

ACORD™

APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

COMPANY

Company Name

PRODUCER

Producer Code

BINDER/POLICY#:

EFFECTIVE DATE

Binder/Policy Number

EXPIRATION DATE

Producer Code

COMPANY USE

12/25/2025

X

DIRECT BILL

PAYMENT PLAN

Payment Plan

DEPOSIT PREMIUM

\$ 12,345.67

APPLICANT'S NAME AND RESIDENTIAL ADDRESS (INC ZIP)

PHONE: (555) 444-3333

123 Main St, San Francisco CA, 94106

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

COMPULSORY INSURANCE

1. BODILY INJURY TO OTHERS

\$20,000 PER PERSON/\$40,000 PER ACCIDENT

\$ 12,345.67

2. PERSONAL INJURY PROTECTION

\$8,000 PER PERSON

\$ 12,345.67

3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)

\$ 12,345.67

4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)

\$ 12,345.67

OPTIONAL INSURANCE

5. OPTIONAL BODILY INJURY TO OTHERS: GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE

\$ 12,345.67

6. MEDICAL PAYMENTS

\$ 12,345.67

7. COLLISION

\$ 12,345.67

8. LIMITED COLLISION

\$ 12,345.67

9. COMPREHENSIVE

\$ 12,345.67

10. SUBSTITUTE TRANSPORTATION

\$ 12,345.67

11. TOWING AND LABOR

\$ 12,345.67

12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO

\$ 12,345.67

SAFE DRIVER INSURANCE PLAN (SDIP)

\$ 12,345.67

VEHICLE INFORMATION

#

1

2

MAKE, MODEL AND MOTORCYCLE CC

Towing and Labor Per Disablement

Bodily Injury Uninsured Auto Per

VEHICLE IDENTIFICATION NUMBER

12,345.67

12,345.67

REGISTRATION PLATE NUMBER

Towing and

Bodily Injury

DATE OF PURCHASE

Tow

Bodily

COST NEW

Tow

Bodily

EST ANNUAL MILEAGE

Tow

Bodily

ODOMETER READING

Tow

Bodily

AIR BAG/PASSIVE SEAT BELT YES/NO

Safe

Safe

ANTI-THIEF YES/NO

Safe

Safe

VEHICLE RECOVERY SYSTEM YES/NO

Safe

Safe

LEASED AUTO YES/NO

Safe

Safe

SECURED LENDER AND/OR LESSOR (Please include name and address)

12,345.67

12,345.67

DATE OF FINAL PAYMENT

12,345.67

12,345.67

COVERAGE INFORMATION: 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.

#

1

2

3

4

5

6

OPERATOR NAME

Auto 1 Make Model and

Auto 2 Make Model and

Auto 1 Secured Lender

Auto 2 Secured Lender

Robin W. Smith

Robin W. Smith

DATE OF BIRTH

Auto 1 VIN

Auto 2 VIN

Auto 1

Auto 2

12/25/2025

12/25/2025

DRIVER'S LICENSE #/LICENSED STATE (If previously licensed in another state, indicate the state and the state license number in REMARKS)

Auto 1 Registration Plate

Auto 2 Registration Plate

Auto 1 Lessor

Auto 2 Lessor

Driver 1 License Number and

Driver 2 License Number and

DATE FIRST LICENSED

12/

12/

12/

12/

12/

12/

APPR DRIVER TRAIN YES/NO

12,

12,

12,

12,

12,

12,

OWNER AUTO 1 YES/NO

12,

12,

12,

12,

12,

12,

AUTO 2 YES/NO

12,

12,

12,

12,

12,

12,

% OF USE AUTO 1

12,

12,

12,

12,

12,

12,

AUTO 2

12,

12,

12,

12,

12,

12,

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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PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

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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

X

B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?

YES

NO

X

C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT LOSSES?

YES

NO

X

D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?

YES

NO

X

E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COLLISION OR COMPREHENSIVE LOSS INCLUDING FIRE, THEFT, VANDALISM, MALICIOUS MISCHIEF, OR GLASS?

