



"All Your Insurance Needs . . . Under One Roof"

400A Franklin St. Braintree, MA 02184
Telephone No.: 781-843-7000 Fax No.: 781-848-6100

Massachusetts Operator Exclusion Form

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, If I, or someone on my behalf, provide false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading, or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and the answers given for all listed operators. Payments under Part 3 and \$ may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because household member would be classified as an inexperienced operator or would require payment of additional premium on my policy under the Safe Driver Insurance Plan.

It is agreed that the person named below will not operate the vehicle described below, or any replacement thereof, under and circumstances whatsoever.

Excluded Operator

Vehicle Description

Vehicle Description

Policyholder Name

Policyholder Signature

Date

Policy Number

Excluded Operator's
Signature

Date