



Coverage Selections Page

A summary of your auto insurance coverage

This page and any attached endorsements form a part of your policy, which is issued by Liberty Mutual Insurance Company, Boston, Massachusetts.

Welcome. Thank you for insuring with us.
Your policy is effective as of mm/dd/yyyy.



INSURANCE INFORMATION

Named Insured:

Policy Number:

Policy Period:

Mailing Address:

Affinity Affiliation:

Vehicles Covered by Your Policy

VEH	YEAR	MAKE	MODEL	CC	VEHICLE ID NUMBER
-----	------	------	-------	----	-------------------

Coverage Information

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

Total Annual Policy Premium:	\$
Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.	

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3

Compulsory Insurance				
1. Bodily Injury to Others	\$	Each Person	\$	\$
	\$	Each Accident		
2. Personal Injury Protection	\$	Each Person	\$	\$
Deductible applies for yourself and household members.				
	Veh 1: \$	Veh 2: \$		
3. Bodily Injury Caused by An Uninsured Auto (Compulsory Limit \$ /\$)	\$	Each Person	\$	\$
	\$	Each Accident		
4. Damage to Someone Else's Property (Compulsory Limit \$)	\$	Each Accident	\$	\$



ACTION REQUIRED:

Please **review and keep** for your records.



QUESTIONS ABOUT YOUR POLICY?

By Phone
1-XXX-XXX-XXXX

Liberty Mutual Office

Sales Representative

Visit us online
LibertyMutual.com



MANAGE YOUR ACCOUNT ONLINE

Sign up for eService
LibertyMutual.com/eService

To report a claim

By phone
1-800-2CLAIMS
(1-800-225-2467)

Online
LibertyMutual.com/Claims

THIS IS NOT YOUR AUTO INSURANCE BILL. YOU WILL BE BILLED SEPARATELY.

Coverage Selections Page

Coverage Information (continued)

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3
Optional Coverage				
5. Optional Bodily Injury to Others	\$ \$	Each Person Each Accident	\$	\$
6. Medical Payments	\$	Each Person	\$	
7. Collision Actual Cash Value Less Deductible Veh 1: \$ /Waiver* Veh 2: \$ /No Waiver *Waiver Of Deductible endorsement provisions apply			\$	\$
8. Limited Collision				
9. Comprehensive Actual Cash Value Less Deductible Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass			\$	\$
10. Substitute Transportation	Up to \$ \$	Each Day Maximum	\$	
11. Towing and Labor	Up to \$	For Each Disablement	\$	
12. Bodily Injury Caused by an Underinsured Auto	\$ \$	Each Person Each Accident	\$	
Driving Record Rating Plan Adjustment			\$	\$
Annual Premium Per Vehicle:			\$	\$



Policy Number:

Policy effective:

Total Annual Policy Premium: \$
Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.

Discounts and Benefits

Your Discounts and benefits have been applied to your Total Annual Policy Premium.

VEHICLE DISCOUNTS

	VEH 1	VEH 2	VEH 3
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POLICY SAVINGS

Additional Information for Vehicles Covered by Your Policy

SECURED LENDOR/LESSEE—
ADDITIONAL INSURED, IF RENTED AUTO MONTH/YEAR EXPIRES

VEH 1:

VEH 2:

PLACES OF PRINCIPAL GARAGING

VEH 1:

CLASS

VEH 1:

VEH 2:

VEH 3:

DRIVING RECORD POINTS

VEH 1:

VEH 2:

VEH 3:



Policy Number:

Policy effective:

Driver Information

1. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

2. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

3. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

To ensure proper coverage and avoid possible actions such as cancellation or rescission of your policy, please check carefully that all drivers of your vehicle(s) are shown above. All household members and individuals who customarily operate your vehicle(s) must be listed on your policy.

Endorsements — Changes to Your Policy

Special State Provisions

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 driving record rating plan.



