### MetLife Auto & Home Policy Change Form

**Massachusetts**

<table>
<thead>
<tr>
<th>Policy Type:</th>
<th>☐ Auto</th>
<th>☐ Boat</th>
<th>☐ Dwelling Fire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Home</td>
<td>☐ Pelp</td>
<td>☐ Mobile Home</td>
</tr>
</tbody>
</table>

**Policy Change Form**

- **Policy Number:**
- **Policy Effective Date:**
- **Effective Date of Change:**
- **Form Completed By:**
- **Agents Telephone:**
- **Coder Number:**

**Changes which result in a premium reduction must be explained in the Remarks Section. Discounts requiring proof must have paperwork attached. Failure to do so will result in delayed processing.**

#### 1. Policy Change

- **☐ Policy Change**
- **☐ Cancel Entire Policy**

(Proof of other insurance or plate return receipts must be attached.)

#### 2. Name and/or Address Change

- **First Name Insured:**
- **Second Name Insured:**
- **Residential Street Address:**
- **City or Town:**
- **State:**
- **Zip Code:**

#### 3. Vehicle Change

- **Add Vehicle**
- **Capture Vehicle (V)**
- **Replace Vehicle**
- **Change or Correct Vehicle Information**
- **Delete Vehicle (Attach PRR or 2A)**
- **Existing Vehicle Affected**
- **Year, Make, Model:**
- **Body Type:**
- **Vin:**

#### 4. Lien/Payee Change

- **Add**
- **Change/Correct**
- **Delete**

- **☐ Lienholder**
- **☐ Lessee**

#### 5. Vehicle Affected- Yr, Make, Model

- **Vehicle Affected - Yr, Make, Model:**

#### 6. Coverage Change

- **Uninsured Motorists**
- **Bodily Injury:**
- **Medical Payments:**
- **Full Collision:**
- **Limited Collision:**
- **Comprehensive:**
- **Substitute Transp.:**
- **Towing:**
- **Underinsured Motorists:**

#### 7. Discount or Special Conditions Apply - Explain in Remarks

**MetLife Auto & Home Representative Signature:**
**Branch (District) Name and Number:**
**Policyholder Signature:**
**Date:**

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Note: Gray shaded areas are for Service Center only.
Check type of transaction and indicate existing driver and vehicle affected. Enter new or changed date below.

### Driver Change

<table>
<thead>
<tr>
<th>Add Driver</th>
<th>Change or Correct Driver Info.</th>
<th>Delete Driver (Give Reason)</th>
<th>Vehicle Driven</th>
<th>Existing Driver Affected</th>
<th>Name:</th>
<th>Dri. No.:</th>
<th>Reason:</th>
<th>Veh. No.:</th>
<th>Name Exactly as on License:</th>
<th>License Number:</th>
<th>State:</th>
<th>Birth Date:</th>
<th>Occupation:</th>
<th>License Date:</th>
<th>Sex:</th>
<th>MBTA:</th>
<th>Driver Education:</th>
<th><em>Attach Certificate</em></th>
<th>*Yes</th>
<th>*No</th>
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License Number in other state or county within the last 6 years:

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License Number in other state or county within the last 6 years:

If adding a driver, the questions below must be answered. Explain "Yes" answers in Section 8.

1. During the last three years has the driver
   A. Been involved in any motor vehicle accident?  
      | Yes | No |
   B. Had his or her operator's license, right to operate or registration suspended or revoked?  
      | Yes | No |
   C. Been found guilty of, paid a fine for, or forfeited bail for any moving violation which did not result in the suspension or revocation of license or registration?  
      | Yes | No |

2. Does the driver owe any insurance premium or merit rating surcharge due within the past 12 months?
   | Yes | No |

### Homeowners Changes

1. When changing the address on a renters policy, attach an application with only residence information and rating sections completed.

2. When submitting a request to add replacement plus or replacement cost on contents, attach a replacement cost worksheet.

3. When adding a second or third mortgagee, give the reason for the new mortgage. Include a replacement cost worksheet for home improvements.

### Remarks/Inquiries

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