

ACORD 90 MA (2016/09) - APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

The ACORD 90 MA - Application for Massachusetts Motor Vehicle Insurance, is used when insurance is desired for personal vehicles. The ACORD 90 MA is entirely different than applications in other states.

The state of Massachusetts requires personal automobile, new business and renewals, to be submitted on forms that are prescribed by the Massachusetts Commissioner of Insurance. ACORD 90 MA, Application for Massachusetts Motor Vehicle Insurance, meets the prescribed requirements. Questions or comments regarding this form should be directed to the Massachusetts Automobile Insurers Bureau (www.aib.org).

This application is designed for up to two vehicles and four operators. If these limits are insufficient, attach an additional ACORD 90 MA.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	POL#	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Expiration Date	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
IDENTIFICATION SECTION	Company Use	Enter text: This area is to be completed by the insurer.
IDENTIFICATION SECTION	Applicant's Name and Mailing Address	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION		Enter text: The named insured's physical address line one.
IDENTIFICATION SECTION		Enter text: The named insured's physical address line two.
IDENTIFICATION SECTION		Enter text: The named insured's physical address city name.
IDENTIFICATION SECTION		Enter text: The named insured's physical address county name.
IDENTIFICATION SECTION		Enter code: The named insured's physical address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's physical address postal code.
IDENTIFICATION SECTION	Telephone Number	Enter number: The named insured's primary phone number.
IDENTIFICATION SECTION	Mailing Address	Enter text: The named insured's mailing address line one.

IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Direct Bill	Check the box (if applicable): Indicates the policy is to be direct billed.
IDENTIFICATION SECTION	Agency Bill	Check the box (if applicable): Indicates the policy is to be producer / agency billed.
IDENTIFICATION SECTION	Payment Plan	Enter code: The payment plan for the policy (i.e., AN - Annual, MO - Monthly, QT - Quarterly, etc.).
RESIDENCE	Deposit Premium	Enter amount: The amount of the premium received as a deposit.
COVERAGES PART 1-12	Auto 1 Bodily Injury to others \$20,000 per person/\$40,000 per accident premium amount	Enter amount: The vehicle policy, bodily injury premium amount.
COVERAGES PART 1-12	Auto 1 Personal Injury Protection Deductible Amount	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
COVERAGES PART 1-12	Auto 1 Personal Injury Protection Yourself	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured.
COVERAGES PART 1-12	Auto 1 Personal Injury Protection Yourself & Household Members	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured and household members.
COVERAGES PART 1-12	Auto 1 Personal Injury Protection Premium Amount	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES PART 1-12	Auto 1 Bodily Injury caused by an uninsured auto (compulsory limits \$20,000/\$40,000) per person	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
COVERAGES PART 1-12	Auto 1 Bodily Injury caused by an uninsured auto (compulsory limits \$20,000/\$40,000) per accident	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.

COVERAGES PART 1-12	Auto 1 Bodily Injury caused by an uninsured auto Premium Amount Auto 1	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
COVERAGES PART 1-12	Auto 1 Damage to someone else's property (compulsory limit \$5,000) per accident	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES PART 1-12	Auto 1 Damage to someone else's property premium amount	Enter amount: The property damage premium amount.
COVERAGES PART 1-12	Auto 1 Optional Bodily Injury To Others Per Person	Enter limit: The optional bodily injury to others per person limit amount.
COVERAGES PART 1-12	Auto 1 Optional Bodily Injury To Others Per Accident	Enter limit: The optional bodily injury to others per accident limit amount.
COVERAGES PART 1-12	Auto 1 Optional Bodily Injury To Others Per Premium Amount	Enter amount: The optional bodily injury to other premium amount.
COVERAGES PART 1-12	Auto 1 Medical Payments Per Person	Enter limit: The medical payments per person limit.
COVERAGES PART 1-12	Auto 1 Medical Payments Per Person Premium Amount	Enter amount: The medical payments premium amount.
COVERAGES PART 1-12	Auto 1 Collision Waiver of Deductible	Check the box (if applicable): Indicates the insured has selected the waiver of collision deductible option.
COVERAGES PART 1-12	Auto 1 Collision Deductible	Enter deductible: The collision deductible amount.
COVERAGES PART 1-12	Auto 1 Collision Premium Amount	Enter amount: The collision premium amount.
COVERAGES PART 1-12	Auto 1 Limited Collision Deductible	Enter deductible: The collision deductible amount. As used here, this is the limited collision deductible.
COVERAGES PART 1-12	Auto 1 Limited Collision Premium Amount	Enter amount: The collision premium amount. As used here, this is the limited collision premium amount.
COVERAGES PART 1-12	Auto 1 Comprehensive \$100 Glass Deductible	Check the box (if applicable): Indicates a \$100 glass deductible applies to the comprehensive coverage.
COVERAGES PART 1-12	Auto 1 Comprehensive Deductible	Enter deductible: The comprehensive or other than collision deductible amount.

