



**SUPPLEMENTAL APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE**  
(Complete and submit with Personal Auto Application)

<b>Applicant's Name</b>		<b>Producer Name</b>	
<b>Residential Address</b>		<b>Safety Producer Code</b>	
<b>City, State &amp; Zip Code</b>		<b>Effective Date</b>	
<b>E-mail Address</b>		<b>Home Phone</b>	<b>Cell Phone</b>
<b>MAIP Cert# (if applicable)</b>			

1. Do you have Property Insurance on your Massachusetts principal place of residence?  Yes  No  
If yes, please enter the information below.

Type of Policy	Policy Number	Name of Company	Expiration Date	How Long at this residence

Do you have other Insurance (not including auto and the property insurance above) with Safety Insurance?  Yes  No

Type of Policy	Policy Number	Name of Company	Expiration Date

2. Has any listed driver completed an **Advanced Driver Skill Program or Defensive Driver Course**?  Yes  No  
If yes, please enter the information below.

Name of Driver	Name of Program	Date of Certificate	Copy of Certificate (yes or no)

3. Have you had continuous automobile insurance coverage in the past 12 months?  Yes  No  
Have you had continuous automobile insurance coverage in the past 36 months?  Yes  No

4. Do you currently have an automobile insurance policy?  Yes  No  
If yes, who is your current insurance carrier? \_\_\_\_\_ What is the Bodily Injury Limit (Part 5)? \_\_\_\_\_  
If yes, how long have you been with your current producer (continuously)? \_\_\_\_\_

5. Does any listed driver have a Foreign Driver's License?  Yes  No  
If yes, how long have they resided in MA? \_\_\_\_\_  
If yes, please attach a copy of the front and back of license and copy of driving record from license state.

6. Do you carry supplemental independent roadside assistance coverage?  Yes  No  
If yes, please enter the information below.

Subscriber Name	Name of Program	Annual Cost

7. Are any of the household vehicle(s) used in a carpool? If yes, list the information below.

Vehicle	How many days per month?	How many passengers?

8. Do any of your vehicles have a permanently installed Bluetooth?  Yes  No
9. Do any of your vehicles have an active car link system installed?  Yes  No
10. Do you or any household member have an active Military status?  Yes  No
11. Would you like to sign up for Electronic Policy Issuance?  Yes  No
12. Would you like to sign up for Combined Account Billing (if you have another policy with Safety)?  Yes  No
13. Are any listed drivers (inexperienced operator) students that meet the following criteria?  Yes  No
- Full time student in high school, college or home study group or
  - In the upper 20% class scholastically or
  - Maintains a grade point average of “B” or better or
  - Is included on the Dean’s List or Honor Roll or comparable list indicting scholastic achievement.

Please attach any relevant documentation.

14. Are any listed drivers a full-time student that resides at an educational institution at least 100 miles away and does not have regular access to a vehicle? If yes, please enter the information below.  Yes  No

Name of Student	Name of School	Address of School

15. If you are excluding any operators on the policy, please remember to attach the Operator Exclusion Form (signed by both the named insured and the operator to be excluded).
16. Are you eligible for any of Safety’s Group Marketing discounts?  Yes  No  
 If yes, what is the name of the group? \_\_\_\_\_  
 (For a list of Safety’s Group Marketing discounts please contact your producer.)
17. Will you be using your vehicle(s) in your occupation, profession, or business (excluding commuting)?  Yes  No  
 If yes, please describe the nature of such use: \_\_\_\_\_

**A.** I declare that all the statements contained in this Supplemental Application are complete and true to the best of my knowledge as of this date. I understand that Safety may exchange payment of premium information and accident or claim information with my previous automobile carrier.

<b>Signature of Applicant</b>	<b>Date</b>	<b>Signature of Producer</b>	<b>Date</b>
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**B.** 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.

<b>Signature of Applicant</b>	<b>Date</b>	<b>Signature of Producer</b>	<b>Date</b>
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**For detailed information about Safety’s discount program (specific discount percentages and descriptions) please visit us at [www.safetyinsurance.com/products/discounts.html](http://www.safetyinsurance.com/products/discounts.html)**