Policy Number:

Policy effective:

This policy, including endorsements listed above,
is countersigned by:

Authorized Representative

President

Secretary



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	\$	Each Accident		
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Coverage Information (continued)

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8. Limited Collision				
9. Comprehensive Actual Cash Value Less Deductible Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass		\$	\$	
10. Substitute Transportation	Up to \$ Each Day \$ Maximum	\$		
11. Towing and Labor	Up to \$ For Each \$ Disablement	\$		
12. Bodily Injury Caused by an Underinsured Auto	\$ Each Person \$ Each Accident	\$		
Driving Record Rating Plan Adjustment		\$	\$	\$
Annual Premium Per Vehicle:		\$	\$	\$



Policy Number:

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VEH 1 VEH 2 VEH 3

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ADDITIONAL INSURED, IF RENTED AUTO MONTH/YEAR EXPIRES

VEH 1:

VEH 2:

PLACES OF PRINCIPAL GARAGING

VEH 1:

CLASS

VEH 1:

VEH 2:

VEH 3:

DRIVING RECORD POINTS

VEH 1:

VEH 2:

VEH 3:



Policy Number:

Policy effective:

Driver Information

1. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

2. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

3. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

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Policy Number:

Policy effective:

This policy, including endorsements listed above,
is countersigned by:

Authorized Representative

President

Secretary

ADDITIONAL STATISTICAL INFORMATION SHEET

APPLICANT'S NAME #####				SEX #	POLICY NUMBER - #####	
SALES REP. NAME (USE VOUCHER STAMP) #####		SALES OFF. NO. ####	SALES REP. NO. #####	CASH #####	DATE RECEIVED #####	HOUR #### #
N/R Code #	1ST YEAR ####	NEW BUS. CODE	POL. CODE ####	(D) RISK ####	HOMEOWNER #YES #NO #####	APPLICANT CARRIES WITH US HO # FIRE # YACHT # BUS.LINES #

UND. APPROVAL WAS OBTAINED PRIOR TO CERTIFICATION, APPROVED BY:

ADDITIONAL INFORMATION

A. GARAGING FACILITY FOR THE MOTOR VEHICLES(S) AND DESCRIPTION OF APPLICANT'S RESIDENCE

(1) GARAGE	STREET	DRIVEWAY	CARPORT	LIGHTED PARKING AREA	UNLIGHTED PARKING AREA
VEH(S) #####	VEH(S) #####	VEH(S) #####	VEH(S) #####	VEH(S) #####	VEH(S) #####
(2) # ONE FAMILY DWLG.	# TWO FAMILY DWLG.	# 3-4 FAMILY DWLG.	# APT. COMPLEX	# CONDOMINIUM	

PREVIOUS INSURANCE CARRIER: ##### AND POLICY NUMBER: #####

B. ADDITIONAL INFORMATION TO BE COMPLETED BY APPLICANT

PRESENT EMPLOYMENT EMPLOYER (INSURED I)	#####	POSITION	#####	YEARS	#	MONTHS	#
PREVIOUS EMPLOYMENT EMPLOYER	#####	POSITION	#####	YEARS	#	MONTHS	#
PRESENT EMPLOYMENT EMPLOYER (INSURED II)	#####	POSITION	#####	YEARS	#	MONTHS	#
PREVIOUS EMPLOYMENT EMPLOYER	#####	POSITION	#####	YEARS	#	MONTHS	#
MARITAL STATUS	MARRIED (1) #_ SINGLE (2) #_ SEPARATED (4) #_ DIVORCED (5) #_ WIDOW (9) #_						

TOWING AND LABOR LOSS EXPERIENCE

DURING THE LAST 3 YEARS, HAS ANY INSURANCE COMPANY PAID YOU FOR ANY TOWING AND LABOR LOSS? IF YES, STATE DATE, AMOUNT AND VEHICLE INVOLVED	#####	#####	#####	YES	NO
	#	#	#	#	#

SOURCE #_	MISC. FIELD CODES	MASS. MARKETING - AFFINITY MARKETING			
01 = Direct Mail (Contact) 02 = Group 03 = Recommendation 04 = Target The market 05 = Other 06 = Cross Sell (Present Policyholder) 07 = Direct Quote (Lead Generation) 08 = Son or Daughter of existing Policyholder	FAC SB # Undacc # Bind Des # PCP # Und Spec. Hand. #	Client No. #####	Account No. xxxxxxxx	Pay Type #	

