

**Safety Insurance Company
Safety Indemnity Insurance Company
Safety Property and Casualty Insurance Company**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SAFETY SHIELD PLUS

This endorsement modifies insurance provided under the following:

MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

The provisions of the policy apply unless modified by this endorsement.

Your deductibles, which are shown on the Coverage Selections Page, apply to damage to or loss of **your auto**. No additional deductibles apply to the coverages provided by this endorsement.

The coverages provided by this endorsement apply only when the Coverage Selections Page indicates this endorsement applies to the specific auto involved in a covered loss.

1. DISAPPEARING COLLISION AND LIMITED COLLISION DEDUCTIBLE

Optional Insurance, Part 7. Collision and Part 8. Limited Collision are amended to add:

If a listed operator on **your** policy with a Merit Rating Plan designation of Excellent Driver Discount Plus or Excellent Driver Discount is involved in an accident, **your** collision or limited collision deductible will be waived up to a maximum of \$500 per accident.

2. RENTAL VEHICLE LOSS OF INCOME COVERAGE

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

We will pay expenses for loss of income of a rented vehicle, if **you** or a **household member** is responsible for a covered accident. There must have been a written rental agreement or contract in place prior to the time of loss, the vehicle must have been rented or hired without a driver, and the rental agreement must make **you** responsible for loss of income.

We will pay the verified loss of income sustained while the damaged vehicle is being repaired or replaced. Loss of income means the net profits (after the deduction for normal business expenses) that would have been earned if no loss or damage had occurred.

The most we will pay under this coverage is \$35 per day, subject to a maximum payment of \$500.

3. LOCK IN VALUE

These coverages do not apply to:

- a. A leased vehicle; or
- b. A previously owned vehicle.

A. Guaranteed Replacement Cost (Total Losses)

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

If we pay for a total loss to **your auto**, which:

- a. Occurs within the first year of ownership of **your auto**; *and*
- b. **You** purchased **your auto** new with less than 500 miles on the odometer; *and*
- c. **Your auto** does not have more than 18,000 miles on the odometer at the time of the loss

we will pay to replace **your auto** with an auto of like kind and quality, without a deduction for depreciation.

B. No Depreciation on Mechanical Non-Body Related Replacement Parts (Repairable Vehicles)

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

In the event that a covered loss occurs to **your auto** and there is damage to mechanical non-body related parts of **your auto**, we will not apply depreciation to such mechanical non-body related parts that need to be replaced.

4. PERSONAL EFFECTS

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

We will pay for loss to personal effects, including laptop computers and cellular telephones, resulting from a covered total loss. The personal effects must be owned by **you** or a **household member** and be in or on **your auto** at the time of the covered total loss. This coverage does not apply to a motorcycle, motor home or trailer.

The most we will pay under this coverage is \$1,250 per covered total loss, subject to the following limitations:

- a. We will pay up to \$200 for no more than one cellular telephone; and
- b. We will pay up to \$1,000 for no more than one laptop computer.

5. EXTENDED SUBSTITUTE TRANSPORTATION

This coverage applies only if the Coverage Selections Page indicates Optional Insurance, Part 10. Substitute Transportation applies to **your auto**.

When **your auto** is involved in a covered loss, the maximum limit shown on the Coverage Selections Page for Substitute Transportation is revised as follows:

SUBSTITUTE TRANSPORTATION EXPENSES	
Per Day Limit	Revised Maximum Limit
If you have up to \$15/day limit	Maximum limit per loss increases to \$675
If you have up to \$30/day limit	Maximum limit per loss increases to \$1,350
If you have up to \$45/day limit	Maximum limit per loss increases to \$2,025
If you have up to \$100/day limit	Maximum limit per loss increases to \$4,500

This coverage does not change the daily limit shown on the Coverage Selections Page.

6. EMERGENCY ROAD TRAVEL EXPENSES

Optional Insurance, Part 7. Collision, Part 8. Limited Collision and Part 9. Comprehensive are amended to add:

We will pay for additional expenses incurred by **you** and anyone **occupying your auto** when **your auto** is involved in a covered loss occurring more than 100 miles from home, and cannot be driven or has been stolen. Expenses covered are overnight lodging, meals, alternative transportation expenses and towing.

