

Submission for Other Autos Application (Class/Antique Car, Trailer, RV/Motorhome)

Please include this form with your submission.

Agency Name: _____

Agent City/Town: _____

Agent Contact Email: _____

Instructions to Submit Business:

Please upload completed items via [secure submission portal](#):

1. This Cover Page
2. Acord Application for MA Motor Vehicle Insurance
3. Class/Antique Car, Trailer, RV/Motorhome Supplement
4. RMV-1/RMV-3 (*if applicable*)
5. Prior Carrier Declaration Page (*if applicable*)
6. Primary Residence Declaration Page (*if applicable*)
7. Submit this application through the secure portal (not unsecured email):
<https://www.massagent.com/insmarkets/specialsubmit.cfm#submit>

For questions contact Chris Kivior at (508) 634-7360 or ckivior@massagent.com.

Thank you for your business!

Classic/Antique Car, Trailer, RV/Motorhome Supplement

Named Insured Information		
Insured Name:		
Additional Named Insured: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Named Insured (must be household member):	
Reason for Policy:		
Is Garaged Location Same as Mailing Address? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Garage Address (if different than mailing):		
Zip:	City:	State:
Any vehicles on this policy with more than one owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are all owner's residents of the same household? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Residence Insurance Type: *	Years at Current Residence:	
Trailer Only Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Years with Present Employer:	
Other Safeco Insurance Policies		
Does the insured have a current Personal Umbrella with Safeco? * Yes <input type="checkbox"/> No <input type="checkbox"/>		
Policy Type:	Policy Number:	
Policy Type:	Policy Number:	
Policy Type:	Policy Number:	
Driver Information: (Driver 1) *		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Has this driver's license been suspended or revoked in the last 6 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Driver 2)		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Has this driver's license been suspended or revoked in the last 6 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Driver 3)		
Name:	Birth Date:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Permanent Resident of Household? Yes <input type="checkbox"/> No <input type="checkbox"/>	Marital Status:	Relationship to Insured:
Has this driver's license been suspended or revoked in the last 6 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	SR-22 Filing: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vehicle Information & Usage (Please provide RMV-1 or RMV-3 as needed.)		
Is this a newly acquired vehicle, not registered yet or plate number and plate type not required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Work/School 4 or More Miles...	Mileage One Way:	Days per week driven to work/school:
Underwriting		
* Current Insurance Carrier:	Number of Months with this carrier?	
Policy Expiration/Lapse Date:	Current Carrier Policy Number:	
Prior Insurance Carrier:	Number of Months with prior carrier?	
Policy Expiration/Lapse Date:		

***Submit declaration(s) with application.**

Insured Signature: _____ **Date** _____

