

# Supplemental Application Information for MAIP Policyholders



**IMPORTANT:**  
**This is a writable PDF. Please  
complete it electronically.**

#### Follow these steps:

1. Save a copy of this PDF to your computer with the file name of your choice (e.g., JDoeSupMAIPapp.pdf); always keep the .pdf extension on the file name.
2. Open the newly named PDF using Adobe Acrobat and complete it by typing into the designated fields and/or selecting the appropriate radio buttons. Tip: You can tab from field to field.
3. When finished, save your completed form (File/Save).
4. Print and sign document. (Applicant and Agent)
5. Attach to MAIP application for insurance.

Failure to return this supplemental application will result in the policy being deemed ineligible for certain favorable rating considerations and discounts.

## Pay Plans

The following pay plan options are available for MAIP policyholders.

Select One:

**1 Pay**

Use this pay plan if the Eligible Risk has previously cancelled for non-payment and you are not financing the premium through a premium finance company, or if the policyholder chooses to pay their premium in full. All additional premium endorsements will be billable in full.

**Premium Finance**

Use this pay plan option if you are financing the premium through a premium finance company. Include the name and address of the finance company with the check.

Premium Finance Company:		
Street Address 1:		
Street Address 2:		
City:	State:	Zip Code:

**10 Pay (25% Down Payment)**

Standard direct bill installment plan requiring a 25% down payment and nine additional installments with service charges of \$8.00 per month.

**10 Pay (20% Down Payment)**

If the Eligible Risk's prior policy was non-renewed, the producer for said policy was an Exclusive Representative Producer on the effective date of the policy (or the policy was ceded to CAR), the Eligible Risk has no prior premium owed and he/she is otherwise eligible for MAIP placement, then Pilgrim Insurance will allow a 20% down payment with nine additional installments. Service charges will also be \$8.00 per month. Please note the Eligible Risk must meet all conditions to be eligible for this lower down payment option.

This form continues

### Required Rating Information

Please provide all information requested below. Failure to complete this required section will result in the policy being deemed ineligible for favorable rating considerations and discounts. Please note that the policyholder must register any unregistered vehicle within 7 days of the effective date of this policy.

You may use the blank space at the end of this PDF if you require additional space.

#### Number of Years with Agency

The Eligible Risk has been with your agency since: (mm/dd/yyyy)      /      /

#### Tenure with Prior Carrier

The Eligible Risk has been insured with their prior carrier since: (mm/dd/yyyy)      /      /

Check here if Eligible Risk does not have insurance prior to submitting this application.

#### Prior Optional Bodily Injury Limits

Indicate prior OBI limits on the Eligible Risk's previous policy: (i.e., 20/40, 50/100, 100/300 etc.)  
*A copy of the prior Coverage Selections Page is required.*

## Additional Rating and Discount Information

Please complete the items below that apply to the policy for rating consideration.

### Electronic Document Delivery Discount

Does the Eligible Risk intend to enroll in electronic delivery of policy documents?  Yes  No

*The insured's email address is required on the blank page at the end of this PDF. To retain a discount, the Eligible Risk must be registered for eServices and select eDocument delivery for the policy within 30 days.*

### Motor Club Rating Factor

The Motor Club Discount is available when a named insured or spouse is a member of an approved Motor Club.

Motor Club:

Motor Club Membership Number:

Motor Club Membership Date:     /     /

*Please provide a copy of the Membership card.*

### Companion Policy Discount

The insured can qualify for the Companion Package Home Insurance Discount if the Named Insured's primary residence is insured by any eligible company, or if a policy is intended to be purchased from Bunker Hill Insurance Casualty Company, Bunker Hill Insurance Company, or Mt. Washington Assurance Corporation in the next twelve months.

Companion Policy Company:

Companion Policy Number or Future Effective Date:

### Companion Commercial Auto Policy Discount

The insured can qualify for the Companion Commercial Auto Insurance Discount if the Named Insured has a commercial auto policy with Plymouth Rock Assurance Corporation or Pilgrim Insurance Company that is currently in force or has purchased a policy yet to be in force.

Commercial Companion Policy Company:

Commercial Companion Policy Number or Future Effective Date:

### Continuous Coverage Discount

To be considered for eligibility, please provide a copy of the Coverage Selections Page confirming coverage up to the effective date of this new policy for all operators listed on the application.

# Supplemental Application Information for MAIP Policyholders (continued)



## Good Student Discount

Rated drivers with less than six years of driving experience are eligible for this discount when they meet the following conditions:

- The driver is a full time high school, college, or university student at an accredited institution.
- At least one of the following conditions is being met:
  - 1 The student is in the upper 20% of his/her class scholastically.
  - 2 The student is maintaining a "B" average, or its equivalent. If the letter grading system cannot be averaged then no grade can be below "B".
  - 3 When in a school maintaining a numerical grade, the student must have at least a 3.0 in a 4, 3, 2, 1 point system or its equivalent.
  - 4 The student is included in a "Dean's List", "Honor Roll" or comparable list indicating scholastic achievement.

A certified statement from a school official must be presented to the Company annually indicating that the student has maintained one of the above conditions.

Name(s) of Eligible Driver(s)	
1	First & Last Name:
2	First & Last Name:
3	First & Last Name:
4	First & Last Name:

Attach appropriate completion certificate.

## Away at School Discount Factor

Rated drivers with less than six years of driving experience are eligible for this discount when they meet the following conditions:

- The driver is a student enrolled at an educational institution located more than 100 miles away from the place of principal garaging of the vehicle.
- The student resides at that educational institution and will not have regular access to a covered vehicle while at school.

Driver's First & Last Name:		
School Name:		
Street Address 1:		
Street Address 2:		
City:	State:	Zip Code:

### Declarations and Signatures

I declare that all the statements contained in this MAIP Supplemental Application are complete and true to the best of my knowledge as of this date.

X

Signature of Applicant

Date

Time

:  am  pm

#### TO BE COMPLETED BY AGENT

The information contained in this MAIP Supplemental Application is as told to me by the applicant and is true and complete to the best of my knowledge.

X

Signature of Agent

Date

Time

:  am  pm

Please feel free to use the blank space below to include additional information pertaining to the Rating Information & Discounts section of this application.