COVERAGES PART 1-12	Auto 1 Comprehensive Premium Amount	Enter amount: The comprehensive or other than collision premium amount.
COVERAGES PART 1-12	Auto 1 Substitute Transportation Up To \$ A Day	Enter limit: The transportation expense or rental reimbursement per day limit amount.
COVERAGES PART 1-12	Auto 1 Substitute Transportation \$ Max	Enter limit: The transportation expense or rental reimbursement maximum limit amount.
COVERAGES PART 1-12	Auto 1 Substitute Transportation Premium Amount	Enter amount: The transportation expense or rental reimbursement premium amount.
COVERAGES PART 1-12	Auto 1 Towing and Labor Up to \$ for each disablement	Enter limit: The towing and labor limit amount.
COVERAGES PART 1-12	Auto 1 Towing and Labor Premium Amount	Enter amount: The towing and labor premium amount.
COVERAGES PART 1-12	Auto 1 Bodily Injury caused by an underinsured auto per person	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount.
COVERAGES PART 1-12	Auto 1 Bodily Injury caused by an underinsured auto per accident	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
COVERAGES PART 1-12	Auto 1 Bodily Injury caused by an underinsured auto premium amount	Enter amount: The underinsured motorists bodily injury or combined single limit premium amount.
COVERAGES PART 1-12	Auto 1 Safe Driver Insurance Plan (SDIP) Premium Adjustment	Enter amount: The premium adjustment amount for the merit rating plan.
COVERAGES PART 1-12	Auto 1 Guest Occupant Exclusion for Motorcycle	Check the box (if applicable): Indicates guest occupant exclusion applies for motorcycles.
COVERAGES PART 1-12	Auto 1 Guest Occupant Exclusion for Motorcycle Premium Amount	Enter amount: The guest occupant exclusion for motorcycles premium amount.
COVERAGES PART 1-12	Auto 2 Bodily Injury to others \$20,000 per person/\$40,000 per accident premium amount	Enter amount: The vehicle policy, bodily injury premium amount.

COVERAGES PART 1-12	Auto 2 Personal Injury Protection Deductible Amount	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
COVERAGES PART 1-12	Auto 2 Personal Injury Protection Yourself	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured.
COVERAGES PART 1-12	Auto 2 Personal Injury Protection Yourself & Household Members	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage applies to the named insured and household members.
COVERAGES PART 1-12	Auto 2 Personal Injury Protection Premium Amount	Enter amount: The premium associated with personal injury protection (PIP) coverage.
COVERAGES PART 1-12	Auto 2 Bodily Injury caused by an uninsured auto (compulsory limits \$20,000/\$40,000) per person	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
COVERAGES PART 1-12	Auto 2 Bodily Injury caused by an uninsured auto (compulsory limits \$20,000/\$40,000) per accident	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
COVERAGES PART 1-12	Auto 2 Bodily Injury caused by an uninsured auto Premium Amount Auto 2	Enter amount: The uninsured motorists bodily injury or combined single limit premium amount.
COVERAGES PART 1-12	Auto 2 Damage to someone else's property (compulsory limit \$5,000) per accident	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES PART 1-12	Auto 2 Damage to someone else's property premium amount	Enter amount: The property damage premium amount.
COVERAGES PART 1-12	Auto 2 Optional Bodily Injury To Others Per Person	Enter limit: The optional bodily injury to others per person limit amount.
COVERAGES PART 1-12	Auto 2 Optional Bodily Injury To Others Per Accident	Enter limit: The optional bodily injury to others per accident limit amount.
COVERAGES PART 1-12	Auto 2 Optional Bodily Injury To Others Per Premium Amount	Enter amount: The optional bodily injury to other premium amount.

