



Mass Auto Supplemental Application
Integon National Insurance Company

In order to complete the Mass Auto Application to Integon National Insurance Company, please answer the following questions and submit them to us along with the standard MAIP Application and the required deposit amount.

1. PRIOR INSURANCE Yes [ ] No [ ]

Answer "yes" or "no" that the Named Insured had auto insurance coverage at any time in the 12 months immediately prior to the effective date of the policy. Yes includes being listed on another policy as a non-deferred or non-excluded operator.

2. YEARS WITH PRIOR CARRIER # of Years \_\_\_\_\_

Please indicate the number of years that the Named Insured has had continuous auto insurance with the same insurance Company in the timeframe immediately prior to the effective date of the policy.

3. LAPSE IN INSURANCE # of Days of Lapse in Coverage \_\_\_\_\_

In the last 6 months did the applicant have a lapse in insurance coverage? If so, please indicate above the number of days during which the insurance coverage was not in force. Lapse is determined based on the cancellation date of one insurance policy to the effective date of another policy. If there are multiple lapses in coverage, the number of days lapsed should be the most number of days lapsed to determine the points to be assigned.

4. NON-CHARGEABLE INCIDENTS # of Non Chargeable Incidents \_\_\_\_\_

Indicate the number of non-chargeable incidents of all listed operators in the last 5 years from the effective date of the policy. Do not include incidents for deferred or excluded operators.

Definitions:

- Not-at-fault accidents - A not at fault accident is one in which the company makes a claim payment of at least \$500 and determines that the listed operator is 50% at fault or less. Claims that are subrogated against another party are also included in this category if the net payment by the Company is at least \$500.
At Fault accidents less than the threshold are accidents where the claim payment for Bodily Injury Liability, Damage to Someone Else's Property, Collision, or Limited Collision is less than \$500 and is not surcharged as part of Rule 56 - Merit Rating Plan (MRB).
Comp claims are any claims paid by an insurance company under Comprehensive coverage excluding Glass claims or Towing and Labor claims.

5. ADVANCE QUOTE

- First Quote Date \_\_\_\_\_
Effective Date \_\_\_\_\_

Please indicate the date when the policy was first quoted and the effective date of the policy.

6. PRIOR BI LIMITS

\$ \_\_\_\_\_ Per Person

\$ \_\_\_\_\_ Per Occurrence

NOTE: If a factor is unknown for any rating categories above, please answer unknown.

I DECLARE THAT ALL THE STATEMENTS CONTAINED IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AS OF THIS DATE.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_
Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_