TRAILER SECTION

MOTORCYCLE SECTION

COMPLETE THIS SECTION IF PHYSICAL DAMAGE COVERAGE IS REQUESTED					COMPLETE THIS SECTION IF PYSICAL DAMAGE COVERAGE IS REQUESTED				
VEHICLE NUMBER	YEAR	MAKE	PURCH PRICE	NEW/USED	VEHICLE NUMBER	YEAR	MAKE	VALUE	CC
1					1	####	####	#####	#####
2	####	####	#####	####	2	####	####	#####	#####
3	####	####	#####	####	3	####	####	#####	#####
4	####	####	#####	####	4	####	####	#####	#####
5	####	####	#####	####	5	####	####	#####	#####
6	####	####	#####	####	6	####	####	#####	#####

NOTE - INDICATE COVERAGE ON APPLICATION

NOTE - INDICATE COVERAGE ON APPLICATION

TRUCK AND VAN SECTION

COMPLETE THIS SECTION IF INSURANCE IS TO BE PROVIDED FOR A TRUCK OR VAN

VEHICLE NUMBER	WILL VEHICLE BE USED IN BUSINESS		IF YES, WHAT KIND OF BUSINESS	WHAT WILL BE CARRIED IN THE VEHICLE	WILL THE VEHICLE BE USED FOR			
	YES	NO			RETAIL DELIVERY		WHOLESALE DELIVERY	
1	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	#####	#####	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
2	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	#####	#####	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
3	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	#####	#####	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
4	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	#####	#####	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
5	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	#####	#####	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
6	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	#####	#####	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

TO BE COMPLETED BY SALES MANAGER

EXCEPTIONS

NEW BUSINESS CREDIT YES NO DEC ATTACHED

- Married Homeowner
- Sons and Daughters of Present Policyholder
- Ex-Liberty Mutual Auto Policyholder (no more then 2 yrs.)
- Mass Merch. / Affinity Marketing
- Present Policyholder
- Approved exception

Sales Manager

(SIGNATURE OF MANAGER/SUPERVISOR)

ADDITIONAL STATISTICAL INFORMATION SHEET

APPLICANT'S NAME #####				SEX #	POLICY NUMBER - #####	
SALES REP. NAME (USE VOUCHER STAMP) #####		SALES OFF. NO. ####	SALES REP. NO. #####	CASH #####	DATE RECEIVED #####	HOUR #### #
N/R Code #	1ST YEAR ####	NEW BUS. CODE	POL. CODE ####	(D) RISK ####	HOMEOWNER #YES #NO #####	APPLICANT CARRIES WITH US HO # FIRE # YACHT # BUS.LINES #

UND. APPROVAL WAS OBTAINED PRIOR TO CERTIFICATION, APPROVED BY:

ADDITIONAL INFORMATION

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(1) GARAGE	STREET	DRIVEWAY	CARPORT	LIGHTED PARKING AREA	UNLIGHTED PARKING AREA
VEH(S) #####	VEH(S) #####	VEH(S) #####	VEH(S) #####	VEH(S) #####	VEH(S) #####
(2) # ONE FAMILY DWLG.	# TWO FAMILY DWLG.	# 3-4 FAMILY DWLG.	# APT. COMPLEX	# CONDOMINIUM	

PREVIOUS INSURANCE CARRIER: ##### AND POLICY NUMBER: #####

B. ADDITIONAL INFORMATION TO BE COMPLETED BY APPLICANT

PRESENT EMPLOYMENT EMPLOYER (INSURED I)	#####	POSITION	#####	YEARS	#	MONTHS	#
PREVIOUS EMPLOYMENT EMPLOYER	#####	POSITION	#####	YEARS	#	MONTHS	#
PRESENT EMPLOYMENT EMPLOYER (INSURED II)	#####	POSITION	#####	YEARS	#	MONTHS	#
PREVIOUS EMPLOYMENT EMPLOYER	#####	POSITION	#####	YEARS	#	MONTHS	#
MARITAL STATUS	MARRIED (1) #_ SINGLE (2) #_ SEPARATED (4) #_ DIVORCED (5) #_ WIDOW (9) #_						