COVERAGES PART 1-12	Auto 2 Medical Payments Per Person	Enter limit: The medical payments per person limit.
COVERAGES PART 1-12	Auto 2 Medical Payments Per Person Premium Amount	Enter amount: The medical payments premium amount.
COVERAGES PART 1-12	Auto 2 Collision Waiver of Deductible	Check the box (if applicable): Indicates the insured has selected the waiver of collision deductible option.
COVERAGES PART 1-12	Auto 2 Collision Deductible	Enter deductible: The collision deductible amount.
COVERAGES PART 1-12	Auto 2 Collision Premium Amount	Enter amount: The collision premium amount.
COVERAGES PART 1-12	Auto 2 Limited Collision Deductible	Enter deductible: The collision deductible amount. As used here, this is the limited collision deductible.
COVERAGES PART 1-12	Auto 2 Limited Collision Premium Amount	Enter amount: The collision premium amount. As used here, this is the limited collision premium amount.
COVERAGES PART 1-12	Auto 2 Comprehensive \$100 Glass Deductible	Check the box (if applicable): Indicates a \$100 glass deductible applies to the comprehensive coverage.
COVERAGES PART 1-12	Auto 2 Comprehensive Deductible	Enter deductible: The comprehensive or other than collision deductible amount.
COVERAGES PART 1-12	Auto 2 Comprehensive Premium Amount	Enter amount: The comprehensive or other than collision premium amount.
COVERAGES PART 1-12	Auto 2 Substitute Transportation Up To \$ A Day	Enter limit: The transportation expense or rental reimbursement per day limit amount.
COVERAGES PART 1-12	Auto 2 Substitute Transportation \$ Max	Enter limit: The transportation expense or rental reimbursement maximum limit amount.
COVERAGES PART 1-12	Auto 2 Substitute Transportation Premium Amount	Enter amount: The transportation expense or rental reimbursement premium amount.
COVERAGES PART 1-12	Auto 2 Towing and Labor Up to \$ for each disablement	Enter limit: The towing and labor limit amount.
COVERAGES PART 1-12	Auto 2 Towing and Labor Premium Amount	Enter amount: The towing and labor premium amount.

COVERAGES PART 1-12	Auto 2 Bodily Injury caused by an underinsured auto per person	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount.
COVERAGES PART 1-12	Auto 2 Bodily Injury caused by an underinsured auto per accident	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
COVERAGES PART 1-12	Auto 2 Bodily Injury caused by an underinsured auto premium amount	Enter amount: The underinsured motorists bodily injury or combined single limit premium amount.
COVERAGES PART 1-12	Auto 2 Safe Driver Insurance Plan (SDIP) Premium Adjustment	Enter amount: The premium adjustment amount for the merit rating plan.
COVERAGES PART 1-12	Auto 2 Guest Occupant Exclusion for Motorcycle Premium Amount	Enter amount: The guest occupant exclusion for motorcycles premium amount.
COVERAGES PART 1-12	Total Premium Amount	Enter amount: The estimated total cost amount of the policy.
VEHICLE INFORMATION	Auto 1 Principal Garaging (City/Town & Zip)	Enter text: The vehicle's physical address line one.
VEHICLE INFORMATION		Enter text: The vehicle's physical address city name.
VEHICLE INFORMATION		Enter code: The vehicle's physical address postal code.
VEHICLE INFORMATION	Auto 2 Principal Garaging (City/Town & Zip)	Enter text: The vehicle's physical address line one.
VEHICLE INFORMATION		Enter text: The vehicle's physical address city name.
VEHICLE INFORMATION		Enter code: The vehicle's physical address postal code.
VEHICLE INFORMATION	Vehicle Number	Enter number: The producer assigned vehicle number.
VEHICLE INFORMATION	Auto 1 Yr	Enter year: The model year of the vehicle.
VEHICLE INFORMATION	Auto 1 Make, Model and if Motorcycle CC	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE INFORMATION		Enter text: The manufacturer's model name for the vehicle.
VEHICLE INFORMATION		Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
VEHICLE INFORMATION	Auto 1 Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.

