



NATALIE A. HUBLEY
PRESIDENT

COMMONWEALTH AUTOMOBILE REINSURERS

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NOTICE OF MEETING

COMMERCIAL AUTOMOBILE COMMITTEE

A meeting of the Commercial Automobile Committee will be held virtually via Zoom video conferencing software on

THURSDAY, FEBRUARY 19, 2026, AT 10:00 A.M.

If you plan to attend this meeting and are not a member of this Committee, please RSVP by completing the Visitor Security Form located in the Contact Us/Visitor Information section of CAR's website. CAR will then forward to you, via email, meeting access information. Please do not share access information provided by CAR, but refer others wishing to attend the meeting to CAR's Visitor Security Form.

MEMBERS OF THE COMMITTEE

Mr. Thomas DePaulo – Chair
Cabot Risk Strategies, LLC

Mr. Michael Brady
Ms. Annmarie Castonguay
Ms. Sheila Doherty
Mr. Andrew Lajzer
Ms. Sharon Murphy
Mr. John Olivieri, Jr.
Ms. Allison Ratliff
Ms. Tricia Sabulis
Mr. David Zawilinski

Pilgrim Insurance Company
The Hanover Insurance Company
Doherty Insurance Agency, Inc.
Safety Insurance Company
Acadia Insurance Company
World Insurance Associates, LLC
MAPFRE U.S.A. Corporation
Michaud Insurance Agency
Arbella Insurance Group

AGENDA

CAC

25.01 Records of Previous Meeting

The Records of the Commercial Automobile Committee meeting of August 27, 2025 should be read and approved.

CAC

26.03 CAR Conflict of Interest Policy

The Chair will read a statement relative to CAR's Conflict of Interest Policy.

CAC

25.06 Adoption of Non-Fleet PPT Certification Form for Other Classes

At the last meeting, the Committee began discussion regarding the potential to expand the use of the Non-Fleet PPT Certification form to other classification types and risks, including Fleet PPT and certain TTT classifications. After discussing potential benefits and drawbacks, as well as potential obstacles of the expanded use, the Committee directed staff to prepare additional information regarding the intended use of the certification form and an outline of topics raised for further discussion at the next meeting (Docket #CAC25.06, Exhibit #3).

CAC

26.04 Operations and Locations Not Covered Endorsement

The 2027 version of the Commercial Automobile Insurance Manual was amended to add Rule 91 – General Liability Exclusionary Endorsements to Section VI – Auto Dealers that lists exclusionary endorsements that must be attached to the Auto Dealers Policy. Included in this rule is the Locations and Operations not Covered endorsement (CA 25 07). Concern has been raised that the mandatory endorsement may invalidate coverage for all locations if nothing is shown in the endorsement schedule.

CAR Staff suggests that the Committee may consider alternatives to address this concern, including but not limited to:

- Modify Rule 91 to indicate that the endorsement should be attached only if certain locations or operations are intended to be excluded.
- Modify Rule 91 to indicate that the schedule on the endorsement form should specify "NONE" to actively indicate that no locations or operations are excluded.

The Committee should be prepared to consider this issue to determine what action, if any, it will recommend. A copy of Rule 91 and the endorsement are attached for the Committee's reference (Docket #CAC26.04, Exhibit #1).

CAC

26.05 Taxis, Limos & Car Service Underwriting Inspection Form Modifications

In response to suggestions included in the most recent Servicing Carrier Annual Reports, CAR staff is proposing modifications to the current Taxi/Limo/Car Service Underwriting Inspection Form, including a new Additional Vehicles form to be utilized when a risk is unable to present all vehicles simultaneously for an inspection (Docket #CAC26.05, Exhibit #1). Additionally, staff will review proposed updates to Chapter III – Servicing Carrier Responsibilities of the Manual of Administrative Procedures regarding the use of the new inspection forms. (Docket #CAC26.05, Exhibit #2). The Committee should review and be prepared to discuss the proposed modifications.

CAC

26.06 940 CMR 38.00 Unfair and Deceptive Fees

Staff will provide a status report on the actions it has taken to be compliant with 940 CMR 38.00 Unfair and Deceptive Fees issued by the Office of the Attorney General. Staff requests consideration of its proposed updates to the language in the Taxi, Limousine, and Car Service Application (Docket #CAC26.06, Exhibit #1) to address the Negative Options Feature requirements in the regulation. Additionally, staff will review proposed updates to Chapter III – Servicing Carrier Responsibilities of the Manual of Administrative Procedures regarding policyholder notification requirements, as well as other minor clean up changes. (Docket #CAC26.06, Exhibit #2).

Other Business

To transact any other business that may properly come before this Committee.

Executive Session

The Commercial Automobile Committee may convene in Executive Session in accordance with the provisions of G.L. c. 30A, § 21.

RICHARD HEATH
Actuarial & Statistical Services Analyst

Attachments

Boston, Massachusetts
February 5, 2026

COMMERCIAL AUTOMOBILE COMMITTEE

Potential Adoption of Non-Fleet PPT Certification for Other Classes **Discussion Topics for Committee Consideration – February 19, 2026**

Following is a description of the intended use of the NF-PPT Certification form and a list of discussion topics raised for further consideration at the Committee's last meeting. A copy of Bulletin No. 1058, which set forth standards to be used by Servicing Carriers and ERPs in evaluating NF-PPT risks, which were later codified in the Manual of Administrative Procedures, including the Certification Form and Operator Exclusion Form is attached for reference.

Objectives of the NF-PPT Certification Introduced 9/1/2018

- Validation that a commercial business entity/operation exists to ascertain eligibility for placement in the commercial automobile residual market.
- Only automobiles owned by businesses legitimately conducting trade or commerce are eligible for cession.
- Required use of the Operator Exclusion Form if the owner of the business is not listed on the application as an operator.
- Certifies the vehicle is used to further business objectives.

