Containing the Instructions and Codes Applicable to the Vehicles Rated in the Massachusetts Commercial Automobile Insurance Manual

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100 Summer Street, Boston, MA 02110

(617) 338-4000

FAX: (617) 338-5422 TTY: (617) 880-7848

www.commauto.com

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Massachusetts Commercial Automobile Statistical Plan Part I - Overview

A. SCOPE OF THE PLAN

The Massachusetts Commercial Automobile Statistical Plan is applicable to total automobile direct business written by a company on vehicles rated in accordance with the Massachusetts Commercial Automobile Insurance Manuals. The Massachusetts Commercial Automobile Insurance Manuals, which are published by the Automobile Insurers Bureau of Massachusetts and by Commonwealth Automobile Reinsurers, should be used in conjunction with both the Massachusetts Commercial Automobile Statistical Plan and the various informational Accounting and Statistical Notices published periodically by Commonwealth Automobile Reinsurers. In order to assure that the statistical data reported to CAR is of the highest level of quality, the Massachusetts Commercial Automobile Statistical Plan provides companies with the necessary requirements, instructions and codes for reporting detailed statistical data for the following automobile insurance coverages to CAR:

Bodily Injury Liability Personal Injury Protection Uninsured Motorist Property Damage Liability Medical Payments Underinsured Motorist Physical Damage Pollution Liability

B. ORGANIZATION OF THE PLAN

The Massachusetts Commercial Automobile Statistical Plan is organized in the following major divisions:

Part I – Overview
Part II – General Rules

Part III — General Reporting Requirements (Premiums and Losses)

Part IV — Reporting Instructions - Premiums
Part V — Reporting Instructions - Losses

Part VI - Coding Section

Part VII - Statistical Data Quality Program

Part VIII - Record Layouts

Appendix A – Decision Tables – Classification Code and Coverage Code

Appendix B – Premium and Accident Towns

The Overview Section introduces the Massachusetts Commercial Automobile Statistical Plan. It identifies the coverages for which this Plan is applicable, details the organization of this Plan, specifies the Statistical Plan's effective date and identifies how CAR informs users of updates to this Plan.

The General Rules Section of this Plan describes company reporting requirements and the proper method for reporting data to CAR. The General Reporting Requirements Section of this Plan contains general information relative to the reporting of premium, loss and claim count data to CAR. The Reporting Instructions Sections of this Plan contain specifications for reporting each of the data fields required on the various premium and loss record layouts.

Last Revision Date: 01/01/2000 Page: I:1 Proposed Effective Date: 01/01/2000

Massachusetts Commercial Automobile Statistical Plan Part I - Overview

B. ORGANIZATION OF THE PLAN (Continued)

The Coding Section of this Plan identifies the possible values or codes that are valid for each of the data fields contained on the premium and loss record layouts. Data fields apply to all record layouts unless otherwise noted. If a specific data field only applies to a specific record layout or coverage, this will be indicated in the Coding Section. The Coding Section is divided into four subsections. The first section contains codes that are applicable to all record layouts. The remaining sections contain codes that are applicable to the individual liability, no-fault and physical damage record layouts.

The Statistical Data Quality Program Section of this Plan details the specifics of the Statistical Data Quality Program. The purpose of the Statistical Data Quality Program is to assure the quality and completeness of the data reported to CAR. This data is subsequently used for statistical, reinsurance and ratemaking functions. The Program is subdivided into two sections. The Statistical Data Quality Components Section contains CAR's expectations for reporting quality and timely statistical data, and the Statistical Data Quality Penalties Section contains associated reporting penalties.

The Record Layouts Section of this Plan identifies the required record layout format including appropriate field positions for statistical records reported to CAR. A Commercial Record Layout Modification Key precedes the record layouts and identifies the fields to which modifications have been made in prior years.

Appendix A of this Plan contains detailed Classification Code and Coverage Code Decision Tables. These Decision Tables shall be used to determine whether specific data fields are required for a particular classification or coverage code.

Appendix B of this Plan contains two tables of valid Premium and Accident Town Codes. One table is listed in alphabetical order and the other is listed in numerical order. These towns correspond to the rating towns in the Massachusetts Commercial Automobile Insurance Manual.

C. EFFECTIVE DATE OF THE PLAN

The Massachusetts Commercial Automobile Statistical Plan is applicable to policies with effective dates of January 1, 1981 and subsequent and contains revisions through the date noted on the cover page of this Plan. All policies and endorsements to such policies must contain the Statistical Plan coding and must be reported on the record format that was in effect for the particular policy effective year. Refer to the Commercial Automobile Statistical Plan applicable to the particular policy effective year.