TOWING AND LABOR LOSS EXPERIENCE

DURING THE LAST 3 YEARS, HAS ANY INSURANCE COMPANY PAID YOU FOR ANY TOWING AND LABOR LOSS? IF YES, STATE DATE, AMOUNT AND VEHICLE INVOLVED	#####	#####	#####	YES	NO
	#	#	#	#	#

SOURCE #_	MISC. FIELD CODES	MASS. MARKETING - AFFINITY MARKETING
01 = Direct Mail (Contact) 02 = Group 03 = Recommendation 04 = Target The market 05 = Other 06 = Cross Sell (Present Policyholder) 07 = Direct Quote (Lead Generation) 08 = Son or Daughter of existing Policyholder	FAC SB # Undacc # Bind Des # PCP # Und Spec. Hand. #	Client No. ##### Account No. xxxxxxxx Pay Type #

TRAILER SECTION

MOTORCYCLE SECTION

COMPLETE THIS SECTION IF PHYSICAL DAMAGE COVERAGE IS REQUESTED					COMPLETE THIS SECTION IF PYSICAL DAMAGE COVERAGE IS REQUESTED			
VEHICLE NUMBER	YEAR	MAKE	PURCH PRICE	NEW/USED	VEHICLE NUMBER	YEAR	MAKE	CC
1					1	####	####	#####
2	####	####	#####	####	2	####	####	#####
3	####	####	#####	####	3	####	####	#####
4	####	####	#####	####	4	####	####	#####
5	####	####	#####	####	5	####	####	#####
6	####	####	#####	####	6	####	####	#####

NOTE - INDICATE COVERAGE ON APPLICATION

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VEHICLE NUMBER	WILL VEHICLE BE USED IN BUSINESS		IF YES, WHAT KIND OF BUSINESS	WHAT WILL BE CARRIED IN THE VEHICLE	WILL THE VEHICLE BE USED FOR			
	YES	NO			RETAIL DELIVERY		WHOLESALE DELIVERY	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#####	#####	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#####	#####	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#####	#####	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#####	#####	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#####	#####	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#####	#####	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED BY SALES MANAGER

EXCEPTIONS

NEW BUSINESS CREDIT YES NO DEC ATTACHED

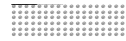
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- Present Policyholder
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Sales Manager

(SIGNATURE OF MANAGER/SUPERVISOR)

LIBERTY MUTUAL GROUP

BOSTON, MASSACHUSETTS



APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER		APPLICANT'S NAME AND RESIDENTIAL ADDRESS AND ZIP				PHONE: #####
PRODUCER CODE		MAIL ADDRESS (IF DIFFERENT)				
BINDER/POLICY #						
EFFECTIVE DATE	EXPIRATION DATE					
OFFICE NUMBER	SALES REP/S NUMBER	DIST CHAN	#	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	CLASS	AUTO 1	SYM #	CLASS	AUTO 2	SYM #
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	# YOURSELF # 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 PERSON	\$ #####
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)	\$ #####	PER ACCIDENT	\$ #####	\$ #####	PER ACCIDENT	\$ #####
OPTIONAL INSURANCE						
5. OPTIONAL BODILY INJURY TO OTHERS: GUEST OCCUPANT	\$ #####	PER PERSON	\$ #####	\$ #####	PER PERSON	\$ #####
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	\$ #####
DRIVING RECORD RATING PLAN	POINTS	###	PREMIUM ADJUSTMENT	POINTS	###	PREMIUM ADJUSTMENT
			PREMIUM	\$ #####		
			ESTIMATED TOTAL PREMIUM	\$ #####		

