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**BULLETIN NO. 1211**

Private Passenger Residual Market  
MAIP New Business Application for Insurance Placed on File  
SERFF Tracking Number: CARI-134785233

The Division of Insurance placed CAR's Private Passenger Residual Market MAIP Application on file on January 14, 2026, for policies effective on or after March 2, 2026. The new application for insurance specific to MAIP business has been created to comply with Division of Insurance Filing Guidance Notice 2025-T to address disclosure requirements for Negative Option Features contained in 940 CMR 38.00 - Unfair and Deceptive Fees.

Please note that this filing does not include the policyholder notice required to be attached to the policy forms. Assigned Risk Carriers are directed to use the same policyholder notice for MAIP business that they will be attaching to their voluntary policies.

The new application for insurance is attached for reference. CAR is in the process of updating its MAIP Application system to generate the application for MAIP assignments.

TIMOTHY GALLIGAN  
Director of Actuarial and Statistical Services

Attachment

# APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE - MAIP

PRODUCER	CODE	APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP	PHONE ( ) -
BINDER/POLICY#			
EFFECTIVE DATE	EXPIRATION DATE	MAIL ADDRESS (IF DIFFERENT)	

[COMPANY USE]	DIRECT BILL AGENCY BILL	PAYMENT PLAN Direct	DEPOSIT PREMIUM
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**COVERAGE INFORMATION:** Massachusetts Law requires that if a company elects to provide Compulsory Insurance Coverage (Parts 1,2,3,4), it must also offer the following Optional Coverages: Optional Bodily Injury to Others, Bodily Injury Caused By An Underinsured Auto at limits up to \$40,000 each person, \$90,000 each accident, Medical Payments Coverage up to \$5,000, Collision, Limited Collision, Comprehensive and Substitute Transportation. However, Part 7, Collision, Part 8, Limited Collision, and Part 9, Comprehensive coverages may be refused or canceled in certain situations as provided for in the law. Part 11, Towing and Labor Coverage is available at the option of the Company.

COVERAGES PARTS 1-12	AUTO 1		AUTO 2		
COMPULSORY INSURANCE	LIMITS / DEDUCTIBLE		PREMIUM	LIMITS / DEDUCTIBLE	PREMIUM
1. BODILY INJURY TO OTHERS	\$25,000 PER PERSON / \$50,000 PER ACCIDENT			\$25,000 PER PERSON / \$50,000 PER ACCIDENT	
2. PERSONAL INJURY PROTECTION	\$8,000 PER PERSON \$ DED	NONE <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS		\$8,000 PER PERSON \$ DED	<input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF & HOUSEHOLD MEMBERS
3. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO (COMPULSORY LIMITS \$25,000/\$50,000)	\$ PER PERSON \$ PER ACCIDENT			\$ PER PERSON \$ PER ACCIDENT	
4. DAMAGE TO SOMEONE ELSE'S PROPERTY (COMPULSORY LIMIT \$30,000)	\$ PER ACCIDENT			\$ PER ACCIDENT	
<b>OPTIONAL INSURANCE</b>					
5. OPTIONAL BODILY INJURY TO OTHERS	\$ PER PERSON \$ PER ACCIDENT			\$ PER PERSON \$ PER ACCIDENT	
6. MEDICAL PAYMENTS	\$ PER PERSON			\$ PER PERSON	
7. COLLISION Coverage Maximum of \$175,000	WAIVER OF DEDUCTIBLE	\$ DED		WAIVER OF DEDUCTIBLE	\$ DED
8. LIMITED COLLISION Coverage Maximum of \$175,000		\$ DED			\$ DED
9. COMPREHENSIVE Coverage Maximum of \$175,000	\$100 GLASS DEDUCTIBLE	\$ DED		\$100 GLASS DEDUCTIBLE	\$ DED
10. SUBSTITUTE TRANSPORTATION	UP TO \$ A DAY, MAXIMUM \$			UP TO \$ A DAY, MAXIMUM \$	
11. TOWING AND LABOR	UP TO \$ FOR EACH DISABLEMENT			UP TO \$ FOR EACH DISABLEMENT	
12. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO	\$ PER PERSON \$ PER ACCIDENT			\$ PER PERSON \$ PER ACCIDENT	
<b>MERIT RATING PLAN</b>		STATUS: PREMIUM ADJUSTMENT		STATUS: PREMIUM ADJUSTMENT	
<b>GUEST OCCUPANT EXCLUSION FOR MOTORCYCLE</b>		PREMIUM*		PREMIUM*	
		* SUBJECT TO MERIT RATING CREDIT OR SURCHARGE			
TOTAL PREMIUM					

