

THE NORFOLK & DEDHAM GROUP

MA Auto Supplemental Application

For the discount requested, please complete the appropriate section.

Named Insured: _____ Policy Number: _____

1. Companion Policy

Do you have other insurance with a Norfolk & Dedham Group company? () Yes () No

If yes, type of policy: () Homeowners () Dwelling () Commercial Auto
() ComPak () WorkPak () Commercial Package

Policy number: (1) _____ (2) _____ (3) _____

Named insured on policy: (1) _____ (2) _____

2. Advanced Driver Skills Development Program

Has any listed driver completed an Advanced Driver Skills Development Program as approved by the Registry of Motor Vehicles, currently either In Control Advanced Driver Training or Stevens Advance Driver Training, LLC? () Yes () No

If yes, name of driver: _____ Date of Certificate: _____

Name of program: _____ Please attach copy of certificate

A discount of the premium paid for Parts 1, 2, 4, 5, 7, and 9 will be given to eligible policyholders on request, when the operator assigned to that auto is eligible to receive an Advanced Driver Training discount. *Please note the discount does not apply for standard driver's education programs.*

3. Good Student Discount

Is any driver (check all that apply):

- () a. Licensed less than 6 years, and a full time student in high school, college, or home study group.
- () b. In top 20% of his/her class
- () c. Maintaining a grade point average of B or better.
- () d. On Honor Roll or Deans List

If a, plus b., c., or d. apply, please attach verification.

Name of student: _____

Name of school: _____

A discount of the premium paid for Parts 1, 2, 4, 5, 7, and 9 will be given to eligible policyholders on request, when the operator assigned to that auto is eligible for a Good Student discount.

4. Student Away at School Discount (check all that apply):

- () a. The student is licensed less than 6 years and residing at an educational institution that is over 100 road miles from the vehicle's principal place of garaging
- () b. The student does not have regular access to the covered vehicle while at school

Name of student: _____

Name of school: _____

Address of school: _____

A discount of the premium paid for Parts 1, 2, 4, 5, 7, and 9 will be given to eligible policyholders on request, when the operator assigned to that auto is eligible for the Student Away from Home discount:

Insured Signature: _____ Date: _____