

~~0702 08~~  
LIBERTY ADVANTAGE<sup>®</sup>-~~TM~~ ENDORSEMENT

With respect to the coverage provided by this endorsement, the terms of the policy apply unless modified below.

## I. ~~New Vehicle Coverage~~ Car Replacement Coverage

This coverage applies only if the Coverage Selections Page indicates that ~~Part 7~~, Collision (Part 7) or ~~Part 8~~, Limited Collision (Part 8) and/or ~~Part 9~~, Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if ~~Part 9~~, Comprehensive (Part 9) coverage applies to **your auto**.

### A. Definitions

For the purpose of this coverage the following definitions are added:

1. “**New**” means not previously titled under the motor vehicle laws of any state.

“**New**” does not apply to a substitute or non-owned vehicle.

“**New**” does not apply to a leased vehicle.

“**New**” does not apply to a **motorcycle, motor home or trailer**.

2. “**Total loss**” means a loss in which the cost to ~~replace or~~ repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

### B. New ~~Vehicle Coverage~~ Car Replacement features

The New ~~Vehicle Coverage~~ Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is new; and
2. The **total loss occurred** within 12 months of the vehicle’s purchase date; and
3. The **total loss occurred** within the vehicle’s first 15,000 miles as shown on the odometer.

We will pay, less the deductible, the cost in cash we can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, we will pay, less the deductible, the cost in cash we can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for “customized equipment” only as described in the insured’s policy or policy endorsements.

## II. Enhanced Substitute Transportation Coverage

The provisions and exclusions applicable to ~~Part 10~~, Substitute Transportation (Part 10), and ~~M-0105-S~~ endorsement, relating to substitute transportation coverage, if included in the policy, are amended by this endorsement as follows:

**LIBERTY ADVANTAGE<sup>®</sup>-TM ENDORSEMENT**

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more ~~that than~~ 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.
5. **Your auto** is not a **motorcycle**.

**At your option, if you choose to:**

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**.

If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

All other provisions of ~~Part 10, "Substitute Transportation," and M-0105-S if applicable, (Part 10)~~ apply.

### III. **Enhanced Towing and Labor**

The provisions and exclusions applicable to ~~Part 11, Towing and Labor (Part 11)~~ are modified by this endorsement as follows:

This coverage applies when Towing and Labor coverage applies to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

At your option, if you choose to call Liberty Mutual's toll free Roadside Assistance number we will pay the cost to tow **your auto** if you allow us to make arrangements to tow **your auto** to the nearest repair facility approved by **us**.

All other provisions of ~~Part 11, "Towing and Labor," (Part 11)~~ apply.

### IV. **Mechanical Parts Replacement Coverage**

The provisions and exclusions applicable to ~~Part 7, Collision (Part 7) or Part 8, Limited Collision (Part 8) and/or Part 9, Comprehensive (Part 9)~~ are modified by this endorsement as follows:

This coverage applies when Collision ~~(Part 7)~~, Limited Collision ~~(Part 8)~~ or Comprehensive ~~(Part 9)~~ coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

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In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto** we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of ~~Part 7, "Collision" (Part 7)~~ or ~~Part 8, "Limited Collision" (Part 8)~~ and ~~Part 9, "Comprehensive," (Part 9)~~ apply.

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With respect to the coverage provided by this endorsement, the terms of the policy apply unless modified below.

### I. New Car Replacement Coverage

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

#### A. Definitions

For the purpose of this coverage the following definitions are added:

1. “**New**” means not previously titled under the motor vehicle laws of any state.
  - “**New**” does not apply to a substitute or non-owned vehicle.
  - “**New**” does not apply to a leased vehicle.
  - “**New**” does not apply to a **motorcycle, motor home or trailer**.
2. “**Total loss**” means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

#### B. New Car Replacement features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is new; and
2. The **total loss occurred** within 12 months of the vehicle’s purchase date; and
3. The **total loss occurred** within the vehicle’s first 15,000 miles as shown on the odometer.

We will pay, less the deductible, the cost in cash we can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, we will pay, less the deductible, the cost in cash we can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

#### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for “customized equipment” only as described in the insured’s policy or policy endorsements.

### II. Enhanced Substitute Transportation Coverage

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended by this endorsement as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and

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2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.
5. **Your auto** is not a **motorcycle**.

### At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**.

If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

All other provisions of Substitute Transportation (Part 10) apply.

### III. Enhanced Towing and Labor

The provisions and exclusions applicable to Towing and Labor (Part 11) are modified by this endorsement as follows:

This coverage applies when Towing and Labor coverage applies to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

At your option, if you choose to call Liberty Mutual's toll free Roadside Assistance number we will pay the cost to tow **your auto** if you allow us to make arrangements to tow **your auto** to the nearest repair facility approved by **us**.

All other provisions of Towing and Labor (Part 11) apply.

### IV. Mechanical Parts Replacement Coverage

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto** we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

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With respect to the coverage provided by this endorsement, the terms of the policy apply unless modified below.

## I. New ~~Vehicle-Car Replacement~~ Coverage

This coverage applies only if the Coverage Selections Page indicates that ~~Part 7~~, Collision (Part 7) or ~~Part 8~~, Limited Collision (Part 8) and/or ~~Part 9~~, Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if ~~Part 9~~, Comprehensive (Part 9) coverage applies to **your auto**.

### A. Definitions

For the purpose of this coverage the following definitions are added:

1. “**New**” means not previously titled under the motor vehicle laws of any state.

“**New**” does not apply to a substitute or non-owned vehicle.

“**New**” does not apply to a leased vehicle.

“**New**” does not apply to a **motorcycle, motor home or trailer**.

2. “**Total loss**” means a loss in which the cost to ~~replace or~~ repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

### B. New ~~Vehicle-Coverage~~ Car Replacement features Features

The New ~~Vehicle-Car Replacement~~ Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is new; and
2. The **total loss occurred** within 12 months of the vehicle’s purchase date; and
3. The **total loss occurred** within the vehicle’s first 15,000 miles as shown on the odometer.

We will pay, less the deductible, the cost in cash we can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, we will pay, less the deductible, the cost in cash we can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for “customized equipment” only as described in the insured’s policy or policy endorsements.

## II. Enhanced Substitute Transportation Coverage

The provisions and exclusions applicable to ~~Part 10~~, Substitute Transportation (Part 10), and ~~M-0105-S-endorsement, relating to substitute transportation coverage, if included in the policy~~, are amended by this endorsement as follows:

**LIBERTY ADVANTAGE<sup>®</sup>-TM ENDORSEMENT**

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more ~~that than~~ 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.
5. **Your auto** is not a **motorcycle**.

**At your option, if you choose to:**

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**.

If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

All other provisions of ~~Part 10, "Substitute Transportation," and M-0105-S if applicable, (Part 10)~~ apply.

### III. **Enhanced Towing and Labor**

The provisions and exclusions applicable to ~~Part 11, Towing and Labor (Part 11)~~ are modified by this endorsement as follows:

This coverage applies when Towing and Labor coverage applies to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

At your option, if you choose to call Liberty Mutual's toll free Roadside Assistance number we will pay the cost to tow **your auto** if you allow us to make arrangements to tow **your auto** to the nearest repair facility approved by **us**.

All other provisions of ~~Part 11, "Towing and Labor," (Part 11)~~ apply.

### IV. **Mechanical Parts Replacement Coverage**

The provisions and exclusions applicable to ~~Part 7, Collision (Part 7) or Part 8, Limited Collision (Part 8) and/or Part 9, Comprehensive (Part 9)~~ are modified by this endorsement as follows:

This coverage applies when Collision ~~(Part 7)~~, Limited Collision ~~(Part 8)~~ or Comprehensive ~~(Part 9)~~ coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

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In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto** we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of ~~Part 7, “Collision” (Part 7)~~ or ~~Part 8, “Limited Collision” (Part 8)~~ and ~~Part 9, “Comprehensive,” (Part 9)~~ apply.

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With respect to the coverage provided by this endorsement, the terms of the policy apply unless modified below.

### I. New Car Replacement Coverage

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

#### A. Definitions

For the purpose of this coverage the following definitions are added:

1. “**New**” means not previously titled under the motor vehicle laws of any state.
  - “**New**” does not apply to a substitute or non-owned vehicle.
  - “**New**” does not apply to a leased vehicle.
  - “**New**” does not apply to a **motorcycle, motor home or trailer**.
2. “**Total loss**” means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

#### B. New Car Replacement Features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is new; and
2. The **total loss occurred** within 12 months of the vehicle’s purchase date; and
3. The **total loss occurred** within the vehicle’s first 15,000 miles as shown on the odometer.

We will pay, less the deductible, the cost in cash we can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, we will pay, less the deductible, the cost in cash we can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

#### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for “customized equipment” only as described in the insured’s policy or policy endorsements.

### II. Enhanced Substitute Transportation Coverage

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended by this endorsement as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and

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2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.
5. **Your auto** is not a **motorcycle**.

**At your option, if you choose to:**

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**.

If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

All other provisions of Substitute Transportation (Part 10) apply.

**III. Enhanced Towing and Labor**

The provisions and exclusions applicable to Towing and Labor (Part 11) are modified by this endorsement as follows:

This coverage applies when Towing and Labor coverage applies to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

At your option, if you choose to call Liberty Mutual's toll free Roadside Assistance number we will pay the cost to tow **your auto** if you allow us to make arrangements to tow **your auto** to the nearest repair facility approved by **us**.

All other provisions of Towing and Labor (Part 11) apply.

**IV. Mechanical Parts Replacement Coverage**

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto** we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

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With respect to the coverage provided by this endorsement, the terms of the policy apply unless modified below.

### I. New Car Replacement Coverage

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

#### A. Definitions

For the purpose of this coverage the following definitions are added:

1. “**New**” means not previously titled under the motor vehicle laws of any state.  
     “**New**” does not apply to a substitute or non-owned vehicle.  
     “**New**” does not apply to a leased vehicle.  
     “**New**” does not apply to a **motorcycle, motor home or trailer**.
2. “**Total loss**” means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

#### B. New Car Replacement Features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is **new**; and
2. The **total loss occurred** within 12 months of the vehicle’s purchase date; and
3. The **total loss occurred** within the vehicle’s first 15,000 miles as shown on the odometer.

**We** will pay, less the deductible, the cost in cash **we** can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, **we** will pay, less the deductible, the cost in cash **we** can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

#### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for “customized equipment” only as described in the insured’s policy or policy endorsements.

### II. Better Car Replacement Coverage

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

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### A. Definitions

For the purpose of this coverage the following definitions are added:

1. “**Your Auto**” does not mean a substitute or non-owned vehicle.  
     “**Your Auto**” does not mean a leased vehicle.  
     “**Your Auto**” does not mean a **motorcycle, motor home** or **trailer**.  
     “**Your Auto**” does not mean a “**New**” vehicle purchased in the past 12 months and has fewer than 15,000 miles on its odometer.  
     “**Your Auto**” does not mean an Antique vehicle.
2. “**New**” means not previously titled under the motor vehicle laws of any state.
3. “**Antique**” means any motor vehicle or motorcycle registered as an antique. If not registered the vehicle is maintained solely for the use in exhibitions, club activities or parades.
4. “**Total loss**” means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.
5. “**Model year**” refers to the model year shown on the title for **your auto**.

### B. Better Car Replacement Features

Better Car Replacement Coverage applies if a covered **total loss** occurs to **your auto**. We will pay in cash, less the deductible, the Actual Cash Value of the same make, model and equipment of a vehicle one **model year** newer than **your auto**. If the make and/or model of **your auto** has been discontinued we will use the most similar make, model, and equipment of a vehicle one **model year** newer than **your auto**.

### C. Conditions

1. Mileage used in calculating the Actual Cash Value will be determined by deducting 15,000 miles from the mileage on the damaged vehicle’s odometer. The maximum reduction is to zero miles.
2. **Our** liability is subject to a maximum of 130% of the Actual Cash Value of **your auto**.

## III. Enhanced Substitute Transportation Coverage

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended by this endorsement as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.
5. **Your auto** is not a **motorcycle**.

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At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**.

If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

All other provisions of Substitute Transportation (Part 10) apply.

#### **IV. Enhanced Towing and Labor**

The provisions and exclusions applicable to Towing and Labor (Part 11) are modified by this endorsement as follows:

This coverage applies when Towing and Labor coverage applies to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

At your option, if you choose to call Liberty Mutual's toll free Roadside Assistance number we will pay the cost to tow **your auto** if you allow us to make arrangements to tow **your auto** to the nearest repair facility approved by **us**.

All other provisions of Towing and Labor (Part 11) apply.

#### **V. Mechanical Parts Replacement Coverage**

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto** we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

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With respect to the coverage provided by this endorsement, the terms of the policy apply unless modified below.

### I. New Car Replacement Coverage

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

#### A. Definitions

For the purpose of this coverage the following definitions are added:

1. “**New**” means not previously titled under the motor vehicle laws of any state.  
     “**New**” does not apply to a substitute or non-owned vehicle.  
     “**New**” does not apply to a leased vehicle.  
     “**New**” does not apply to a **motorcycle, motor home or trailer**.
2. “**Total loss**” means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

#### B. New Car Replacement features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is new; and
2. The **total loss occurred** within 12 months of the vehicle’s purchase date; and
3. The **total loss occurred** within the vehicle’s first 15,000 miles as shown on the odometer.

**We** will pay, less the deductible, the cost in cash **we** can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, **we** will pay, less the deductible, the cost in cash **we** can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

#### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for “customized equipment” only as described in the insured’s policy or policy endorsements.

### II. Better Car Replacement Coverage

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

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### A. Definitions

For the purpose of this coverage the following definitions are added:

1. **“Your Auto”** does not mean a substitute or non-owned vehicle.  
**“Your Auto”** does not mean a leased vehicle.  
**“Your Auto”** does not mean a **motorcycle, motor home** or **trailer**.  
**“Your Auto”** does not mean a **“New”** vehicle purchased in the past 12 months and has fewer than 15,000 miles on its odometer.  
**“Your Auto”** does not mean an Antique vehicle.
2. **“New”** means not previously titled under the motor vehicle laws of any state.
3. **“Antique”** means any motor vehicle or motorcycle registered as an antique. If not registered the vehicle is maintained solely for the use in exhibitions, club activities or parades.
4. **“Total loss”** means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.
5. **“Model year”** refers to the model year shown on the title for **your auto**.

### B. Better Car Replacement Features

Better Car Replacement Coverage applies if a covered **total loss** occurs to **your auto**. We will pay in cash, less the deductible, the Actual Cash Value of the same make, model and equipment of a vehicle one **model year** newer than **your auto**. If the make and/or model of **your auto** has been discontinued we will use the most similar make, model, and equipment of a vehicle one **model year** newer than **your auto**.