The most we will pay under this coverage is \$500 per accident, regardless of how many people occupied **your auto** at the time of loss.

7. SUPPLEMENTAL AND ENHANCED TOWING AND LABOR

This coverage applies only if the Coverage Selections Page indicates Optional Insurance, Part 11. Towing and Labor applies to **your auto**.

We will pay to tow or enter **your auto** when **your** keys are lost, broken or accidentally locked in **your auto**. We will increase the limit for Part 11. Towing and Labor shown on **your** Coverage Selections Page by an additional \$50.

8. AIR BAG COVERAGE

General Provisions and Exclusions, number 9. is amended as follows:

The exclusion relating to mechanical failure does not apply to the accidental discharge of an airbag.

9. SEAT BELT COVERAGE

We will pay a \$5,000 death benefit for **you** and any **household member** whose death is caused by a covered loss to **your auto** if they were properly wearing their seat belts at the time of the accident.

10. PET COVERAGE

This coverage applies only if the Coverage Selections Page indicates Optional Insurance, Part 7. Collision or Part 8. Limited Collision or Part 9. Comprehensive applies to **your auto**.

We will pay up to \$500 for veterinary care for injuries to or for burial or disposal expenses for a dog or cat owned by **you** or any **household member** when the injury or death of such dog or cat is caused by a covered loss involving **your auto**. The most we will pay under this coverage is \$500 per covered loss.

11. BAIL BONDS

Optional Insurance, Part 5. Optional Bodily Injury to Others, second to last paragraph is amended to read:

We will also pay up to \$500 for the cost of bail bonds required as a result of an accident covered under this part including bail bonds for traffic law violations related to the accident.

12. ACCIDENT FORGIVENESS

We provide accident forgiveness of Merit Rating premium costs relating to at-fault accidents caused by Experienced Operator(s) having a Merit Rating Code of 99 or 98 as of the policy effective date. Merit Rating Points usually do not affect **your** premium until the policy is renewed.

A. We only provide accident forgiveness if this endorsement is purchased:

1. Before the at-fault accident occurred; and
2. The at-fault accident is covered under **your** MASSACHUSETTS AUTOMOBILE INSURANCE POLICY with us, that this endorsement is attached to; and
3. This endorsement remains on **your** policy for the entirety of the next policy term.

B. The Merit Rating premium costs relating to the at-fault accident are completely forgiven subject to the following terms and conditions:

1. For this endorsement, Experienced Operator(s) shall mean a driver licensed for six (6) or more years having a Merit Rating Code of 99 or 98 as of the policy effective date, as returned by the Massachusetts Merit Rating Board, and who is listed on the Coverage Selections Page as an operator.
2. For this endorsement, Other Operator(s) shall mean a driver that is not an Experienced Operator and who is listed on the Coverage Selections Page as an operator. Other Operator(s) shall also mean any operator who is not listed on the Coverage Selections Page as an operator on the date of the at-fault accident that is subject to accident forgiveness.
3. For this endorsement, at-fault accident(s) shall mean any accident where a claim payment of at least \$1,000 was made, in excess of any deductible, and where Safety has determined that the Experienced Operator was more than 50% at-fault.
4. At the time this endorsement is initially purchased, there is at least one Experienced Operator listed and rated on one or more of the vehicles insured on the policy.
5. Accident forgiveness applies to an at-fault accident caused by an Experienced Operator following the purchase of this endorsement.
6. Only at-fault accidents caused by the Experienced Operator using the vehicle(s) listed on the Coverage Selections Page are eligible for accident forgiveness.
7. Any at-fault accidents caused by any Other Operators (for example a driver with a Merit Rating Code of 0-45) do not qualify for accident forgiveness.
8. Any at-fault accidents caused by added Other Operators endorsed onto the policy do not qualify for accident forgiveness.
9. At-fault accidents involving deferred or excluded operators will not be forgiven.
10. The at-fault accident was reported to us within 90 days.
11. Only one at-fault accident will be forgiven for each Experienced Operator during a six (6) year experience period.
12. In no case will more than two (2) at-fault accidents be forgiven during an eight (8) year period while **you** are insured with us.
13. Other at-fault accident(s) and traffic violations will be reflected in **your** premium based on our filed Merit Rating Plan.
14. Traffic violations of any kind are not eligible for accident forgiveness.