

## MA Auto Supplemental Application

For the discount requested, please complete the appropriate section.

Named Insured \_\_\_\_\_ Policy No.(If applicable) \_\_\_\_\_

### 1. Other Policies

Do you have other insurance with a Norfolk & Dedham Group company? ( ) Yes ( ) No

If yes, type of policy: ( ) Homeowners ( ) Dwelling ( ) Commercial Auto  
( ) ComPak ( ) WorkPak ( ) Commercial Package

Policy number: (1) \_\_\_\_\_(2) \_\_\_\_\_(3) \_\_\_\_\_

Named insured on policy: (1) \_\_\_\_\_(2) \_\_\_\_\_(3) \_\_\_\_\_

### 2. Driver Skills Development Program

Has any listed driver completed a Driver Skills Development Program as approved by the Registry of Motor Vehicles? ( ) Yes ( ) No

If yes, name of driver: \_\_\_\_\_ Date of Certificate: \_\_\_\_\_

Name of program: \_\_\_\_\_ Please attach copy of certificate.

### 3. Good Student Discount

Is any driver (check all that apply):

- ( ) a. Licensed less than 6 years, and a full time student in high school, college, or home study group.
- ( ) b. In top 20% of his/her class
- ( ) c. Maintaining a grade point average of B or better.
- ( ) d. On Honor Roll or Deans List

If a. plus b., c., or d. apply, please attach verification.

Name of student: \_\_\_\_\_

Name of school: \_\_\_\_\_

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_