D. <u>UPDATES TO THE PLAN</u>

The Massachusetts Commercial Automobile Statistical Plan is published in loose-leaf form and as pages are revised or reprinted, all companies will receive a set of the revised pages only. The pages will be applicable to all new and renewal policies with effective dates on or after the date indicated in the lower left corner of the reprinted pages. Note that specific revisions will be indicated by a star (\star) to the left of the line containing the revision. The date in the lower right corner of the page indicates the date that the page was last printed. Any special reporting instructions will be provided to companies via an Accounting and Statistical Notice published by CAR.

Last Revision Date: 01/01/2000 Page: I:2 Proposed Effective Date: 01/01/2000

A. DATA REQUIREMENTS

All premium, paid loss and outstanding loss transactions (both ceded to CAR and voluntarily written) must be reported with the accounting month that corresponds to the month in which the transaction was booked. Submissions for a particular accounting month must be received in statistically acceptable condition at the offices of CAR by the close of business on the established due date. Refer to the Statistical Data Quality Program Section of the Plan for additional information and potential penalties associated with this requirement.

1. Reporting Thresholds

When the Massachusetts automobile writings of a company which currently does not report statistical data to CAR exceeds the established reporting thresholds for statistically reportable coverages, statistical data beginning with that policy effective year must be reported to CAR on a monthly basis. The thresholds for commercial business are \$50,000 in written premiums or \$25,000 in paid losses. Statistically reportable coverages are those coverages specified in the Massachusetts Commercial Automobile Statistical Plan. CAR verifies this data via the information recorded on the Exhibit of Premiums and Losses for the state of Massachusetts, which is contained on Page 15 of a company's Annual Statement for that calendar year. The reporting thresholds may be subject to yearly adjustments to reflect rate revisions and inflation. Refer to the Statistical Data Quality Components Section of the Statistical Data Quality Program for specific information on shipment reporting dates.

However, if a company cedes any business to CAR (refer to item C. of this section), then statistical data for all of the company's business, both ceded and voluntarily written, must be reported to CAR. This data must be reported regardless of whether the company's writings are below the reporting thresholds noted above.

2. Nil Submission

If no premium, paid loss and/or outstanding loss transactions were booked by the company during the accounting month being reported, the company must report a Nil Submission Form to CAR. This form may be obtained from the company's Data Analyst at CAR. Refer to the Statistical Data Quality Penalty Section of the Statistical Data Quality Program for the penalties that will be assessed if a nil shipment is reported for any month in which premium, paid loss and/or outstanding loss transactions should have been reported to CAR.

3. Low Volume Companies

Subject to CAR's approval, small companies may be permitted to report statistical data to CAR on a quarterly basis, rather than monthly. Companies that write less than \$500,000 in written premiums and less than \$500,000 in paid losses for statistically reportable coverages will be considered eligible for quarterly statistical reporting and are referred to as low volume companies. CAR verifies a company's volume of writings via the data recorded on the company's Massachusetts Annual Statement Page 15 for the most recent calendar year. Refer to the Statistical Data Quality Program Section of this Plan for additional information and potential reporting penalties applicable to low volume companies.

A. DATA REQUIREMENTS (Continued)

4. Companies in a Run-Off Position

Companies in a run-off position that have stopped writing Massachusetts automobile business must continue to statistically report run-off premium, paid loss and outstanding loss activity on all ceded policies. Statistical data must continue to be reported until all ceded premium has been reported and all ceded losses have been paid or closed without payment or CAR has closed-out the ceded premium and/or loss statistical reporting for the particular policy effective year. Additionally, companies in a run-off position must continue to report statistical data for voluntarily written business, but only until their total written premiums and paid losses (both voluntary and ceded combined) are less than the reporting thresholds noted above.

5. Reconciliation of Massachusetts Annual Statement Page 15

In addition to the above statistical reporting requirements, all companies that are licensed to write automobile insurance in the state of Massachusetts are required to submit a copy of their Massachusetts Annual Statement Page 15 even if they have no actual writings. On a quarterly basis, CAR reconciles the data recorded on a company's Massachusetts Annual Statement Page 15 to the data that the company has statistically reported to CAR. The reconciliation process is performed to verify the accuracy and completeness of the database utilized for statistical, ratemaking and reinsurance purposes. Specific information regarding the submission of Massachusetts Annual Statement Page 15 is detailed in a quarterly Accounting and Statistical Notice distributed by CAR. Refer to the Statistical Data Quality Program Section of this Plan for additional information and potential reporting penalties associated with the Massachusetts Annual Statement Page 15 process.