Considerations for Fleet PPT Certification Requirements

- Common practice for business owners to title and register vehicles in the business even if exclusive personal use
- CAR's authority to oversee vehicle ownership by established and verified business entities
- Ability to require retitle/reregister to enable MAIP eligibility and ensure no coverage availability gaps
- Possible limitation on percentage of personal use
- Suitability of existing certification form or separate form
- Feasibility of operator exclusion requirements for family members not engaged in the business

Considerations for TTT Certification Requirements

- Specify TTT classifications for consideration
- Define certification objectives to consider suitability of existing certification form.



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July 25, 2018

BULLETIN NO. 1058

Non-Fleet Private Passenger Type Standards and Forms

Servicing Carrier Standards for Non-Fleet Private Passenger Type Classifications

Exclusive Representative Producer Standards for Non-Fleet Private Passenger Type Classifications

Non-Fleet Private Passenger Type Certification Form (CR 00 02 08 18)

Operator Exclusion Form (CR 99 01 08 18)

At its June 20, 2018 meeting, the Governing Committee unanimously voted to approve the attached standards to be used by all commercial automobile Servicing Carriers and Exclusive Representative Producers to determine whether a non-fleet private passenger type risk is eligible for placement in the commercial automobile residual market. The standards require the validation of information provided on the application by the risk and the writing producer to assure that a commercial automobile business entity/operation exists, securing certification by the risk and conducting audits pursuant to Rule 10 of CAR's Rules of Operation. The standards identify items that are intended to be used as underwriting opportunities and to serve as evaluation tools to assist Servicing Carriers in validating a risk's assertion as a commercial business entity and ascertaining the risk's eligibility in the commercial residual market.

The Governing Committee also unanimously voted to approve a Non-Fleet Private Passenger Type Certification Form and Operator Exclusion Form. These forms were placed on file by the Division of Insurance on July 18, 2018. Submission and use of the Certification and Operator Exclusion Forms will be required as of September 1, 2018.

The Non-Fleet Private Passenger Type Certification Form will be submitted with all other application documentation and will provide further verification of a valid business entity as well as additional information for listed operators and vehicle usage. Exclusive Representative Producers must provide a signed Certification Form for all new business risks to their Servicing Carrier, attesting to the information on the application for insurance relative to the insured's stated business. Servicing Carriers will seek signed Certification Forms for renewal business at their discretion.

The Operator Exclusion Form must be signed and submitted with the application if the business owner(s) does not have a valid driver's license and/or is not listed on the application as an operator(s). The Operator Exclusion Form may also be used in other circumstances as requested by the insured. Further direction on the use of the Operator Exclusion Form may be found in Rule 31 of CAR's Commercial Automobile Insurance Manual.

To access the forms on CAR's website, click on the Manuals tab and then the Commercial Automobile link.

JOHN METCALFE
Director – Residual Market Services

Attachments

Servicing Carrier Standards for Non-Fleet Private Passenger Type Classifications

Standards for the Review of Non Fleet Private Passenger Type Commercial Automobile Risks: In determining whether a non-fleet private passenger type risk is eligible for placement in the commercial automobile residual market, Servicing Carriers are required to validate the information provided by the risk and writing producer. If the application asserts/suggests a business entity/operation the Servicing Carrier must validate that a commercial automobile business entity/operation exists. Risks not meeting the defined eligibility criteria will not be placed in the commercial auto residual market.

Servicing Carriers will require and receive a signed Non-Fleet Private Passenger Type Certification Form attesting to the information submitted on the application for insurance pursuant to the insured's business entity. The certification must be signed and dated by the insured and writing producer. The certification form may be used for renewal business at the discretion of the Servicing Carrier.

Underwriting Tools and Opportunities: Servicing Carriers should take advantage of, but not limited to, the following options in determining risk eligibility relative to determining the business entity:

1. Proof of Business Entity:
 - a. Use the Secretary of Commonwealth's Corporations Division website to determine:
 - If the risk and/or the risk's Federal Employer Identification Number (FEIN) is registered with the Corporations Division
 - Date of Origination, Current Status
 - The identity of the risk's officers, directors, partners and/or managers – ownership and address information
 - Who signed the organizational documents for the risk
 - b. Use an Internet search engine to determine if the risk has a website for its stated business entity/operation.
 - c. Use an Internet mapping site to assess business address, public and street presence.
 - d. Use the RMV systems to verify whether the risk's officers, directors, partners and/or managers have a Massachusetts address/operator's license and to determine if the risk previously was insured with a Massachusetts carrier. Verify that the vehicle registration(s) is in the name of the business entity/operation. Confirm all operator information listed on the application and certification document.
 - e. Assess whether there was prior insurance coverage provided for the business entity/operation and the history of that coverage (i.e. cancellation/non-renewal reason, etc.)
 - f. Obtain one or more of the following:
 - 1) Contract for services with a customer relative to the listed business entity/operation
 - 2) Tax filing information for the business (Schedule C if filing an individual return)
 - 3) Workers Compensation Insurance Policy
 - 4) General Liability Insurance Policy
 - 5) If prior insurance coverage, copy of declarations page
 - 6) Copies of leases and utility bills
 - g. Request SIU investigation when necessary to determine if risk is a business entity

Pursuant to Rule 10 – Claims of CAR's Rules of Operation, Servicing Carriers are required to conduct audits on representative samples of policies to verify garaging and policy facts. However, market conditions may warrant increased awareness and focus on specific classifications of business due to suspected fraud, increased loss experience, or other negative impacts on the commercial automobile residual market during the Servicing Carrier contract period. If such occasions occur, the specific classifications will be identified, through CAR's committee process, for mandatory Servicing Carrier SIU investigations involving the eligibility of the business entity/operation.

Exclusive Representative Producer Standards for Non-Fleet Private Passenger Type Classifications

Standards for the Review of Non Fleet Private Passenger Type Commercial Automobile Risks: In determining whether a non-fleet private passenger type risk is eligible for placement in the commercial automobile residual market, Servicing Carriers are required to validate the information provided by the risk and writing producer. If the application asserts/suggests a business entity/operation the Servicing Carrier must validate that a commercial automobile business entity/operation exists. Risks not meeting the defined eligibility criteria will not be placed in the commercial auto residual market.