VEHICLE INFORMATION	Auto 1 Gross Veh Wt Rating for van or pick-up	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
VEHICLE INFORMATION	Auto 1 Registration Plate Number	Enter number: The license plate number.
VEHICLE INFORMATION	Auto 1 Date of Purchase	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE INFORMATION	Auto 1 Veh cost new motorcycle avg retail value	Enter amount: The original cost of the vehicle.
VEHICLE INFORMATION	Auto 1 Miles Auto was driver in past 12 mos.	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE INFORMATION	Vehicle Number	Enter number: The producer assigned vehicle number.
VEHICLE INFORMATION	Auto 1 Odometer Reading	Enter number: The odometer reading at the time the insurance policy is applied for.
VEHICLE INFORMATION	Auto 1 Air Bag/Passive Seat Belt Yes/No	Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists.
VEHICLE INFORMATION	Auto 1 Anti-theft Yes/No	Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle.
VEHICLE INFORMATION	Auto 1 Vehicle Recovery System Yes/No	Enter Y for a "Yes" response. Input N for "No" response. Indicates the vehicle is equipped with an electronic recovery system.
VEHICLE INFORMATION	Auto 1 Leased Auto Yes/No	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the vehicle is leased.
VEHICLE INFORMATION	Auto 1 Secured Lender And/Or Lessor	Enter text: The additional interest's full name.
VEHICLE INFORMATION		Enter text: The additional interest's mailing address line one.
VEHICLE INFORMATION		Enter text: The additional interest's mailing address city name.
VEHICLE INFORMATION		Enter code: The additional interest's mailing address state or province code.
VEHICLE INFORMATION		Enter code: The additional interest's mailing address postal code.
VEHICLE INFORMATION	Vehicle Number	Enter number: The producer assigned vehicle number.
VEHICLE INFORMATION	Auto 2 Yr	Enter year: The model year of the vehicle.
VEHICLE INFORMATION		Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
VEHICLE INFORMATION		Enter text: The manufacturer's model name for the vehicle.
VEHICLE INFORMATION	Auto 2 Make, Model and if Motorcycle CC	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.

VEHICLE INFORMATION	Auto 2 Vehicle Identification Number	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE INFORMATION	Auto 2 Gross Veh Wt Rating for van or pick-up	Enter number: The actual weight of the vehicle or the combined weight of tractor and trailer in pounds.
VEHICLE INFORMATION	Auto 2 Registration Plate Number	Enter number: The license plate number.
VEHICLE INFORMATION	Auto 2 Date of Purchase	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE INFORMATION	Auto 2 Veh cost new motorcycle avg retail value	Enter amount: The original cost of the vehicle.
VEHICLE INFORMATION	Auto 2 Miles Auto was driver in past 12 mos.	Enter number: The total estimated annual mileage for the vehicle.
VEHICLE INFORMATION	Vehicle Number	Enter number: The producer assigned vehicle number.
VEHICLE INFORMATION	Auto 2 Odometer Reading	Enter number: The odometer reading at the time the insurance policy is applied for.
VEHICLE INFORMATION	Auto 2 Air Bag/Passive Seat Belt Yes/No	Enter code: The type of air bags in the vehicle. Some states may only require a Yes or No response to indicate airbags exists.
VEHICLE INFORMATION	Auto 2 Anti-theft Yes/No	Enter code: The principal anti-theft device found on the vehicle. Some states may only require a Yes or No response to indicates there is an anti-theft device on the vehicle.
VEHICLE INFORMATION	Auto 2 Vehicle Recovery System Yes/No	Enter Y for a "Yes" response. Input N for "No" response. Indicates the vehicle is equipped with an electronic recovery system.
VEHICLE INFORMATION	Auto 2 Leased Auto Yes/No	Enter Y for a "Yes" response. Input N for "No" response. Indicates if the vehicle is leased.
VEHICLE INFORMATION	Auto 2 Secured Lender And/Or Lessor	Enter text: The additional interest's full name.
VEHICLE INFORMATION		Enter text: The additional interest's mailing address line one.
VEHICLE INFORMATION		Enter text: The additional interest's mailing address city name.
VEHICLE INFORMATION		Enter code: The additional interest's mailing address state or province code.
VEHICLE INFORMATION		Enter code: The additional interest's mailing address postal code.
DRIVER INFORMATION	Operator Number	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Operator Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION		Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION		Enter text: The driver's last name (surname).

