Supplemental MAIP Underwriting Questionnaire

Applicant Name: 

MAIP Certification Number: 

Please fax completed form to: 855-861-0163

1. a. Does the applicant currently maintain an active policy for any of the following (check applicable box below)?
   - [ ] Owners with MetLife Auto & Home
   - [ ] Condominium with MetLife Auto & Home
   - [ ] Renters with MetLife Auto & Home
   - [ ] Owners with another carrier
   - [ ] Condominium with another carrier
   - [ ] Renters with another carrier
   - [ ] None of the above

   b. Does the applicant currently own an active MetLife individual life insurance policy, individual disability policy, individual long term care policy, or individual annuity with MetLife Auto & Home or an affiliated company which is domiciled in the United States (The products must be premium paying or must be paid up with a face value of $1,000 or more in order to qualify for the discount.)?
   - [ ] Yes  [ ] No  If yes, provide policy number if voluntary rates apply: ________________

2. Do any of the drivers on the policy qualify for the Good Student Discount*?
   - [ ] Yes  [ ] No  If yes, indicate driver name(s): ________________________________

   *All boxes must be checked to quote with Good Student Discount:
   - [ ] Driver is licensed less than 6 years and;
   - [ ] Minimum Grade: Sophomore (10th grade)
   - [ ] Driver is enrolled full-time in high school, an accredited vocational-technical institute, college or university.
   (Proof will be required if voluntary rates apply.)

3. Are there any deferred operators licensed less than six years listed on the policy?
   - [ ] Yes  [ ] No  If yes, indicate driver name(s): ________________________________

4. Do any vehicles listed on the application have a salvage title?
   - [ ] Yes  [ ] No  If yes, indicate which vehicle(s): ________________________________

5. a. Name of prior insurance carrier: ________________________________
   
   b. Prior policy expiration date: ________________________________
   
   c. Prior BI Limits (check one)
      - [ ] No Prior - No Previous Need
      - [ ] No Prior - With Previous Need
      - [ ] State Minimum
      - [ ] State Minimum & <50/100 or CSL <100
      - [ ] 50/100 or CSL 100
      - [ ] >50/100 & 100/300 or CSL >100 & <300
      - [ ] 100/300 or CSL 300
      - [ ] >100/300 or CSL >300

   d. Time with prior carrier (yy/mm): _______ years and _______ months
6. Are any of the rated drivers currently serving in active military duty?
   ☐ Yes  ☐ No  If yes, indicate driver name(s):

7. a. Do any of the rated drivers require proof of financial responsibility (SR-22)?
   ☐ Yes  ☐ No  If yes, indicate driver name(s):

   b. Check box indicating reason for SR-22 request:
      ☐ Driving a motor vehicle while intoxicated or under the influence of marijuana or a narcotic drug.
      ☐ Failure to stop and report when involved in an accident.
      ☐ Homicide or assault arising out of the operation of a motor vehicle.
      ☐ Driving a motor vehicle at an excess of speed where an injury to a person or damage to property actually results therefrom.
      ☐ Driving a motor vehicle in a reckless manner where an injury to person or damage to property actually results therefrom.
      ☐ Other than any incidents stated above (please list):

8. What is the name of the applicant/co-applicant's current employer (group affiliation)?

9. Does the applicant have any association affiliations?
   ☐ Yes  ☐ No  If yes, provide name of association:

10. The policy will be set up on the following payment plan:
    ☐ Premium Finance
    ☐ Payment Installment Plan (Payments made in installments)
    ☐ *ExpressIT® (Automatic monthly withdrawal from the insured’s bank account)
    ☐ *Monthly Recurring Credit Card (Automatic monthly charge to the insured’s credit card - Visa or Mastercard)

    *Authorization form required.

Massachusetts Regulation 211 CMR 79.16 provides that no person or organization shall willfully withhold information from or knowingly give false or misleading information to any insurer that will affect the rates or premiums charged. Violation of 211 CMR 79.16 shall be subject to the penalties provided in Massachusetts General Law Chapter 175E, § 12.

If you or someone on your behalf gives us false, deceptive, misleading or incomplete information in any application or policy change request 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 of your Massachusetts Automobile Insurance Policy.

Agent Signature: ____________________________ Date: ________________

Applicant Signature: ____________________________ Date: ________________