Exclusive Representative Producers (ERPs) will be responsible for:

- 1. Obtaining a completed and signed Non-Fleet Private Passenger Type (NF-PPT) Certification Form for each NF-PPT risk submitted to their Servicing Carrier for placement in the commercial auto residual market.**
- 2. Listing all permissive operators of the vehicle(s) on the application for insurance and note any operator listed on the application with a valid license from a country or territory approved by the Massachusetts RMV, on the Non Fleet Private Passenger Certification Form.**
- 3. Obtaining a completed Driver Exclusion Form if the owner(s) does not have a valid driver's license and is/are not listed on the application as an operator(s).**
- 4. Reiterating to the insured that the Certification Form requires the insured's cooperation in notifying the insuring carrier of any change to information presented in the application, including information pertinent to the ownership and permissive operators of the vehicle(s), during the policy period.**

The ERP will also be responsible for assisting in the verification and confirmation of information regarding the risk's eligibility for commercial automobile residual market coverage including, but not limited to:

1. Proof of Business Entity:
 - a. Corporate Documentation - Use of the Secretary of Commonwealth's Corporations Division website to obtain:
 - Validation of the risk and/or the risk's Federal Employer Identification Number (FEIN) being registered with the Corporations Division and includes, the Date of Origination, Current Status, the identity of the risk's officers, directors, partners and/or managers – ownership and address information and who signed the organizational documents for the risk
 - b. Use of an Internet search engine may be used to reflect that the risk has a website for its stated business entity/operation.
 - c. Vehicle usage: Use the RMV systems to determine if the registration of the vehicle(s) is consistent with the name of the business entity/operation.
 - d. Operators of the Vehicle(s): List all operators and associated license information. If the owner is not listed as an operator, please explain. Note: a Drivers Exclusion Form will be required to be signed by the owner(s), if not listed.
 - e. Provide prior insurance coverage for the business entity/operation and the history of that coverage (i.e. cancellation/non-renewal reason, etc.)
2. The ERP/risk will be required to provide **at least one**, or at the request of the Servicing Carrier, more of the following documentation with the application:
 - a. Contract for services with a customer relative to the listed business entity/operation
 - b. Tax filing information for the business (Schedule C if filing an individual return)
 - c. Workers Compensation Insurance Policy
 - d. General Liability Insurance Policy
 - e. If prior insurance coverage, copy of declarations page
 - f. Copies of leases and utility bills

CR 00 02 08 18

NON-FLEET PRIVATE PASSENGER TYPE (NF-PPT) CERTIFICATION FORM

*****TO BE CERTIFIED BY ALL NF-PPT APPLICANTS PRIOR TO PLACEMENT IN THE
COMMERCIAL AUTOMOBILE INSURANCE RESIDUAL MARKET (CAR)*****

NAME OF BUSINESS: _____

DESCRIPTION OF BUSINESS: _____

Submit a copy of **at least one** or, at the request of the Servicing Carrier, more of the following documentation with the application:

1. Contract for services with a customer relative to the listed business entity/operation
2. Tax filing information for the business (Schedule C if filing an individual return)
3. Workers Compensation Insurance Policy
4. General Liability Insurance Policy
5. If prior insurance coverage, copy of declarations page
6. Copies of leases and utility bills

If documents are not available, please explain: _____

VEHICLE USAGE:

How are vehicles used in your business? _____

VEHICLE OPERATORS:

Number of employees: Full Time: _____ Part Time: _____

ALL EMPLOYEES, FAMILY MEMBERS AND ANY OTHERS WHO HAVE PERMISSION TO DRIVE ONE OR MORE OF THE VEHICLES MUST BE LISTED ON, OR INCLUDED WITH THE APPLICATION FOR INSURANCE (A LICENSE NUMBER, STATE OR COUNTRY OF ISSUANCE MUST BE INCLUDED FOR EACH).

FOR ANY OPERATOR LISTED ON THE APPLICATION *WITH A VALID LICENSE FROM A COUNTRY OR TERRITORY APPROVED BY THE MASSACHUSETTS RMV, THE FOLLOWING MUST ALSO BE COMPLETED:*

1.) OPERATOR NAME: _____

LICENSE #: _____ STATE/COUNTRY: _____

DATE OF ARRIVAL IN THE U.S. _____

2.) OPERATOR NAME: _____

LICENSE #: _____ STATE/COUNTRY: _____

DATE OF ARRIVAL IN THE U.S.: _____

For additional operators that meet this criteria, attach information listing the above information

CR 00 02 08 18

NON-FLEET PRIVATE PASSENGER TYPE (NF-PPT) CERTIFICATION FORM

OWNER(S) NOT LISTED AS AN OPERATOR(S) OR NOT LICENSED

If the owner(s) of the business does not have a valid driver's license and is/are not listed on the application as an operator(s), a Driver Exclusion Form must be signed and submitted with the application. In addition, the/those owner(s) will sign the following:

I have voluntarily chosen not to list myself as a driver on the application. I understand and agree that if an unlisted owner is involved in a claim, there may be no coverage under my policy because of the Material Misrepresentation provision of the policy. Owner(s) Signature(s): _____

SIGNED CERTIFICATION OF BUSINESS ENTITY AND VEHICLE USAGE

The application I submitted herewith represents that my vehicles are used to further my business objectives. I understand and agree that the Company is entitled to examine books and records as they relate to the premium for this policy at any time during the policy period. This may include verification of actual business use of the vehicles. I certify that I have listed on the application all my employees, family members and others who have permission to drive one or more of the vehicles listed in my application. I understand that I am required to cooperate with and notify the insuring carrier of any change to information presented in the application, including information pertinent to the ownership and permissive operators of the vehicle(s), during the policy period. **I understand that, if found responsible for fraud or material misrepresentation in the application or any extension or renewal of the policy, the insurance company can cancel or rescind all or part of the insurance and/or deny coverage of a claim pursuant to the provisions of the policy and applicable law.** By signing below, I hereby certify that all information provided herein and all other information submitted with the company's application is true and accurate.

