

Automobile Pre-Insurance Inspections

Travelers of Massachusetts will now waive an inspection except under the following circumstances:

1. When the applicant or policyholder requests to add physical damage coverage mid-term to a motor vehicle already insured by the applicant or policyholder without such physical damage coverage;
2. When the applicant or a rated operator has Merit Rating Points between 16 and 45, inclusive; or
3. When the agent suspects fraud including, but not limited to prior vehicle damage, cracked or broken glass, paper vehicle, etc.

In all instances where the agent suspects fraud or the policyholder is requesting to add physical damage coverage mid-term to a motor vehicle already insured by the policyholder without such physical damage coverage, we will not offer physical damage coverage until the physical inspection report has been completed and returned to the agent. The agent **must** use the [Acknowledgement of Pre-Insurance Inspection Requirement \(Form G\)](#) in these situations. In cases where the agent suspects fraud, the agent must document the applicant's file indicating the reason(s) why the agent suspects fraud. A vehicle is eligible for physical damage coverage only if the inspection report is returned to the agency within ten (10) days after completion of the inspection. **The agent may not add physical damage coverage to the policy until the inspection report has been received.**

In cases where the applicant or a rated operator has Merit Rating Points between 16 and 45, the agent must use the Acknowledgement of Requirement for Pre-Insurance Inspection (Form D), notifying the applicant of their obligation to obtain an inspection within 10 days. The agent may, however, add physical damage coverage at policy inception.

PROCESS

1. The agent completes the Acknowledgement of Pre-Insurance Inspection Requirement (Form G) or Acknowledgement of Requirement for Pre-Insurance Inspection (Form D) as appropriate.
2. The agent signs the form and has the insured sign the form.
3. The agent provides a copy of the form to the insured with an authorized inspection site list.
4. The agent places the original form in the insured's file.
5. The insured visits an authorized site, obtains the inspection report and returns the report to the agent within 10 days of the inspection. (If the inspection is completed more than 10 days prior to the submission, the vehicle must be re-inspected).
6. If physical damage has not yet been provided, the agent may provide the requested physical damage coverage, as of the date the report is received, upon timely receipt of the completed Inspection report.
7. Forward coverage change request, completed Acknowledgement of Pre-Insurance Inspection Requirement and the Inspection Report to the Norwood Service Center.

Thank you for your cooperation. If you have any questions, please contact your underwriter.

ACKNOWLEDGEMENT OF PRE-INSURANCE INSPECTION REQUIREMENT

(This is not a safety inspection)

COVERAGE NOT EFFECTIVE UNTIL INSPECTION IS COMPLETED

NAME OF INSURED: _____ **DATE:** _____

ADDRESS: _____ **POLICY #:** _____

PRODUCER #: _____

VEHICLE(S) TO BE INSPECTED

	YEAR	MAKE	MODEL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

This is a pre-insurance inspection authorization form to be presented at any of the authorized inspection sites listed on the attached "Inspection Site List." This authorization will allow you to have your vehicle(s) inspected in accordance with Massachusetts Mandatory Pre-Insurance Regulation 211 CMR 94:00 at no charge to you.

IMPORTANT NOTICE

By my signature below, I certify I have been informed that my vehicle(s) must be inspected by a representative of the insurer. This inspection must be completed and the inspection report returned to the producer listed below, BEFORE Physical Damage Coverage (comprehensive fire and theft, collision and/or limited collision) will be offered.

**SIGNATURE OF INSURED
OR APPLICANT:**

_____ (DATE)

**SIGNATURE OF PRODUCER
OR INSURANCE COMPANY
REPRESENTATIVE:**

_____ (DATE)

**NAME, ADDRESS & TELEPHONE #
OF PRODUCER OR INSURANCE
REPRESENTATIVE COMPLETING
THIS FORM:**

_____ (DATE)