VEHICLE INFORMATION		PLACE OF PRINCIPAL GARAGING - IF DIFFERENT FROM RESIDENTIAL ADDRESS CITY OR TOWN, ZIP CODE		AUTO 1:			AUTO 2:		
#	YEAR	MAKE, MODEL AND, IF MOTORCYCLE, CC	VEHICLE IDENTIFICATION NUMBER	GROSS VEHICLE WEIGHT RATING FOR VAN OR PICK-UP	REGISTRATION PLATE NUMBER	DATE OF PURCHASE	VEHICLE OR MOTORCYCLE COST NEW	MILES AUTO WAS DRIVEN IN PAST 12 MONTHS	ODOMETER READING
1									
2									
#	AIR BAG/PASSIVE SEATBELT (YES/NO)	ANTI-THEFT (YES/NO)	VEHICLE RECOVERY SYSTEM (YES/NO)	LEASED AUTO (YES/NO)	SECURED LENDER AND/OR LESSOR (Please include name and address)				
1									
2									

**NOTICE:** Evidence of installation of an anti-theft device or a vehicle recovery system is required to receive a discount for Part 9, Comprehensive. If your auto is not equipped with an anti-theft device or a recovery system and your auto is on the High-Theft Vehicle List furnished with this application, you may be charged an Extra-Risk rate for Part 9, Comprehensive.

**DRIVER INFORMATION** Furnish information for the applicant and each individual who customarily operates the auto(s) whether or not a Household Member. Your failure to list a household member or any individual who customarily operates your auto may have very serious consequences.

OPERATOR NAME	DATE OF BIRTH	CURRENT DRIVERS LICENSE # / LICENSED STATE	MERIT RATING STATUS	DATE FIRST LICENSED			DRIVER TRAINING	% OF USE					
				MASS	OTHER	MOTOR CYCLE		YES/ NO	AUTO 1	AUTO 2	AUTO 3	AUTO 4	
1													
2													
3													
4													

**NOTICE** If you or someone else on your behalf knowingly gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the Merit Rating Plan.

PLEASE CONTINUE AND COMPLETE INFORMATION ON NEXT PAGE

DRIVER INFORMATION (CONTINUED)		Explain all "Yes" responses in the REMARKS Section. During the last six years have you or any listed operator:			
A. BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENT OR BEEN FOUND GUILTY OF ANY MOVING VIOLATION?	YES	NO	D. BEEN CONVICTED OF VEHICULAR HOMICIDE, AUTO RELATED FRAUD, AUTO THEFT, OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS?	YES	NO
B. BEEN ASSIGNED TO AN ALCOHOL EDUCATION PROGRAM?			E. RECEIVED PAYMENT FROM AN INSURANCE COMPANY FOR ANY COMPREHENSIVE CLAIM?		
C. HAD TWO OR MORE TOTAL FIRE OR TOTAL THEFT CLAIMS?			F. HAD YOUR LICENSE REVOKED OR SUSPENDED?		

**LICENSE INFORMATION** Once you or the principal operator listed on this application become a resident of Massachusetts, you or the principal operator must obtain a Massachusetts driver's license. A resident of another state may drive in Massachusetts with a currently valid license issued by the individual's state of residence. A visitor from another country who is at least 18 years old and has a valid license issued by a country accepted by the Registrar of Motor Vehicles (in accordance with the 1949 Road Traffic Convention or the 1943 Inter-American Automotive Traffic Convention) may legally drive in Massachusetts for up to one year from the date of arrival in the United States. The failure by you or the principal operator to be properly licensed to operate a motor vehicle in Massachusetts may result in the non-renewal of the automobile insurance policy. For information about the Massachusetts requirements for driver's licenses, please consult the Registry of Motor Vehicle's website at [www.mass.gov/rmv](http://www.mass.gov/rmv).

**MERIT RATING INFORMATION** If in the last six years any listed operator has a driver's license in the United States or certain countries whose records are electronically available, we will obtain that official driving record(s), which will be used to assign your Merit Rating Status. If the record(s) is not electronically available, Merit Rating Status 00 will be assigned unless you provide an official copy of the driving records to the company. See "Your Consumer Guide" for additional details.

