



# Non-Resident Short-Term Registration Standalone Insurance Certificate

Registry of Motor Vehicles  
25 Newport Ave Extension  
Quincy, MA 02171

## Description

Massachusetts requires proof of insurance prior to issuing a motor vehicle registration. Your insured has requested the Massachusetts Registry of Motor Vehicles (RMV) issue a short-term, 15-day duration registration, so they can transport a recently purchased vehicle back home. This form is the proof of insurance and should be completed by the insurer or their authorized agent. The referenced fields below correspond to the fields on the Registration and Title Application (RTA Form). This form can only be used for the Non-Resident Short-Term Registration; it cannot be used to issue a registration where the owner is a resident of Massachusetts. See page 2 for Instructions.

## Insurance Information

Insurance Company/Carrier Name (from K1)		Insurance Agency Name (if applicable)		
Insurance Company or Agency Authorized Representative's Name (print name)				
Insurer's or Agent's Address	Street	City	State	Zip Code
Effective Date of Insurance (from K3)		Policy Change Date (from K5)		

## Customer/Vehicle Information

First Owner's Name (First, Last, Middle) (from D2)		First Owner's Date of Birth (MM/DD/YYYY)		
Driver's License/ID/SSN/ Passport/Consular ID Number (from D4)		Driver's License Number/ID/SSN State		
<b>NOTE:</b> For any state other than MA, only a Driver's License, Business Entity, FID, or SSN is acceptable.				
Vehicle Identification Number (VIN) (from B1)				

## Insurance Company Name/Signature

The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant herein before named with respect to the motor vehicle herein before described for a period at least coterminous with that of such registration under a motor vehicle liability policy, binder or bond which conforms to the provisions of general laws, Chapter 175, Section 113A, and that the premium charge and classification on the effective date of registration are as established by the commissioner of insurance under Chapter 175, Section 113B, 113H and Chapter 175E.

Signature of Authorized Representative

Date (MM/DD/YYYY)



# Non-Resident Short-Term Registration Standalone Insurance Certificate Instructions

Massachusetts General Laws require that prior to issuing a registration, the RMV obtains proof of insurance via the presence of an Insurance Certification or Certificate. The specific sections of the statute that contain this requirement are outlined below:

- Chapter 90 §2A states: “No motor vehicle or trailer...shall be registered under sections two to five, inclusive, unless the application therefor is accompanied by a certificate as defined in section thirty-four A...”
- [Section 34A](#) describes the Certificate.
- [Section 34B](#) describes its reporting stating: “Whenever a company...executes a certificate for an existing registered owner of a motor vehicle, such company shall notify the registrar, on a form prescribed by him within fifteen calendar days of the execution of said certificate.”

**Instructions for completing the Non-Resident Short-Term Registration Standalone Insurance Certificate are as follows:**

The Massachusetts Registry of Motor Vehicles (RMV) application for registration is referred to as the RTA Form and can be found here: [Registration and Title Application \(RTA Form\)](#). The notations in fillable blocks on the Standalone Insurance Certification (from K-1, from D2 etc.) reflect the applicable spots on the RTA Form and are for reference only.

**NOTE:** You do not need to complete the RTA Form; the form should be provided by the dealer or your insured.

## Insurance Information Section

- **Insurance Company/Carrier Name:** The carrier that is writing the insurance policy.
- **Insurance Agency Name:** The Insurance Agency that is authorized by the Carrier to service the policy. For direct writers, this field can be left blank.
- **Insurance Company or Agency Authorized Representative’s Name:** The name of the person that will be signing this certification.
- **Insurer’s or Agent’s Address:** The address where the authorized representative is located.
- **Effective Date of Insurance:** The Insurance Policy’s Effective date.
- **Policy Change Date:** For an existing policy, enter the change date that added the about to be purchased vehicle. Otherwise, enter the Policy Effective Date.

## Customer/Vehicle Information Section

- **First Owner’s Name:** The owner’s name as presented on the RTA Form.
- **First Owner’s DOB:** The owner’s date of birth as presented on the RTA Form.
- **Driver’s License/ID/SSN/ Passport/Consular ID Number:** The Driver’s License or ID as presented on the RTA Form.
- **Driver’s License Number/ID/SSN State:** State where the License/ID was issued.
- **Vehicle Identification Number (VIN):** The VIN of the vehicle as presented on the RTA Form and that you are insuring.
- **Insurance Company Name/Signature:** The signature of the person identified above. Note that in Massachusetts, the minimum coverages referenced in this certification are:
  - \$20,000 / \$40,000 bodily injury liability coverage
  - \$5,000 property damage coverage
  - \$20,000 / \$40,000 uninsured motorist bodily injury coverage
  - \$8,000 personal injury protection