

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

**This endorsement changes the policy. Please read it carefully.**

**SAFETY SHIELD**

This endorsement modifies insurance provided under the following:

MASSACHUSETTS AUTOMOBILE INSURANCE POLICY  
MASSACHUSETTS SUBSTITUTE TRANSPORTATION COVERAGE

The provisions of the Coverage Selections Page (Item 4.) apply unless modified by this endorsement.

**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.

Please refer to **your** Coverage Selections Page to determine the applicable deductible.

**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** are 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 (Guaranteed Replacement Cost)**

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 occurs within the first year of ownership *and* the original 12,000 miles, we will pay to replace **your auto** with an auto of like kind and quality without deduction for depreciation.

Coverage *does not* apply to a leased or previously owned auto.

## Private Passenger Auto

### 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 resulting from a covered total loss. The effects must be owned by **you** or a **household member** and in or on **your auto**.

The most we will pay under this coverage is \$250 per accident.

### 5. EXTENDED SUBSTITUTE TRANSPORTATION

Optional Insurance, Part 10. Substitute Transportation is revised.

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

SUBSTITUTE TRANSPORTATION EXPENSES	
Per Day Limit	Revised Maximum Limit
\$15	\$675
\$30	\$1350
\$45	\$2025
\$100	\$4500

### 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 can not 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 \$250 per accident, regardless of how many people occupied **your auto** at the time of loss.

### 7. SUPPLEMENTAL TOWING AND LABOR

Optional Insurance, Part 11. Towing and Labor is amended to add:

We will pay an additional \$50 each time your covered auto is disabled.

### 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.

**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.