

Norfolk & Dedham Mutual Fire Insurance Co. Dorchester Mutual Insurance Co. Fitchburg Mutual Insurance Co.

**MASSACHUSETTS ENDORSEMENT - M-0106-S
OPERATOR EXCLUSION FORM**

Insured _____ Eff. Date _____

Agency _____ Policy # _____

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provide false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and the answers given for all listed operators. Payments under Parts 3 and 4 may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if a household member who is not listed as an operator on my policy is operating the insured auto. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on my policy under the Safe Driver Insurance Plan.

It is agreed that the person named below will not operate the vehicle(s) described below, or any replacement thereof, under any circumstances whatsoever.

Excluded Operator _____

Vehicle Description _____

Vehicle Description _____

Date

Policyholder's Signature

Date

Excluded Operator's Signature

PL MA EOE M-0106-S (05 08)