



Application for Massachusetts Motor Vehicle Insurance

[Company Name]

Date: XX/XX/XXXX



INSURANCE INFORMATION

Named Insured: First Last Name
First Last Name

Mailing Address: Street Name
City State Zip Code

Policy Number: 123-456-789012-34-5 6

Policy Effective From: mm/dd/yyyy to mm/dd/yyyy

| | |
|---|-------------------|
| Total [Policy Term] Premium: | \$1,631.00 |
| This is not your auto insurance bill. You will be billed separately. | |
| Down Payment Amount: \$ | |

<This area serves as a placeholder for the Liberty Advantage Plus or Liberty Advantage Endorsement message>

Coverage Information

The • in the chart below represents the coverages you have purchased.

| COVERAGE SELECTED: | LIMITS | VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|--|---------------------|-------|-------|-------|-------|-------|-------|
| PARTS 1-12 | | | | | | | |
| COMPULSORY INSURANCE | | | | | | | |
| 1. Bodily Injury to Others | 20000/40000 | | | | | | |
| 2. Personal Injury Protection | 8000 | | | | | | |
| Deductible | | | | | | | |
| Yourself | | | | | | | |
| Yourself & household members | | | | | | | |
| 3. Bodily Injury Caused by an Uninsured Auto (Compulsory Limits \$20/\$40) | 20000/40000 | | | | | | |
| 4. Damage to Someone Else's Property (Compulsory Limit \$5,000) | 25000 | | | | | | |
| OPTIONAL INSURANCE | | | | | | | |
| 5. Optional Bodily Injury to Others: <Guest Occupant Exclusion for Motorcycle> | 50000/100000 Yes | | | | | | |
| 6. Medical Payments | 1000 | | | | | | |
| 7. Collision | ACV | | | | | | |
| Deductible | | | | | | | |
| Waiver of Deductible | <Yes> | | | | | | |
| 8. Limited Collision | ACV | | | | | | |
| Deductible | | | | | | | |
| 9. Comprehensive | ACV | | | | | | |
| Deductible | | | | | | | |
| Deductible: Glass | | | | | | | |
| <Employee Parking Guard> | | | | | | | |



ACTION REQUIRED:

Enclosed is a postage-paid envelope. Please sign, date and return all pages of the "Sign and Return" forms within 10 days to:

Liberty Mutual
Address
City State Zip
Fax



CONTACT US

For questions, please call us at <1-XXX-XXX-XXXX>

Sales Rep Name
Title
License Number

Sign & Return

SIGN AND RETURN

Continue reading for additional policy information and to review and sign the Applicant Authorization & Acknowledgement.



Application for Massachusetts Motor Vehicle Insurance

Coverage Information *(continued)*

The • in the chart below represents the coverages you have purchased.

| COVERAGE SELECTED: PARTS 1-12 | LIMITS | VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|----------------------------------|--------|-------|-------|-------|-------|-------|-------|
| | | | | | | | |

OPTIONAL INSURANCE *(continued)*

| | | |
|--|-------------------------------------|-------|
| 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 | 20000/40000 | _____ |

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.

Driver Information

| DRIVER NAME | YEAR OF BIRTH | DATE FIRST LICENSED | |
|--------------------|---------------|---------------------|------------|
| | | Auto | Motorcycle |
| #1 First Last Name | YYYY | MM/YYYY | MM/YYYY |

Please review drivers listed above to ensure all members of the household age 16+ are listed on the application. To ensure proper coverage, contact us to add drivers not listed.

Vehicles Covered by Your Policy

| VEH | YEAR | MAKE | MODEL | ANNUAL MILEAGE | LIC. PLATE | VEHICLE ID NUMBER | GARAGING CITY, STATE | REGISTERED OWNER |
|-----|------|------|-------|----------------|------------|-------------------|----------------------|------------------|
| #1 | | | | | | | | |
| #1 | | | | | | | | |

Only the vehicles listed above have coverage under this policy. Each vehicle has the coverage indicated in the above coverage information chart. Each vehicle must be owned or leased by a named insured. To ensure proper coverage, please contact us to add vehicles not listed.

Driver(s) excluded from Veh 1 are: X, X, X, X.

Driver(s) excluded from Veh 2 are: X, X, X, X.

