

<b>APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE</b>															
COMPANY				APPLICANT'S NAME AND RESIDENTIAL ADDRESS (INC ZIP)						PHONE:					
PRODUCER				CODE:											
BINDER/POLICY#:															
EFFECTIVE DATE				EXPIRATION DATE				MAIL ADDRESS (IF DIFFERENT)							
COMPANY USE				DIRECT BILL		PAYMENT PLAN				DEPOSIT PREMIUM					
				AGENCY BILL						\$					
COVERAGE INFORMATION: Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused by An Uninsured Auto, Bodily Injury Caused By An Underinsured Auto at limits up to \$35,000 each person, \$80,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or canceled in certain situations as provided for in the law. Part 11, Towing and Labor Coverage is available at the option of the Company.															
COVERAGES: PARTS 1-12			AUTO 1					AUTO 2							
COMPULSORY INSURANCE			LIMITS/DEDUCTIBLE				PREMIUM		LIMITS/DEDUCTIBLE				PREMIUM		
1. BODILY INJURY TO OTHERS			\$20,000 PER PERSON/\$40,000 PER ACCIDENT				\$		\$20,000 PER PERSON/\$40,000 PER ACCIDENT				\$		
2. PERSONAL INJURY PROTECTION			\$8,000 PER PERSON \$ DED		YOURSELF YOURSELF & HOUSEHOLD MEMBERS		\$		\$8,000 PER PERSON \$ DED		YOURSELF YOURSELF & 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 \$			DAILY \$		MAX \$		\$		DAILY \$		MAX \$		\$		
11. TOWING AND LABOR UP TO \$			PER DISABLEMENT				\$		PER DISABLEMENT				\$		
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO			\$ PER PERSON \$ PER ACCIDENT				\$		\$ PER PERSON \$ PER ACCIDENT				\$		
SAFE DRIVER INSURANCE PLAN (SDIP) STEP #:			PREMIUM ADJUSTMENT				\$		STEP #:			PREMIUM ADJUSTMENT		\$	
			PREMIUM*				\$					PREMIUM*		\$	
*SUBJECT TO SAFE DRIVER CREDIT OR SURCHARGE							ESTIMATED TOTAL PREMIUM \$								
VEHICLE INFORMATION: PRINCIPAL GARAGING (CITY/TOWN & ZIP) -												AUTO 1:		AUTO 2:	
#	YR	MAKE, MODEL AND MOTORCYCLE CC				VEHICLE IDENTIFICATION NUMBER				REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	EST ANNUAL MILEAGE	ODOMETER READING	
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)								DATE OF FINAL PAYMENT		
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 info for applicant & each individual who customarily operates auto(s) whether or not a household member															
#	OPERATOR NAME			DATE OF BIRTH	DRIVER'S LICENSE #/LICENSED STATE (If previously licensed in another state, indicate the state and the state license number in REMARKS)				DATE FIRST LICENSED MASS OTHER		APPR DRIVER TRAIN YES/NO	OWNER AUTO 1 YES/NO AUTO 2 YES/NO		% OF USE AUTO 1 AUTO 2	
1															
2															
3															
4															
5															
6															
Your failure to list a household member may have very serious consequences. We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would be assigned a higher rating step under the Safe Driver Insurance Plan.															
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