### C. Conditions

1. Mileage used in calculating the Actual Cash Value will be determined by deducting 15,000 miles from the mileage on the damaged vehicle’s odometer. The maximum reduction is to zero miles.
2. **Our** liability is subject to a maximum of 130% of the Actual Cash Value of **your auto**.

## III. Enhanced Substitute Transportation Coverage

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended by this endorsement as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.
5. **Your auto** is not a **motorcycle**.

**LIBERTY ADVANTAGE PLUS™ ENDORSEMENT**

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At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**.

If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

All other provisions of Substitute Transportation (Part 10) apply.

**IV. Enhanced Towing and Labor**

The provisions and exclusions applicable to Towing and Labor (Part 11) are modified by this endorsement as follows:

This coverage applies when Towing and Labor coverage applies to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

At your option, if you choose to call Liberty Mutual's toll free Roadside Assistance number we will pay the cost to tow **your auto** if you allow us to make arrangements to tow **your auto** to the nearest repair facility approved by **us**.

All other provisions of Towing and Labor (Part 11) apply.

**V. Mechanical Parts Replacement Coverage**

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto** we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

## TRUST ENDORSEMENT

Item 2 of the Definitions includes the trust listed below if the grantor of the trust is an individual or lawfully married individuals residing in the same household, and is the only insured named in Item 1 of the Coverage selections Page.

**Name of Trust**

## TRUST ENDORSEMENT

Item 2 of the Definitions includes the trust listed below if the grantor of the trust is an individual or lawfully married individuals residing in the same household, and is the only insured named in Item 1 of the Coverage selections Page.

**Name of Trust**

## **FEDERAL EMPLOYEES USING AUTOS THEY DO NOT OWN IN THE COURSE OF EMPLOYMENT**

Under Damage To Someone Else's Property (Part 4) and Optional Bodily Injury To Others (Part 5), the following are not covered:

- A. The United States of America or any of its agencies,
- B. Any person while using an auto in the course of his employment by the United States Government if the Federal Tort Claim Act requires the Attorney General of the United States to defend that person in any civil action or proceeding for bodily injury or property damage, whether or not the accident has been reported to the United States or the Attorney General.

## **FEDERAL EMPLOYEES USING AUTOS THEY DO NOT OWN IN THE COURSE OF EMPLOYMENT**

Under Damage To Someone Else's Property (Part 4) and Optional Bodily Injury To Others (Part 5), the following are not covered:

- A. The United States of America or any of its agencies,
- B. Any person while using an auto in the course of his employment by the United States Government if the Federal Tort Claim Act requires the Attorney General of the United States to defend that person in any civil action or proceeding for bodily injury or property damage, whether or not the accident has been reported to the United States or the Attorney General.

## MOBILE HOME ENDORSEMENT

If any auto shown on the Coverage Selections page is a mobile home, the definition of auto is amended to include equipment and accessories permanently installed in the mobile home or offered as optional equipment for a private passenger auto.

We will not pay for any antennas, other than an auto radio antenna, or awnings, cabanas or other equipment designed to create additional living facilities.

~~2387A~~

~~(MPY-0002-S)~~

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**PF**

## **MOBILE HOME ENDORSEMENT**

If any auto shown on the Coverage Selections page is a mobile home, the definition of auto is amended to include equipment and accessories permanently installed in the mobile home or offered as optional equipment for a private passenger auto.

We will not pay for any antennas, other than an auto radio antenna, or awnings, cabanas or other equipment designed to create additional living facilities.

**COMMONWEALTH OF MASSACHUSETTS ~~OR METROPOLITAN~~  
~~DISTRICT COMMISSION~~ EMPLOYEES USING AUTOS  
THEY DO NOT OWN IN THE COURSE OF EMPLOYMENT**

Under Damage To Someone Else's Property (Part 4) and Optional Bodily Injury To Others (Part 5), the following are not covered:

The Commonwealth of Massachusetts or any of its agencies, ~~or the Metropolitan District Commission.~~

**COMMONWEALTH OF MASSACHUSETTS EMPLOYEES USING  
AUTOS THEY DO NOT OWN IN THE COURSE OF EMPLOYMENT**

Under Damage To Someone Else's Property (Part 4) and Optional Bodily Injury To Others (Part 5), the following are not covered:

The Commonwealth of Massachusetts or any of its agencies.

~~MASSACHUSETTS ENDORSEMENT - M-0063-S~~  
**RESTRICTION OF PERSONAL INJURY PROTECTION  
FOR EMPLOYERS SUBJECT TO THE  
MASSACHUSETTS WORKERS' COMPENSATION ACT**

You paid a reduced premium for Personal Injury Protection (Part 2) because you certified that **your auto** would be used only in your business and only to carry your employees and that you have and will continue to have a Massachusetts Workers' Compensation Policy during the period of this policy.

You must reimburse us for any payment we make under this policy for any accident, claim, or lawsuit because of the failure to comply with the terms of your certification.

~~M-0063-S~~  
(Ed. January 1, 1988)

~~PF~~

**RESTRICTION OF PERSONAL INJURY PROTECTION FOR  
EMPLOYERS SUBJECT TO THE MASSACHUSETTS WORKERS'  
COMPENSATION ACT**

You paid a reduced premium for Personal Injury Protection (Part 2) because you certified that **your auto** would be used only in your business and only to carry your employees and that you have and will continue to have a Massachusetts Workers' Compensation Policy during the period of this policy.

You must reimburse us for any payment we make under this policy for any accident, claim, or lawsuit because of the failure to comply with the terms of your certification.

## **OTHER OPTIONAL INSURANCE – Combined Additional Coverage**

Under this ~~E~~endorsement, we will pay only for direct and accidental damage or loss to any auto to which this ~~e~~endorsement applies as shown below or on the Coverage Selections Page and caused by:

1. Windstorm, hail, earthquake or explosion.
2. Riot or civil commotion.
3. The forced landing or falling of any aircraft or its parts or equipment.
4. Flood or rising waters.
5. Malicious mischief or vandalism.
6. External discharge or leakage of water.

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~~We will not pay under this Endorsement for damage or loss caused by rain, snow, or sleet, whether or not wind-driven. We will not pay under this endorsement for damage or loss caused by rain, snow or sleet, whether or not wind-driven.~~

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We will pay for each loss up to the actual cash value of **your auto** at the time of loss, but in all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible does not apply in the case of glass breakage.

After a loss, you must allow us to have the auto appraised. If we have a direct payment plan approved by the Commissioner of Insurance, we will pay you in accordance with the appraisal and allow you to select a repair shop of your choice. If you choose not to have **your auto** repaired, or if we do not receive your Repair Certification Form, or, when requested, you do not make **your auto** available for reinspection within a reasonable period of time following repair, our payments automatically reduce the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased.

If you choose not to accept payment under our direct payment plan or we do not have such a plan, and you have **your auto** repaired in accordance with the appraisal, you must send us a Completed Work Claim Form. We must pay you within ~~7-seven~~ days after receiving the form. If we fail to pay you within ~~7-seven~~ days after receipt of the Completed Work Claim Form, you have the right to sue us. If a court decides that we were unreasonable in refusing to pay you on time, you are entitled to double the amount of damage, plus costs and reasonable attorney's fees. If you requested us to, we will pay the repair shop directly; however, the repair shop must certify that it meets certain requirements. If you choose not to have **your auto** repaired, or if we do not receive your Completed Work Claim Form, we will determine the amount of decrease in the actual cash value of **your auto** and pay you that amount less your deductible. Our payment automatically reduces the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased. We have a right to inspect all repairs

In any event, we will never pay more than what it would cost to repair or replace the damaged property.

Camper bodies are not covered under this ~~e~~Endorsement unless specifically shown on the Coverage Selections Page or by endorsement. An additional premium will be charged for insuring a camper body.

If someone covered under this ~~E~~endorsement is using an auto he or she does not own at the time of loss, the owner's auto insurance pays up to its maximum limits before we pay. Then we will pay up to the limits shown

~~Other Optional Insurance~~  
~~Combined Additional Coverage (Cont.)~~

below or on your Coverage Selections Page for any damages not covered by that insurance less the deductible amount you selected.

All other ~~P~~rovisions or ~~P~~arts of the policy which apply to Comprehensive (Part 9) also apply to the coverage under this ~~E~~endorsement.

## OTHER OPTIONAL INSURANCE – Combined Additional Coverage

Under this endorsement, we will pay only for direct and accidental damage or loss to any auto to which this endorsement applies as shown below or on the Coverage Selections Page and caused by:

1. Windstorm, hail, earthquake or explosion.
2. Riot or civil commotion.
3. The forced landing or falling of any aircraft or its parts or equipment.
4. Flood or rising waters.
5. Malicious mischief or vandalism.
6. External discharge or leakage of water.

We will not pay under this endorsement for damage or loss caused by rain, snow or sleet, whether or not wind-driven.

We will pay for each loss up to the actual cash value of **your auto** at the time of loss, but in all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible does not apply in the case of glass breakage.

After a loss, you must allow us to have the auto appraised. If we have a direct payment plan approved by the Commissioner of Insurance, we will pay you in accordance with the appraisal and allow you to select a repair shop of your choice. If you choose not to have **your auto** repaired, or if we do not receive your Repair Certification Form, or, when requested, you do not make **your auto** available for reinspection within a reasonable period of time following repair, our payments automatically reduce the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased.

If you choose not to accept payment under our direct payment plan or we do not have such a plan, and you have **your auto** repaired in accordance with the appraisal, you must send us a Completed Work Claim Form. We must pay you within seven days after receiving the form. If we fail to pay you within seven days after receipt of the Completed Work Claim Form, you have the right to sue us. If a court decides that we were unreasonable in refusing to pay you on time, you are entitled to double the amount of damage, plus costs and reasonable attorney's fees. If you requested us to, we will pay the repair shop directly; however, the repair shop must certify that it meets certain requirements. If you choose not to have **your auto** repaired, or if we do not receive your Completed Work Claim Form, we will determine the amount of decrease in the actual cash value of **your auto** and pay you that amount less your deductible. Our payment automatically reduces the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased. We have a right to inspect all repairs

In any event, we will never pay more than what it would cost to repair or replace the damaged property.

Camper bodies are not covered under this endorsement unless specifically shown on the Coverage Selections Page or by endorsement. An additional premium will be charged for insuring a camper body.

If someone covered under this endorsement is using an auto he or she does not own at the time of loss, the owner's auto insurance pays up to its maximum limits before we pay. Then we will pay up to the limits shown below or on your Coverage Selections Page for any damages not covered by that insurance less the deductible amount you selected.

All other provisions or parts of the policy which apply to Comprehensive (Part 9) also apply to the coverage under this endorsement.

## **OTHER OPTIONAL INSURANCE**

### **– Fire, Lightning and Transportation**

Under this **e**ndorsement, we will pay only for the direct and accidental damage or loss to any auto to which this **E**ndorsement applies as shown below or on the Coverage Selections Page and caused by:

1. Fire and Lightning.
2. Smoke or smudge from the sudden and faulty operation of any fixed heating equipment where **your auto** is located.
3. The stranding, sinking, burning, **collision** or derailment or any conveyance transporting your auto.

We will pay for each loss up to the actual cash value of **your auto** at the time of loss but in all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible does not apply in the case of glass breakage.

If **your auto** is damaged by fire, you must report the loss to us and the fire department.

After a loss, you must allow us to have the auto appraised. If we have a direct payment plan approved by the Commissioner of Insurance, we will pay you in accordance with the appraisal and allow you to select a repair shop of your choice. If you choose not to have **your auto** repaired, or if we do not receive your Repair Certification Form, or, when requested, you do not make **your auto** available for reinspection within a reasonable period of time following repair, our payments automatically reduce the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased.

If you choose not to accept payment under our direct payment plan or we do not have such a plan, and you have **your auto** repaired in accordance with the appraisal, you must send us a Completed Work Claim Form. We must pay you within **7seven** days after receiving the form. If we fail to pay you within **7seven** days after receipt of the Completed Work Claim Form, you have the right to sue us. If a court decides that we were unreasonable in refusing to pay you on time, -you are entitled to double the amount of damage, plus costs and reasonable attorneys' fees. If you request us to, we will pay the repair shop directly, however, the repair shop must certify that it meets certain requirements. If you choose not to have **your auto** repaired, or if we do not receive your Completed Work Claim Form, we will determine the amount of decrease in the actual cash value of **your auto** and pay you that amount less your deductible. Our payment automatically reduces the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased. We have a right to inspect all repairs.

In any event, we will never pay more than what it would cost to repair or replace the damaged property.

Camper bodies are not covered under this **E**ndorsement unless specifically shown on the Coverage Selections Page or by endorsement. An additional premium will be charged for insuring a camper body.

If someone covered under this Endorsement is using an auto he or she does not own at the time of loss, the owner's auto insurance pays up to its maximum limits before we pay. Then we will pay up to the limits shown below or on your Coverage selections Page for any damages not covered by that insurance less the deductible amount you selected.

All other provisions or Parts of the policy which apply to Comprehensive (Part 9) also apply to the coverage under this Endorsement.

## OTHER OPTIONAL INSURANCE – Fire, Lightning and Transportation

Under this endorsement, we will pay only for the direct and accidental damage or loss to any auto to which this endorsement applies as shown below or on the Coverage Selections Page and caused by:

1. Fire and Lightning.
2. Smoke or smudge from the sudden and faulty operation of any fixed heating equipment where **your auto** is located.
3. The stranding, sinking, burning, **collision** or derailment or any conveyance transporting your auto.

We will pay for each loss up to the actual cash value of **your auto** at the time of loss but in all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible does not apply in the case of glass breakage.

If **your auto** is damaged by fire, you must report the loss to us and the fire department.

After a loss, you must allow us to have the auto appraised. If we have a direct payment plan approved by the Commissioner of Insurance, we will pay you in accordance with the appraisal and allow you to select a repair shop of your choice. If you choose not to have **your auto** repaired, or if we do not receive your Repair Certification Form, or, when requested, you do not make **your auto** available for reinspection within a reasonable period of time following repair, our payments automatically reduce the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased.

If you choose not to accept payment under our direct payment plan or we do not have such a plan, and you have **your auto** repaired in accordance with the appraisal, you must send us a Completed Work Claim Form. We must pay you within seven days after receiving the form. If we fail to pay you within seven days after receipt of the Completed Work Claim Form, you have the right to sue us. If a court decides that we were unreasonable in refusing to pay you on time, you are entitled to double the amount of damage, plus costs and reasonable attorneys' fees. If you request us to, we will pay the repair shop directly, however, the repair shop must certify that it meets certain requirements. If you choose not to have **your auto** repaired, or if we do not receive your Completed Work Claim Form, we will determine the amount of decrease in the actual cash value of **your auto** and pay you that amount less your deductible. Our payment automatically reduces the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased. We have a right to inspect all repairs.

