

Quincy Mutual Fire Insurance APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER: **ARK INSURANCE AGENCY, INC.** CODE: **01585** APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP: **MAUREEN WHITE, 8D CARNATION CIR, READING, MA 01867** PHONE: **617-851-0701**

BINDER/POLICY#: **AAP1034364**

EFFECTIVE DATE: **07/31/2019** EXPIRATION DATE: **07/31/2020** MAIL ADDRESS (IF DIFFERENT):

(COMPANY USE) DIRECT BILL AGENCY BILL PAYMENT PLAN: **09** DEPOSIT PREMIUM (20%) **\$ 229.60**

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 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		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		\$ 72	\$20,000 PER PERSON/ \$40,000 PER ACCIDENT		\$ 82
2. PERSONAL/INJURY PROTECTION		\$8,000 PER PERSON \$ 8000	<input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$ 19	\$8,000 PER PERSON \$ 8000	<input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS	\$ 15
3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS \$20,000/\$40,000)		\$ 20,000 \$ 40,000	PER PERSON PER ACCIDENT	\$ 3	\$ 20,000 \$ 40,000	PER PERSON PER ACCIDENT	\$ 3
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$5,000)		\$ 100,000	PER ACCIDENT	\$ 132	\$ 100,000	PER ACCIDENT	\$ 150
OPTIONAL INSURANCE							
5. OPTIONAL BODILY INJURY TO OTHERS		\$ 100,000 \$ 300,000	PER PERSON PER ACCIDENT	\$ 37	\$ 100,000 \$ 300,000	PER PERSON PER ACCIDENT	\$ 42
6. MEDICAL PAYMENTS		\$	PER PERSON	\$	\$	PER PERSON	\$
7. COLLISION	ACV	Y	WAIVER OF DEDUCTIBLE \$ 500 DED	\$ 99	Y	WAIVER OF DEDUCTIBLE \$ 500 DED	\$ 146
8. LIMITED COLLISION	ACV		\$ DED	\$		\$ DED	\$
9. COMPREHENSIVE	ACV		\$100 GLASS DEDUCTIBLE \$ 500 DED	\$ 51		\$100 GLASS DEDUCTIBLE \$ 500 DED	\$ 48
10. SUBSTITUTE TRANSPORTATION		UP TO \$	A DAY, MAXIMUM \$	\$	UP TO \$	A DAY, MAXIMUM \$	\$
11. TOWING AND LABOR		UP TO \$ 50	FOR EACH DISABLEMENT	\$ 4	UP TO \$ 50	FOR EACH DISABLEMENT	\$ 4
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO		\$ 20,000 \$ 40,000	PER PERSON PER ACCIDENT	\$	\$ 20,000 \$ 40,000	PER PERSON PER ACCIDENT	\$
* OPTIONAL COVERAGES				\$			\$
MERIT RATING PLAN		3	PREMIUM ADJUSTMENT	\$ 109	3	PREMIUM ADJUSTMENT	\$ 132
GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE	N		*SUBJECT TO MERIT RATING PLAN	\$ 526			\$ 622
TOTAL PREMIUM							\$ 1,148

VEHICLE INFORMATION		PLACE OF PRINCIPAL GARAGING - AUTO 1: 8D CARNATION CIR, STREET ADDRESS, CITY OR TOWN, ZIP CODE READING 01867			AUTO 2: 8D CARNATION CIR, STREET ADDRESS, CITY OR TOWN, ZIP CODE READING 01867				
#	YEAR	MAKE, MODEL, AND, IF MOTORCYCLE C.C.	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	COST NEW	MILES AUTO WAS DRIVEN IN PAST 12 MOS	ODOMETER READING
1.	1998	TOYT AVALON	4T1BF18B8WU268150		4725DC		24,278	3,000	
2.	2004	LEXS RX330	2T2HA31U54C035952		414ANV		37,000	2,433	
#	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)				
1.	YES	NO		NO	EASTERN BANK				
2.	YES	YES		NO					

NOTICE: Evidence of installation of 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 HighTheft 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.	MERIT RATING PLAN CODE	DATE FIRST LICENSED		DRIVER TRAINING YES/NO	% OF USE			
				Auto	Motorcycle		AUTO 1	AUTO 2	AUTO 3	AUTO 4
1. MAUREEN A WHITE	10/04/**	****4027 MA	3	10/04/1968	00/00/0000	NO	P	P		
2. WILSON H PYE	05/17/**	****5260 MA	99	05/17/1969	06/06/1994	NO	O	O		
3.										
4.										

NOTICE 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. 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, is 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