

Agent Name: _____
Policyholder Name: _____
Policy Effective Date: _____

ARBELLA MUTUAL INSURANCE COMPANY
SUPPLEMENTAL APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period.

- 1.) Do you, or your parents, if you are a resident of their household, have other Arbella policies or any homeowner, tenant, or condominium policies with a company or facility that does not sell auto insurance in Massachusetts?
If yes, please check those that apply: Yes No
- Arbella Auto ___# of years of uninterrupted coverage with Arbella
 - Homeowner, Tenant, or Condominium
___Arbella ___Other (include company name)_____
 - Arbella Dwelling Fire Arbella Umbrella
- 2.) Years with prior automobile carrier? _____
- 3.) a. Does this policy include a full time student living more than 100 miles from home without a vehicle at school? Yes No
Driver Name _____ School Name/City/State _____
- b. Does this policy qualify for a Good Student Discount? Driver Name _____ Yes No
- 4.) Has any operator with less than 3 years driving experience successfully completed [please answer both (a) & (b):
a. Basic Driver Training AND *Advanced Driver Training program approved by the MA RMV? Yes No
b. Basic Driver Training AND an advanced driver training program with both simulator based and on-line components that is preapproved by Arbella. (*A copy of the certificate must be attached for verification). Yes No
- 5.) Has any rated operator been licensed for the 12 month period preceding the effective date of the policy and insured without a lapse in coverage for the 12 month period preceding the effective date of the policy? Please complete the grid below:

<u>Rated Operator</u>	<u>Licensed In MA</u>	<u>Lapse In Coverage</u>
Auto 1 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto 2 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto 3 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto 4 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 6.) Is the application accompanied by payment in full, not including funds from a finance company? Yes No
- 7.) Has the applicant had a lapse in coverage during the last twelve months? Yes No
- 8.) Does this policy qualify for the Multi-Car Individual/Spouse Discount? Yes No
- 9.) Does this policy qualify for the Multi-Car Family Discount? Yes No
- 10) Does policy qualify for Military Away Discount (deployed on active duty over 100 miles away)? Yes No

Signature of Applicant

Date and Time

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.

Signature of Agent

Date and Time