6. Filing of Massachusetts Automobile Insurance Expense Call

Additionally, on an annual basis, each member of CAR is required to file a calendar year Massachusetts Automobile Insurance Expense Call. The Expense Call identifies expenses for the following general categories: Loss Adjustment Expenses, Commissions, Acquisition, Field Supervision and Collection Expenses, Taxes, Licenses and Fees and General Expenses. The Expense Call identifies the portion of total company expenses that are attributable to the cost of transacting automobile insurance business in Massachusetts. On a yearly basis, CAR distributes an Accounting and Statistical Notice that contains specific instructions relative to the Massachusetts Automobile Insurance Expense Call. Refer to the Statistical Data Quality Program Section of this Plan for additional information and potential reporting penalties associated with the Expense Call process.

B. REPORTING METHOD

The instructions that are set forth in the Reporting Instructions – Premiums and Reporting Instructions – Losses Sections of this Plan refer to records reported to CAR on magnetic tape or tape cartridge. To obtain complete and detailed reporting instructions, refer to the CAR Statistical Edit Package that contains Accounting/Statistical Submission Reporting Instructions.

B. REPORTING METHOD (Continued)

The following general instructions apply:

- 1. Each premium and loss shall be reported on an individual transaction-by-transaction basis in accordance with the instructions and codes contained in this Plan.
- 2. Companies are responsible for the completeness and accuracy of their own data. Prior to the submission of statistics, the company shall perform an audit of the statistics being reported to detect and correct any error in the assignment of statistical codes contained in the Coding Section of this Plan.
- 3. All coding must be numeric except for the following fields: Producer Code, Policy Identification Number, Vehicle Identification Number and Company Use fields on premium records and Producer Code, Policy Identification Number, Claim Identification Number, Vehicle Identification Number and Company Use fields on loss records. These fields may be reported with any combination of alphanumeric codes. Fields reserved for future use must be reported with spaces or zero filled.
- 5. Data should be reported to CAR as follows:
 - a. Each submission must be filed on a monthly basis with the exception of outstanding loss records, which should be filed quarterly in the March, June, September and December shipments. The records must be submitted in accordance with the Call Schedule that is published annually as an Accounting and Statistical Notice.
 - b. In order to assure that a company's submission of data for a particular accounting month is complete, all premium and paid loss data for each accounting month must be submitted to CAR in a single mailing. However, it is acceptable for quarterly outstanding loss data to be submitted separately.
 - If a company is not able to consolidate their shipments for mailing to CAR, a request for waiver from this requirement must be filed with CAR. If CAR grants a waiver to this requirement, it is necessary for the company to continue to submit their data shipments to CAR in the same manner for each subsequent accounting month.
 - c. Companies that have no statistical data to report to CAR must report a Nil Submission Form. This report will indicate that a company has no premium, paid loss and/or outstanding loss transactions to report for a specific month.

B. REPORTING METHOD (Continued)

- 5. Data should be reported to CAR as follows (continued):
 - d. Each shipment of statistics must contain several control records that include control and summary totals relating to the statistics submitted. These totals must be in agreement with the data submitted for the period covered.
 - e. All reported data must be submitted on the appropriate record format as specified in the Record Layout Section of this Plan.

C. RISKS CEDED TO COMMONWEALTH AUTOMOBILE REINSURERS

All premiums and losses that are associated with risks ceded to Commonwealth Automobile Reinsurers must be reported to CAR. Premium and loss transactions for such ceded risks must be identified by the appropriate CAR Identification Code specified in the Coding Section of this Plan.

CAR's Plan and Rules of Operation require that the premium on ceded policies be reported at the full policy premium for cedable or total limits, regardless of the date of cession. Although only cedable limits or coverages will be covered by CAR, the full policy premium must be reported. When the total limits premium for a policy exceeds CAR's cedable limits, the portion that exceeds the cedable limit must be reported as a separate record utilizing the special non-cedable Classification Code. This code is identified in the Coding Section of this Plan as a Special Rating and Adjustment classification. The record also must be reported with the appropriate voluntary business CAR Identification Code. The premium amount reported would be the portion of premium that exceeds the cedable limit.