Sign & Return

SIGN AND RETURN



Application for Massachusetts Motor Vehicle Insurance

Trailer Coverage Information

| YEAR | MAKE | MODEL | SERIAL NUMBER | NEW/USED | PURCHASED PRICE |
|------|------|-------|---------------|----------|-----------------|
|------|------|-------|---------------|----------|-----------------|

Prior Carrier Information

| CARRIER NAME | EXPIRATION DATE |
|--------------|-----------------|
|--------------|-----------------|

Additional Information for Vehicles Covered by Your Policy

| | VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|----------------------|--------|--------|-------|-------|-------|-------|
| DRIVER RECORD POINTS | <99> | <99> | | | | |
| CLASS | <10> | <10> | | | | |
| CC | <1000> | <1000> | | | | |

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 .

Sign & Return

SIGN AND RETURN



Application for Massachusetts Motor Vehicle Insurance

Customer Information

Explain all "yes" responses in the Remarks Section; on Questions 6-14 include the auto number.

- 1. During the last six years have you or any listed operator been involved in any motor vehicle accident or been found guilty of any moving violation? Yes No
- 2. During the last six years have you or any listed operator been convicted of vehicular homicide, auto related fraud, auto theft, or driving under the influence of alcohol or drugs? Yes No
- 3. Have you or anyone in the household had his or her license suspended or revoked in the last six years? Yes No
- 4. Have you or any listed operator had two or more total fire or total theft claims in the last six years? Yes No
- 5. Have you or any listed operator received payment from an insurance company for any comprehensive claim in the last six years? Yes No
- 6. Are any listed operators included on another policy or do they have their own Massachusetts personal automobile policy? Yes No
- 7. Do you presently owe any motor vehicle premium, payable in the last twelve months? Yes No
- 8. Has your automobile insurance policy been cancelled or non-renewed for any reason in the last three years? Yes No
- 9. Is any auto used to transport (to or from work or school):
 - A. Fellow employees, passengers or students, for a fee? Yes No
 - B. Persons employed by you? Yes No
- 10. Is any auto used in business? (Type of business) Yes No
 <A. If van/pick-up, is it used to deliver/transport goods?> Yes No
- 11. Is gross vehicle weight 10,000 pounds or more? Yes No
- 12. If any auto(s) to be insured is titled with a salvage title issued by the Massachusetts 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
- 13. 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) Yes No
- 14. If this application is for a motorcycle, trailer or recreational vehicle, an annual policy will be issued unless indicated below:
 - Motorcycle only – issue my policy to expire at 12:01 A/M/ on January 1st and do not renew.
 - Trailer or recreational vehicle - issue my policy to expire at 12:01 A/M/ on December 31st and do not renew.

REMARKS:

Sign & Return

SIGN AND RETURN



Application for Massachusetts Motor Vehicle Insurance

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.

Fraud Statement

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.

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.

Coverage provided and underwritten by [COMPANY NAME], Boston MA.