Signature of Owner/Applicant's Authorized Representative: _____

Printed Name of Owner/Applicant's Authorized Representative: _____

Title: _____

Date: _____

Witness to the Signator and Signing above:

Signature of Producer: _____

Printed Name of Producer: _____

Agency Name: _____

Date: _____

MA Fraud Warning: "Any person who knowingly and with the intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties."

---Documentation to be submitted to the insuring Servicing Carrier, copy to be retained by Producer---

MASSACHUSETTS ENDORSEMENT – CR 99 01 08 18

Operator Exclusion Form

It is agreed by the insurance company, the policyholder and the person named below (the Excluded Operator), that the Excluded Operator will not operate the vehicle(s) described below, or any replacement thereof, under any circumstances whatsoever.

Named Insured: _____

Excluded Operator: _____

Vehicles (Complete Section A **OR** Section B):

A. _____ (Check if applicable) Any and All Vehicles Listed or Covered on the policy during the policy term

OR

B. Specific Vehicle(s)

Vehicle Description: _____

Vehicle Description: _____

Vehicle Description: _____

Vehicle Description: _____

The policyholder and Excluded Operator understand and agree that the insurance company will not pay under the optional insurance parts of the policy for any injury or damage arising out of the operation or use of the vehicle(s) described above, by the Excluded Operator.

The policyholder and Excluded Operator understand and agree that this Operator Exclusion Form will continue in full force and effect in any subsequent renewal or replacement of the policy until the policyholder and the insurance company withdraw this form in writing.

Date

Policyholder/Authorized Representative Signature

Date

Excluded Operator's Signature

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- C. The percentages shown in the Auto Dealers Medical Payments Table in the Rate Section are applicable to the total bodily injury premium for compulsory bodily injury liability coverage and optional bodily injury liability coverage for covered automobiles.
- D. If the liability coverage is limited in accordance with Section A. of Rule 87 – Liability Coverage, the percentages for the limits shown are applicable to the total bodily injury premium prior to the application of the discount.

RULE 90. AUTO DEALERS - ADDITIONAL PROVISIONS

A. Elevators and Escalators

Liability Coverage for elevators and escalators is included. A charge shall be made for legally required inspections made by or for the company.

B. Municipalities

To extend the policy to apply to the liability of a political subdivision in connection with certain permits it may require at the premises of the named insured, use Additional Insured - Municipalities Endorsement MM 25 98.

RULE 91. GENERAL LIABILITY EXCLUSIONARY ENDORSEMENTS

The following endorsements must be attached to the Auto Dealers policy.

A. Locations And Operations Not Covered

To exclude liability arising out of the locations or operations shown in the schedule of the endorsement, use Locations And Operations Not Covered Endorsement CA 25 07.

B. Cannabis

To exclude bodily injury, property damage or personal and advertising injury liability arising out of the design, cultivation, manufacture, storage, processing, packaging, handling, testing, distribution, sale, serving, furnishing, possession or disposal of cannabis, the actual, alleged, threatened or suspected inhalation, ingestion, absorption or consumption of, contact with, exposure to, existence of, or presence of cannabis and property damage to cannabis, use Cannabis Exclusion For General Liability Coverages Endorsement CA 27 12.

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C. Unmanned Aircraft

To exclude bodily injury and property damage liabilities, use Unmanned Aircraft Exclusion For General Liability Coverages – (Bodily Injury And Property Damage Liability Only) Endorsement CA 27 06.

D. Cross Suits Liability Exclusion

To exclude liability arising out of any claim or suit that is brought by any named insured against another insured covered by the same policy, use Exclusion – Cross Suits Liability For General Liability Coverages Endorsement CA 27 16.

E. Acts, Errors Or Omissions Liability Exclusion

To exclude all acts, errors, or omissions liability coverages, use Exclusion – Acts, Errors Or Omissions Liability Coverages Endorsement CA 25 63.

F. Personal And Advertising Injury Liability

To exclude coverage for personal and advertising injury liability, use Exclusion – Personal And Advertising Injury Liability Coverages Endorsement CA 25 54.

G. Damage to Rented Premises

To exclude coverage for damage to rented premises, use Exclusion – Damage To Rented Premises Endorsement CA 25 50.

RULES 92-94 RESERVED FOR FUTURE USE.

II. GARAGEKEEPERS INSURANCE

RULE 95. ELIGIBILITY

- A. Garagekeepers' Insurance may be provided to cover loss to non-owned autos in the insured's possession while the insured is attending, servicing, repairing, parking or storing them. Use Garagekeepers Coverage Endorsement CA 99 37 to provide Garagekeepers' Insurance for risks classified pursuant to Rule 124.F. and written on the Business Auto Coverage Form CA 00 01. No endorsement is

POLICY NUMBER:

COMMERCIAL AUTO
CA 25 07 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOCATIONS AND OPERATIONS NOT COVERED

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Locations And Operations Not Covered
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

This insurance does not apply to the locations or operations described in the Schedule.

COMMERCIAL AUTOMOBILE COMMITTEE

Taxi/Limo/Car Service Underwriting Inspection Form

Memorandum of Changes – February 19, 2026

Modifications

In response to suggestions included in the most recent Servicing Carrier Annual Reports, some Servicing Carrier's noted that not all vehicles can be made available for inspection at the same time. Proposed amendments add an indicator to the inspection form to identify whether all vehicles are being inspected and introduce an additional form for vehicles not available on initial inspection. Furthermore, some Servicing Carrier's requested the addition of a new question to capture the percentage of operations derived from the taxi, limo, car service and ride sharing segments. The following modifications to the current Underwriting Inspection Form are proposed by CAR staff:

Underwriting Inspection Form (Page 1)

Inspection Information

- Proposed - Added a new question "All Vehicles Inspected" with a check box:
 - If Yes, "All vehicles inspected."
 - If No, "Additional vehicles are to be inspected within 30 days."

Underwriting Inspection Form (Page 2)

General Risk Questions (Continued)

- Proposed – Added question to provide additional information regarding "other" selection.
- Renumbered - Question #12
 - Previously Question #13
- Renumbered - Question #13
 - Previously Question #16
- Relocated – Moved "General Risk Remarks" section to page 2.