In any event, we will never pay more than what it would cost to repair or replace the damaged property.

Camper bodies are not covered under this endorsement unless specifically shown on the Coverage Selections Page or by endorsement. An additional premium will be charged for insuring a camper body.

If someone covered under this endorsement is using an auto he or she does not own at the time of loss, the owner's auto insurance pays up to its maximum limits before we pay. Then we will pay up to the limits shown below or on your Coverage Selections Page for any damages not covered by that insurance less the deductible amount you selected.

All other provisions or parts of the policy which apply to Comprehensive (Part 9) also apply to the coverage under this endorsement.

## OTHER OPTIONAL INSURANCE

### – Theft

Under this **E**ndorsement, we will pay only for the direct and accidental damage or loss to any auto to which this **E**ndorsement applies as shown below or on the Coverage Selections Page and caused by:

1. Theft
  
2. Larceny

We will pay for each loss up to the actual cash value of **your auto** at the time of loss, but in all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible does not apply in the case of glass breakage or car rental following a theft.

If **your auto** is stolen, you must report the theft to us and the police. We will reimburse you only for transportation expenses incurred after the first 48 hours following those reports. We will not pay for transportation expenses incurred prior to that time. After that, we will reimburse you up to \$15 a day to a maximum of \$450.

Your right to reimbursement stops on the day **your auto** is located or before that time if we pay you for the theft loss.

If you choose not to rent an auto, we will reimburse you up to the same amounts for taxicab fares, bus fares and other transportation expenses.

If your stolen auto is found, we will pay the cost of transporting it to your last address shown in the policy. However, our total payment for transporting the auto and for repairs will not be more than the actual cash value of the auto.

After a loss, you must allow us to have the auto appraised. If we have a direct payment plan approved by the Commissioner of Insurance, we will pay you in accordance with the appraisal and allow you to select a repair shop of your choice. If you choose not to have **your auto** repaired, or if we do not receive your Repair Certification Form, or, when requested, you do not make **your auto** available for reinspection within a reasonable period of time following repair, our payments automatically reduce the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased.

If you choose not to accept payment under our direct payment plan or we do not have such a plan, and you have **your auto** repaired in accordance with the appraisal, you must send us a Completed Work Claim Form. We must pay you within **7seven** days after receiving the form. If we fail to pay you within

7seven days after receipt of the Completed Work Claim Form, you have the right to sue us. If a court decides that we were unreasonable in refusing to pay you on time, you are entitled to double the amount of damage, plus costs and reasonable attorneys' fees. If you request us to, we will pay the repair shop directly, however, the repair shop must certify that it meets certain requirements. If you choose not to have **your auto** repaired, or if we do not receive your Completed Work Claim Form, we will determine the amount of decrease in the actual cash value of **your auto** and pay you that amount less your deductible. Our payment automatically reduces the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased. We have a right to inspect all repairs.

In any event, we will never pay more than what it would cost to repair or replace the damaged property.

## Other Optional Insurance

### - Theft (Cont.)

Camper bodies are not covered under this eEndorsement unless specifically shown on the Coverage Selections Page or by Eendorsement. An additional premium will be charged for insuring a camper body.

If someone covered under this Eendorsement is using an auto he or she does not own at the time of loss, the owner's auto insurance pays up to its maximum limits before we pay. Then we will pay up to the limits shown below or on your Coverage Selections Page for any damages not covered by that insurance less the deductible amount you selected.

All other Provisions or Parts of the policy which apply to Comprehensive (Part 9) also apply to the coverage under this Eendorsement.

## OTHER OPTIONAL INSURANCE – Theft

Under this endorsement, we will pay only for the direct and accidental damage or loss to any auto to which this endorsement applies as shown below or on the Coverage Selections Page and caused by:

1. Theft
2. Larceny

We will pay for each loss up to the actual cash value of **your auto** at the time of loss, but in all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible does not apply in the case of glass breakage or car rental following a theft.

If **your auto** is stolen, you must report the theft to us and the police. We will reimburse you only for transportation expenses incurred after the first 48 hours following those reports. We will not pay for transportation expenses incurred prior to that time. After that, we will reimburse you up to \$15 a day to a maximum of \$450.

Your right to reimbursement stops on the day **your auto** is located or before that time if we pay you for the theft loss.

If you choose not to rent an auto, we will reimburse you up to the same amounts for taxicab fares, bus fares and other transportation expenses.

If your stolen auto is found, we will pay the cost of transporting it to your last address shown in the policy. However, our total payment for transporting the auto and for repairs will not be more than the actual cash value of the auto.

After a loss, you must allow us to have the auto appraised. If we have a direct payment plan approved by the Commissioner of Insurance, we will pay you in accordance with the appraisal and allow you to select a repair shop of your choice. If you choose not to have **your auto** repaired, or if we do not receive your Repair Certification Form, or, when requested, you do not make **your auto** available for reinspection within a reasonable period of time following repair, our payments automatically reduce the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased.

If you choose not to accept payment under our direct payment plan or we do not have such a plan, and you have **your auto** repaired in accordance with the appraisal, you must send us a Completed Work Claim Form. We must pay you within seven days after receiving the form. If we fail to pay you within seven days after receipt of the Completed Work Claim Form, you have the right to sue us. If a court decides that we were unreasonable in refusing to pay you on time, you are entitled to double the amount of damage, plus costs and reasonable attorneys' fees. If you request us to, we will pay the repair shop directly, however, the repair shop must certify that it meets certain requirements. If you choose not to have **your auto** repaired, or if we do not receive your Completed Work Claim Form, we will determine the amount of decrease in the actual cash value of **your auto** and pay you that amount less your deductible. Our payment automatically reduces the actual cash value of **your auto** if you have further claims. If you later give us proof of proper repair, the actual cash value will be increased. We have a right to inspect all repairs.

In any event, we will never pay more than what it would cost to repair or replace the damaged property.

## **Other Optional Insurance – Theft** *(cont.)*

Camper bodies are not covered under this endorsement unless specifically shown on the Coverage Selections Page or by endorsement. An additional premium will be charged for insuring a camper body.

If someone covered under this endorsement is using an auto he or she does not own at the time of loss, the owner's auto insurance pays up to its maximum limits before we pay. Then we will pay up to the limits shown below or on your Coverage Selections Page for any damages not covered by that insurance less the deductible amount you selected.

All other provisions or parts of the policy which apply to Comprehensive (Part 9) also apply to the coverage under this endorsement.

## **AGREED AMOUNT COVERAGE ~~=~~ Comprehensive**

Under Comprehensive (Part 9), for any auto shown below, we will pay, subject to ~~any~~ the deductible, the lesser of:

- a. The amount necessary to repair or replace the auto, or
- b. The actual cash value of the auto at the time of loss.

In determining actual cash value, no deduction for depreciation shall be made to reduce the value of the auto below the agreed amount shown below.

<b>Auto</b>	<b>Agreed Amount</b>	<b>Deductible</b>
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## **AGREED AMOUNT COVERAGE – Comprehensive**

Under Comprehensive (Part 9), for any auto shown below, we will pay, subject to the deductible, the lesser of:

- a. The amount necessary to repair or replace the auto, or
- b. The actual cash value of the auto at the time of loss.

In determining actual cash value, no deduction for depreciation shall be made to reduce the value of the auto below the agreed amount shown below.

<b>Auto</b>	<b>Agreed Amount</b>	<b>Deductible</b>
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## ANTIQUE AUTO

Any coverage provided under Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Parts ~~7, 8,~~ ~~or~~ 9), applies to the auto registered as an "Antique Auto" only if it is maintained solely for use in exhibitions, club activities, parades, and other functions of public interest and it is not used primarily to transport passengers or goods over any way.

If any coverage is provided under Bodily Injured Caused By An Uninsured Auto (Part 3), Damage To Someone Else's Property (Part 4), Optional Bodily Injury To Others (Part 5), Medical Payments (Part 6) or Bodily Injury Caused By An Underinsured Auto (Parts ~~3, 4, 5, 6,~~ ~~or~~ 12), the most we will pay ~~is~~ are the limits we are required to sell if the auto registered as an "Antique Auto" is not maintained solely for use in exhibitions, club activities, parades, and other functions of public interest, or, if it is used primarily to transport passengers or goods over any way.

If Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Parts ~~7, 8,~~ ~~or~~ 9) applies to the auto shown below, the most we will pay for each loss of, or damage to, the auto is either the Actual Cash Value of the auto at the time of the loss or damage, or the Limit shown below for that auto, whichever is less. However, in all cases we will subtract the Deductible Amount shown below.

Description of Antique Auto	Limit	<del>Deductible</del> <u>Deductible</u> Amount
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## ANTIQUÉ AUTO

Any coverage provided under Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9), applies to the auto registered as an "Antique Auto" only if it is maintained solely for use in exhibitions, club activities, parades, and other functions of public interest and it is not used primarily to transport passengers or goods over any way.

If any coverage is provided under Bodily Injured Caused By An Uninsured Auto (Part 3), Damage To Someone Else's Property (Part 4), Optional Bodily Injury To Others (Part 5), Medical Payments (Part 6) or Bodily Injury Caused By An Underinsured Auto (Part 12), the most we will pay are the limits we are required to sell if the auto registered as an "Antique Auto" is not maintained solely for use in exhibitions, club activities, parades, and other functions of public interest, or, if it is used primarily to transport passengers or goods over any way.

If Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9) applies to the auto shown below, the most we will pay for each loss of, or damage to, the auto is either the Actual Cash Value of the auto at the time of the loss or damage, or the Limit shown below for that auto, whichever is less. However, in all cases we will subtract the Deductible Amount shown below.

Description of Antique Auto	Limit	Deductible Amount
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**COVERAGE FOR ANYONE RENTING AN AUTO TO YOU  
ADDITIONAL INSURED ~~—~~ LESSOR**

The coverage provided under:

1. Bodily Injury To Others (Part 1), ~~\$20,000 PER PERSON/\$40,000 PER ACCIDENT~~
2. Personal Injury Protection (Part 2), ~~\$8,000 PER PERSON, LESS DEDUCTIBLE~~
3. Bodily Injury Caused By An Uninsured Auto (Part 3) up to the Compulsory Limits,
4. Damage ~~to~~ To Someone Else's Property (Part 4) up to the ~~e~~Compulsory Limit,

for the rented auto shown below also applies to any person shown below, and to that person's agents or employees.

The coverage provided for:

1. Amounts over the compulsory limit for Damage To Someone Else's Property (Part 4),
2. Optional Bodily Injury To Others (Part 5),

for the rented auto shown below applies ~~only~~ to the person renting an auto to you, as shown ~~below~~, and to that person's agents or employees, only while the rented auto is being used by you, or on ~~your~~ your behalf.

If we cancel this policy, a notice of cancellation will be sent to the person~~(s)~~ shown below.

Complete only if information is not on Coverage Selections Page.

~~—~~This policy provides Optional Coverage for:

- Collision (Part 7),
- Limited Collision (Part 8),
- Comprehensive (Part 9)

Name and Address of Person  
Renting An Auto to You (Lessor):

Description of Rented Auto:

Name and Address of Owner:  
~~—~~(if different)

**COVERAGE FOR ANYONE RENTING AN AUTO TO YOU  
ADDITIONAL INSURED – LESSOR**

The coverage provided under:

1. Bodily Injury To Others (Part 1),
2. Personal Injury Protection (Part 2),
3. Bodily Injury Caused By An Uninsured Auto (Part 3) up to the Compulsory Limits,
4. Damage To Someone Else's Property (Part 4) up to the Compulsory Limit,

for the rented auto shown below also applies to any person shown below, and to that person's agents or employees.

The coverage provided for:

1. Amounts over the compulsory limit for Damage To Someone Else's Property (Part 4),
2. Optional Bodily Injury To Others (Part 5),

for the rented auto shown below applies to the person renting an auto to you, as shown below, and to that person's agents or employees, only while the rented auto is being used by you or on your behalf.

If we cancel this policy, a notice of cancellation will be sent to the person shown below.

Complete only if information is not on Coverage Selections Page.

This policy provides Optional Coverage for:

- Collision (Part 7),
- Limited Collision (Part 8),
- Comprehensive (Part 9)

Name and Address of Person  
Renting An Auto to You (Lessor):

Description of Rented Auto:

Name and Address of Owner:  
(if different)

**~~MASSACHUSETTS ENDORSEMENT -- MPY-0037-S~~**

**COVERAGE FOR CUSTOMIZED VANS AND PICK-UPS**

We will pay for direct and accidental damage or loss to custom furnishings or custom equipment installed in or upon a pick-up or van described on the Coverage Selections Page and for which a premium charge is shown for Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9).

We will not pay for any antennas, other than an auto antenna, while located outside of the vehicle, or awnings, cabanas or any equipment that creates additional living space.

The provisions of the policy that apply to Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9), apply to this endorsement, except Item 4 on Page 12 as amended by endorsement AS 2332, the Massachusetts Mandatory Endorsement.

2844a

PF

~~(MPY-0037-S)~~

~~(1-1-94)~~

## **COVERAGE FOR CUSTOMIZED VANS AND PICK-UPS**

We will pay for direct and accidental damage or loss to custom furnishings or custom equipment installed in or upon a pick-up or van described on the Coverage Selections Page and for which a premium charge is shown for Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9).

We will not pay for any antennas, other than an auto antenna, while located outside of the vehicle, or awnings, cabanas or any equipment that creates additional living space.

The provisions of the policy that apply to Collision (Part 7), Limited Collision (Part 8), or Comprehensive (Part 9), apply to this endorsement, except Item 4 on Page 12 as amended by endorsement AS 2332, the Massachusetts Mandatory Endorsement.

**COVERAGE FOR SOUND RECEIVING AND TRANSMITTING  
EQUIPMENT EXCESS ELECTRONIC EQUIPMENT COVERAGE**

~~We will pay for direct accidental damage accidental damage or loss to any of the following items, and their related equipment, permanently installed in your auto: citizens band radio, two-way mobile radio, telephone, or scanning monitor receiver. The most we will pay for loss to electronic equipment that reproduces, receives or transmits audio, visual or data signals that is permanently installed in the auto, in locations not used by the auto manufacturer for installation of such equipment, is increased from \$1,000 to the amount shown in this Schedule.~~

The provisions of the policy that apply to Collision (Part 7), Limited Collision (Part 8), and Comprehensive (Part 9), apply to this endorsement ~~except Item 3 on Page 11 of your policy~~. The policy deductible does not apply to any coverage provided by this endorsement.

We will pay only the actual cash value of the described item and its related equipment, at the time of loss, or the limit shown below, whichever is less.

Coverage is provided where a Premium and Limit of Liability is shown for this coverage.