SIGN & DATE

Signature of Named Insured 1

Date and Time

SIGN & DATE

Signature of Named Insured 2

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

Sales office 123A
Agent/Rep 1234
Distribution 1
110

Sign & Return

SIGN AND RETURN

LIBERTY MUTUAL GROUP

BOSTON, MASSACHUSETTS



APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

| | | | | | | |
|-------------------------------------|-----------------------------------|--------------------------------------|--|---|--|---------------------------|
| PRODUCER | | | APPLICANT'S NAME AND RESIDENTIAL ADDRESS AND ZIP XXXXXXXX XXXXXXXX | | | |
| PRODUCER CODE | | | 999 XXXXX XXXXXX XX XXX 99 XXXXXXXX MA 99999-9999 | | | |
| BINDER/POLICY # | | | MAIL ADDRESS 999 XXXXX XXXXXX XX XXX 99 (IF DIFFERENT) XXXXXXXX MA 99999-9999 | | | |
| EFFECTIVE DATE 04/20/2011 | | EXPIRATION DATE 04/20/2012 | | | | |
| OFFICE NUMBER 0412 | SALES REP/S NUMBER 0000 | DIST CHAN 006 | DIRECT BILL AGENCY BILL | PAYMENT PLAN EFT Monthly - MM | | 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 010 | AUTO 1 | SYM 12 | CLASS 010 | AUTO 2 | SYM 14 |
|--|---|---|------------|---|---|------------|
| COMPULSORY INSURANCE | LIMITS/DEDUCTIBLE | | PREMIUM | LIMITS/DEDUCTIBLE | | PREMIUM |
| 1. BODILY INJURY TO OTHERS | \$ 20,000 PER PERSON/\$ 40,000 PER ACCIDENT | | \$ 151.00 | \$ 20,000 PER PERSON/\$ 40,000 PER ACCIDENT | | \$ 151.00 |
| 2. PERSONAL INJURY PROTECTION | \$ 8,000 PER PERSON | YOURSELF X YOURSELF AND HOUSEHOLD MEMBERS | \$ 41.00 | \$ 8,000 PER PERSON | YOURSELF X YOURSELF AND HOUSEHOLD MEMBERS | \$ 41.00 |
| 3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$ 20,000/\$ 40,000) | \$ 20,000 | PER PERSON | \$ 7.00 | \$ 20,000 | PER PERSON | \$ 7.00 |
| 4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000) | \$ 40,000 | PER ACCIDENT | | \$ 40,000 | PER ACCIDENT | |
| | \$ 25,000 | PER ACCIDENT | \$ 205.00 | \$ 25,000 | PER ACCIDENT | \$ 205.00 |
| OPTIONAL INSURANCE | | | | | | |
| 5. OPTIONAL BODILY INJURY TO OTHERS: GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE | \$ 50,000 | PER PERSON | \$ 49.00 | \$ 50,000 | PER PERSON | \$ 49.00 |
| | \$ 100,000 | PER ACCIDENT | | \$ 100,000 | PER ACCIDENT | |
| 6. MEDICAL PAYMENTS | | PER PERSON | | | PER PERSON | |
| 7. COLLISION ACV | X WAIVER OF DEDUCTIBLE | \$ 300 DED | \$ 366.00 | X WAIVER OF DEDUCTIBLE | \$ 300 DED | \$ 406.00 |
| 8. LIMITED COLLISION ACV | | \$ DED | | | \$ DED | |
| 9. COMPREHENSIVE ACV | \$ 100 GLASS DEDUCTIBLE | \$ 300 DED | \$ 100.00 | \$ 100 GLASS DEDUCTIBLE | \$ 300 DED | \$ 112.00 |
| 10. SUBSTITUTE TRANSPORTATION | UP TO \$ | A DAY, MAXIMUM \$ | | UP TO \$ | A DAY, MAXIMUM \$ | |
| 11. TOWING AND LABOR | UP TO \$ | 100 FOR EACH DISABLEMENT | \$ 12.00 | UP TO \$ | 100 FOR EACH DISABLEMENT | \$ 12.00 |
| 12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO | \$ 20,000 | PER PERSON | \$ N/C | \$ 20,000 | PER PERSON | \$ N/C |
| | \$ 40,000 | PER ACCIDENT | | \$ 40,000 | PER ACCIDENT | |
| DRIVING RECORD RATING PLAN | POINTS 99 | PREMIUM ADJUSTMENT | \$ -138.00 | POINTS 99 | PREMIUM ADJUSTMENT | \$ -145.00 |
| | | PREMIUM | \$ 793.00 | | PREMIUM | \$ 838.00 |
| ESTIMATED TOTAL PREMIUM \$ 1,631.00 | | | | | | |

| | | | |
|---|------------------------------------|----------|---------------|
| VEHICLE INFORMATION PRINCIPAL GARAGING | AUTO 1: 999 XXXXX XXXXXX XX XXX 99 | XXXXXXXX | MA 99999-9999 |
| STREET ADDRESS, CITY OR TOWN, ZIP CODE | AUTO 2: 999 XXXXX XXXXXX XX XXX 99 | XXXXXXXX | MA 99999-9999 |

| # | YEAR | MAKE, 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 | 2007 | HOND ACCORD | | | 05/2010 | | 3500 | 22500 |
| 2 | 2007 | NSSN SENTRA | | | 03/2007 | | 3500 | 23500 |

| # | 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 | Yes | Yes | No | No | | 0 |
| 2 | Yes | Yes | No | No | XX XXXXXX XXXXX XXXX XXXX XXXXXX TX 99999-9999 | 0 |

