

Agency: \_\_\_\_\_

**TRAVELERS OF MASSACHUSETTS  
INSURANCE FRAUD ADVISORY**

I understand that if I provide false, deceptive, misleading or incomplete information in an application for insurance, the insurance company may refuse to pay certain claims made under my policy and I may be liable to the insurance company for any payments made to innocent third parties in the event of a loss.

Examples of such false, deceptive, misleading or incomplete information include:

- (1) failure to disclose that:
  - (a) a person who will operate the vehicle is unlicensed;
  - (b) the vehicle is not properly subject to registration in Massachusetts;
  - (c) the applicant or any person who usually drives the insured vehicle has failed to pay an insurance company any motor vehicle insurance premiums due or contracted during the past twelve months;
- (2) false or incomplete information regarding the:
  - (a) customary operators of the vehicle;
  - (b) place of garaging of the vehicle;
  - (c) annual mileage driven in the vehicle;
  - (d) out-of-state driving experience of an operator;
  - (e) safety features contained in the vehicle;
  - (f) anti-theft devices contained in the vehicle.

**Insurance Fraud Is A Crime**

I also understand that the knowing presentation to an insurer of material false information in connection with an application for motor vehicle insurance, with the intent to defraud or deceive the insurer, is a crime punishable by imprisonment for not less than six months or by a fine of not less than one thousand dollars, or both.

Knowingly aiding or abetting the presentation of such information to an insurer is also a crime carrying the same punishment.

Any person convicted of insurance fraud will, in addition to any other punishment, be ordered to make restitution to the insurer for any financial loss sustained as a result of the commission of the crime.

I have read and understand this Insurance Fraud Advisory.

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Policy Number