VEHICLE INFORMATION PRINCIPAL GARAGING	AUTO 1: #####	#####
STREET ADDRESS, CITY OR TOWN, ZIP CODE	AUTO 2: #####	#####

#	YEAR	MAKE AND MODEL, AND IF MOTORCYCLE, CC.	VEHICLE IDENTIFICATION NUMBER	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	MILES AUTO WAS DRIVING IN THE 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)	GROSS VEHICLE WEIGHT FOR PICK-UP OR VAN
1	###	###	###	###	#####	#####
2	###	###	###	###	#####	#####

NOTICE: Evidence of installing 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			DATE FIRST LICENSED			DRIVER TRAINING YES/NO		% OF USE	
			If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.	MASS	OTHER	MOTOR CYCLE	MASS	OTHER	MOTOR CYCLE	YES	NO	AUTO 1
1	#####	#####	#####	###	#####	#####	#####	###	###	###	###	###
2	#####	#####	#####	###	#####	#####	#####	###	###	###	###	###
3	#####	#####	#####	###	#####	#####	#####	###	###	###	###	###
4	#####	#####	#####	###	#####	#####	#####	###	###	###	###	###
5	#####	#####	#####	###	#####	#####	#####	###	###	###	###	###
6	#####	#####	#####	###	#####	#####	#####	###	###	###	###	###

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

DRIVER INFORMATION (CONTINUED) - During the last six years have you or any listed operator:					
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES	NO	D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES	NO
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		
If "YES", please explain: (Any additional incidents should be listed in REMARKS Section.)					
OPER.NO	DESCRIPTION OF INCIDENT		LOCATION 9 (City and State)	DATE	
LICENSE INFORMATION Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention of 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/mv .					
DRIVING RECORD RATING INFORMATION If in the last six years any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to assign Merit Rating points.					
GENERAL INFORMATION - Explain all "yes" responses in the Remarks Section; on Questions 3 -0 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 TRANSORT (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 CANCELLED 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 No., Insurance Company, and Policy No.)			7. IS ANY AUTO EQUIPPED WITH ELECTRONIC EQUIPMENT PERMANENTLY INSTALLED BUT NOT IN LOCATIONS USED BY THE AUTO MANUFACTURER FOR SUCH EQUIPMENT? (If You Wish to Purchase Coverage For these items, list Make, Model, Serial #, Amount of 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 ISSUES 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 AUTO 3 AUTO 4 AUTO 5 AUTO 6			ATTACHMENTS		
10. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7, 8, OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.			ANTI-THEFT DEVICE 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.			APPRAISAL		
<input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A/M/ ON DECEMBER 31ST AND DO NOT RENEW.			APPROVED DRIVER TRAINING CERTIFICATE		
			APPROVED MOTORCYCLE RIDER TRAINING CERT.		
			CUSTOMIZED EQUIPMENT EVIDENCE		
			OPERATOR EXCLUSION FORM		
			OUT-OF-STATE DRIVER RECORD		
			PRE-INSURANCE FORM		
			VEHICLE RECOVERY SYSTEM CERTIFICATE		
REMARKS					
FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.					
DECLARATIONS AND SIGNATURES					
I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION AND ACCIDENT OR CLAIM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.					
_____ 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					