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 and 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 | XXXXXXXX XXXXXXXX | | MA | 11/95 | | | No | 100 | 100 |
| 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

| | | | | | |
|--|-----|----|--|-----|----|
| 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 |
| | | X | | | X |
| B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM? | | X | E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM? | X | |
| C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS? | | X | F. HAD YOUR LICENSE REVOKED OR SUSPENDED? | | X |

If "YES", please explain: (Any additional incidents should be listed in REMARKS Section.)

| OPER.NO | DESCRIPTION OF INCIDENT | LOCATION 9 (City and State) | DATE |
|---------|-------------------------|-----------------------------|------------|
| 1 | | RI | 03/04/2007 |
| 1 | | Brighton MA | 09/01/2010 |

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 TRANSPORT (To or From Work or School): A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE? B. PERSONS EMPLOYED BY YOU? | YES | NO |
| | | X | | | X |
| 2. HAS YOUR AUTOMOBILE INSURANCE POLICY BEEN CANCELLED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE YEARS? | | X | 6. IS ANY VAN OR PICK-UP EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (If Yes, You May Wish to Purchase Additional Coverage.) | | X |
| 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.) | | X | 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). | | X |
| 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? | | X |
| | | | | | X |
| | | | | | X |

| | |
|--|--|
| 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 |
| | 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 XXXXXXXX XXXXXXXX [REDACTED] Date 12/26/1998

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.
XXXXXXXX XXXXXXXX

Applicant's Name



Application for Massachusetts Motor Vehicle Insurance

[Company Name]

Date: XX/XX/XXXX



INSURANCE INFORMATION

Named Insured: First Last Name
First Last Name

Mailing Address: Street Name
City State Zip Code

Policy Number: 123-456-789012-34-5 6

Policy Effective From: mm/dd/yyyy to mm/dd/yyyy

Total [Policy Term] Premium: **\$1,631.00**

This is not your auto insurance bill. You will be billed separately.

Down Payment Amount: \$

<This area serves as a placeholder for the Liberty Advantage Plus or Liberty Advantage Endorsement message>

Coverage Information

The * in the chart below represents the coverages you have purchased.

| COVERAGE SELECTED: | LIMITS | VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|--|---------------|-------|-------|-------|-------|-------|-------|
| PARTS 1-12 | | | | | | | |
| COMPULSORY INSURANCE | | | | | | | |
| 1. Bodily Injury to Others | 20/40 | | | | | | |
| 2. Personal Injury Protection | 8000 | | | | | | |
| Deductible | | | | | | | |
| Yourself | | | | | | | |
| Yourself & household members | | | | | | | |
| 3. Bodily Injury Caused by an Uninsured Auto (Compulsory Limits \$20/\$40) | 20/40 | | | | | | |
| 4. Damage to Someone Else's Property (Compulsory Limit \$5,000) | 25000 | | | | | | |
| OPTIONAL INSURANCE | | | | | | | |
| 5. Optional Bodily Injury to Others: <Guest Occupant Exclusion for Motorcycle> | 50/100 Yes | | | | | | |
| 6. Medical Payments | 1000 | | | | | | |
| 7. Collision | ACV | | | | | | |
| Deductible | | | | | | | |
| Waiver of Deductible | <Yes> | | | | | | |
| 8. Limited Collision | ACV | | | | | | |
| Deductible | | | | | | | |
| 9. Comprehensive | ACV | | | | | | |
| Deductible | | | | | | | |
| Deductible: Glass | | | | | | | |
| <Employee Parking Guard> | | | | | | | |



ACTION REQUIRED:

Enclosed is a postage-paid envelope. Please sign, date and return all pages of the "Sign and Return" forms within 10 days to:

Liberty Mutual
Address
City State Zip
Fax



CONTACT US

For questions, please call us at <1-XXX-XXX-XXXX>

Sales Rep Name
Title
License Number

Sign & Return

SIGN AND RETURN

Continue reading for additional policy information and to review and sign the Applicant Authorization & Acknowledgement.



Application for Massachusetts Motor Vehicle Insurance

Coverage Information *(continued)*

The • in the chart below represents the coverages you have purchased.

| COVERAGE SELECTED: | LIMITS | VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|--------------------|--------|-------|-------|-------|-------|-------|-------|
| PARTS 1 -12 | | | | | | | |

OPTIONAL INSURANCE *(continued)*

| | | |
|--|-------------------------------------|--|
| 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 | 20/40 | |

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.

