

Massachusetts Auto Insurance Plan Division Automobile Discounts Verification for Rate Determination



Policyholder Name _____
 Policy Number _____
 Address _____
 Unit # (optional) _____
 City/Town _____
 State _____
 ZIP Code _____
 Policyholder's Prior Auto Bodily Injury Liability Limit (e.g., \$250,000/\$500,000) _____

Vehicle Discounts	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Adaptive Headlights	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forward Collision Warning With Autonomous Braking*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forward Collision Warning Without Autonomous Braking*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electronic Stability Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fax this completed form to 866-933-5267, Attn: MAIP, or mail it to the address below:

Attn: MAIP
Amica Scan Center
P.O. Box 6800
Providence, RI 02940-6800

*You cannot select Yes for Forward Collision Warning With Autonomous Braking and Forward Collision Warning Without Autonomous Braking for the same vehicle.