DRIVER INFORMATION	Date Of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
DRIVER INFORMATION	Current Driver's License # / Licensed State	Enter identifier: The driver's license number.
DRIVER INFORMATION		Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Merit Rating Points	Enter number: The merit rating points for the driver.
DRIVER INFORMATION	Date First Licensed Mass	Enter date: The original date on which a driver's license was issued to this driver in this state.
DRIVER INFORMATION	Date First Licensed Other	Enter date: The original date on which a driver's license was issued to this driver in a state other than the in which insurance is being requested.
DRIVER INFORMATION	Date First Licensed Motorcycle	Enter date: The original date on which a motorcycle driver's license was issued to this driver.
DRIVER INFORMATION	Driver Train Yes/No	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.
DRIVER INFORMATION	% of Use Auto 1	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
DRIVER INFORMATION	% of Use Auto 2	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
DRIVER INFORMATION	Operator Number	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Operator Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION		Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION		Enter text: The driver's last name (surname).
DRIVER INFORMATION	Date Of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
DRIVER INFORMATION	Current Driver's License # / Licensed State	Enter identifier: The driver's license number.
DRIVER INFORMATION		Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Merit Rating Points	Enter number: The merit rating points for the driver.
DRIVER INFORMATION	Date First Licensed Mass	Enter date: The original date on which a driver's license was issued to this driver in this state.
DRIVER INFORMATION	Date First Licensed Other	Enter date: The original date on which a driver's license was issued to this driver in a state other than the in which insurance is being requested.

DRIVER INFORMATION	Date First Licensed Motorcycle	Enter date: The original date on which a motorcycle driver's license was issued to this driver.
DRIVER INFORMATION	Driver Train Yes/No	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.
DRIVER INFORMATION	% of Use Auto 1	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
DRIVER INFORMATION	% of Use Auto 2	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
DRIVER INFORMATION	Operator Number	Enter number: The number assigned to the driver by the producer.
DRIVER INFORMATION	Operator Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION		Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION		Enter text: The driver's last name (surname).
DRIVER INFORMATION	Date Of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
DRIVER INFORMATION	Current Driver's License # / Licensed State	Enter identifier: The driver's license number.
DRIVER INFORMATION		Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Merit Rating Points	Enter number: The merit rating points for the driver.
DRIVER INFORMATION	Date First Licensed Mass	Enter date: The original date on which a driver's license was issued to this driver in this state.
DRIVER INFORMATION	Date First Licensed Other	Enter date: The original date on which a driver's license was issued to this driver in a state other than the in which insurance is being requested.
DRIVER INFORMATION	Date First Licensed Motorcycle	Enter date: The original date on which a motorcycle driver's license was issued to this driver.
DRIVER INFORMATION	Driver Train Yes/No	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.
DRIVER INFORMATION	% of Use Auto 1	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
DRIVER INFORMATION	% of Use Auto 2	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
DRIVER INFORMATION	Operator Number	Enter number: The number assigned to the driver by the producer.