Driver Information

| DRIVER NAME | YEAR OF BIRTH | DATE FIRST LICENSED | |
|--------------------|---------------|---------------------|------------|
| | | Auto | Motorcycle |
| #1 First Last Name | YYYY | MM/YYYY | MM/YYYY |

Please review drivers listed above to ensure all members of the household age 16+ are listed on the application. To ensure proper coverage, contact us to add drivers not listed.

Vehicles Covered by Your Policy

| VEH | YEAR | MAKE | MODEL | ANNUAL MILEAGE | LIC. PLATE | VEHICLE ID NUMBER | GARAGING CITY, STATE | REGISTERED OWNER |
|-----|------|------|-------|----------------|------------|-------------------|----------------------|------------------|
| #1 | | | | | | | | |

Only the vehicles listed above have coverage under this policy. Each vehicle has the coverage indicated in the above coverage information chart. Each vehicle must be owned or leased by a named insured. To ensure proper coverage, please contact us to add vehicles not listed.

Driver(s) excluded from Veh 1 are: X, X, X, X.

Driver(s) excluded from Veh 2 are: X, X, X, X.

Sign & Return

SIGN AND RETURN



Application for Massachusetts Motor Vehicle Insurance

Trailer Coverage Information

| YEAR | MAKE | MODEL | SERIAL NUMBER | NEW/USED | PURCHASED PRICE |
|------|------|-------|---------------|----------|-----------------|
| | | | | | |

Prior Carrier Information

| CARRIER NAME | EXPIRATION DATE |
|--------------|-----------------|
| | |

Additional Information for Vehicles Covered by Your Policy

| | VEH 1 | VEH 2 | VEH 3 | VEH 4 | VEH 5 | VEH 6 |
|----------------------|--------|--------|-------|-------|-------|-------|
| DRIVER RECORD POINTS | <99> | <99> | | | | |
| CLASS | <10> | <10> | | | | |
| CC | <1000> | <1000> | | | | |

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

Sign & Return

SIGN AND RETURN



Application for Massachusetts Motor Vehicle Insurance

Customer Information

Explain all "yes" responses in the Remarks Section; on Questions 3-10 include the auto number.

- 1. During the last six years have you or any listed operator been involved in any motor vehicle accident or been found guilty of any moving violation? Yes No
- 2. During the last six years have you or any listed operator been convicted of vehicular homicide, auto related fraud, auto theft, or driving under the influence of alcohol or drugs? Yes No
- 3. Have you or anyone in the household had his or her license suspended or revoked in the last six years? Yes No
- 4. Have you or any listed operator had two or more total fire or total theft claims in the last six years? Yes No
- 5. Have you or any listed operator received payment from an insurance company for any comprehensive claim in the last six years? Yes No
- 6. Are any listed operators included on another policy or do they have their own Massachusetts personal automobile policy? Yes No
- 7. Do you presently owe any motor vehicle premium, payable in the last twelve months? Yes No
- 8. Has your automobile insurance policy been cancelled or non-renewed for any reason in the last three years? Yes No
- 9. 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) Yes No
- 10. Is any auto used to transport (to or from work or school):
 - A. Fellow employees, passengers or students, for a fee? Yes No
 - B. Persons employed by you? Yes No
- 11. Is any auto used in business? (Type of business) Yes No
 <A. If van/pick-up, is it used to deliver/transport goods?> Yes No
- 12. Is gross vehicle weight 10,000 pounds or more? Yes No
- 13. If any auto(s) to be insured is titled with a salvage title issued by the Massachusetts 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
- 14. If this application is for a motorcycle, trailer or recreational vehicle, an annual policy will be issued unless indicated below:
 - Motorcycle only – issue my policy to expire at 12:01 A/M/ on January 1st and do not renew.
 - Trailer or recreational vehicle - issue my policy to expire at 12:01 A/M/ on December 31st and do not renew.

REMARKS:



SIGN AND RETURN



Application for Massachusetts Motor Vehicle Insurance

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.

Fraud Statement

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.

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.

Coverage provided and underwritten by [COMPANY NAME], Boston MA.



| | |
|------------------------------|---------------|
| _____ | _____ |
| Signature of Named Insured 1 | Date and Time |
| _____ | _____ |
| Signature of Named Insured 2 | 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

Sales office 123A
Agent/Rep 1234
Distribution 1
110