Underwriting Inspection Form (Page 3)

Vehicle Information

- Relocated - All fields moved to page 3.
- Added text box to input Vehicle Number.

Vehicle Questions

- Relocated – Question #1
 - Previously Question #12 in "General Risk Questions".
- Relocated – Question #2
 - Previously Question #14 in "General Risk Questions".
- Relocated - Question #3
 - Previously Question #15 in "General Risk Questions".

Vehicle Use

- Proposed – Addition of "Vehicle Use" chart.

Vehicle Checklist

- Relocated - All fields moved to page 3.

Vehicle Remarks

- Proposed – Added section for vehicle remarks to provide additional information regarding vehicle questions and vehicle use.

Underwriting Inspection Form (Page 4)

Vehicle Photos

- Relocated - All fields moved to page 4.

Inspection Form - Additional Vehicles

- Proposed - New form to be utilized when a risk is unable to have all vehicles available for inspection simultaneously.

Changes
Proposed

[illegible]

Commonwealth Automobile Reinsurers
Taxi/Limousine/Car Service
Underwriting Inspection Form

General Risk Questions (Continued)		Response	Changes
9.	Is any vehicle used for or under contract with any Transportation Network or Delivery Network (Uber/Lyft/Grub Hub/DoorDash) services? If yes, please specify in the Remarks section on page two.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.	Do customers contact insured by (check all that apply): • If other, please specify in the remarks section on page two.	Phone <input type="checkbox"/> Street <input type="checkbox"/> App <input type="checkbox"/> Other <input type="checkbox"/>	Proposed
11.	Are any vehicles rented or leased to others on a long-term or short-term agreement, or on a time, commission, profit-sharing, or other independent contractor basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.	How are trips tracked? • Contracts • Trip Logs ○ If yes, please provide a copy.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Renumbered
13.	Are any vehicles hired on a prearranged basis? Hourly, on an exclusive, dedicated basis for the duration of the event, not for drop-off and pick-up, only for weddings, funerals, religious ceremonies, or other non-business social functions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Renumbered

General Risk Remarks:			
• Please include a brief description of business operations and the area of operation.			
			Relocated

Commonwealth Automobile Reinsurers
Taxi/Limousine/Car Service
Underwriting Inspection Form

Vehicle Information	Response
Vehicle Number Click or tap here to enter text.	
Model Year	
Make	
Model	
VIN	
Seat Capacity	
License/Permit No.	
Medallion Number (if applicable)	
Garage Location	
Garage Location Type	

Changes
Relocated

Vehicle Questions	Response
1. Is the vehicle primarily used as: <ul style="list-style-type: none"> Courier Service Package Parcel Delivery 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is the vehicle used to carry students or other persons to and from school or any other school activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is the vehicle used to transport to or from airports? If yes, please provide locations in the Remarks section below.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Relocated

Vehicle Use	Response
	Percentage of use %
Limousine	
Car Service	
Taxi	
Ride Sharing (explain in Remarks on page 3)	
Total	100%

Proposed

Vehicle Checklist	Response
Valid Inspection	Yes <input type="checkbox"/> No <input type="checkbox"/>
Special Equipment: <ul style="list-style-type: none"> Permanently installed fare meter Dashcam 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Mileage Meter	Yes <input type="checkbox"/> No <input type="checkbox"/>
Partition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Radio Dispatch	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pre-Existing Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Markings/Signage/TNC Decals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Massport or Airport Decals	Yes <input type="checkbox"/> No <input type="checkbox"/>

Relocated

Vehicle Remarks:

Relocated

Commonwealth Automobile Reinsurers
Taxi/Limousine/Car Service
Underwriting Inspection Form

Vehicle Photos			
<ul style="list-style-type: none"> • Attach pictures of the front, the rear, both sides of vehicle, and the interior. • Any decals, markings, or signage should be clearly visible. • The seating area should be free of obstructions. • Any specialized equipment that has been installed such as a camera or meter should also be photographed. 			
Vehicle Photos	Insert Photo 1 (front)	Insert Photo 2 (rear)	Insert Photo 3 (left side)
	Insert Photo 4 (right side)	Insert Photo 5 (interior)	Insert Photo 6 (other)

Changes
Relocated
Relocated

Commonwealth Automobile Reinsurers
Taxi/Limousine/Car Service
Underwriting Inspection Form - Additional Vehicles

Inspection Information	Response
Named Insured	
Policy Number	
Inspector Name	
Order Number	
Inspection Date	
Inspection Location	
Initial Inspection Date	
Inspection of all additional vehicles complete	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> If "No," all additional vehicles are to be inspected within 30 days of initial inspection date 	
New Business/Renewal Date	
Interviewed	
Title	

Vehicle Information	Response
Vehicle Number Click or tap here to enter text.	
Model Year	
Make	
Model	
VIN	
Seat Capacity	
License/Permit No.	
Medallion Number (if applicable)	
Garage Location	
Garage Location Type	

Vehicle Questions		Response
1.	Is the vehicle primarily used as: <ul style="list-style-type: none"> Courier Service Package Parcel Delivery 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Is the vehicle used to carry students or other persons to and from school or any other school activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Is the vehicle used to transport to or from airports? If yes, please provide locations in the Remarks section on page two.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Vehicle Use	Response
	Percentage of use %
Limousine	
Car Service	
Taxi	
Ride Sharing (explain in Remarks on pg.2)	
Total	100%

Commonwealth Automobile Reinsurers
Taxi/Limousine/Car Service
Underwriting Inspection Form - Additional Vehicles

Vehicle Checklist	Response	
Valid Inspection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Special Equipment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Permanently installed fare meter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Dashcam	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mileage Meter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Partition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radio Dispatch	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pre-Existing Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vehicle Markings/Signage/TNC Decals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Massport or Airport Decals	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional Remarks:
<div></div>

Commonwealth Automobile Reinsurers
Taxi/Limousine/Car Service
Underwriting Inspection Form - Additional Vehicles

Vehicle Photos

- Attach pictures of the front, the rear, both sides of vehicle, and the interior.
- Any decals, markings, or signage should be clearly visible.
- The seating area should be free of obstructions.
- Any specialized equipment that has been installed such as a camera or meter should also be photographed.

