



Supplemental Application for Massachusetts Motor Vehicle Insurance
(must be completed and submitted with all Personal Auto applications)

Named Insured	
Mailing Address	
City/State	Zip Code

Producer Name:
Producer Code:
Policy Effective Date:

- Do you have **MA Property Insurance** with Commerce or the Fair Plan on your principal place of residence? Yes No
If yes, you may be eligible for an **Account Discount**. Please indicate if you have one of the following Property Policy types:
Homeowners Condo Renters
- So that we may rate your policy accurately, please indicate if you have **Property Insurance** on your principal place of residence with a company other than Commerce or the FAIR Plan.
_____ Name of other Insurance Company
- Do you have an **Out of State or Foreign Driver's License**? Yes No
If yes, attach a copy to this application.
- Were you previously **licensed** to drive **outside of Massachusetts**? Yes No
If yes, provide the state, license number, and your date first licensed: _____
- Are you **Excluding an Operator/s** on your application? Yes No
If yes, attach a copy of the signed exclusion form to this application.
- Do you have more than one vehicle insured with Commerce? If so, you may be eligible for a **Multi-Car Discount**. Yes No
If yes, list all policy numbers to support the multi-car discount eligibility: _____
- Do any of the vehicles listed on your application have an **Anti-Theft Device (ATD)**? Yes No
If yes, list each vehicle and the ATD type and attach a copy of the certificate to this application.

- Do you drive less than 5,000 miles, or 5,001 to 7,500 miles annually and qualify for the **Annual Mileage Discount (AMD)**?
Yes No If yes, attach a copy of the AMD Form to this application.
- Is your **Mailing address different from your Garaging Address** on your application? Yes No
If yes, provide an explanation:

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 the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Signature of Applicant

Date and Time

TO BE COMPLETED BY PRODUCER:

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 Producer

Date and Time

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