Commerce Insurance

The Commerce Insurance Company
Citation Insurance Company
211 Main Street, Webster, Massachusetts 01570 (508) 943-9000
Member of The Commerce Group, Inc.

OUT-OF-STATE DRIVING EXPERIENCE APPLICATION FOR CREDIT

NAMED INSURED: _____ POLICY NUMBER: _____

AGENCY NAME/CODE: _____POLICY EFF. DATE_____

Answer the following questions for yourself and all operators listed for incidents which have occurred **outside of Massachusetts**, or if you are requesting a credit based on out-of-state experience.

During the last six (6) years, have you or any listed operator:

a. been found at fault in any motor vehicle accident? YES NO

b. been found guilty of or paid a fine for any moving violation? YES NO

c. been assigned to an Alcohol Education Program? YES NO

Please provide the information requested below as it applies to each operator, previously or currently licensed out of state. If any operator presently maintains an out-of-state or out-of-country license, please attach a copy.

Driver #	Driver Name	Please list all previous state(s) and license number(s)	Description of Incident	Date of Conviction

NOTICE: If you or someone else on your behalf provides us with false, deceptive, misleading or incomplete information on the Application for Credit and the attached Application for Insurance, 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 answers given for all listed operators. Check to make certain that you have correctly listed all operators and the completeness of the previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

I DECLARE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

_____ _____

APPLICANT'S SIGNATURE DATE