Vehicle Photos

Insert Photo 1 (front)

Insert Photo 2 (rear)

Insert Photo 3 (left side)

Insert Photo 4 (right side)

Insert Photo 5 (interior)

Insert Photo 6 (other)

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Additionally, for taxi, limousine and car service risks, the Servicing Carrier must complete the mandatory CAR Underwriting Inspection Form. In instances where all vehicles are not available for inspection simultaneously, the CAR Underwriting Inspection Form - Additional Vehicles shall be completed within 30 days. ~~found on CAR's website.~~ For taxi policies, the form must be completed on all new and renewal business, except those vehicles classified as non-owner operator in the Boston territory that are not subject to this requirement. For vehicles classified as limousine or car service, Servicing Carriers must complete the form at the time a new business policy is written and as necessary thereafter to determine accurate classification and garaging. This type of inspection, in conjunction with a new business application and/or other available source documentation, will assist the Servicing Carrier in determining the proper territory and rating classification of each vehicle. The CAR Underwriting Inspection Form and CAR Underwriting Inspection Form - Additional Vehicles can be found on CAR's website on the Commercial Only – Forms and Manuals Page.

- 2) Upon request, any risk regardless of size will be provided written material concerning loss control. Any risk with five or more power units or the equivalent of such exposure, if hired by the risk, that develops an experience rating debit will be offered a loss control survey.
- 3) The results of the loss control survey will include a corrective action plan, safety management feature and, if applicable to the risk, a hazardous material plan.

TAXI, LIMOUSINE AND CAR SERVICE APPLICATION

CAR DOCKET #CAC26.06
EXHIBIT #1
PAGE 1 OF 6

Date Completed _____

Policy Effective Date _____

PRODUCER INFORMATION

Producer Name _____

Street _____ City _____ State _____ ZIP _____

Producer Code _____ Telephone No _____

APPLICANT INFORMATION

Named Insured _____

Street _____ City _____ State _____ ZIP _____

Business Telephone No. _____

Tax ID No _____ ~~License/Permit~~ ~~Social Security~~ No _____

Headquarters (if other than above)

Street _____ City _____ State _____ ZIP _____

OWNERSHIP AND CONTROL OF ORGANIZATION

Named Insured is a: Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other: _____

State where incorporated _____ Incorporation Date _____ Operations Commenced Date _____

Management, Ownership and Control (list names of Principals and anyone else with 10% or more ownership interest)

	Name	Date in Position	% Ownership
President			
Vice President			
Secretary			
General Manager			
Treasurer			
Others			

Affiliated Companies (list all affiliated companies or companies under the same ownership. If more than 5, use Remarks section)

Name	Address

PAYMENT PLAN

Total Estimated Annual Premium \$ _____ Deposit Premium \$ _____

Full Annual Premium Enclosed Yes ☐ Installment Option Yes ☐ Financed Premium Yes ☐

Name & Address of Finance Company _____

TAXI, LIMOUSINE AND CAR SERVICE APPLICATION

CAR DOCKET #CAC26.06
EXHIBIT #1
PAGE 2 OF 6

OPERATOR INFORMATION

Is vehicle: Owner-Operated ☐ Driven by Employee ☐ Driven by Independent Contractor ☐ Leased ☐

If leased, describe conditions of lease: Daily ☐ Monthly ☐ Other ☐

Other description: _____

List all Operators:

Name	Date of Birth	License and State	Hackney License No.

ACCIDENT INFORMATION

Has applicant/any operator been involved in any motor vehicle accidents in the past 36 months? Yes ☐ No ☐

If yes complete the following (Use a separate sheet if necessary.):

Name of Operator	Accident Date	Place of Accident

Amount of Loss (Include paid and outstanding amounts)

BI Amount	PD Amount	Collision Amount	OTC Amount

CONVICTION INFORMATION

Has the applicant or any operator had their driver's license or Hackney license suspended or revoked during the preceding 36 months? If yes, complete below:

Yes ☐ No ☐

Name	Date	Reason

Has the applicant or any operator been convicted, paid a fine, or forfeited bail for any moving violation (other than suspension or revocation), or been assigned to an alcohol education program in the past 36 months?

If yes, complete below:

Yes ☐ No ☐

Name	Date	Reason

TAXI, LIMOUSINE AND CAR SERVICE APPLICATION

CAR DOCKET #CAC26.06
EXHIBIT #1
PAGE 3 OF 6

PRIOR INSURANCE INFORMATION

Has the applicant failed to pay any automobile insurance premium due or contracted during the preceding 12 months?

If yes, complete below and explain in Remarks section.

Yes ☐ No ☐

Insurance Company _____ Amount due or in dispute _____

Has any automobile policy or coverage been declined, cancelled or non-renewed during the past three years?

If yes, explain reason:

Yes ☐ No ☐

PRIOR CARRIER INFORMATION

List the prior automobile insurance carriers for this company and any affiliated companies for past five years and attach loss statements from the carrier. Use a separate sheet if necessary.

Company Name	Policy Number	Policy Period

GENERAL INFORMATION

Explain all "yes" responses in the Remarks Section - page 6.

With the exception of Loss Payee, are any vehicles NOT owned solely by the applicant?

Yes No
☐ ☐

Are there any vehicle owned but not scheduled on this application?

☐ ☐

Does the applicant obtain RMV verifications for listed operators?

☐ ☐

Does the applicant have a specific driver recruiting method?

☐ ☐

Is the applicant subject to the Massachusetts Workers' Compensation Act?
(Include the Company and Policy Number in the Remarks Section)

☐ ☐

Does the applicant adhere to any commercial automobile safety practices?
(If so, provide specific details in the Remarks Section)

☐ ☐

Is the applicant subject to the Massachusetts Business Corporation Act?