**GENERAL INFORMATION** Explain all "Yes" responses in the REMARKS Section; on Questions 3 - 8 include the auto number.

		YES	NO			YES	NO
1. DO YOU PRESENTLY OWE ANY MOTOR VEHICLE PREMIUM, PAYABLE IN THE LAST TWELVE MONTHS?				5. IS ANY AUTO USED TO TRANSPORT (To or From Work or School): A. FELLOW EMPLOYEES, PASSENGERS OR STUDENTS, FOR A FEE? B. PERSONS EMPLOYED BY YOU?			
2. HAS YOUR AUTOMOBILE INSURANCE POLICY BEEN CANCELED OR NON-RENEWED FOR ANY REASON IN THE LAST THREE YEARS?				6. IS ANY VAN OR PICK-UP EQUIPPED WITH CUSTOM FURNISHINGS OR CUSTOM EQUIPMENT? (If Yes, You May Wish to Purchase Additional Coverage.)			
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 #)				7. IS ANY AUTO EQUIPPED WITH ELECTRONIC EQUIPMENT PERMANENTLY INSTALLED BUT NOT IN LOCATIONS USED BY THE AUTO MANUFACTURER FOR SUCH EQUIPMENT? (If You Wish to Purchase Coverage For these Items, list Make, Model, Serial #, Amount of Ins. for Items).			
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)				8. IS ANY AUTO USED IN BUSINESS? (Type of Business) A. IF VAN/PICK-UP OR SUV, IS IT USED TO DELIVER/TRANSPORT GOODS? B. IS GROSS VEHICLE WEIGHT 16,000 POUNDS OR MORE?			

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 \_\_\_\_\_ AUTO 2 \_\_\_\_\_

ATTACHMENTS	
<input type="checkbox"/>	ANTI-THEFT DEVICE CERTIFICATE
<input type="checkbox"/>	APPRAISAL
<input type="checkbox"/>	APPROVED DRIVER TRAINING CERTIFICATE
<input type="checkbox"/>	APPROVED MOTORCYCLE RIDER TRAINING CERTIFICATE
<input type="checkbox"/>	CUSTOMIZED EQUIPMENT EVIDENCE
<input type="checkbox"/>	OPERATOR EXCLUSION FORM
<input type="checkbox"/>	OUT-OF-STATE DRIVER RECORD
<input type="checkbox"/>	PRE-INSURANCE FORM
<input type="checkbox"/>	VEHICLE RECOVERY SYSTEM CERTIFICATE

10. IF ANY AUTO(S) LISTED ON THE APPLICATION IS CONSIDERED TO BE AN ANTIQUE AUTO AND YOU WISH TO PURCHASE COVERAGE PARTS 7, 8 OR 9, ATTACH A COPY OF THE CURRENT APPRAISAL.

11. IF THIS APPLICATION IS FOR A MOTORCYCLE, TRAILER OR RECREATIONAL VEHICLE, AN ANNUAL POLICY WILL BE ISSUED UNLESS INDICATED BELOW:

MOTORCYCLE ONLY - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON JANUARY 1ST AND DO NOT RENEW.

TRAILER OR RECREATIONAL VEHICLE - ISSUE MY POLICY TO EXPIRE AT 12:01 A.M. ON DECEMBER 1ST AND DO NOT RENEW.

**REMARKS** IF ADDITIONAL SPACE IS REQUIRED, ATTACH ADDITIONAL SHEET(S) OF PAPER.

**NOTE:** To receive insurance coverage, you will be charged premium. The amount shown on this application is not final premium but is calculated solely to determine the deposit amount. The Assigned Risk Company will calculate the final premium after confirming policy facts.

**AUTOMATIC POLICY RENEWAL** is considered a Negative Option Feature as defined by 940 CMR 38.00 – Unfair and Deceptive Fees. The policy issued from this application will automatically renew unless you or your company cancel or non-renew before the expiration. If the policy automatically renews, charges will occur on a recurring basis unless you timely take steps to prevent or stop such charges. Your insurance company will notify you no more than 30 days and no less than 5 days prior to policy expiration to provide instructions to cancel the Negative Option Feature and avoid being charged. You may cancel or non-renew this policy at any time by contacting your agent or your insurance company.

**FAIR CREDIT REPORTING ACT:** In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. The information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

**DECLARATIONS AND SIGNATURES**

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

**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