



15 Central Street • Andover, Massachusetts 01810 • 508-474-0810 • Fax 508-474-0890

Operator Exclusion Form

I am aware that under the terms of my Massachusetts auto policy, if I provide false, deceptive, misleading or incomplete information regarding the names of operators required to be listed 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.

In addition, I am aware Massachusetts law now requires that the company withhold payment of a collision or limited collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payments are withheld when the household member, if listed, would require the payment of additional premiums 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 Drivers 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.

Company: _____

Operator: _____
 Name D/O/B License #

Vehicle: _____
 Year Make Model VIN#

Vehicle: _____
 Year Make Model VIN#

Date

PolicyHolders Signature

Date

Witness Signature

