# ACORD™ APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

| COMPANY | APPLICANT'S NAME AND RESIDENTIAL ADDRESS (INC ZIP) | PHONE: |
|---|---|---|
| PRODUCER CODE: Fisher Insurance Agency | | |
| BINDER/POLICY#: | | |
| EFFECTIVE DATE / EXPIRATION DATE | MAIL ADDRESS (IF DIFFERENT) | |
| COMPANY USE | ☐ DIRECT BILL ☐ AGENCY BILL — PAYMENT PLAN | DEPOSIT PREMIUM $ |

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 | 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 | $ | $20,000 PER PERSON/$40,000 PER ACCIDENT | $ |
| 2. PERSONAL INJURY PROTECTION | $8,000 PER PERSON ☐ YOURSELF ☐ YOURSELF & HOUSEHOLD MEMBERS $ DED | $ | $8,000 PER PERSON ☐ YOURSELF ☐ YOURSELF & HOUSEHOLD MEMBERS $ DED | $ |
| 3. BODILY INJURY CAUSED BY AN UNINSURED AUTO (COMPULSORY LIMITS $20,000/$40,000) | $ PER PERSON / $ PER ACCIDENT | $ | $ PER PERSON / $ PER ACCIDENT | $ |
| 4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT $5,000) | $ PER ACCIDENT | $ | $ PER ACCIDENT | $ |
| **OPTIONAL INSURANCE** | | | | |
| 5. OPTIONAL BODILY INJURY TO OTHERS: GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE ☐ | $ PER PERSON / $ PER ACCIDENT | $ | $ PER PERSON / $ PER ACCIDENT | $ |
| 6. MEDICAL PAYMENTS | $ PER PERSON | $ | $ PER PERSON | $ |
| 7. COLLISION ACV | ☐ WAIVER OF DEDUCTIBLE $ DED | $ | ☐ WAIVER OF DEDUCTIBLE $ DED | $ |
| 8. LIMITED COLLISION ACV | $ DED | $ | $ DED | $ |
| 9. COMPREHENSIVE ACV | ☐ $100 GLASS DEDUCTIBLE $ DED | $ | ☐ $100 GLASS DEDUCTIBLE $ DED | $ |
| 10. SUBSTITUTE TRANSPORTATION UP TO $ A DAY | $ MAX | $ | $ A DAY $ MAX | $ |
| 11. TOWING AND LABOR UP TO $ | PER DISABLEMENT | $ | $ PER DISABLEMENT | $ |
| 12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO | $ PER PERSON / $ PER ACCIDENT | $ | $ PER PERSON / $ PER ACCIDENT | $ |
| SAFE DRIVER INSURANCE PLAN (SDIP) STEP #: | PREMIUM ADJUSTMENT | $ | STEP #: PREMIUM ADJUSTMENT | $ |
| | PREMIUM* | $ | PREMIUM* | $ |
| *SUBJECT TO SAFE DRIVER CREDIT OR SURCHARGE | ESTIMATED TOTAL PREMIUM | $ | | |

## VEHICLE INFORMATION

PRINCIPAL GARAGING (CITY/TOWN & ZIP) - AUTO 1: AUTO 2:

| # | YR | MAKE, MODEL AND MOTORCYCLE CC | VEHICLE IDENTIFICATION NUMBER | REGISTRATION PLATE NUMBER | DATE OF PURCHASE | COST NEW | EST ANNUAL MILEAGE | ODOMETER READING |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

| # | 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) | DATE OF FINAL PAYMENT |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

NOTICE: 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.

| # | OPERATOR NAME | DATE OF BIRTH | DRIVER'S LICENSE #/LICENSED STATE (If licensed in another state/country within the last 6 years, indicate the state/country and the license number. All such operators will initially be assigned SDIP Step 15 pending verification of driving information.) | DATE FIRST LICENSED MASS | DATE FIRST LICENSED OTHER | APPR DRIVER TRAIN YES/NO | % OF USE AUTO 1 | % OF USE AUTO 2 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Your failure to list a household member or any individual who customarily operates your auto 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.

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.

 

Fisher Insurance Agency, Inc. 146 West Boylston Drive Suite # 302 Worcester, MA 01606

**DRIVER INFORMATION (CONTINUED) -- During the last six years have you or any listed operator:**

| | YES | NO | | YES | NO |
|---|---|---|---|---|---|
| A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION? | | | D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? | | |
| B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM? | | | E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COLLISION OR COMPREHENSIVE LOSS INCLUDING FIRE, THEFT, VANDALISM, MALICIOUS MISCHIEF, OR GLASS? | | |
| C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT LOSSES? | | | F. HAD YOUR LICENSE REVOKED OR SUSPENDED? | | |

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

| OPER NO | DESCRIPTION OF INCIDENT | LOCATION (City and State) | DATE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

SDIP INFORMATION If in the last six years any listed operator had a drivers license in the United States or certain countries whose record are electronically available, we will obtain that official driving record(s), which will be used to assign you to an SDIP step. If the record(s) is not electronically available, SDIP Step 15 will be assigned unless you provide an official copy of the driving records to the company. See "Your Consumer Guide" for additional information.

**GENERAL INFORMATION -- Explain all "yes" responses in the Remarks Section; on Questions 3-9 include the auto number.**

| | YES | NO | | YES | NO |
|---|---|---|---|---|---|
| 1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS? | | | 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.) | | |
| 2. HAS ANY AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON? | | | 8. IS ANY AUTO EQUIPPED WITH: A. CITIZENS BAND RADIO | | |
| | | | B. TWO-WAY MOBILE RADIO | | |
| 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#) | | | C. TELEPHONE | | |
| | | | D. SCANNING RECEIVER | | |
| 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) | | | (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) | | |
| 5. IS ANY AUTO USED TO COMMUTE TO WORK OR SCHOOL? (List Days Per Month and Miles One Way) | | | 9. IS ANY AUTO USED IN BUSINESS? (Type of Business) | | |
| | | | A. IF VAN/PICK-UP, IS IT USED TO DELIVER/TRANSPORT GOODS? | | |
| 6. IS ANY AUTO USED TO TRANSPORT (To or From Work or School): | | | B. IS GROSS VEHICLE WEIGHT 10,000 POUNDS OR MORE? | | |
| A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE? | | | | | |
| B. PERSONS EMPLOYED BY YOU? | | | | | |

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)

AUTO 1 _____ AUTO 2 _____

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.

12. 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 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.

**ATTACHMENTS**

- ☐ ANTI-THEFT DEVICE CERTIFICATE
- ☐ APPRAISAL (ANTIQUE AUTO)
- ☐ APPROVED DRIVER TRAINING CERTIFICATE
- ☐ APPROVED MOTORCYCLE RIDER TRAINING CERT
- ☐ CUSTOMIZED EQUIPMENT EVIDENCE
- ☐ OPERATOR EXCLUSION FORM
- ☐ VEHICLE RECOVERY SYSTEM CERTIFICATE
- ☐ PRE-INSPECTION FORM

**REMARKS**

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**

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 AND ACCIDENT OR CLAIM INFORMATION WITH MY PREVIOUS AUTOMOBILE INSURANCE COMPANY.

_____ Time and Date

_____ Signature of Applicant

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.

_____ Time and Date

_____ Signature of Agent

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



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