



## APPLICATION FOR MASSACHUSETTS MOTOR VEHICLE INSURANCE Required Additional Information Form

APPLICANT'S NAME, RESIDENTIAL ADDRESS AND ZIP	BINDER / POLICY #	EFFECTIVE DATE	EXPIRATION DATE
MONTH / YEAR APPLICANT FIRST OCCUPIED THIS RESIDENCE			

Please enter the date (mm/yyyy) you first occupied the residence listed above in the space provided, sign at the bottom and retain with the original Automobile Insurance Application.

The information provided on this form will be used for automobile insurance purposes only.

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The above information is accurate and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Time

**TO BE COMPLETED BY AGENT:**

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date and Time