YES

NO

X

F. HAD YOUR LICENSE REVOKED OR SUSPENDED?

YES

NO

X

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

OPER NO

DESCRIPTION OF INCIDENT

LOCATION (City and State)

DATE

12,345

Incident Description

Incident Location (City and State)

12/25/2025

12,345

Incident Description 2

Incident Location 2 (City and State)

12/25/2025

12,345

Incident Description 3

Incident Location 3 (City and State)

12/25/2025

GENERAL INFORMATION -- Explain all "yes" responses in the Remarks Section; on Questions 4-9 include the auto number.

1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?

YES

NO

X

2. HAS ANY AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON?

YES

NO

X

3. ARE ANY LISTED OPERATORS INCLUDED ON ANOTHER POLICY OR DO THEY HAVE THEIR OWN MASSACHUSETTS PERSONAL AUTOMOBILE POLICY? (List Operator#, Insurance Company, and Policy#)

YES

NO

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)

YES

NO

X

5. IS ANY AUTO USED TO COMMUTE TO WORK OR SCHOOL? (List Days Per Month and Miles One Way)

YES

NO

X

6. IS ANY AUTO USED TO TRANSPORT (To or From Work or School):

YES

NO

X

A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE?

YES

NO

B. PERSONS EMPLOYED BY YOU?

YES

NO

7. IS ANY AUTO EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (Applicable to Vans or Pick-Ups. If Yes, You May Wish to Purchase Additional Coverage.)

YES

NO

X

8. IS ANY AUTO EQUIPPED WITH: A. CITIZENS BAND RADIO

YES

NO

X

B. TWO-WAY MOBILE RADIO

YES

NO

X

C. TELEPHONE

YES

NO

X

D. SCANNING RECEIVER

YES

NO

X

(If You Wish to Purchase Coverage For Items A-D, List Make, Model, Serial#, Amount of Ins. for Items Not Permanently Installed in the Opening of the Dash Normally Used by the Auto Manufacturer)

YES

NO

9. IS ANY AUTO USED IN BUSINESS? (Type of Business)

YES

NO

X

A. IF VAN/PICK-UP, IS IT USED TO DELIVER/TRANSPORT GOODS?

YES

NO

X

B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE?

YES

NO

X

A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE?

YES

NO

B. PERSONS EMPLOYED BY YOU?

YES

NO

10. IF ANY AUTO(S) TO BE INSURED IS TITLED WITH A SALVAGE TITLE ISSUED BY THE MASS REGISTRY OF MOTOR VEHICLES, PLEASE INDICATE. (Salvage Title Vehicles Are Not Eligible for Coverage Parts 7, 8, or 9)

YES

NO

AUTO 1

Motorcycle policy expiration time

AUTO 2

Trailer/recreational vehicle policy expiration time

11. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7, 8, OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.

YES

NO

X

12. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW:

YES

NO

☐ MOTORCYCLE ONLY- ISSUE MY POLICY TO EXPIRE AT 12:01 AM ON JANUARY 1ST AND DO NOT RENEW.

☒ TRAILER OR RECREATIONAL VEHICLE- ISSUE MY POLICY TO EXPIRE AT 12:01 AM ON DECEMBER 1ST AND DO NOT RENEW.

ANTI-THEFT DEVICE CERTIFICATE

APPRAISAL (ANTIQUE AUTO)

APPROVED DRIVER TRAINING CERTIFICATE

APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE

CUSTOMIZED EQUIPMENT EVIDENCE

OPERATOR EXCLUSION FORM

VEHICLE RECOVERY SYSTEM CERTIFICATE

PRE-INSPECTION FORM

REMARKS

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

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.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for all listed operators. 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, including that of the applicant for this insurance.

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 WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.

Time and Date

Signature of Applicant

TO BE COMPLETED BY AGENT: Agent Statement

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Time and Date

Signature of Agent

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