used when it is a current model year and purchased brand NEW, unused, never titled.

a. *If already owned (even if change of carrier) or purchasing used* – insurance is based on an Agreed Value, not the 'original cost price new' or 'paid' value. **An Agreed Value is required at time of submission with the application.** To establish an approximate vehicle value with your client (Not Paid Value) visit these suggested sites:

- i. RV, Motorhome, Trailer and Classic/Antiques: nadaguides.com
- ii. Watercrafts:
 1. [BUC Used Price Guide \(www.buc.com\)](http://www.buc.com)
 2. [ABOS Marine Blue Book \(www.abos.com\)](http://www.abos.com)
 3. [Boat Trader \(www.boattrader.com\)](http://www.boattrader.com)



APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

COMPANY		APPLICANT'S NAME AND RESIDENTIAL ADDRESS (INC ZIP)		PHONE:
PRODUCER		CODE:		
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	<input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$	\$8,000 PER PERSON	<input type="checkbox"/> YOURSELF <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: GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	\$	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 \$	PER DISABLEMENT	\$	\$	PER DISABLEMENT	\$
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO	\$	PER PERSON	\$	\$	PER PERSON	\$
	\$	PER ACCIDENT	\$	\$	PER ACCIDENT	\$
SAFE DRIVER INSURANCE PLAN (SDIP)	STEP #:	PREMIUM ADJUSTMENT	\$	STEP #:	PREMIUM ADJUSTMENT	\$
		PREMIUM*	\$		PREMIUM*	\$
*SUBJECT TO SAFE DRIVER CREDIT OR SURCHARGE			ESTIMATED TOTAL PREMIUM	\$		

VEHICLE INFORMATION				PRINCIPAL GARAGING (CITY/TOWN & ZIP) -				AUTO 1:				AUTO 2:				
#	YR	MAKE, MODEL AND MOTORCYCLE CC		VEHICLE IDENTIFICATION NUMBER				REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	EST ANNUAL MILEAGE	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)						DATE OF FINAL PAYMENT				

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.

#	OPERATOR NAME	DATE OF BIRTH	DRIVER'S LICENSE #/LICENSED STATE <small>(If licensed in another state/country within the last 6 years, indicate the state/country and the license number. All such operators will initially be assigned SDIP Step 15 pending verification of driving information.)</small>	DATE FIRST LICENSED		APPR DRIVER TRAIN 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. 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.

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 operators required to be listed and the answers given above for all listed operators.

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?	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 COLLISION OR COMPREHENSIVE LOSS INCLUDING FIRE, THEFT, VANDALISM, MALICIOUS MISCHIEF, OR GLASS?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT LOSSES?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		

IF "YES", PLEASE EXPLAIN. -- ANY ADDITIONAL INCIDENTS SHOULD BE LISTED IN REMARKS.

OPER NO	DESCRIPTION OF INCIDENT	LOCATION (City and State)	DATE

SDIP INFORMATION If in the last six years any listed operator had a drivers license in the United States or certain countries whose record 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 the Remarks Section; on Questions 3-9 include the auto number.

1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?	YES	NO	7. IS ANY AUTO EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (Applicable to Vans or Pick-Ups. 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?			8. IS ANY AUTO EQUIPPED WITH: A. CITIZENS BAND RADIO		
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#)			B. TWO-WAY MOBILE RADIO		
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)			C. TELEPHONE		
5. IS ANY AUTO USED TO COMMUTE TO WORK OR SCHOOL? (List Days Per Month and Miles One Way)			D. SCANNING RECEIVER		
6. IS ANY AUTO USED TO TRANSPORT (To or From Work or School):			(If You Wish to Purchase Coverage For Items A-D, List Make, Model, Serial#, Amount of Ins. for Items Not Permanently Installed in the Opening of the Dash Normally Used by the Auto Manufacturer)		
A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE?			9. IS ANY AUTO USED IN BUSINESS? (Type of Business)		
B. PERSONS EMPLOYED BY YOU?			A. IF VAN/PICK-UP, IS IT USED TO DELIVER/TRANSPORT GOODS?		
			B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE?		

10. 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 _____	<p align="center">ATTACHMENTS</p> <ul style="list-style-type: none"> ANTI-THEFT DEVICE CERTIFICATE APPRAISAL (ANTIQUA AUTO) APPROVED DRIVER TRAINING CERTIFICATE APPROVED MOTORCYCLE RIDER TRAINING CERT CUSTOMIZED EQUIPMENT EVIDENCE OPERATOR EXCLUSION FORM VEHICLE RECOVERY SYSTEM CERTIFICATE PRE-INSPECTION FORM
11. 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.	
12. 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 AM ON JANUARY 1ST AND DO NOT RENEW. <input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE- ISSUE MY POLICY TO EXPIRE AT 12:01 AM ON DECEMBER 1ST AND DO NOT RENEW.	

REMARKS

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.

_____ Time and Date

_____ Signature of Applicant

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.

_____ Time and Date

_____ Signature of Agent

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

Classic/Antique Car, Trailer, RV/Motorhome Supplement

Named Insured Information		
Insured Name:		
Additional Named Insured: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Named Insured (must be household member):	
Reason for Policy:		
Is Garaged Location Same as Mailing Address? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Garage Address (if different than mailing):		
Zip:	City:	State:
Any vehicles on this policy with more than one owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are all owner's residents of the same household? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Residence Insurance Type: *	Years at Current Residence:	
Trailer Only Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Years with Present Employer:	
Other Safeco Insurance Policies		
Does the insured have a current Personal Umbrella with Safeco? * Yes <input type="checkbox"/> No <input type="checkbox"/>		
Policy Type:	Policy Number:	
Policy Type:	Policy Number:	
Policy Type:	Policy Number:	
Driver Information: (Driver 1) *		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Has this driver's license been suspended or revoked in the last 6 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Driver 2)		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Has this driver's license been suspended or revoked in the last 6 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Driver 3)		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Has this driver's license been suspended or revoked in the last 6 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vehicle Information & Usage (Please provide RMV-1 or RMV-3 as needed.)		
Is this a newly acquired vehicle, not registered yet or plate number and plate type not required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Work/School 4 or More Miles...	Mileage One Way:	Days per week driven to work/school:
Underwriting		
* Current Insurance Carrier:	Number of Months with this carrier?	
Policy Expiration/Lapse Date:	Current Carrier Policy Number:	
Prior Insurance Carrier:	Number of Months with prior carrier?	
Policy Expiration/Lapse Date:		

***Submit declaration(s) with application.**

Insured Signature: _____ **Date** _____