

A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES 0	NO	E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?	YES	NO																																				
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		X																																				
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?			G. HAVE ALL LISTED OPERATORS BEEN INSURED WITHOUT A LAPSE IN COVERAGE DURING THE 12 MONTHS PRECEDING THE EFFECTIVE DATE OF THE POLICY ?  OPERATORS																																						
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D. FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED?			H. DOES ANY OPERATOR HAVE AN OUT OF STATE LICENSE AND BEEN CONTINUOUSLY INSURED WITHOUT A LAPSE IN COVERAGE DURING THE 12 MONTHS PRECEDING THE EFFECTIVE DATE OF THE POLICY? IF "YES" PLEASE INDICATE THE PREVIOUS CARRIER, POLICY NUMBER AND POLICY DATES IN THE REMARKS SECTION.																																						

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 licenses. Resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed 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's website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

MERIT 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 a Merit Rating Plan Code to you. See "Your Consumer Guide" for additional information.

GENERAL INFORMATION

Explain all "Yes" responses in the REMARKS Section; on Question 3-8 include the auto number.

1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS	YES	NO	5. IS ANY AUTO USED TO TRANSPORT (To or From Work or School): A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE? B. PERSONS EMPLOYED BY YOU?	YES	NO
2. HAS YOUR AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE YEARS?		X	6. IS ANY VAN OR PICK-UP EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (If Yes, You May Wish to Purchase Additional Coverage.)		
3. ARE ANY LISTED OPERATORS INCLUDED ON ANOTHER POLICY OR DO THEY HAVE THEIR OWN MASSACHUSETTS PERSONAL AUTOMOBILE POLICY? (LIST OPERATOR #, INSURANCE COMPANY, AND POLICY#)			7. IS ANY AUTO EQUIPPED WITH ELECTRONIC EQUIPMENT PERMANENTLY INSTALLED BUT NOT IN LOCATIONS USED BY THE AUTO MANUFACTURER FOR SUCH EQUIPMENT? (If You Wish to Purchase Coverage For these Items, list Make, Model, Serial #, Amount of Ins, for Items).		
4. IF A VEHICLE IS A MOTORCYCLE, HAS THE PRINCIPAL OPERATOR COMPLETED AN APPROVED MOTORCYCLE RIDER TRAINING PROGRAM? (ATTACH COPY OF CERTIFICATE OR OTHER EVIDENCE OF COMPLETION)			8. IS ANY AUTO USED IN BUSINESS? (Type of Business) A. IF VAN/PICK-UP, IS IT USED TO DELIVER /TRANSPORT GOODS? B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE? C. TRANSPORTING ANYONE FOR A FEE, FOR RIDE SHARING, OR PUBLIC LIVERY?		

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

AUTO 1       N       AUTO 2       N      

ATTACHMENTS	
<input type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
<input type="checkbox"/>	APPRAISAL
<input type="checkbox"/>	APPROVED DRIVER TRAINING CERTIFICATE
<input type="checkbox"/>	APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE
<input type="checkbox"/>	CUSTOMIZED EQUIPMENT EVIDENCE
<input type="checkbox"/>	OPERATOR EXCLUSION FORM
<input type="checkbox"/>	OUT-OF STATE DRIVER RECORD
<input type="checkbox"/>	PRE-INSURANCE FORM
<input type="checkbox"/>	VEHICLE RECOVERY SYSTEM CERTIFICATE

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.

11. 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 1ST AND DO NOT RENEW.

REMARKS

IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.

\*OPTIONAL COVERAGES:

AUTO LOAN/LEASE COVERAGE: AUTO 1 \$ \_\_\_\_\_ AUTO 2 \$ \_\_\_\_\_

QUINCY MUTUAL AUTO ENHANCEMENT ENDORSEMENT: AUTO 1 \$ \_\_\_\_\_ AUTO 2 \$ \_\_\_\_\_

MINOR AFA -\$1,938 PAYOUT 8/13/2018

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

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.

Maver G. White  
Signature of Applicant

7/11/19 2:38 pm  
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