



SUPPLEMENTAL APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE

PRODUCER	CODE:	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP	EFFECTIVE DATE	EXPIRATION DATE
BINDER / POLICY #			E-MAIL ADDRESS	

Eligibility for certain premium discounts available to Travelers of Massachusetts' personal motor vehicle insurance policyholders require the submission of additional information. Review the descriptions below and, if you believe you qualify for one or more discounts, please provide the requested information, sign this form and return it to your agent or company representative.

COMPANION POLICY DISCOUNT

Discount	Coverage Parts Affected
5%	1, 2, 4, 5, 6, 7, 8 and 9

A Companion Policy Discount is available to personal motor vehicle insurance policyholders who also have in effect a Travelers dwelling, condo or tenant policy – forms HO-2, HO-3, HO-4, HA-6, HVH003 or HVH006. Enter below the policy number(s) of all qualifying insurance policies:

Policy Form	Policy Number

GOOD STUDENT DISCOUNT

Discount	Coverage Parts Affected
5%	1, 2, 4, 5, 7, 8 and 9

A Good Student Discount is available for vehicles to which a qualifying "Good Student" is the assigned operator. To qualify as a "Good Student", the operator must be a full time high school, college or university student, at least 16 ½ years of age and less than 25 years of age. Eligibility for the discount requires submission of a certified statement from a school official indicating that the student has met one of the following requirements during the school semester immediately preceding the policy effective date:

- is in the upper 20% of his/her class scholastically;
- has maintained a "B" (or "3") average, or its equivalent. If the grading system cannot be averaged, then no grade can be below "B" (or "3"); or
- is included in a "Dean's List", "Honor Roll" or comparable list indicating scholastic achievement.

Enter the information requested below for each "Good Student":

Name	License No.	Date of Birth	School

A certification form, to be completed by a school official, can be obtained from your agent or company representative. Please note that certification is required at each renewal in order to maintain the discount.

PLEASE CONTINUE AND COMPLETE INFORMATION ON REVERSE

PAY-IN-FULL DISCOUNT

Discount	Coverage Parts Affected
3%	1, 2, 4, 5, 7, 8 and 9

A Pay-in-Full Discount is available to policyholders who meet the following eligibility criteria:

- Payment of the full policy premium is processed by your agent or company representative, using Travelers of Massachusetts' electronic agency payment tool, on or before the fifth day after the effective date of the policy;
 - Additional policy premium charged for any policy changes is paid in full within 30 days of receipt of the first invoice issued following the effective date of such change; and
 - No named-insured or customary operator of a vehicle insured on the policy has had a motor vehicle insurance policy canceled for non-payment of premium within the 24 months preceding the effective date of the policy.
- Note: Finance company payments do not qualify for the Pay-in-Full Discount.

If you would like to take advantage of the Pay-in-Full Discount, please discuss this option with your agent or company representative.

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS 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 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