

MASSACHUSETTS RENEWAL FORM

ISSUED BY:

Policy Number:

NAME AND ADDRESS OF INSURED:

Producer:

Policy Renewal Date:

The information contained on this form and your Coverage Selections Page indicate the coverages you have purchased, and the auto(s) that you are insuring.

It will not be necessary to return this form to your agent or company representative unless you wish to make any changes or unless the information contained on the Coverage Selections Page and in this form is inaccurate or obsolete. However, you must inform us of any changes which may have a material effect on your insurance coverage or premium charges, including the description, ownership, type of usage and place of garaging of your auto(s) and the household members and individuals who customarily operate your auto(s).

VEHICLE INFORMATION

If a notation is shown, our records indicate that your auto(s) is:

- | | |
|---|--|
| <p>1. Used in business. _____</p> <p>2. Used to transport (for a fee)
Fellow Employees, Passengers,
Students, or Persons employed by you. _____</p> <p>3. Our information indicates that
your auto(s) is/are principally
garaged in:

_____</p> | <p>4. (a) Equipped with electronic
equipment that reproduces
audio, visual or data signals
that has been permanently
installed but not in the location
used by the auto manufacturer. _____</p> <p>(b) Equipped with custom
furnishings or custom equipment
(applicable to vans or pick-up trucks) _____</p> |
|---|--|

If your auto is equipped with any of the items listed in Question 4, you may need to insure the item. Please contact your agent for more information.

DRIVER INFORMATION

According to our information listed operator # _____ has

- (a) had two (2) or more "total loss" insurance claims because of auto theft or fire. _____
- (b) been convicted of vehicular homicide, auto insurance related fraud or auto theft. _____

If this information is not accurate please explain:

Check carefully that all persons, whether or not household members, 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		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.

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 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.

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 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 require payment of additional premium.

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/.

COVERAGES / DISCOUNTS

We have recently introduced new coverages which are available for purchase, including a Personal Property Endorsement, a Pet Lover's endorsement, and a Snowplow endorsement if any of your vehicles are used for plowing. Subject to availability and acceptance, Arbella offers many discounts, including a Paid In Full discount, and we continue to offer discounts for combining your home, condo or renters policy with your auto. The premium for certain Coverage Parts may have been reduced because you are eligible for one or more discounts. Please check the information under the Discount Section on the Coverage Selections Page.

ADDITIONAL INFORMATION

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

_____ Date

_____ Signature