<u>Description</u>		<u>Limit</u> <u>of</u>
<u>Auto</u>	<u>Make, Model &amp; Serial No. Excess Electronic Equipment</u>	
<u>Liability</u>	<u>Premium</u>	

## **EXCESS ELECTRONIC EQUIPMENT COVERAGE**

The most we will pay for loss to electronic equipment that reproduces, receives or transmits audio, visual or data signals that is permanently installed in the auto, in locations not used by the auto manufacturer for installation of such equipment, is increased from \$1,000 to the amount shown in this Schedule.

The provisions of the policy that apply to Collision (Part 7), Limited Collision (Part 8), and Comprehensive (Part 9), apply to this endorsement. The policy deductible does not apply to any coverage provided by this endorsement.

We will pay only the actual cash value of the described item and its related equipment at the time of loss, or the limit shown below, whichever is less.

Coverage is provided where a Premium and Limit of Liability is shown for this coverage.

<u>Auto</u>	<u>Excess Electronic Equipment</u>	<u>Limit of Liability</u>	<u>Premium</u>
-------------	------------------------------------	---------------------------	----------------

**MASSACHUSETTS ENDORSEMENT**  
**\$100 GLASS DEDUCTIBLE – Comprehensive**  
**(Comprehensive)**

Under Comprehensive (Part 9), the provision which states that the deductible does not apply to glass breakage is replaced for any auto to which this endorsement applies as shown on the Coverage Selections Page as follows:

We will pay for glass breakage but in all cases we will subtract the deductible amount of \$100.

If you have glass breakage and other damage to **your auto** that is covered by your Comprehensive ~~C~~coverage (Part 9), this \$100.~~00~~ glass deductible is-applies in addition to the deductible you selected for your Comprehensive ~~C~~coverage (Part 9).

**2853A**

~~(MPY-0039-S)~~

~~(1-89)~~

PF

## **\$100 GLASS DEDUCTIBLE – Comprehensive**

Under Comprehensive (Part 9), the provision which states that the deductible does not apply to glass breakage is replaced for any auto to which this endorsement applies as shown on the Coverage Selections Page as follows:

We will pay for glass breakage but in all cases we will subtract the deductible amount of \$100.

If you have glass breakage and other damage to **your auto** that is covered by your Comprehensive coverage (Part 9), this \$100 glass deductible applies in addition to the deductible you selected for your Comprehensive coverage (Part 9).

## **GUEST OCCUPANTS EXCLUSION – Motorcycles**

We will not pay under Optional Bodily Injury To Others (Part 5) for damages to guest occupants of a motorcycle operated by someone covered under this Part.

~~2378A~~

~~PF~~

~~(M-0002-S)~~

~~(1-1-77)~~

## **GUEST OCCUPANTS EXCLUSION – Motorcycles**

We will not pay under Optional Bodily Injury To Others (Part 5) for damages to guest occupants of a motorcycle operated by someone covered under this Part.

**MASSACHUSETTS**  
**MANDATORY ENDORSEMENT** — ~~M-0099-S (ED. 4-07)~~

This endorsement includes changes that affect your auto insurance. Please read this endorsement carefully to see how it affects your policy.

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**Definitions**

On Page 2, the third sentence of item 5.C. is replaced by the following: If a replacement or additional auto is a pick-up truck, van or similar vehicle, it must not be used for the delivery or transportation of goods or materials unless such use is incidental to your business of installing, maintaining or repairing furnishings or equipment.

---

**Optional Insurance**

On Page 12, items 2 and 3 are replaced by the following:

**2.** For loss of or damage to any electronic equipment that reproduces, receives or transmits audio, visual or data signals, unless it has been permanently installed in the auto in locations used by the auto manufacturer for installation of such equipment. If the electronic equipment is permanently installed but not in locations used by the auto manufacturer, we will only pay up to \$1,000 for loss to such equipment.

Electronic Equipment includes but is not limited to:

- A. Radios and Stereos;
- B. Cassette and Compact Disc Systems;
- C. Navigation Systems, Internet Access Systems, and Personal Computers;
- D. Video Entertainment Systems, Telephones and Televisions;
- E. Two-way mobile radios, Scanners and Citizens Band Radios

Tapes, discs, cassettes, and other media are not covered.

On Page 12, items 4 and 5 are renumbered as item 3 and item 4.

On ~~p~~Page 13, item 6 is renumbered item 5.

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**Part 4.  
Damage to  
Someone Else's  
Property**

On Page 11, in the second sentence of item 3, the words "having a gross vehicle weight of less than 10,000 pounds and" are deleted.

---

**Part 5.  
Optional Bodily  
Injury to Others**

On Page 13, in the second sentence of item 5, the words "having a gross vehicle weight of less than 10,000 pounds and" are deleted.

On Page 14, item 1 is replaced by the following:

**1.** A financial responsibility law or similar law requiring limits of liability for bodily injury or property damage higher than the limits you have purchased, your policy will provide the higher required limits.

---

**Part 7.  
Collision**

On Page 16, Part 7, Collision, the first two paragraphs are replaced by the following:

Under this Part, we will pay for any direct and accidental damage to **your auto** caused by a **collision**. We will also pay for **collision** damage to other private passenger autos while being used by you or a **household member** with the consent of the owner. It does not matter who is at fault. We will pay the cost to physically repair the auto or any of its parts up to the actual cash value of the auto or any of its parts at the time of the **collision**. The most we will pay will be either the actual cash value of the auto or the cost to physically repair the auto, whichever is less. We will, at our option, repair the auto, repair or replace any of its parts, or declare the auto a total loss. If the repair of a damaged part will impair the operational safety of the auto we will replace the part.

In all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible is shown on the Coverage Selections Page.

We will not pay for damage to any auto, which is owned or regularly used by you or a **household member** unless a premium for this Part is shown for that auto on the Coverage Selections Page. We will not pay if an accident occurs while an auto covered under this Part is being operated in any prearranged or organized racing speed, stunting or demolition contest or activity or in practice or

preparation for any such contest or activity.

On Page 17, item 2 ~~the words "a higher rating step" have been replaced by "more points"~~ is replaced by the following:

2. more points would be assigned under a merit rating plan.

---

**Part 8.  
Limited Collision**

On Page 17, Part 8, Limited Collision, the third and fourth sentences of the first paragraph are replaced by the following:

We will pay the cost to physically repair the auto or any of its parts up to the actual cash value of the auto or any of its parts at the time of the **collision**. The most we will pay will be either the actual cash value of the auto or the cost to physically repair the auto, whichever is less. We will, at our option, repair the auto, repair or replace any of its parts, or declare the auto a total loss. If the repair of a damaged part will impair the operational safety of the auto we will replace the part.

In all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible is shown on the Coverage Selections Page.

We will not pay for damage to any auto, which is owned or regularly used by you or a **household member** unless a premium for this Part is shown for that auto on the Coverage Selections Page. We will not pay if an accident occurs while an auto covered under this Part is being operated in any prearranged or organized racing speed, stunting or demolition contest or activity or in practice or preparation for any such contest or activity.

On page 18, item 2 ~~the words "a higher rating step" have been replaced by "more points"~~ is replaced by the following:

2. more points would be assigned under a merit rating plan.

On page 18, the fourth paragraph after the line is deleted.

---

**Part 9.  
Comprehensive**

On Page 19, Part 9, Comprehensive, the third and fourth sentences of the first paragraph are replaced by the following:

We will pay the cost to physically repair the auto or any of its parts up to the actual cash value of the auto or any of its parts at the time of loss. The most we will pay will be either the actual cash value of the auto or the cost to physically repair the auto, whichever is less. We will, at our option, repair the auto, repair or replace any of its parts, or declare the auto a total loss. If the repair of a damaged part will impair the operational safety of the auto we will replace the part. We will reimburse you for substitute transportation expenses if **your auto** is stolen.

In all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible is shown on the Coverage Selections Page. Your deductible does not apply to glass breakage or substitute transportation expenses following a theft.

We will not pay for such damage or loss to any auto, which is owned or regularly used by you or a **household member** unless a premium for this Part is shown for that auto on the Coverage Selections Page. We will not pay if an accident occurs while an auto covered under this Part is being operated in any prearranged or organized racing speed, stunting or demolition contest or activity or in practice or preparation for any such contest or activity.

On page 19, paragraphs 3 and 4 are deleted.

---

**Part 10.  
Substitute  
Transportation**

On Page 21, Part 10, Substitute Transportation, the following is added after the third paragraph:

If you purchase \$45/\$1,350 limits under this Part, the most we will pay under Comprehensive (Part 9) and this Part is up to \$45 a day up to a maximum of \$1,350.

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**General Provisions  
and Exclusions**

**11. Repair and  
Payment After a**

On page 27, the second paragraph is deleted.

## Collision or Loss

**20. Pre-insurance Inspection** On page 28, the second sentence is replaced by the following:

The required inspection of **your auto** may be deferred in some cases for ten calendar days (not including legal holidays and Sundays), following the effective date of coverage, or the date on which Form B was mailed, whichever is later.

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### Safe Driver

~~On Page 33, the second paragraph is replaced by the following:~~ On Page 33, the "Safe Driver Insurance Plan" rule is renamed "Driving Record Rating Plan", and the side margin is replaced by the following: "How the Driving Record Rating Plan Works".

### ~~Insurance Plan~~ ~~Insurance Plan~~

~~On Page 33, the entire Safe Driver Insurance Plan rule is deleted and replaced by the following:~~

~~This policy is subject to a merit rating plan (the Driving Record Rating Plan). The merit rating plan varies the premium for this policy based upon your driving record and that of the other drivers covered by this policy.~~

The Plan increases or decreases the premium for this policy through the application of surcharge points or a credit factor. A credit factor is awarded to operators with at least five years of incident-free driving. Every point results in a higher premium and the credit factor results in a lower premium. A minimum of two and a maximum of five points will be assigned to each surchargeable moving traffic violation.

~~We will send you a "Driving Record Rating Plan Statement" with your Coverage Selections Page if this policy is not entitled to a maximum credit.-~~

# MASSACHUSETTS MANDATORY ENDORSEMENT

This endorsement includes changes that affect your auto insurance. Please read this endorsement carefully to see how it affects your policy.

---

## Definitions

On Page 2, the third sentence of item 5.C. is replaced by the following: If a replacement or additional auto is a pick-up truck, van or similar vehicle, it must not be used for the delivery or transportation of goods or materials unless such use is incidental to your business of installing, maintaining or repairing furnishings or equipment.

---

## Optional Insurance

On Page 12, items 2 and 3 are replaced by the following:

**2.** For loss of or damage to any electronic equipment that reproduces, receives or transmits audio, visual or data signals, unless it has been permanently installed in the auto in locations used by the auto manufacturer for installation of such equipment. If the electronic equipment is permanently installed but not in locations used by the auto manufacturer, we will only pay up to \$1,000 for loss to such equipment.

Electronic Equipment includes but is not limited to:

- A. Radios and Stereos;
- B. Cassette and Compact Disc Systems;
- C. Navigation Systems, Internet Access Systems, and Personal Computers;
- D. Video Entertainment Systems, Telephones and Televisions;
- E. Two-way mobile radios, Scanners and Citizens Band Radios

Tapes, discs, cassettes, and other media are not covered.

On Page 12, items 4 and 5 are renumbered as item 3 and item 4.

On Page 13, item 6 is renumbered item 5.

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## Part 4. Damage to Someone Else's Property

On Page 11, in the second sentence of item 3, the words "having a gross vehicle weight of less than 10,000 pounds and" are deleted.

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## Part 5. Optional Bodily Injury to Others

On Page 13, in the second sentence of item 5, the words "having a gross vehicle weight of less than 10,000 pounds and" are deleted.

On Page 14, item 1 is replaced by the following:

**1.** A financial responsibility law or similar law requiring limits of liability for bodily injury or property damage higher than the limits you have purchased, your policy will provide the higher required limits.

---

## Part 7. Collision

On Page 16, Part 7, Collision, the first two paragraphs are replaced by the following:

Under this Part, we will pay for any direct and accidental damage to **your auto** caused by a **collision**. We will also pay for **collision** damage to other private passenger autos while being used by you or a **household member** with the consent of the owner. It does not matter who is at fault. We will pay the cost to physically repair the auto or any of its parts up to the actual cash value of the auto or any of its parts at the time of the **collision**. The most we will pay will be either the actual cash value of the auto or the cost to physically repair the auto, whichever is less. We will, at our option, repair the auto, repair or replace any of its parts, or declare the auto a total loss. If the repair of a damaged part will impair the operational safety of the auto we will replace the part.

In all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible is shown on the Coverage Selections Page.

We will not pay for damage to any auto, which is owned or regularly used by you or a **household member** unless a premium for this Part is shown for that auto on the Coverage Selections Page. We will not pay if an accident occurs while an auto covered under this Part is being operated in any prearranged or organized racing speed, stunting or demolition contest or activity or in practice or preparation for any such contest or activity.

On Page 17, item 2 is replaced by the following:

2. more points would be assigned under a merit rating plan.

---

**Part 8.  
Limited Collision**

On Page 17, Part 8, Limited Collision, the third and fourth sentences of the first paragraph are replaced by the following:

We will pay the cost to physically repair the auto or any of its parts up to the actual cash value of the auto or any of its parts at the time of the **collision**. The most we will pay will be either the actual cash value of the auto or the cost to physically repair the auto, whichever is less. We will, at our option, repair the auto, repair or replace any of its parts, or declare the auto a total loss. If the repair of a damaged part will impair the operational safety of the auto we will replace the part.

In all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible is shown on the Coverage Selections Page.

We will not pay for damage to any auto, which is owned or regularly used by you or a **household member** unless a premium for this Part is shown for that auto on the Coverage Selections Page. We will not pay if an accident occurs while an auto covered under this Part is being operated in any prearranged or organized racing speed, stunting or demolition contest or activity or in practice or preparation for any such contest or activity.

On page 18, item 2 is replaced by the following:

2. more points would be assigned under a merit rating plan.

On page 18, the fourth paragraph after the line is deleted.

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**Part 9.  
Comprehensive**

On Page 19, Part 9, Comprehensive, the third and fourth sentences of the first paragraph are replaced by the following:

We will pay the cost to physically repair the auto or any of its parts up to the actual cash value of the auto or any of its parts at the time of loss. The most we will pay will be either the actual cash value of the auto or the cost to physically repair the auto, whichever is less. We will, at our option, repair the auto, repair or replace any of its parts, or declare the auto a total loss. If the repair of a damaged part will impair the operational safety of the auto we will replace the part. We will reimburse you for substitute transportation expenses if **your auto** is stolen.

In all cases we will subtract the deductible amount you selected. Unless you selected a different amount, the law sets your deductible at \$500. Your deductible is shown on the Coverage Selections Page. Your deductible does not apply to glass breakage or substitute transportation expenses following a theft.

