

# MASSACHUSETTS RENEWAL FORM

ISSUED BY:

Policy Number:

NAME AND ADDRESS OF INSURED:

Producer:

Policy Renewal Date:

Please help us update our records by providing the following information. This will assist your agent in contacting you to address any coverage needs. You must inform us of any changes which may have a material effect on your insurance coverage or premium charges. This includes the description, ownership, type of usage and place of garaging of your auto(s), listing all the household members and listing all individuals who customarily operate your auto(s). It will not be necessary to return this form unless you indicate changes, respond "yes" to any question, or the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete.

**VEHICLE INFORMATION**

1. Is your auto(s) used in business? If yes, please explain:
  
2. Is your auto(s) used to transport passengers for a fee (i.e. use in a ridesharing or car sharing service)? If yes, please explain:
  
3. Our information indicates that your auto(s) is/are principally garaged in:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Is your auto equipped with any custom electronic equipment that has been permanently installed but not in the location used by the auto manufacturer for the installation of such equipment? If yes, please describe:
  
5. Is your auto equipped with any custom equipment or furnishings? If yes, please describe:

**DRIVER INFORMATION**

Check carefully that all persons, including all household members, and all individuals who customarily operate your auto(s) are shown on the Coverage Selections Page. If the information on the Coverage Selections Page is incorrect or if you are adding an operator, or making any other changes in Operator Status, please complete the following and return to your agent or company representative.

Oper No	Operator Name	Date Of Birth	Driver's License Number	Lic. State	Date First Licensed in Any State/Country		Driver Training Yes/No	% Of Use	Any Student Away at School More Than 100 Miles; if yes, provide school name and address	Please Indicate Reason for Change
					Auto	Motor cycle				

Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

**PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE**

**DRIVER INFORMATION (Continued)**

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 may be withheld when operation of the vehicle by the household member, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would otherwise require payment of additional premium. Other optional coverages may be denied for failure to list a household member.

If there are any additional operators, please complete the following:

During the last six years has any newly added operator:

- |   |                          |                          |   |                          |                          |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
|   | Yes                      | No                       |   | Yes                      | No                       |
| (A) been involved in any Motor Vehicle accident or been found guilty of any moving violation? | <input type="checkbox"/> | <input type="checkbox"/> | (C) had two (2) or more "total loss" insurance claims because of auto theft or fire?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (B) been assigned to an Alcohol Education Program?  | <input type="checkbox"/> | <input type="checkbox"/> | (D) been convicted of vehicular homicide, auto insurance related fraud or auto theft? | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" please complete:

Operator Name	Description of Incident	Date

If in the last six years any newly added 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 may be used in the determination of your premium.

**LICENSE INFORMATION**

Once you or the principal operator listed on this form 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 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 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.massdot.state.ma.us/rmv/](http://www.massdot.state.ma.us/rmv/).

**ADDITIONAL INFORMATION**

Please indicate any additional changes or coverage revisions you may wish to make to your policy. Contact your agent for more information.

**NOTICE:** It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone 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 the names of all customary operators as well as the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4 of your policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature