anti-theft device discount verification

Anti-theft devices must meet specific criteria as stated in the Massachusetts Auto Insurance Bureau Private Passenger Auto Insurance Manual in order to qualify for discounts on Comprehensive coverages. Please circle the letter corresponding to the system which qualifies the vehicle for this discount.

insured name ___________________________________________________________
policy number _________________________________________________________
policy effective date _____________________________________________________
vehicle description ______________________________________________________

Category I - 5% Discount
A. Ignition Cut-Off Switch in Combination with Flush or Tapered Door Lock Buttons
B. Ignition Cut-Off Switches
C. Non-Passive Externally-Operated Alarm
D. Internally-Operated Alarm not Meeting Category II or Category III Criteria
E. Steering Column Armored Collar
F. Steering Wheel Removal Lock

Category II - 15% Discount
A. Internally Operated Alarm Systems not Meeting Category III Criteria
B. Non-Passive Fuel Cut-Off Device
C. Non-Passive Steering Wheel Lock
D. Armored Cable Hood Lock and Ignition Cut-Off Switch
E. Window Identification System
F. Emergency Handbrake Lock
G. Car Transmission Lock

Category III - 20% Discount
A. Passive Alarm System
B. Passive Fuel Cut-Off Devices
C. Armored Ignition Cut-Off Switch
D. Passive Multi-Component Cut-Off Switch
E. Passive Time-Delay Ignition System
F. Armored Cable or Electrically Operated Hood Lock and Ignition Cut-Off Switch
G. Passive Ignition Lock Protective System
H. Passive Delayed Ignition Cut-Off System
I. High Security Ignition Replacement Lock
J. Hydraulic Brake Lock

Category IV - 20 - 35% Discount
A. Signal Activated Recovery System - 20% Discount
B. Category IV Plus Category I - 25% Discount
C. Category IV Plus Category II - 30% Discount
D. Category IV Plus Category III - 35% Discount

REMINDER: Remote Keyless Entry alone and stereo anti-theft devices do not qualify for an anti-theft discount

signature of applicant _______________________________________________________________
agency signature ___________________________ date __________________________