We will not pay for such damage or loss to any auto, which is owned or regularly used by you or a **household member** unless a premium for this Part is shown for that auto on the Coverage Selections Page. We will not pay if an accident occurs while an auto covered under this Part is being operated in any prearranged or organized racing speed, stunting or demolition contest or activity or in practice or preparation for any such contest or activity.

On page 19, paragraphs 3 and 4 are deleted.

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**Part 10.  
Substitute  
Transportation**

On Page 21, Part 10, Substitute Transportation, the following is added after the third paragraph:

If you purchase \$45/\$1,350 limits under this Part, the most we will pay under Comprehensive (Part 9) and this Part is up to \$45 a day up to a maximum of \$1,350.

---

**General Provisions  
and Exclusions**

**11. Repair and  
Payment After a  
Collision or Loss**

On page 27, the second paragraph is deleted.

**20. Pre-insurance  
Inspection**

On page 28, the second sentence is replaced by the following:

The required inspection of **your auto** may be deferred in some cases for ten calendar days (not including legal holidays and Sundays), following the effective date of coverage, or the date on which Form B was mailed, whichever is later.

---

**Safe Driver  
Insurance Plan**

On Page 33, the “Safe Driver Insurance Plan” rule is renamed “Driving Record Rating Plan”, and the side margin is replaced by the following: “How the Driving Record Rating Plan Works”.

On Page 33, the entire Safe Driver Insurance Plan rule is deleted and replaced by the following:

This policy is subject to a merit rating plan (the Driving Record Rating Plan). The merit rating plan varies the premium for this policy based upon your driving record and that of the other drivers covered by this policy.

The Plan increases or decreases the premium for this policy through the application of surcharge points or a credit factor. A credit factor is awarded to operators with at least five years of incident-free driving. Every point results in a higher premium and the credit factor results in a lower premium. A minimum of two and a maximum of five points will be assigned to each surchargeable moving traffic violation.

We will send you a “Driving Record Rating Plan Statement” with your Coverage Selections Page if this policy is not entitled to a maximum credit.

**NON-RENEWAL OF POLICY =**  
**Motorcycles, Recreational Vehicles and Trailers**  
**~~(Motorcycles, Recreational Vehicles & Trailers)~~**

On your application for insurance, you requested that we not renew your policy. Therefore, your policy will expire on the expiration date shown on the Coverage Selections Page and will not be renewed. In such a case, we are not required to mail our Legal Notice of Non-Renewal to your agent or to you.

~~2852A~~

~~(M-0103-S)~~

~~(1-1-89)~~

PF

**NON-RENEWAL OF POLICY –  
Motorcycles, Recreational Vehicles and Trailers**

On your application for insurance, you requested that we not renew your policy. Therefore, your policy will expire on the expiration date shown on the Coverage Selections Page and will not be renewed. In such a case, we are not required to mail our Legal Notice of Non-Renewal to your agent or to you.

## STATED AMOUNT COVERAGE

The coverage provided under Collision (Part 7), Limited Collision (Part 8), and Comprehensive (Part ~~7,8~~ ~~and~~ 9) applies to the auto shown below. If that auto is damaged or stolen, three amounts must be determined. They are:

- a.     - The actual cash value of the auto at the time of loss,
- b.     - The amount necessary to repair or replace the auto, or
- c.     - The amount shown below.

We will pay only the lowest of these three amounts, less the deductible shown below.

Auto - Amount - Deductible  
(See Coverage Selections Page)

**2686A**

**PF**

~~(MPY-0027-S)~~

~~1-1-83~~

## **STATED AMOUNT COVERAGE**

The coverage provided under Collision (Part 7), Limited Collision (Part 8), and Comprehensive (Part 9) applies to the auto shown below. If that auto is damaged or stolen, three amounts must be determined. They are:

- a. The actual cash value of the auto at the time of loss,
- b. The amount necessary to repair or replace the auto, or
- c. The amount shown below.

We will pay only the lowest of these three amounts, less the deductible shown below.

Auto - Amount - Deductible  
(See Coverage Selections Page)

**MASSACHUSETTS ENDORSEMENT**

**SUSPENSION OF COVERAGE AND- REDUCTION OF LIMITS**

If the driver's license or auto registration for you or anyone residing in your household who usually operates **your auto** has been under suspension or revocation during the policy period, or the driver's license is not valid, the coverage provided under any of the Optional Insurance Parts of the policy which you have purchased, is suspended while that person is operating any auto.

We are also reducing the limits available for that person under Bodily Injury Caused By An Uninsured Auto (Part 3) and Damage to Someone Else's Property (Part 4) to the minimum limits we are required to sell.

This ~~Endorsement~~ endorsement is effective \_\_\_\_\_.

This endorsement will remain in effect while that person's driver's license or auto registration is under suspension or revocation, or the driver's license is not valid.

\_\_\_\_\_  
NAME of individual whose driver's license or auto registration is under  
-suspension  
\_or revocation, or who does not have a valid license.

\_\_\_\_\_  
(Policyholder's Signature)

\_\_\_\_\_  
(Date)

## SUSPENSION OF COVERAGE AND REDUCTION OF LIMITS

If the driver's license or auto registration for you or anyone residing in your household who usually operates **your auto** has been under suspension or revocation during the policy period, or the driver's license is not valid, the coverage provided under any of the Optional Insurance Parts of the policy which you have purchased, is suspended while that person is operating any auto.

We are also reducing the limits available for that person under Bodily Injury Caused By An Uninsured Auto (Part 3) and Damage to Someone Else's Property (Part 4) to the minimum limits we are required to sell.

This endorsement is effective \_\_\_\_\_.

This endorsement will remain in effect while that person's driver's license or auto registration is under suspension or revocation, or the driver's license is not valid.

\_\_\_\_\_  
NAME of individual whose driver's license or auto registration is under suspension or revocation, or who does not have a valid license.

\_\_\_\_\_  
(Policyholder's Signature)

\_\_\_\_\_  
(Date)

## TRANSPORTATION OF FELLOW EMPLOYEES, STUDENTS OR OTHERS

The coverage provided under Bodily Injury To Others (Part 1) also applies to bodily injuries sustained by any person as a result of an accident while that person is a passenger in **your auto** if you or anyone operating **your auto** is at the time of the accident:

- A. Going to or from work and also carrying someone else to or from work for a fee, ~~or~~
- B. Going to or from a school or ~~a~~ place of school activity and also carrying someone else to or from a school or a place of school activity for a fee.

The coverage provided under Damage To Someone Else's Property ~~(Part 4)~~, Optional Bodily Injury To Others ~~(Part 5)~~ and Medical Payments (Parts ~~4, 5, and~~ 6) also applies to bodily injuries and property damage resulting from an accident involving an auto you or a **household member** is operating, or involving **your auto** operated by anyone, while:

- A. Going to or from work and also carrying someone else to or from work for a fee, ~~or~~
- B. Going to or from a school or ~~a~~ place of school activity and also carrying someone else to or from a school or a place of school activity for a fee.

We will not pay under this ~~E~~endorsement for bodily injury or property damage sustained while:

- ~~1. A.~~ The auto is rented or used as a public or private livery, ~~or~~
- ~~2. B.~~ Using any auto that seats more than nine persons and has a taximeter.

All of the provisions of the policy not changed by this endorsement apply to the coverage provided by this endorsement.

## **TRANSPORTATION OF FELLOW EMPLOYEES, STUDENTS OR OTHERS**

The coverage provided under Bodily Injury To Others (Part 1) also applies to bodily injuries sustained by any person as a result of an accident while that person is a passenger in **your auto** if you or anyone operating **your auto** is at the time of the accident:

- A. Going to or from work and also carrying someone else to or from work for a fee, or
- B. Going to or from a school or place of school activity and also carrying someone else to or from a school or a place of school activity for a fee.

The coverage provided under Damage To Someone Else's Property (Part 4), Optional Bodily Injury To Others (Part 5) and Medical Payments (Part 6) also applies to bodily injuries and property damage resulting from an accident involving an auto you or a **household member** is operating, or involving **your auto** operated by anyone, while:

- A. Going to or from work and also carrying someone else to or from work for a fee, or
- B. Going to or from a school or place of school activity and also carrying someone else to or from a school or a place of school activity for a fee.

We will not pay under this endorsement for bodily injury or property damage sustained while:

- A. The auto is rented or used as a public or private livery, or
- B. Using any auto that seats more than nine persons and has a taximeter.

All of the provisions of the policy not changed by this endorsement apply to the coverage provided by this endorsement.

## USE OF OTHER AUTOS ~~---~~ Vehicles Furnished or Available for Regular Use

With respect to the individual(s) and coverages indicated in the Schedule, the provisions of the policy apply unless modified by this endorsement.

1. Any coverage provided under Damage ~~to~~ To Someone Else's Property (Part 4), Optional Bodily Injury To Others (Part 5), Medical Payments (Part 6), Collision (Part 7), Limited Collision (Part 8) and Comprehensive (Parts ~~4, 5, 6, 7, 8, and~~ 9) also applies to any vehicle which is furnished or available for the regular use of the named individual on the schedule.
2. We will not pay under this endorsement if:
  - a. The auto is
    1. owned by you or any **household member**, or
    2. a temporary substitute for an auto owned by you or a **household member**.
  - b. The auto is being used by anyone in the course of his or her employment in the business of selling, servicing, repairing, or parking autos.
  - c. The auto is being used in the business or occupation of the named individual unless the auto is being operated or occupied by named individual, private chauffeur or domestic employee.
3. Under Damage To Someone Else's Property (Part 4) and Optional Bodily Injury To Others (Part 5), the following are not covered:
  - a. The Commonwealth of Massachusetts and any of its agencies and authorities.
  - b. The United States of America and any of its agencies.
  - c. Any person while using an auto in the course of his employment by the United States government if the Federal Tort Claim Act requires the Attorney General of the United States to defend that person in any civil action or proceeding for bodily injury or property damage, whether or not the accident has been reported to the United States or the Attorney General.
34. If someone covered under this endorsement is using an auto he or she does not own at the time of the accident, the owner's auto insurance pays up to its limits before we pay.
45. The coverage purchased for the named individual is shown in the schedule ~~below~~. If no premium charge is shown, the coverage does not apply.

**USE OF OTHER AUTOMOBILES — Vehicles Furnished or Available For Regular Use (cont.)**

Unless otherwise indicated below, Use of Other Autos coverage is applicable only to the individual named in the Schedule or in the Coverage Selections Page.

Name of Individual: \_\_\_\_\_

If indicated below, Use of Other Autos coverage applies to:

Named Individual and Household Members

**Schedule**

<b>Coverages</b>	<b>Premium</b>
Part 4	
Part 5	
Part 6	
Part 7	
Part 8	
Part 9	

Limits of Liability:

Comprehensive — Actual Cash Value less \$-\_\_\_\_\_ -deductible

Collision — Actual Cash Value less \$-\_\_\_\_\_ -deductible

Limited Collision — Actual Cash Value less \$-\_\_\_\_\_ -deductible

## USE OF OTHER AUTOS – Vehicles Furnished or Available for Regular Use

With respect to the individual(s) and coverages indicated in the Schedule, the provisions of the policy apply unless modified by this endorsement.

1. Any coverage provided under Damage To Someone Else's Property (Part 4), Optional Bodily Injury To Others (Part 5), Medical Payments (Part 6), Collision (Part 7), Limited Collision (Part 8) and Comprehensive (Part 9) also applies to any vehicle which is furnished or available for the regular use of the named individual on the schedule.
2. We will not pay under this endorsement if:
  - a. The auto is
    1. owned by you or any **household member**, or
    2. a temporary substitute for an auto owned by you or a **household member**.
  - b. The auto is being used by anyone in the course of his or her employment in the business of selling, servicing, repairing, or parking autos.
  - c. The auto is being used in the business or occupation of the named individual unless the auto is being operated or occupied by named individual, private chauffeur or domestic employee.
3. Under Damage To Someone Else's Property (Part 4) and Optional Bodily Injury To Others (Part 5), the following are not covered:
  - a. The Commonwealth of Massachusetts and any of its agencies and authorities.
  - b. The United States of America and any of its agencies.
  - c. Any person while using an auto in the course of his employment by the United States government if the Federal Tort Claim Act requires the Attorney General of the United States to defend that person in any civil action or proceeding for bodily injury or property damage, whether or not the accident has been reported to the United States or the Attorney General.
4. If someone covered under this endorsement is using an auto he or she does not own at the time of the accident, the owner's auto insurance pays up to its limits before we pay.
5. The coverage purchased for the named individual is shown in the schedule. If no premium charge is shown, the coverage does not apply.

**USE OF OTHER AUTOMOBILES – Vehicles Furnished or Available For Regular Use (cont.)**

Unless otherwise indicated below, Use of Other Autos coverage is applicable only to the individual named in the Schedule or in the Coverage Selections Page.

Name of Individual: \_\_\_\_\_

If indicated below, Use of Other Autos coverage applies to:

Named Individual and Household Members

Coverages	Schedule	Premium
Part 4		
Part 5		
Part 6		
Part 7		
Part 8		
Part 9		

Limits of Liability:

Comprehensive – Actual Cash Value less \$\_\_\_\_\_ deductible

Collision – Actual Cash Value less \$\_\_\_\_\_ deductible

Limited Collision – Actual Cash Value less \$\_\_\_\_\_ deductible

## USE OF OTHER AUTOS ~~—~~ Vehicles Furnished or Available for Use as Public or Livery Conveyances

With respect to the individual(s) and coverages indicated in the Schedule, the provisions of the policy apply unless modified by this endorsement.

1. Any coverage provided under Damage ~~to~~ To Someone Else's Property (Part 4), Optional Bodily Injury To Others (Part 5), Medical Payments (Part 6), Collision (Part 7), Limited Collision (Part 8), and Comprehensive (Parts 4, 5, 6, 7, 8, and 9) also applies to any vehicle which is furnished or available for the use of the named individual on the schedule as a public or livery conveyance.
2. We will not pay under this endorsement if:
  - a. The auto is
    1. owned by you or any household member, or
    2. a temporary substitute for an auto owned by you or a **household member**.
  - b. The auto is being used by anyone in the course of his or her employment in the business of selling, servicing, repairing, or parking autos.
  - c. The auto is being used in the business or occupation of the named individual unless the auto is being operated or occupied by named individual, private chauffeur or domestic employee.
3. Under Damage to Someone Else's Property (Part 4) and Optional Bodily Injury To Others (Part 5), the following are not covered:
  - a. The Commonwealth of Massachusetts and any of its agencies and authorities.
  - b. The United States of America and any of its agencies.
  - c. Any person while using an auto in the course of his employment by the United States government if the Federal Tort Claim Act requires the Attorney General of the United States to defend that person in any civil action or proceeding for bodily injury or property damage, whether or not the accident has been reported to the United States or the Attorney General.
34. If someone covered under this endorsement is using an auto he or she does not own at the time of the accident, the owner's auto insurance pays up to its limits before we pay.
45. The coverage purchased for the named individual is shown in the schedule ~~below~~. If no premium charge is shown, the coverage does not apply.

**Use of Other Automobiles - Vehicles Furnished or Available For Use as Public or Livery Conveyances (cont.)**

**Schedule**

Unless otherwise indicated below, Use of Other Autos coverage is applicable only to the individual named in the Schedule or in the Coverage Selections Page.

Name of Individual: \_\_\_\_\_

If indicated below, Use of Other Autos coverage applies to:

Named Individual and Household Members

Coverages	Premium
-----------	---------

Part 4

Part 5

Part 6

Part 7

Part 8

Part 9

Limits of Liability:

Comprehensive - Actual Cash Value less \$- \_\_\_\_\_ -deductible

Collision - Actual Cash Value less \$- \_\_\_\_\_ -deductible

Limited Collision - Actual Cash Value less \$- \_\_\_\_\_ - deductible



## **USE OF OTHER AUTOS – Vehicles Furnished or Available for Use as Public or Livery Conveyances**

With respect to the individual(s) and coverages indicated in the Schedule, the provisions of the policy apply unless modified by this endorsement.

1. Any coverage provided under Damage To Someone Else's Property (Part 4), Optional Bodily Injury To Others (Part 5), Medical Payments (Part 6), Collision (Part 7), Limited Collision (Part 8), and Comprehensive (Part 9) also applies to any vehicle which is furnished or available for the use of the named individual on the schedule as a public or livery conveyance.
2. We will not pay under this endorsement if:
  - a. The auto is
    1. owned by you or any household member, or
    2. a temporary substitute for an auto owned by you or a **household member**.
  - b. The auto is being used by anyone in the course of his or her employment in the business of selling, servicing, repairing, or parking autos.
  - c. The auto is being used in the business or occupation of the named individual unless the auto is being operated or occupied by named individual, private chauffeur or domestic employee.
3. Under Damage to Someone Else's Property (Part 4) and Optional Bodily Injury To Others (Part 5), the following are not covered:
  - a. The Commonwealth of Massachusetts and any of its agencies and authorities.
  - b. The United States of America and any of its agencies.
  - c. Any person while using an auto in the course of his employment by the United States government if the Federal Tort Claim Act requires the Attorney General of the United States to defend that person in any civil action or proceeding for bodily injury or property damage, whether or not the accident has been reported to the United States or the Attorney General.
4. If someone covered under this endorsement is using an auto he or she does not own at the time of the accident, the owner's auto insurance pays up to its limits before we pay.
5. The coverage purchased for the named individual is shown in the schedule. If no premium charge is shown, the coverage does not apply.

**Use of Other Automobiles - Vehicles Furnished or Available For Use as Public or Livery Conveyances (cont.)**

**Schedule**

Unless otherwise indicated below, Use of Other Autos coverage is applicable only to the individual named in the Schedule or in the Coverage Selections Page.

Name of Individual: \_\_\_\_\_

If indicated below, Use of Other Autos coverage applies to:

Named Individual and Household Members

<b>Coverages</b>	<b>Premium</b>
Part 4	_____
Part 5	_____
Part 6	_____
Part 7	_____
Part 8	_____
Part 9	_____

Limits of Liability:

Comprehensive - Actual Cash Value less \$\_\_\_\_\_ deductible

Collision - Actual Cash Value less \$\_\_\_\_\_ deductible

Limited Collision - Actual Cash Value less \$\_\_\_\_\_ deductible

## WAIVER OF DEDUCTIBLE

The deductible amount shown on the Coverage Selections ~~page Page~~ for Collision (Part 7) does not apply to any auto to which this endorsement applies as shown in the Coverage Selections ~~page Page~~ if:

1. ~~That~~The auto was legally parked when struck by another auto owned by an identified person.
2. ~~That~~The auto was struck in the rear by another auto moving in the same direction and owned by an identified person.
3. The operator of the other auto was convicted of any of the following violations:
  - a. Operating under the influence of alcohol, marijuana, or a narcotic drug.
  - b. Driving the wrong way on a one-way street.
  - c. Operating at an excessive rate of speed.
  - d. Any similar violation of any similar law of another state in which the accident occurs.

However, we will not pay if the operator of the auto covered under this Part was also convicted of one of the above violations.

4. You are entitled to recover in court against an identified person for some reason other than those listed above.

~~2684A~~  
~~(MPY-0016-S)~~  
~~(1-1-83)~~

~~PF~~

## WAIVER OF DEDUCTIBLE

The deductible amount shown on the Coverage Selections Page for Collision (Part 7) does not apply to any auto to which this endorsement applies as shown in the Coverage Selections Page if:

1. The auto was legally parked when struck by another auto owned by an identified person.
2. The auto was struck in the rear by another auto moving in the same direction and owned by an identified person.
3. The operator of the other auto was convicted of any of the following violations:
  - a. Operating under the influence of alcohol, marijuana, or a narcotic drug.
  - b. Driving the wrong way on a one-way street.
  - c. Operating at an excessive rate of speed.
  - d. Any similar violation of any similar law of another state in which the accident occurs.

However, we will not pay if the operator of the auto covered under this Part was also convicted of one of the above violations.

4. You are entitled to recover in court against an identified person for some reason other than those listed above.



# APPLICATION FOR GOOD STUDENT DISCOUNT

**NAME AND ADDRESS:**

#####  
#####  
#####  
#####  
#####

**POLICY NUMBER:** \_

##### #

Liberty Mutual offers a Good Student Discount if a driver on the policy meets the Good Student requirements below. The discount may be applied mid-term.

1. The rated inexperienced operator is a full time high school or post-secondary student.
2. The scholastic records for the immediately preceding school term show that such student attained at least one of the following achievements.
  - a. The student ranked among the upper 20% of the class scholastically.
  - b. In schools using letter grades, the student had a grade average of "B" or its equivalent or, if the system of letter grading cannot be averaged, no grade shall be below "B."
  - c. In schools using numerical grade points, such as 4, 3, 2, and 1 points, the student had an average of at least 3 points for all subjects combined.
  - d. The student was included in "Dean's List," "Honor Roll," or comparable list indicating scholastic achievement.
  - e. In the case of home schooling, the student provides evidence of either of the following accomplishments.
    - 1) A standardized form certified by an approved 3<sup>rd</sup> party organization showing evidence of paragraphs (b) or (c) above.
    - 2) Evidence of scoring in the upper 20% on an annual national standardized exam.
3. The company is furnished a statement, certified by a school official, indicating attainment of at least one of the above requirements.

## APPLICANT'S STATEMENT

The rated inexperienced operator of this car is a full time student.

Good Student Driver

Birth Date

#####

#####

I hereby apply for the Good Student Discount based on the statement below or the attached evidence of scholastic attainment.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

## SCHOOL OFFICIAL'S STATEMENT

I certify that \_\_\_\_\_ is a student in this school and fits the category set forth in paragraph 2, part \_\_\_\_\_ above.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Location of School

## PUBLIC TRANSIT DISCOUNT VERIFICATION

A discount is applied for any auto to which this endorsement applies as shown on the Coverage Selections page if:

- a. You provide us with a minimum of 8 monthly passes or tickets from a qualified transit system within the past 12 months. In the event the tickets or passes are misplaced or lost, you can submit other evidence of purchase. We will decide whether the evidence of purchase you submit is acceptable in place of the misplaced or lost passes or tickets, and
- b. You do not drive your automobile to work or school more than 10 days per month.

### APPLICANT'S STATEMENT

Name of Operator

---

I hereby apply for the Public Transit Discount based on the provided evidence of using qualified transit systems per the above guidelines for the required time during the previous 12 months.

---

Signature of Named Insured

---

Date



## PUBLIC TRANSIT DISCOUNT VERIFICATION

A discount is applied for any auto to which this endorsement applies as shown on the Coverage Selections page if:

- a. You provide us with a minimum of 8 monthly passes or tickets from a qualified transit system within the past 12 months. In the event the tickets or passes are misplaced or lost, you can submit other evidence of purchase. We will decide whether the evidence of purchase you submit is acceptable in place of the misplaced or lost passes or tickets, and
- b. You do not drive your automobile to work or school more than 10 days per month.

### APPLICANT'S STATEMENT

Name of Operator

---

I hereby apply for the Public Transit Discount based on the provided evidence of using qualified transit systems per the above guidelines for the required time during the previous 12 months.

---

Signature of Named Insured

---

Date

# SAFE DRIVER INSURANCE PLAN (SDIP) DRIVING RECORD RATING PLAN STATEMENT

POLICY NUMBER: ##### EFFECTIVE: ##### EXPIRING: #####

NAME AND ADDRESS: ##### LOCATION: ###  
#####  
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Dear PolicyholderCustomer:

~~This statement contains each listed operator's SDIP Points or Credit Code based on driving records maintained by the Massachusetts Merit Rating Board (MRB) as of the process date shown above. Liberty Mutual's merit rating plan, called the Driving Record Rating Plan, is designed to reward safe drivers. This statement details the driving record as reported by the Massachusetts Merit Rating Board (MRB) for each operator listed on this policy. The statement includes an itemization of any driving record incidents along with their assigned surcharge point value and determines qualification for a Liberty Responsible Driver Discount.~~

~~This policy will receive an SDIP premium increase (surcharge) for each operator with operator SDIP Points from 01 through 45 who is assigned to a vehicle; or an SDIPa premium\* decrease (credit discount) for each operator with the Excellentqualifying for the Liberty Responsible Driver Discount Code (98 points) or the ExcellentLiberty Responsible Driver Discount Plus Code (99 points) who is assigned to a vehicle; or a premium\* increase (surcharge) for each operator with Final Driving Record Points from 01 through 45 who is assigned to a vehicle.-~~

~~The driving history information below includes one line entry for each at-fault accident and each traffic violation, one line for the Starting date, and one line for the operator SDIP Points or Credit Code. This history is then used to determine each operator's Final Driving Record Points or Liberty Responsible Driver Discount level. The Surcharge Date Ccolumn contains the date of surcharge notice for at-fault accidents and the court judgment date for traffic violations. For all each operators, that column on the Starting Date Line containswe have listed the beginning and ending date of the policy experience period (6 years) or a later date if the operator has fewer than 6 years of driving experiencewe considered under the Driving Record Rating Plan. As you review each operator's driving record, consider the following:~~

- ~~• An operator's SDIP Points is the sum of the surcharge points for surchargeable incidents in the 6-year policy experience period. An operator who has been licensed and incident-free during the most recent 3 years may receive a 1-point reduction in the surcharge points for each incident if there are 3 or fewer incidents in the most recent 5 years. An operator who has been licensed and incident-free during the most recent 5 years may receive the Excellent Driver Discount Credit Code (98). An operator who has been licensed for the most recent 5 years and has been incident-free for the most recent 3 years may receive the Excellent Driver Discount Credit Code (98) if there is exactly 1 surchargeable incident in the most~~

recent 6 years and that incident is a minor traffic violation with a disposition of non-criminal. An operator who has been licensed and incident-free for 6 years may receive the Excellent Driver Discount Plus Code (99). An operator who has been licensed and incident-free during the most recent 6 years will receive the Liberty Responsible Driver Discount Plus (99 points).

- An operator who has been licensed and incident-free during the most recent 5 years will receive the Liberty Responsible Driver Discount (98 points).
- An operator who has been licensed less than 5 years and incident-free for the entire experience period will receive 0 Driving Record Points.
  - The Final Driving Record Points are the sum of the points for each surchargeable incident in the experience period after any appropriate reduction for accident and violation forgiveness resulting from the *Liberty Advantage* program.
  - An operator who has been licensed and incident-free during the most recent 3 years will receive a one-point reduction for each incident if there are 3 or fewer incidents in the most recent 5 years.
  - An operator who has been licensed for the most recent 5 years and has been incident-free for the most recent 3 years may receive the Liberty Responsible Driver Discount (98) if there is exactly 1 surchargeable incident in the most recent 6 years and that incident is a minor traffic violation with a disposition of non-criminal.

**Please see other side for each operator's driving history information.**

*\*The premium quoted for the Massachusetts auto policy is subject to verification of the Driving Record Rating Plan information you provided. The final premium will be revised to reflect the Driving Record Rating Plan credit or surcharge on file with the Merit Rating Board.*

## **DRIVING RECORD RATING PLAN STATEMENT**

The driving history information for each listed operator is shown below.

<u>Operator Name</u>	<u>License Number &amp; State</u>	<u>Date of Birth</u>	<u>Experience Period</u>
Mary Doe (06, N)	1234234234 MA	10/19/1966	12/31/2002 - 12/31/2008

<u>Incident Description</u>	<u>Incident Date</u>	<u>Surcharge Date</u>	<u>Point Value</u>
NONE	NONE	NONE	NONE

**Liberty Responsible Driver Discount Plus**      99

<u>Operator Name</u>	<u>License Number &amp; State</u>	<u>Date of Birth</u>	<u>Experience Period</u>
John Doe (06, N)	5678567899 MA	10/19/1966	12/31/2002 - 12/31/2008

<u>Incident Description</u>	<u>Incident Date</u>	<u>Surcharge Date</u>	<u>Point Value</u>
NONE	NONE	NONE	NONE

**Liberty Responsible Driver Discount Plus**      99

**OPERATOR INFORMATION**      **DRIVING HISTORY**  
**INFORMATION**

<u>LICENSE NUMBER</u>	<u>ST</u>	<u>DESCRIPTION</u>	<u>INCIDENT SURCHARGE DATE</u>
<u>DATE</u>	<u>VALUE</u>		

##### @@ STARTING DATE

##### @@@@

(##### , ##### , @, @) (NO INCIDENTS)

EXCELLENT DRIVER DISCOUNT PLUS (99)

@@

DATE ISSUED: @@@@@@@@ LIBERTY MUTUAL GROUP  
AUTO 2314 03/06

# DRIVING RECORD RATING PLAN STATEMENT

**POLICY NUMBER:** @@@@@@@@@@@@@@@@@@ **EFFECTIVE:** @@@@@@@@ **EXPIRING:** @@@@@@@@

**NAME AND ADDRESS:** @@@@@@ @@@@@@ @@@@ **LOCATION:** @@@@  
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Dear Customer:

Liberty Mutual's merit rating plan, called the Driving Record Rating Plan, is designed to reward safe drivers. This statement details the driving record as reported by the Massachusetts Merit Rating Board (MRB) for each operator listed on this policy. The statement includes an itemization of any driving record incidents along with their assigned surcharge point value and determines qualification for a Liberty Responsible Driver Discount.