LIBERTY MUTUAL GROUP

BOSTON, MASSACHUSETTS



APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER		APPLICANT'S NAME AND RESIDENTIAL ADDRESS AND ZIP				PHONE: #####
PRODUCER CODE		MAIL ADDRESS (IF DIFFERENT)				
BINDER/POLICY #						
EFFECTIVE DATE	EXPIRATION DATE					
OFFICE NUMBER	SALES REP/S NUMBER	DIST.CHAN	#	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	CLASS ###	AUTO 1	SYM #	CLASS ###	AUTO 2	SYM #
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 # YOURSELF \$ ##### DED # YOURSELF AND HOUSEHOLD MEMBERS		\$ #####	\$ 8,000 PER PERSON # YOURSELF \$ ##### DED # YOURSELF AND HOUSEHOLD MEMBERS		\$ #####
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$ 20,000/\$ 40,000)	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)	\$ ##### PER ACCIDENT		\$ #####	\$ ##### PER ACCIDENT		\$ #####
OPTIONAL INSURANCE						
5. OPTIONAL BODILY INJURY TO OTHERS: GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE ###	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####
6. MEDICAL PAYMENTS	\$ ##### PER PERSON		\$ #####	\$ ##### PER PERSON		\$ #####
7. COLLISION ACV # WAIVER OF DEDUCTIBLE	\$ ##### DED		\$ #####	\$ ##### DED		\$ #####
8. LIMITED COLLISION ACV #	\$ ##### DED		\$ #####	\$ ##### DED		\$ #####
9. COMPREHENSIVE ACV # \$ 100 GLASS DEDUCTIBLE	\$ ##### DED		\$ #####	\$ ##### DED		\$ #####
10. SUBSTITUTE TRANSPORTATION	UP TO \$ ##### A DAY, MAXIMUM \$ #####		\$ #####	UP TO \$ ##### A DAY, MAXIMUM \$ #####		\$ #####
11. TOWING AND LABOR	UP TO \$ ##### FOR EACH DISABLEMENT		\$ #####	UP TO \$ ##### FOR EACH DISABLEMENT		\$ #####
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####
DRIVING RECORD RATING PLAN	POINTS ### PREMIUM ADJUSTMENT		\$ #####	POINTS ### PREMIUM ADJUSTMENT		\$ #####
			PREMIUM \$ #####			\$ #####
			ESTIMATED TOTAL PREMIUM \$ #####			

VEHICLE INFORMATION PRINCIPAL GARAGING STREET ADDRESS, CITY OR TOWN, ZIP CODE	AUTO 1: #####	#####	#####
	AUTO 2: #####	#####	#####

#	YEAR	MAKE AND MODEL	VEHICLE IDENTIFICATION NUMBER	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	MILES AUTO WAS DRIVING IN THE 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)	GROSS VEHICLE WEIGHT FOR PICK-UP OR VAN
1	###	###	###	###	#####	#####
2	###	###	###	###	#####	#####

NOTICE: Evidence of installing an anti-theft device or a vehicle recovery system is required to receive a discount for Part 9, Comprehensive. If your auto is not equipped with an anti-theft device or a vehicle recovery system and your auto is on the High-Theft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

DRIVER INFORMATION - Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a Household Member. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

#	OPERATOR NAME	DATE OF BIRTH	CURRENT DRIVER'S LICENSE # / LICENSED STATE If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.	DATE FIRST LICENSED			DRIVER TRAINING YES/NO	% OF USE	
				MASS	OTHER	MOTOR CYCLE		AUTO 1	AUTO 2
1	#####	#####	#####	#####	#####	#####	###	###	###
2	#####	#####	#####	#####	#####	#####	###	###	###
3	#####	#####	#####	#####	#####	#####	###	###	###
4	#####	#####	#####	#####	#####	#####	###	###	###
5	#####	#####	#####	#####	#####	#####	###	###	###
6	#####	#####	#####	#####	#####	#####	###	###	###

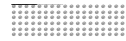
NOTICE: It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or 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