☐ ☐

Is an ICC or any other financial responsibility filing required?
(List all such requirements In the Remarks Section)

☐ ☐

BUSINESS FUNCTIONS

Indicate the percentage of use for each of the following functions which are applicable to the applicant:

%	Contract service (provide specific details in Remarks Section)
%	Owns and operates radio dispatch service
%	Phone calls for general transport
%	Prearranged special events such as weddings, proms, etc.
%	Regular stand (train, bus station, etc.)
%	Street cruising
%	Transportation to/from airport(s) (provide locations in Remarks Section – page 6)
%	Works out of non-owned dispatch service

Customers - Indicate percentage of customers which are:

%	General Public
%	Specialized (elderly, children, special needs, package delivery, etc.) (provide locations in Remarks Section)

TAXI, LIMOUSINE AND CAR SERVICE APPLICATION

VEHICLE DESCRIPTION

Vehicle 1. Year, Make, Model, Body Type

VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Vehicle 2. Year, Make, Model, Body Type

VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Vehicle 3. Year, Make, Model, Body Type

VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Vehicle 4. Year, Make, Model, Body Type

VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Vehicle 5. Year, Make, Model, Body Type

VIN	Seat Capacity	Cost New	Radius of Operation	Class Code	Medallion Number
City(s), State Where Operated			License/Permit No.	City(s) Where Licensed	

Loss Payee/Additional Interests

Vehicle No.	Name and Address

TAXI, LIMOUSINE AND CAR SERVICE APPLICATION

CAR DOCKET #CAC26.06
EXHIBIT #1
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COVERAGE SELECTION

Coverage Type	Limit of Liability	VIN
A. Compulsory A-1 Bodily Injury A-2 Personal Injury Protection	\$250,000 each person, \$540,000 each accident, \$8,000 each person	
B. Bodily Injury Other than Statutory Minimum Limit \$250,000/\$540,000	\$_____ each person \$_____ each accident	
C. Property Damage Liability Mandatory \$305,000	\$_____ each accident	
D. Medical Payments Optional Maximum \$5,000	\$_____ each person	
E. Comprehensive	ACV less \$_____ deductible Glass Deductible \$100 Yes <input type="checkbox"/>	
F. Fire	ACV less \$_____ deductible Glass Deductible \$100 Yes <input type="checkbox"/>	
G. Fire & Theft	ACV less \$_____ deductible Glass Deductible \$100 Yes <input type="checkbox"/>	
H. Fire, Theft & CAC	ACV less \$_____ deductible Glass Deductible \$100 Yes <input type="checkbox"/>	
I. Collision	Waiver of Deductible Yes <input type="checkbox"/> \$_____ deductible	
J. Limited Collision	Waiver of Deductible Yes <input type="checkbox"/> Full Coverage (\$0 Ded) Yes <input type="checkbox"/> \$_____ deductible	
K. Uninsured Motorist Coverage Mandatory \$20,000/\$40,000	\$_____ each person \$_____ each accident	
L. Underinsured Motorist Coverage	\$_____ each person \$_____ each accident	

Optional Coverages Applicable to Limousine and Car Service Risks Only

M. Loss of Use - Rental Reimbursement Maximum \$30 per day	\$_____ per day
N. Hired Auto - Liability Only Cost of Hire	\$_____
O. Non-Owned Number of Employees	\$_____
P. Drive Other Car Coverage	\$_____

REMARKS

AUTOMATIC POLICY RENEWAL is considered a Negative Option Feature as defined by 940 CMR 38.00 - Unfair and Deceptive Fees. The policy issued from this application will automatically renew unless you or your company cancel or non-renew before the expiration. If the policy automatically renews, charges will occur on a recurring basis unless you timely take steps to prevent or stop such charges. Your insurance company will notify you no more than 30 days and no less than 5 days prior to policy expiration to provide instructions to cancel the Negative Option Feature and avoid being charged. You may cancel or non-renew this policy at any time by contacting your agent or your insurance company.

The Fair Credit Reporting Act

In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and business associates. Upon written request, received within a reasonable timeframe, additional detailed information concerning the nature and scope of this investigation will be provided.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or who, for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent act which is a crime and may subject the person to criminal and civil penalties.

Furthermore, the applicant has the responsibility to notify the insurance company of any changes in ownership, operators, vehicles and/or use of vehicles during the policy term. Failure to do so may result in the denial of coverage,

I hereby declare that I have read all of the statements contained in this application and they are complete and true as of this date. The coverage and limits I requested are as indicated in the application.

Date _____ Applicant Signature _____

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Date _____ Producer Signature _____

MANUAL OF ADMINISTRATIVE PROCEDURES

MEMORANDUM OF CHANGES

February 19, 2026

The following amendments are proposed to Section B – Additional Servicing Carrier Responsibilities of Chapter III – Servicing Carrier Responsibilities:

4. Submission of a Supplemental Application

The language referring to the Supplemental Application and Addendums has been updated to reference a location on the website rather than an exhibit within the manual.

9. Additional Commercial Automobile Program and Performance Requirements

A new item has been added to Section B – Underwriting and Policy Processing to instruct Servicing Carriers to use the same Policyholder Notice addressing Negative Option Feature requirements on file for their voluntary business for ceded policies.

The language referring to the Taxi, Limousine, and Car Service Application has been updated to reference a location on the website rather than an exhibit within the manual.

Additional items in this section have been renumbered.

The Exhibits for the Supplemental Application, Addendums and Taxi, Limousine, and Car Service Application have been removed from this chapter, as these are accessed as fillable forms on CAR's website.

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application must also be completed by the risk. The risk must sign and date the application to certify to the accuracy of the information provided on the application. The producer, as a witness to the signing, must also provide a signature and date on the application. The signed and dated supplemental application, including any required addenda, must then be submitted to the Servicing Carrier.

Note that at the discretion of the Servicing Carrier, a supplemental application may also be requested for renewal business.