This policy will receive a premium\* decrease (discount) for each operator qualifying for the Liberty Responsible Driver Discount (98 points) or Liberty Responsible Driver Discount Plus (99 points) who is assigned to a vehicle; or a premium\* increase (surcharge) for each operator with Final Driving Record Points from 01 through 45 who is assigned to a vehicle.

The driving history information below includes one entry for each at-fault accident and each traffic violation. This history is then used to determine each operator's Final Driving Record Points or Liberty Responsible Driver Discount level. The Surcharge Date column contains the date of surcharge notice for at-fault accidents and the court judgment date for traffic violations. For each operator, we have listed the beginning and ending date of the experience period we considered under the Driving Record Rating Plan. As you review each operator's driving record, consider the following:

- An operator who has been licensed and incident-free during the most recent 6 years will receive the Liberty Responsible Driver Discount Plus (99 points).
- An operator who has been licensed and incident-free during the most recent 5 years will receive the Liberty Responsible Driver Discount (98 points).
- An operator who has been licensed less than 5 years and incident-free for the entire experience period will receive 0 Driving Record Points.
  - The Final Driving Record Points are the sum of the points for each surchargeable incident in the experience period after any appropriate reduction for accident and violation forgiveness resulting from the *Liberty Advantage* program.
  - An operator who has been licensed and incident-free during the most recent 3 years will receive a one-point reduction for each incident if there are 3 or fewer incidents in the most recent 5 years.
  - An operator who has been licensed for the most recent 5 years and has been incident-free for the most recent 3 years may receive the Liberty Responsible Driver Discount (98) if there is exactly 1 surchargeable incident in the most recent 6 years and that incident is a minor traffic violation with a disposition of non-criminal.

**Please see other side for each operator's driving history information.**

*\*The premium quoted for the Massachusetts auto policy is subject to verification of the Driving Record Rating Plan information you provided. The final premium will be revised to reflect the Driving Record Rating Plan credit or surcharge on file with the Merit Rating Board.*

# DRIVING RECORD RATING PLAN STATEMENT

The driving history information for each listed operator is shown below.

<b>Operator Name</b>	<b>License Number &amp; State</b>	<b>Date of Birth</b>	<b>Experience Period</b>
Mary Doe (06, N)	1234234234 MA	10/19/1966	12/31/2002 - 12/31/2008

<b>Incident Description</b>	<b>Incident Date</b>	<b>Surcharge Date</b>	<b>Point Value</b>
NONE	NONE	NONE	NONE

**Liberty Responsible Driver Discount Plus** 99

<b>Operator Name</b>	<b>License Number &amp; State</b>	<b>Date of Birth</b>	<b>Experience Period</b>
John Doe (06, N)	5678567899 MA	10/19/1966	12/31/2002 - 12/31/2008

<b>Incident Description</b>	<b>Incident Date</b>	<b>Surcharge Date</b>	<b>Point Value</b>
NONE	NONE	NONE	NONE

**Liberty Responsible Driver Discount Plus** 99

**Liberty Mutual Insurance Company**  
**OPERATOR EXCLUSION FORM**

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provide false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all **household members** and customary operators required to be listed and the answers given for all listed operators. Payments under Parts 3 and 4 may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law ~~now~~ requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a **household member** who is not listed as an operator on my policy. Payment is withheld when the **household member**, if listed, would require the payment of additional premium on my policy because the **household member** would be classified as an inexperienced operator or would require payment of additional premium on my policy under the ~~Safe Driver Insurance~~ Driving Record Rating Plan.

It is agreed that the person(s) named below will not operate the vehicle(s) described below, or any replacement thereof, under any circumstances whatsoever.

<u>Operator</u>	<u>Operator Name</u>	<u>License Number and State</u>
1	#####	##### ###
2	#####	##### ###
3	#####	##### ###
4	#####	##### ###
5	#####	##### ###
6	#####	##### ###

<u>Vehicle</u>	<u>Year</u>	<u>Make</u>	<u>VIN</u>	<u>Operators Excluded</u>
1	####	####	#####	#####
2	####	####	#####	#####
3	####	####	#####	#####
4	####	####	#####	#####
5	####	####	#####	#####
6	####	####	#####	#####

Reason for the Exclusion: \_\_\_\_\_

|  
Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Excluded Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Number: ##### #

## OPERATOR EXCLUSION FORM

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provide false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all **household members** and customary operators required to be listed and the answers given for all listed operators. Payments under Parts 3 and 4 may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a **household member** who is not listed as an operator on my policy. Payment is withheld when the **household member**, if listed, would require the payment of additional premium on my policy because the **household member** would be classified as an inexperienced operator or would require payment of additional premium on my policy under the Driving Record Rating Plan.

It is agreed that the person(s) named below will not operate the vehicle(s) described below, or any replacement thereof, under any circumstances whatsoever.

<u>Operator</u>	<u>Operator Name</u>	<u>License Number and State</u>
1	#####	##### ###
2	#####	##### ###
3	#####	##### ###
4	#####	##### ###
5	#####	##### ###
6	#####	##### ###

<u>Vehicle</u>	<u>Year</u>	<u>Make</u>	<u>VIN</u>	<u>Operators Excluded</u>
1	####	####	#####	#####
2	####	####	#####	#####
3	####	####	#####	#####
4	####	####	#####	#####
5	####	####	#####	#####
6	####	####	#####	#####

Reason for the Exclusion: \_\_\_\_\_

\_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Excluded Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Policy Number: ##### #

# MASSACHUSETTS RENEWAL FORM



**NAME AND ADDRESS OF INSURED:**

@@  
 @@@  
 @@@  
 @@@  
 @@@  
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@@@@@@@@@@@@@@@@

**POLICY NUMBER:**

@@

**POLICY RENEWAL DATE:**

@@@@@@@@@@@@@@ @@@@@@@@@@@@

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of the auto(s) and the household members and individuals who customarily operate the auto(s).

**VEHICLE INFORMATION:**

If a notation is shown, our records indicate that your auto(s) is:

	-@@@@ @@@@@ <u>Auto 1</u>	-@@@@ @@@@@ <u>Auto 2</u>		-@@@@ @@@@@ <u>Auto 1</u>	-@@@@ @@@@@ <u>Auto 2</u>
1. Used in business.	###	###	4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer.	###	###
2. Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed by you.	###	###	(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks).	###	###
3. Our information indicates that your auto (s) is principally garaged in:	<p><b>Auto 1</b> #####</p> <p><b>Auto 2</b> #####</p>				

**DRIVER INFORMATION**

According to our information listed operator # \_\_\_\_\_ has  
 (a) had two (2) or more "total loss" insurance claims because of auto theft or fire. \_\_\_\_\_  
 (b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. \_\_\_\_\_

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper No	Operator Name	Date of Birth	Driver's License Number	License State	Date First Licensed in any State/Country		Driver Training Yes/No	% of Use		Please Indicate Reason for Change
					Auto	Motor Cycle		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:** It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone 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.

**PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE**

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~~ Driving Record Rating Plan.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

	Yes	No		Yes	No
(A) been involved in any Motor Vehicle accident or been found guilty of any moving violation?	_____	_____	(C) had two (2) or more "total loss" insurance claims because of auto theft or fire?	_____	_____
(B) been assigned to an Alcohol Education Program?	_____	_____	(D) been convicted of vehicular homicide, auto insurance related fraud or auto theft?	_____	_____

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added 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-Driving Record points to you. ~~See "Your Consumer Guide" for additional information.~~

**LICENSE INFORMATION:**

Once you or the principal operator listed on this form 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 Vehicles website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

**DISCOUNTS:**

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

**ADDITIONAL INFORMATION:**

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

# MASSACHUSETTS RENEWAL FORM

**NAME AND ADDRESS OF INSURED:**

@@  
 @@@  
 @@@  
 @@@  
 @@@  
 @@@

@@@@@@@@@@@@@@

**POLICY NUMBER:**

@@

**POLICY RENEWAL DATE:**

@@@@@@@@@@@@@@      @@@@@@@@@@@@

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of the auto(s) and the household members and individuals who customarily operate the auto(s).

**VEHICLE INFORMATION:**

If a notation is shown, our records indicate that your auto(s) is:

- |  |               |               |  |               |               |
|--|---------------|---------------|--|---------------|---------------|
|  | -@@@@         | -@@@@         |  | -@@@@         |               |
|  | @@@@@         | @@@@@         |  | @@@@@         | @@@@@         |
|  | <b>Auto 1</b> | <b>Auto 2</b> |  | <b>Auto 1</b> | <b>Auto 2</b> |
| 1. Used in business.   | ###           | ###           | 4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer. | ###           | ###           |
| 2. Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed by you. | ###           | ###           | (b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks).   | ###           | ###           |
| 3. Our information indicates that your auto (s) is principally garaged in:                           |               |               |  | ###           | ###           |
| <b>Auto 1</b>  | #####         |               |  |               |               |
| <b>Auto 2</b>  | #####         |               |  |               |               |

**DRIVER INFORMATION**

According to our information listed operator # \_\_\_\_\_ has

- (a) had two (2) or more "total loss" insurance claims because of auto theft or fire. \_\_\_\_\_
- (b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. \_\_\_\_\_

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper No	Operator Name	Date of Birth	Driver's License Number	License State	Date First Licensed in any State/Country		Driver Training Yes/No	% of Use		Please Indicate Reason for Change
					Auto	Motor Cycle		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:** It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone 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.

**PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE**

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 Driving Record Rating Plan.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

	Yes	No		Yes	No
(A) been involved in any Motor Vehicle accident or been found guilty of any moving violation?	_____	_____	(C) had two (2) or more "total loss" insurance claims because of auto theft or fire?	_____	_____
(B) been assigned to an Alcohol Education Program?	_____	_____	(D) been convicted of vehicular homicide, auto insurance related fraud or auto theft?	_____	_____

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added 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 Driving Record points to you.

**LICENSE INFORMATION**

Once you or the principal operator listed on this form 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 Vehicles website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

**DISCOUNTS**

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

**ADDITIONAL INFORMATION**

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

# MASSACHUSETTS RENEWAL FORM



**NAME AND ADDRESS OF INSURED:**

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 @@@  
 @@@  
 @@@  
 @@@  
 @@@

@@@@@@@@@@@@@@@@

**POLICY NUMBER:**

@@

**POLICY RENEWAL DATE:**

@@@@@@@@@@@@ @@@@@@@@@@@@

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of the auto(s) and the household members and individuals who customarily operate the auto(s).

**VEHICLE INFORMATION:**

If a notation is shown, our records indicate that your auto(s) is:

	-@@@@	-@@@@	-@@@@	-@@@@
	@@@@@	@@@@@	@@@@@	@@@@@
	<u>Auto 1</u>	<u>Auto 2</u>	<u>Auto 1</u>	<u>Auto 2</u>
1. Used in business.	###	###		
2. Used to transport (for a fee) Fellow Employees, Passengers, Students, or Persons employed by you.	###	###		
3. Our information indicates that your auto (s) is principally garaged in:				
<b>Auto 1</b>	#####			
<b>Auto 2</b>	#####			
4. (a) Equipped with electronic equipment that reproduces audio, visual or data signals that has been permanently installed but not in the location used by the auto manufacturer.			###	###
(b) Equipped with custom furnishings or custom equipment (applicable to vans or pick-up trucks).			###	###

**DRIVER INFORMATION**

According to our information listed operator # \_\_\_\_\_ has  
 (a) had two (2) or more "total loss" insurance claims because of auto theft or fire. \_\_\_\_\_  
 (b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. \_\_\_\_\_

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper No	Operator Name	Date of Birth	Driver's License Number	License State	Date First Licensed in any State/Country		Driver Training Yes/No	% of Use		Please Indicate Reason for Change
					Auto	Motor Cycle		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:** It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone 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.

**PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE**

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~~ Driving Record Rating Plan.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

	Yes	No		Yes	No
(A) been involved in any Motor Vehicle accident or been found guilty of any moving violation?	_____	_____	(C) had two (2) or more "total loss" insurance claims because of auto theft or fire?	_____	_____
(B) been assigned to an Alcohol Education Program?	_____	_____	(D) been convicted of vehicular homicide, auto insurance related fraud or auto theft?	_____	_____

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added 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-Driving Record points to you. ~~See "Your Consumer Guide" for additional information.~~

**LICENSE INFORMATION:**

Once you or the principal operator listed on this form 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 Vehicles website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

**DISCOUNTS:**

The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page and notify your agent or company representative if any changes are to be made. The Annual Mileage Discount is now determined by the actual mileage driven in the previous policy year, provided it can be verified by the company.

If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

**ADDITIONAL INFORMATION:**

Please indicate any additional changes or coverage revisions you may wish to make to your policy. If your auto is equipped with any of the items listed in Question 4 of the Vehicle Information section you may need to insure the item. Contact your agent or company representative for details.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

# APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER	CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP	PHONE:
BINDER/POLICY #:		MAIL ADDRESS (IF DIFFERENT)	
EFFECTIVE DATE	EXPIRATION DATE		
[COMPANY USE]		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			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	\$	\$8,000 PER PERSON	<input type="checkbox"/> YOURSELF	\$
	\$ DED	<input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$	\$ DED	<input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)	PER PERSON		\$	PER PERSON		\$
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)	PER ACCIDENT		\$	PER ACCIDENT		\$
<b>OPTIONAL INSURANCE</b>						
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, 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 PERSON		\$
	PER ACCIDENT		\$	PER ACCIDENT		\$
DRIVING RECORD RATING PLAN	PREMIUM ADJUSTMENT		\$	PREMIUM ADJUSTMENT		\$
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	PREMIUM		\$	PREMIUM		\$
<b>TOTAL PREMIUM</b>						\$

<b>VEHICLE INFORMATION</b>	PLACE OF PRINCIPAL GARAGING - AUTO 1: STREET ADDRESS, CITY OR TOWN ZIP CODE	AUTO 2:
----------------------------	--	---------

#	YEAR	MAKE, MODEL AND, IF MOTORCYCLE, C.C.	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT RATING 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 <small>If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.</small>	MERIT RATING POINTS	DATE FIRST LICENSED			DRIVER TRAINING YES / NO	% OF USE			
				MASS	OTHER	MOTOR CYCLE		AUTO 1	AUTO 2	AUTO 3	AUTO 4
1											
2											
3											
4											

**NOTICE** It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. 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. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. 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 Merit Rating Plan.

**PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE**

<b>DRIVER INFORMATION (CONTINUED)</b>		Explain all "Yes" responses in the 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?				
<b>LICENSE INFORMATION</b> 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.							
<b>DRIVING RECORD RATING INFORMATION</b> 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 in assigning merit rating points.							
<b>GENERAL INFORMATION</b> 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	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?	YES	NO		
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 _____			<b>ATTACHMENTS</b>				
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.			<input type="checkbox"/> ANTI-THEFT DEVICE CERTIFICATE <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-INSURANCE FORM <input type="checkbox"/> VEHICLE RECOVERY SYSTEM CERTIFICATE				
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"/> TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW.							
<b>REMARKS</b> 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.							
<b>DECLARATIONS AND SIGNATURES</b>							
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							



## COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy

This policy is Issued By:

**LIBERTY MUTUAL  
INSURANCE COMPANY, BOSTON, MASSACHUSETTS**

#####

Massachusetts Personal Automobile

Policy Number: #####

**ITEM 1.** This policy is Issued To:

#####  
#####  
#####  
#####

For service call or write:

#####  
#####  
#####

CLAIMS: #####

**ITEM 2.** This policy is effective from:

#####

To:

#####

(12:01 A.M. Eastern Standard Time)

**ITEM 3.** Description of your Auto:

Auto	Year	Make	Identification Number	Auto	Year	Make	Identification Number
------	------	------	-----------------------	------	------	------	-----------------------

**ITEM 4.** This policy provides only the coverages for which a premium charge is shown.

COVERAGES (Parts 1-12)	AUTO			PREMIUM		AUTO			PREMIUM		
	COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	Annual	Adjusted	LIMITS	DEDUCTIBLE	Annual	Adjusted		
1. Bodily Injury To Others	\$ 20,000 \$ 40,000	per person per accident	NONE	\$	\$	\$ 20,000 \$ 40,000	per person per accident	NONE	\$	\$	
2. Personal Injury Protection	\$ 8,000	per person	\$ <input type="checkbox"/> yourself <input type="checkbox"/> yourself and household members	\$	\$	\$ 8,000	per person	\$ yourself yourself and 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	\$	\$	
<b>OPTIONAL INSURANCE</b>											
5. Optional Bodily Injury To Others	\$ \$	per person per accident	NONE	\$	\$	\$ \$	per person per accident	NONE	\$	\$	
6. Medical Payments	\$	per person	NONE	\$	\$	\$	per person	NONE	\$	\$	
7. Collision	Actual Cash Value		\$	\$	\$	Actual Cash Value		\$	\$	\$	
8. Limited Collision	Actual Cash Value		\$	\$	\$	Actual Cash Value		\$	\$	\$	
9. Comprehensive	Actual Cash Value		\$	\$	\$	Actual Cash Value		\$	\$	\$	
10. Substitute Transportation	Up to \$ a day, maximum \$		NONE	\$	\$	Up to \$ a day, maximum \$		NONE	\$	\$	
11. Towing and Labor	Up to \$ for each disablement		NONE	\$	\$	Up to \$ for each disablement		NONE	\$	\$	
12. Bodily Injury Caused By An Underinsured Auto	\$ \$	per person per accident	NONE	\$	\$	\$ \$	per person per accident	NONE	\$	\$	
<b>DRIVING RECORD RATING</b>	Liberty Responsible Driver Discount <Plus> PT			\$	\$	Liberty Responsible Driver Discount <Plus> PT			\$	\$	
<b>PLAN (MERIT RATING PLAN)</b>	Driving Record Points PT			\$	\$	Driving Record Points PT			\$	\$	
	<b>PREMIUM</b>			\$	\$	<b>PREMIUM</b>			\$	\$	
Identification Numbers of Endorsements Forming a Part of This Policy:									<b>TOTAL PREMIUM</b>		\$

**ITEM 5.** Discounts and Options

	Driving Years OR Age 65 and older	Annual Mileage	Multi-Car	Public Transit	Good Student	Driver Training	Air Bag / Automatic Seatbelts	Anti-Theft	Collision Waiver	Glass Option
AUTO 1	Yes / No	%	%	%	%	%	%	%	Yes / No	\$xx Ded
AUTO 2										

PREMIUM INCLUDES: XX% GROUP SAVINGS PLUS@ DISCOUNT; XX% LIBERTY PREFERRED DISCOUNT; XX% ENROLLMENT CREDIT

**ITEM 6.** Place of Principal Garaging

**ITEM 7.** Secured Lender/Lessor - Additional Insured, if Rented Auto

AUTO	
AUTO	

**REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION**

**ITEM 8. Driver Information:**

Oper No.	Operator Name	Date of Birth	License Number	License State	Date First Licensed if Less Than 6 Yrs		Driver Training Yes/No	% Use		Operator Status: E - Excluded D - Deferred	
					Auto	Motor cycle		Auto 1	Auto 2	Auto 1	Auto 2

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

**NOTICE:** You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information 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. 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.

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 merit rating plan.

**DISCOUNTS:**

Several discounts are available and your premium has been reduced if one or more of the discounts is indicated above. If you wish to review your account with a licensed representative, please contact the number shown at the top of the Coverage Selections Page. The following discounts are available:

Age 65 or Older Discount	Enrollment Credit
Air Bag / Automatic Seatbelts Discount	Good Student Discount
Annual Mileage Discount	Group Savings Plus Discount
Anti-Theft Discount	Liberty Preferred Discount
Driver Training Discount	Multi-Car Discount
Driving Years Discount	Public Transit Discount

**PART 5 - OPTIONAL BODILY INJURY TO OTHERS**

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Others (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

**PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO**

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the underinsured auto and the limits shown for this Part.

**DRIVING RECORD RATING PLAN (MERIT RATING PLAN)**

The Driving Record Rating Plan discount or surcharge shown above for each auto is based on the driving records of the operators listed on your policy. Discounts result from incident-free driving. Refer to the statement furnished with your Coverage Selections Page to review each operator's driving record.

Countersigned by: \_\_\_\_\_

**Notice of Transfer of Insurer**

Name and Address of Insured \_\_\_\_\_  
Name Address

Description of Vehicle(s) \_\_\_\_\_  
Year Make Year Make

Name of Former Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Former Agent or Agency \_\_\_\_\_

I hereby certify that coverage is bound with \_\_\_\_\_

effective \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_

Please affix stamp here and certify by signing

**Notice of Transfer of Insurer**

Name and Address of Insured \_\_\_\_\_  
Name Address

Description of Vehicle(s) \_\_\_\_\_  
Year Make Year Make

Name of Former Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Former Agent or Agency \_\_\_\_\_

I hereby certify that coverage is bound with \_\_\_\_\_

effective \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_

Please affix stamp here and certify by signing

**Notice of Transfer of Insurer**

Name and Address of Insured \_\_\_\_\_  
Name Address

Description of Vehicle(s) \_\_\_\_\_  
Year Make Year Make

Name of Former Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Former Agent or Agency \_\_\_\_\_

I hereby certify that coverage is bound with \_\_\_\_\_

effective \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_

Please affix stamp here and certify by signing



**NOTICE OF TRANSFER OF INSURER  
BUREAU FORM 2A**

**NAME:**

**ADDRESS:**

**VEHICLE VIN #:**

**VEHICLE VIN #:**

**VEHICLE VIN #:**

**VEHICLE VIN #:**

**VEHICLE VIN #:**

**VEHICLE VIN #:**

**FORMER CARRIER:**

**FORMER AGENT:**

**FORMER POLICY:**

**I hereby certify that coverage is bound with:**

**Effective:**

**Producer:**

**Address:**

**Certify by signing:** \_\_\_\_\_

**Liberty Mutual Insurance Company-514**

Below is an overview of the AIB endorsements. The comment section of the tables explains whether we chose to essentially adopt the AIB form or not.

<b>Form Name</b>	<b>AIB #</b>	<b>LM #</b>	<b>Comment</b>
Agreed Amount Coverage – Comprehensive	MPY-0034-S (Ed. 04-08)	AS 2325 04 08	Adopted AIB form
Antique Auto	M-0047-S (Ed. 04-08)	AS 2326 04 08	Adopted AIB form
Commonwealth of Massachusetts Employees Using Autos They Do Not Own in the Course of Their Employment	M-0069-S (Ed. 01-80)	AS 2320 04 08	Adopted AIB form
Coverage for Anyone Renting an Auto to You	M-0070-S (Ed. 04-08)	AS 2327 04 08	Adopted AIB form
Coverage for Customized Vans and Pickups	MPY-0037-S (Ed. 04-08)	AS 2328 04 08	Adopted AIB form
Excess Electronic Equipment Coverage	MPY-0041-S (Ed. 04-08)	AS 2329 04 08	Adopted AIB form
Federal Employees Using Autos They Do Not Own in the Course of Their Employment	M-0049-S (Ed. 01-77)	AS 2318 04 08	Adopted AIB form
\$100 Glass Deductible	MPY-0039-S (Ed. 04-08)	AS 2330 04 08	Adopted AIB form
Guest Occupants Exclusion	M-0002-S (Ed. 04-08)	AS 2331 04 08	Adopted AIB form
Massachusetts Mandatory Endorsement	M-0099-S (Ed. 04-07)	AS 2332 04 08	We have amended the 2007 version
Mobile Home Endorsement	MPY-0002-S (Ed. 01-77)	AS 2319 04 08	Adopted AIB form
Non-Renewal of Policy – Motorcycles, Recreational Vehicles and Trailers	M-0103-S (Ed. 04-08)	AS 2333 04 08	Adopted AIB form
Operator Exclusion Form	M-0106-S (Ed. 04-08)	AUTO 3273 04 08	Adopted AIB form
Original Equipment Manufacturer Parts Coverage	MPY-0040-S (Ed. 04-08)		We did not adopt this endorsement
Other Optional Insurance – Combined Additional Coverage	MPY-0031-S (Ed. 01-89)	AS 2322 04 08	Adopted AIB form
Other Optional Insurance – Fire, Lightning, and Transportation	MPY-0028-S (Ed. 01-89)	AS 2323 04 08	Adopted AIB form
Other Optional Insurance – Theft	MPY-0029-S (Ed. 01-89)	AS 2324 04 08	Adopted AIB form
Restriction of PIP for Employers Subject to the Massachusetts Workers’ Compensation Act	M-0063-S (Ed. 01-88)	AS 2321 04 08	Adopted AIB form
Stated Amount Coverage	MPY-0027-S (Ed. 04-08)	AS 2334 04 08	Adopted AIB form
Substitute Transportation Coverage – \$45 Per Day, Maximum Limit \$1,350	M-0105-S (Ed. 01-01)		We merged this into the Mandatory Endorsement (AS 2332 04 08)

Suspension of Coverage and Reduction of Limits	MPY-0032-S (Ed. 04-08)	AS 2335 04 08	Adopted AIB form
Transportation of Fellow Employees, Students or Others	M-0004-S (Ed. 04-08)	AS 2336 04 08	Adopted AIB form
Trust Endorsement	M-0107-S (Ed. 01-06)	AS 2317 04 08	Adopted AIB form
Use of Other Auto Vehicles Furnished or Available for Regular Use	M-0051-S (Ed. 04-08)	AS 2337 04 08	Adopted AIB form
Use of Other Autos Vehicles Furnished or Available for Use as Public or Livery Conveyance	M-0052-S (Ed. 04-08)	AS 2338 04 08	Adopted AIB form
Waiver of Deductible	MPY-0016-S (Ed. 04-08)	AS 2339 04 08	Adopted AIB form

A red-lined version of the existing form (if changed from original version) illustrating the changes is included along with the new form for all the forms and endorsements included in the filing.

Following are the list of new forms / endorsements introduced.

Form Name	Form #
Liberty Advantage™ Endorsement	AS 2311 02 08 (amended from AS 2306 11 07)
Liberty Advantage Plus™ Endorsement	AS 2312 02 08
Application for Good Student Discount	AS 2340 04 08
Public Transit Discount Verification	AS 2341 04 08

### Personal Auto Forms for Vehicles Not Subject to the Compulsory Law

The following forms will be utilized for vehicles that are not subject to the Compulsory Law.

- We will adopt the ISO form list prescribed by the AIB, which includes the following contracts:
  - PP 00 01 01 05: Personal Auto Policy; and
  - MP 00 99 11 01: Amendment of Policy Provisions – Massachusetts.
  
- We will adopt the ISO form list prescribed by the AIB, which includes the following endorsements:
  - PP 03 19 08 86: Additional Insured – Lessor;
  - PP 03 35 09 93: Auto Loan/Lease Coverage;
  - PP 03 33 06 98: Certificate of Insurance – Trusts;
  - PP 03 10 08 86: Change Endorsement;
  - PP 03 08 06 94: Coverage for Damage to Your Auto (Maximum Limit of Liability);
  - PP 13 01 12 99: Coverage for Damage to Your Auto Exclusion Endorsement;
  - PP 03 18 01 05: Customizing Equipment Coverage;
  - PP 03 13 01 05: Excess Electronic Equipment Coverage;
  - PP 03 06 01 05: Extended Non-Owned Coverage for Vehicles Furnished or Available for Regular Use;
  - PP 13 05 01 05: Extended Non-Owned Coverage for Vehicles Furnished or Available for Use as a Public or Livery Conveyance;
  - PP 03 01 08 86: Federal Employees Using Autos in Government Business;
  - PP 03 34 01 05: Joint Ownership Coverage;

- PP 03 26 06 94: Liability Coverage Exclusion Endorsement;
- PP 03 21 01 05: Limited Mexico Coverage;
- PP 03 28 06 98: Miscellaneous Type Vehicle Amendment (Motor Homes);
- PP 03 23 01 05: Miscellaneous Type Vehicle Endorsement;
- PP 03 22 01 05: Named Non-Owner Coverage;
- PP 03 02 06 98: Optional Limits Transportation Expenses Coverage;
- PP 02 02 08 86: Reinstatement of Insurance;
- PP 03 09 01 05: Single Liability Limit;
- PP 04 02 06 98: Single Underinsured Motorists Limit;
- PP 04 01 06 98: Single Uninsured Motorists Limit;
- PP 03 20 01 05: Snowmobile Endorsement;
- PP 02 01 01 05: Suspension of Insurance;
- PP 03 03 04 86: Towing and Labor Costs Coverage;
- PP 03 07 01 05: Trailer/Camper Body Coverage (Maximum Limit of Liability);
- PP 13 02 01 05: Trip Interruption Coverage;
- PP 13 03 01 05: Trust Endorsement; and
- PP 03 11 01 05: Underinsured Motorists Coverage.

Liberty Mutual is pleased to provide Massachusetts residents with competitive Private Passenger Automobile insurance products and services, and welcomes the introduction of managed competition. Should you have any questions or concerns, please do not hesitate to contact me at 617-654-3657.

Sincerely,



Kevin Cerny  
AVP, Director Product Management  
Liberty Mutual Insurance Group

Enclosure

cc: Ms. Andrea Guen  
Division of Insurance

Honorable Martha Coakley  
Attorney General