DRIVER INFORMATION (CONTINUED) - During the last six years have you or any listed operator:					
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES	NO	D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES	NO
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		
If "YES", please explain: (Any additional incidents should be listed in REMARKS Section.)					
OPER.NO	DESCRIPTION OF INCIDENT			LOCATION 9 (City and State)	DATE
LICENSE INFORMATION Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention of 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/mv .					
DRIVING RECORD RATING INFORMATION If in the last six years any listed operator had a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to assign Merit Rating points.					
GENERAL INFORMATION - Explain all "yes" responses in the Remarks Section; on Questions 3 -0 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 TRANSORT (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 CANCELLED 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 No., Insurance Company, and Policy No.)			7. IS ANY AUTO EQUIPPED WITH ELECTRONIC EQUIPMENT PERMANENTLY INSTALLED BUT NOT IN LOCATIONS USED BY THE AUTO MANUFACTURER FOR SUCH EQUIPMENT? (If You Wish to Purchase Coverage For these items, list Make, Model, Serial #, Amount of 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 ISSUES 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 AUTO 3 AUTO 4 AUTO 5 AUTO 6			ATTACHMENTS		
10. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7, 8, OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.			ANTI-THEFT DEVICE 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.			APPRAISAL		
<input type="checkbox"/> TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A/M/ ON DECEMBER 31ST AND DO NOT RENEW.			APPROVED DRIVER TRAINING CERTIFICATE		
			APPROVED MOTORCYCLE RIDER TRAINING CERT.		
			CUSTOMIZED EQUIPMENT EVIDENCE		
			OPERATOR EXCLUSION FORM		
			OUT-OF-STATE DRIVER RECORD		
			PRE-INSURANCE FORM		
			VEHICLE RECOVERY SYSTEM CERTIFICATE		
REMARKS					
FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.					
DECLARATIONS AND SIGNATURES					
I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE. I UNDERSTAND THAT THE COMPANY MAY EXCHANGE PAYMENT OF PREMIUM INFORMATION AND ACCIDENT OR CLAIM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.					
_____ 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					

LIBERTY MUTUAL GROUP

BOSTON, MASSACHUSETTS



APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER		APPLICANT'S NAME AND RESIDENTIAL ADDRESS AND ZIP				PHONE: #####
PRODUCER CODE		MAIL ADDRESS (IF DIFFERENT)				
BINDER/POLICY #						
EFFECTIVE DATE	EXPIRATION DATE					
OFFICE NUMBER	SALES REP/S NUMBER	DIST CHAN	#	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	CLASS	AUTO 1	SYM #	CLASS	AUTO 2	SYM #
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	# YOURSELF # 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 PERSON	\$ #####
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)	\$ #####	PER ACCIDENT	\$ #####	\$ #####	PER ACCIDENT	\$ #####
OPTIONAL INSURANCE						
5. OPTIONAL BODILY INJURY TO OTHERS: GUEST OCCUPANT	\$ #####	PER PERSON	\$ #####	\$ #####	PER PERSON	\$ #####
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	\$ #####
DRIVING RECORD RATING PLAN	POINTS	###	PREMIUM ADJUSTMENT	POINTS	###	PREMIUM ADJUSTMENT
			PREMIUM	\$ #####		
			ESTIMATED TOTAL PREMIUM	\$ #####		

VEHICLE INFORMATION PRINCIPAL GARAGING	AUTO 1: #####	AUTO 2: #####
STREET ADDRESS, CITY OR TOWN, ZIP CODE	#####	#####

#	YEAR	MAKE AND MODEL, AND IF MOTORCYCLE, CC.	VEHICLE IDENTIFICATION NUMBER	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	MILES AUTO WAS DRIVING IN THE 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)	GROSS VEHICLE WEIGHT FOR PICK-UP OR VAN
1	###	###	###	###	#####	#####
2	###	###	###	###	#####	#####

NOTICE: Evidence of installing an anti-theft device or a vehicle recovery system is required to receive a discount for Part 9, Comprehensive. If your auto is not equipped with an anti-theft device or a vehicle recovery system and your auto is on the High-Theft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

DRIVER INFORMATION - Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a Household Member. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

#	OPERATOR NAME	DATE OF BIRTH	CURRENT DRIVER'S LICENSE # / LICENSED STATE If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.	DATE FIRST LICENSED			DRIVER TRAINING YES/NO	% OF USE	
				MASS	OTHER	MOTOR CYCLE		AUTO 1	AUTO 2
1	#####	#####	#####	#####	#####	#####	###	###	###
2	#####	#####	#####	#####	#####	#####	###	###	###
3	#####	#####	#####	#####	#####	#####	###	###	###
4	#####	#####	#####	#####	#####	#####	###	###	###
5	#####	#####	#####	#####	#####	#####	###	###	###
6	#####	#####	#####	#####	#####	#####	###	###	###