DRIVER INFORMATION	Operator Name	Enter text: The driver's first name (given name).
DRIVER INFORMATION		Enter text: The driver's middle name or initial (other given name).
DRIVER INFORMATION		Enter text: The driver's last name (surname).
DRIVER INFORMATION	Date Of Birth	Enter date: The birth date of the driver. (MM/DD/YYYY)
DRIVER INFORMATION	Current Driver's License # / Licensed State	Enter identifier: The driver's license number.
DRIVER INFORMATION		Enter code: The state in which the driver is licensed.
DRIVER INFORMATION	Merit Rating Points	Enter number: The merit rating points for the driver.
DRIVER INFORMATION	Date First Licensed Mass	Enter date: The original date on which a driver's license was issued to this driver in this state.
DRIVER INFORMATION	Date First Licensed Other	Enter date: The original date on which a driver's license was issued to this driver in a state other than the in which insurance is being requested.
DRIVER INFORMATION	Date First Licensed Motorcycle	Enter date: The original date on which a motorcycle driver's license was issued to this driver.
DRIVER INFORMATION	Driver Train Yes/No	Enter Y for a "Yes" response. Input N for "No" response. Indicate if driver training credit applies to the driver, if required by the company. Refer to the company's manual to verify if a credit or surcharge should be applied. Attach a Driver Training Certificate (ACORD 91) if the operator is under age 21 and has successfully completed this training and qualifies for the credit.
DRIVER INFORMATION	% of Use Auto 1	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.
DRIVER INFORMATION	% of Use Auto 2	Enter percentage: Indicates the percentage of driving done by this driver in the primary vehicle that this driver uses.

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Section Name	Field Name	Description
DRIVER INFORMATION	A. Been involved in any motor vehicle accident or been found guilty of any moving violation? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "During the last specified number of years have you or any listed operator been involved in any motor vehicle accident or been found guilty of any moving violation?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "During the last specified number of years have you or any listed operator been involved in any motor vehicle accident or been found guilty of any moving violation?".

DRIVER INFORMATION	B. Been assigned to an alcohol education program? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "During the last specified number of years have you or any listed operator been assigned to an alcohol education Program?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "During the last specified number of years have you or any listed operator been assigned to an alcohol education Program?".
DRIVER INFORMATION	C. Had two or more total fire or total theft claims? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "During the last specified number of years have you or any listed operator had two or more total fire or total theft losses?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "During the last specified number of years have you or any listed operator had two or more total fire or total theft losses?".
DRIVER INFORMATION	D. Been convicted of vehicular homicide, auto related fraud, auto theft, or driving under the influence of alcohol or drugs? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "During the last specified number of years have you or any listed operator been convicted of vehicular homicide, auto related fraud, auto theft, or driving under the influence of alcohol or drugs?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "During the last specified number of years have you or any listed operator been convicted of vehicular homicide, auto related fraud, auto theft, or driving under the influence of alcohol or drugs?".
DRIVER INFORMATION	E. Received payment from an insurance company for any comprehensive claim? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "During the last specified number of years have you or any listed operator received payment from an insurance company for any collision or comprehensive loss including fire, theft, vandalism, malicious mischief, or glass?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "During the last specified number of years have you or any listed operator received payment from an insurance company for any collision or comprehensive loss including fire, theft, vandalism, malicious mischief, or glass?".
DRIVER INFORMATION	F. Had your license revoked or suspended? Yes	Check the box (if applicable): Indicates a "Yes" response to the question "Any drivers license been suspended/revoked?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question "Any drivers license been suspended/revoked?".
DRIVER INFORMATION	1. Do you presently owe any motor vehicle premium, payable in the last twelve months? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you presently owe any motor vehicle premium, payable in the last twelve months?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "Do you presently owe any motor vehicle premium, payable in the last twelve months?".

DRIVER INFORMATION	2. Has any automobile insurance policy been canceled or non-renewed for any reason in the last three (3) years? Yes	Check the box (if applicable): Indicates a "Yes" response to the question "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question "Any policy or coverage declined, cancelled or non-renewed during the mandated number of years?".
DRIVER INFORMATION	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 #)? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any listed operators included on another policy or do they have their own MA personal automobile policy?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "Are any listed operators included on another policy or do they have their own MA personal automobile policy?".
DRIVER INFORMATION	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) Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "If a vehicle is a motorcycle, has the principal operator completed an approved motorcycle rider training Program?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "If a vehicle is a motorcycle, has the principal operator completed an approved motorcycle rider training Program?".
DRIVER INFORMATION	5. Is any auto used to transport (to or from work or school): A. Fellow employees, passengers or students, for a fee? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is any auto used to transport (to or from work or school) fellow employees, passengers or students, for a fee?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "Is any auto used to transport (to or from work or school) fellow employees, passengers or students, for a fee?".
DRIVER INFORMATION	B. Persons employed by you? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is any auto used to transport (to or from work or school) persons employed by you?".

DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "Is any auto used to transport (to or from work or school) persons employed by you?".
DRIVER INFORMATION	6. If any van or pick-up equipped with custom furnishings or custom equipment? (If Yes, you may wish to purchase additional coverage). Yes	Check the box (if applicable): Indicates a "Yes" response to the question "Any vehicles customized, altered or with special equipment?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question "Any vehicles customized, altered or with special equipment?".
DRIVER INFORMATION	7. Is any auto equipped with electronic equipment permanently installed but not in locations used by the auto manufacturer for such equipment?	Check the box (if applicable): Indicates a "Yes" response to the question, "Any auto equipped with electronic equipment permanently installed but not in locations used by the auto manufacturer for such equipment?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "Any auto equipped with electronic equipment permanently installed but not in locations used by the auto manufacturer for such equipment?".
DRIVER INFORMATION	8. Is any auto used in business? (Type of Business) Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is any auto used in business?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "Is any auto used in business?".
DRIVER INFORMATION	A. If van/pick-up, is it used to deliver/transport goods?	Check the box (if applicable): Indicates a "Yes" response to the question, "If an auto used in business is a van/pickup, is it used to deliver/transport goods?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "If an auto used in business is a van/pickup, is it used to deliver/transport goods?".
DRIVER INFORMATION	B. Is gross vehicle weight 10,000 pounds or more? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "If an auto used in business, is gross vehicle weight 10,000 pounds or more?".
DRIVER INFORMATION	No	Check the box (if applicable): Indicates a "No" response to the question, "If an auto used in business, is gross vehicle weight 10,000 pounds or more?".

DRIVER INFORMATION	9. 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	Enter identifier: The salvage title number.
DRIVER INFORMATION	Auto 2	Enter identifier: The salvage title number.
DRIVER INFORMATION	11. Motorcycle Only, issue my policy to expire at 12:01 AM on January 1st and do not renew.	Check the box (if applicable): Indicates the response to the question, "For motorcycles only, do you want a policy issued to expire at 12:01 AM on January 1st and do not renew?".
DRIVER INFORMATION	Trailer or recreational vehicle - issue my policy to expire at 12:01 AM on December 1st and do not renew.	Check the box (if applicable): Indicates the response to the question, "For trailer or recreational vehicles, do you want a policy issued to expire at 12:01 AM on December 1st and do not renew?".
ATTACHMENTS	Anti-theft Device Certificate	Check the box (if applicable): Indicates if an attachment will follow containing an anti-theft device certificate.
ATTACHMENTS	Appraisal	Check the box (if applicable): Indicates if an attachment will follow containing an appraisal form.
ATTACHMENTS	Approved driver training certificate	Check the box (if applicable): Indicates if an attachment will follow containing a driver training certificate.
ATTACHMENTS	Approved motorcycle rider training cert.	Check the box (if applicable): Indicates if an attachment will follow containing an approved motorcycle rider training certificate.
ATTACHMENTS	Customized equipment evidence	Check the box (if applicable): Indicates if an attachment will follow containing customized equipment evidence.
ATTACHMENTS	Operator Exclusion form	Check the box (if applicable): Indicates if an attachment will follow containing an operator exclusion form.
ATTACHMENTS	Out-of-state driver record	Check the box (if applicable): Indicates if an attachment will follow containing an out of state driving record.
ATTACHMENTS	Pre-Insurance form	Check the box (if applicable): Indicates if an attachment will follow containing a pre-insurance form.
ATTACHMENTS	Vehicle Recovery System Certificate	Check the box (if applicable): Indicates if an attachment will follow containing a vehicle recovery system certificate.
REMARKS	Remarks	Enter text: The personal vehicle line of business remarks.

BINDER/SIGNATURE	Signature of Applicant	Sign here: Accommodates the signature of the applicant or named insured.
BINDER/SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
BINDER/SIGNATURE	Time	Enter time: The time the form was signed by the named insured.
BINDER/SIGNATURE	Signature of Agent	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
BINDER/SIGNATURE	Date	Enter date: The date the producer signed the form.
BINDER/SIGNATURE	Time	Enter time: The time the producer signed the form.
BINDER/SIGNATURE	Applicant's Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.