The supplemental application ~~and addendums are is~~ located on the Reports page of CAR's website under the Commercial Only Forms, Manuals link. ~~Refer to Exhibit III-B-2.~~

5. Reporting Requirements for an Ineligible Risk

A Servicing Carrier that declines, non-renews or cancels a risk it determines to be ineligible for coverage in the commercial residual market must report such action, and the reason(s) therefore, to CAR's Ineligible Risk Database within two business days of the issuance of the notice to the risk. Data elements to be reported include Business Name, Owner License Number, Federal Employer Identification Number (FEIN), USDOT Number, Policy Identification Number, Class Type, as well as other data elements that identify the risk and are beneficial to the administration of the Commercial Servicing Carrier Program. CAR will maintain the database for access by Servicing Carriers to enable more efficient underwriting. However, a Servicing Carrier is required to perform its own investigation to independently determine eligibility of a risk.

Note that if the declination, non-renewal or cancellation is rescinded, the Servicing Carrier must update the Ineligible Risk Database to notify CAR of the reinstatement.

The Ineligible Risk Database application is available on the Reports page of CAR's website, under the Servicing Carrier Profile link. A Help manual that provides detailed information relative to CAR's Ineligible Risk Database is also available.

6. Large Loss Notification Procedures

To provide companies with timely and enhanced information relative to large commercial residual market losses, a Servicing Carrier is required to notify CAR of the occurrence of a large loss.

Servicing Carriers must notify CAR within ten business days of the carrier becoming aware of an accident involving a commercial ceded insured that

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may potentially result in a large loss liability for the commercial residual market. These accidents include those with serious injuries (including, but not limited to, spinal injury, traumatic brain injury and amputation) and fatalities, and are not based upon a specific dollar amount threshold. Notification should be provided using the Large Loss Notification Form which is available on the Reports section of CAR's website, under the Servicing Carrier Profile link. A Help manual that provides detailed information relative to the Large Loss Notification Form and reporting application is also available. Only users associated with a commercial Servicing Carrier will be granted access to the Large Loss Notification Form and a valid user ID and password is required for access.

Additionally, to ensure that CAR's committees are advised of the circumstances surrounding large losses that may impact commercial deficit loss projections and that may potentially have an impact on a company's financial reporting requirements, several Large Loss Reports will be provided to CAR's Loss Reserving Committee on a quarterly basis. The reports provide historical large loss information by policy year for policies exceeding \$1 million in total losses including ALAE expenses. These reports will also be available to commercial companies on the Reports page of CAR's website, under the Deficit and Large Loss link. All users with a valid user ID and password are able to access the Large Loss Reports.

7. Claims Handling

The Commercial Claims Performance Standards provide the requirements for the handling and payment of claims by Servicing Carriers. During its investigation of a claim, the Servicing Carrier should record the use of the vehicle and driver of the vehicle at the time of the accident to validate the application of coverage and classification.

8. Federal Motor Carrier Safety Administration (FMCSA) Requirements

Servicing Carriers are required to maintain access with the FMCSA in order to file the appropriate insurance forms on behalf of their risks in a timely manner.

9. Additional Commercial Automobile Program and Performance Requirements

In addition to complying with the provisions of CAR's Rules of Operation, a Servicing Carrier is responsible for adhering to the following requirements:

a. Administrative and Account Management Services

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- 1) A management level account executive with knowledge of the Program must be assigned and will be responsible for assuring the requirements of the Program, responding to CAR inquiries and meeting with CAR staff and committee representatives.
- 2) Each Servicing Carrier must provide a direct bill program. Servicing Carriers must cooperate with their assigned producers to assure that policyholders are made aware of their option to utilize an installment plan.

The Servicing Carrier must use an installment payment plan that has been filed with and approved by the Division of Insurance. The plan must include the application of an installment finance charge plan based on an annual percentage rate and no more than a 30% first or deposit payment on or before the policy effective date. The plan must also include that no less than seven monthly payments thereafter must be offered to the insured that chooses to pay in installments.

b. Underwriting and Policy Processing

1) Policies and other forms provided to the policyholder for a ceded policy must be the same as those filed by CAR and approved by the Commissioner for commercial residual market business. However, a Servicing Carrier should also attach those Policyholder Notifications addressing the Negative Option Feature requirements of 940 CMR 38.00 on file for their voluntary business to ceded policies.

~~1)2)~~ A specific taxi, limousine and car service new business and renewal application must be used. ~~Refer to Exhibit III-B-1.~~ The application requires information that is necessary for the proper classification and rating of the policy. A copy of the Hackney License or other municipal document authorizing the operation of a taxi, or license or other municipal document authorizing the operation of a limousine or car service vehicle must be included with the application. For Boston taxis or any other jurisdiction that utilizes a medallion system, the application must include the taxi medallion number.

-The Taxi, Limousine and Car Service Application is located on the Reports Page of CAR's website under the Commercial Only Forms, Manuals link.

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~~2)3)~~ For renewal business, the producer will be required to submit a completed renewal application to the Servicing Carrier within 45 days prior to the policy effective date.

~~3)4)~~ Within 30 days of the receipt of the application, the Servicing Carrier must mail the policy to the insured. If notified of a dispute relative to the premium charged, reply within 15 days of receiving the notification.

~~4)5)~~ Assure that all data necessary to properly classify, rate and experience rate ceded policies is reported to CAR in compliance with the Commercial Automobile Statistical Plan and according to approved rules, rates and rating plans as contained in CAR's Commercial Automobile Insurance Manual.

~~5)6)~~ Secure and verify each risk's loss history in order to properly experience rate the risk and distribute the rating calculation and loss information to each eligible policyholder and producer.

~~6)7)~~ In order to prevent premium leakage, perform a pre-audit on any trucking risk with a cost of hire exposure and five or more power units or the equivalent of exposures if hired by the risk. The audits must be completed within 120 days of the policy effective date. Additional or return premium must be computed in accordance with the results of the audit and with appropriate notification given to the producer and the insured.

c. Claims Management Services

- 1) For risks insured through the Commercial Automobile Program, Servicing Carriers must establish claims management procedures in compliance with the provisions of CAR's Rules of Operation and this Manual.
- 2) A Servicing Carrier's Massachusetts claims unit must manage all claims occurring out-of-state.

d. Management Information Systems Services

- 1) Servicing Carriers must provide all data required by CAR's Rules of Operations and this Manual.
- 2) Servicing Carriers must produce any ad hoc reports as may be requested by CAR.

e. Loss Control Services