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

LIBERTY MUTUAL GROUP

BOSTON, MASSACHUSETTS



#####

APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER		APPLICANT'S NAME AND RESIDENTIAL ADDRESS AND ZIP				PHONE: #####
PRODUCER CODE		#####				#####
BINDER/POLICY # #####		#####				#####
EFFECTIVE DATE #####	EXPIRATION DATE #####	MAIL ADDRESS (IF DIFFERENT) #####				#####
OFFICE NUMBER ###	SALES REP/S NUMBER #####	DIST.CHAN ###	#	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		CLASS ###	AUTO 1	SYM #	CLASS ###	AUTO 2	SYM #
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 # YOURSELF \$ ##### DED # YOURSELF AND HOUSEHOLD MEMBERS		\$ #####	\$ 8,000 PER PERSON # YOURSELF \$ ##### DED # YOURSELF AND HOUSEHOLD MEMBERS		\$ #####
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$ 20,000/\$ 40,000)		\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)		\$ ##### PER ACCIDENT		\$ #####	\$ ##### PER ACCIDENT		\$ #####
OPTIONAL INSURANCE							
5. OPTIONAL BODILY INJURY TO OTHERS: GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE ###		\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####
6. MEDICAL PAYMENTS		\$ ##### PER PERSON		\$ #####	\$ ##### PER PERSON		\$ #####
7. COLLISION ACV	#	WAIVER OF DEDUCTIBLE \$ ##### DED	#	WAIVER OF DEDUCTIBLE \$ ##### DED			\$ #####
8. LIMITED COLLISION ACV		\$ ##### DED		\$ ##### DED			\$ #####
9. COMPREHENSIVE ACV	#	\$ 100 GLASS DEDUCTIBLE \$ ##### DED	#	\$ 100 GLASS DEDUCTIBLE \$ ##### DED			\$ #####
10. SUBSTITUTE TRANSPORTATION		UP TO \$ ##### A DAY, MAXIMUM \$ #####		\$ #####	UP TO \$ ##### A DAY, MAXIMUM \$ #####		\$ #####
11. TOWING AND LABOR		UP TO \$ ##### FOR EACH DISABLEMENT		\$ #####	UP TO \$ ##### FOR EACH DISABLEMENT		\$ #####
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO		\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####	\$ ##### PER PERSON \$ ##### PER ACCIDENT		\$ #####
DRIVING RECORD RATING PLAN		POINTS ### PREMIUM ADJUSTMENT \$ #####		\$ #####	POINTS ### PREMIUM ADJUSTMENT \$ #####		\$ #####
ESTIMATED TOTAL PREMIUM \$ #####				#####			

VEHICLE INFORMATION PRINCIPAL GARAGING STREET ADDRESS, CITY OR TOWN, ZIP CODE	AUTO 1: #####	#####	#####
	AUTO 2: #####	#####	#####

#	YEAR	MAKE AND MODEL	VEHICLE IDENTIFICATION NUMBER	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	MILES AUTO WAS DRIVING IN THE 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)			GROSS VEHICLE WEIGHT FOR PICK-UP OR VAN
1	###	###	###	###	#####			#####
2	###	###	###	###	#####			#####

NOTICE: Evidence of installing an anti-theft device or a vehicle recovery system is required to receive a discount for Part 9, Comprehensive. If your auto is not equipped with an anti-theft device or a vehicle recovery system and your auto is on the High-Theft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

DRIVER INFORMATION - Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a Household Member. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

#	OPERATOR NAME	DATE OF BIRTH	CURRENT DRIVER'S LICENSE # / LICENSED STATE If licensed in another state or country within the last 6 years, also indicate that state or country and the license number.	DATE FIRST LICENSED			DRIVER TRAINING YES/NO	% OF USE	
				MASS	OTHER	MOTOR CYCLE		AUTO 1	AUTO 2
1	#####	#####	#####	#####	#####	#####	###	###	###
2	#####	#####	#####	#####	#####	#####	###	###	###
3	#####	#####	#####	#####	#####	#####	###	###	###
4	#####	#####	#####	#####	#####	#####	###	###	###
5	#####	#####	#####	#####	#####	#####	###	###	###
6	#####	#####	#####	#####	#####	#####	###	###	###

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