



Date: 01/01/08

Re: Automobile Pre-Insurance Inspections

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As part of our continuing effort to combat fraud and reduce claim processing delays and denials, Travelers of Massachusetts will no longer: (1) waive pre-insurance inspections; or (2) provide physical damage coverage prior to the return of an inspection report, in the following situations:

- The vehicle for which coverage is requested is over ten (10) years old;
- The request to add physical damage coverage is made mid-term (unless the request relates to an additional or replacement vehicle); or
- The agent suspects fraud including, but not limited to, prior vehicle damage, cracked or broken glass, paper vehicle, etc.

In such situations, unless physical damage coverage has been requested by a customer who has had continuous physical damage coverage with Travelers of Massachusetts for at least 3 years, the vehicle must be inspected, and the inspection report must be presented to the agent or broker, before physical damage coverage is provided. 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.

#### PROCESS

1. The agent completes the Acknowledgement of Requirement for Pre-Insurance Inspection form
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. Upon timely receipt of the completed inspection report, the agent may provide the requested physical damage coverage as of the date the report is received.
  - Forward coverage change request, completed Acknowledgement of Requirement for Pre-Insurance inspection and Pre-Inspection to the Norwood Service Center.

As stated previously, Travelers of Massachusetts will not longer: (1) waive pre-insurance inspections; or (2) provide physical damage coverage prior to the return of an inspection report, in the following situations:

- The vehicle for which coverage is requested is over ten (10) years old;
- The request to add physical damage coverage is made mid-term(unless the request relates to an additional or replacement vehicle); or
- The agent suspects fraud including, but not limited to prior vehicle damage, cracked or broken glass, paper vehicle, etc.

Please help us reduce the incidence of fraud by using the Acknowledgement of Requirement for Pre-Insurance Inspection form in the circumstances described above. Thank you for your cooperation in this regard. If you have any questions, please contact your underwriter.



**ACKNOWLEDGEMENT OF REQUIREMENT FOR PRE – INSURANCE INSPECTION**  
(THIS IS NOT A SAFETY INSPECTION)

NAME OF INSURED: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ POLICY # \_\_\_\_\_

\_\_\_\_\_

**VEHICLE (S) TO BE INSPECTED**

| YEAR      | MAKE  | MODEL |
|-----------|-------|-------|
| 1.) _____ | _____ | _____ |
| 2.) _____ | _____ | _____ |
| 3.) _____ | _____ | _____ |
| 4.) _____ | _____ | _____ |

This is a pre – insurance 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 – Inspection Regulation 211 CMR 94:00 at no charge to you.

**IMPORTANT**

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 OR INSURED / APPLICANT** \_\_\_\_\_  
**(DATE)**

**SIGNATURE OF PRODUCER OR INSURANCE COMPANY REPRESENTATIVE:** \_\_\_\_\_  
**(DATE)**

**NAME, ADDRESS & TELEPHONE # OF PRODUCER OR INSURANCE REPRESENTATIVE COMPLETING THIS FORM:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**(DATE)**