Risks that are initially written as voluntary business, but then ceded to CAR during the policy's term must be ceded as CAR business for the entire policy period. That is, offset and reenter adjustment entries must be reported to remove the record as voluntary business and replace it as CAR business, using the appropriate ceded CAR Identification Code and the <u>total</u> premium and exposure for the risk.

D. ADJUSTMENTS (ENDORSEMENTS)

An adjustment to a previously reported statistical record is made by reporting a complete offset of the original record and a new record that shows the proper (adjusted) statistical codes, exposure and/or dollar amounts. For adjustments (including endorsements) to premium records, the dollar amounts and exposure of the original and offsetting records must net to zero. For adjustment to loss records, the dollar amount and claim count of the original and offsetting records must net to zero.

For additional explanation and examples regarding the method for reporting adjustments or endorsements on premium records, refer to Section A – Premiums of the General Reporting Requirements Section of this Plan.

E. REINSURANCE – OTHER THAN CAR

Experience is to be reported on direct business only. Therefore, the reports of experience shall not include premiums received from or losses paid to other companies on account of reinsurance assumed by the reporting company, nor shall any deductions be made by the reporting company for reinsured premiums or for losses recovered from other companies on account of reinsurance.

Part III - General Reporting Requirements

Section A – Premiums

1. REPORTING OF PREMIUMS

A separate premium record must be reported for each unique set of data elements contained in this Plan. Premiums are reported on statistical records by coverage (liability, personal injury protection (PIP) or no-fault, and physical damage). All bodily injury liability premium records must contain the combined premium of each separately developed bodily injury liability premium (i.e. compulsory bodily injury, optional bodily injury, medical payments, underinsured motorists and uninsured motorists). All other premium records (property damage liability, PIP (no-fault), other than collision and collision) should contain the individually developed premium.

Companies have the option to report combined bodily injury liability premiums apart from property damage liability premiums, on separate statistical records. Similarly, other than collision and collision premiums may be reported on separate statistical records if desired.

Premium adjustments due to the application of Retrospective Rating Plan D must be reported on separate statistical records using the applicable Classification Code and Coverage Code. Retrospective Rating Plans are available for use on voluntary policies only.

2. SINGLE LIMIT POLICIES

Single limit policies with separate premiums for bodily injury and property damage shall be reported using the appropriate Limits Identifier Code.

When reporting the bodily injury and property damage premium on one record, the combined single limit code shall be reported in the Bodily Injury Limits Code field with spaces or zeros in the Property Damage Limits Code field. The corresponding bodily injury and property damage portions of the premium as determined by the single limit calculation shall then be reported in the appropriate Bodily Injury Premium Amount or Property Damage Premium Amount field.

When reporting bodily injury and property damage premium on two separate records, the records shall be reported in the following manner:

- a. For the bodily injury record, the limit code shall be reported in the Bodily Injury Limits Code field with spaces or zeros in the Property Damage Limits field. The bodily injury portion of the premium as determined by the single limit calculation, shall be reported in the Bodily Injury Premium field with spaces or zeros in the Property Damage Premium field.
- b. For the property damage record, the combined single limit code shall be reported in the Bodily Injury Limits field with spaces or zeros in the Property Damage Limits field. The Property Damage portion of the premium as determined by the single limit calculation, shall be reported in the Property Damage Premium field with spaces or zeros in the Bodily Injury Premium field.

For additional information relative to the single limit calculation, refer to the Massachusetts Commercial Automobile Insurance Manual.

Part III - General Reporting Requirements

Section A – Premiums

3. REPORTING OF EXPOSURE

Exposure is required as outlined in the Coding Section of this Plan. Exposure must be separately reported for each of the subdivisions of experience for which separate classification codes and exposure basis are shown. If the Classification and Coverage Code Decision Tables contained in Appendix A of this Plan indicate that exposure is not required for certain classification codes or coverage codes, then spaces or zeros must be reported in the Exposure field.

Refer to the Reporting Instructions and Coding Sections of this Plan for further instructions regarding the reporting of exposure.

4. CHANGES IN COVERAGE BY ENDORSEMENT

a. Endorsements Effective as of the Policy Effective Date

All original records affected by the change in coverage must be offset and new records must be reported with the revised codes. On the new records, all codes not impacted by the change in coverage shall remain the same. Both the offset and reenter records must be fully coded. The Transaction Effective Date should always equal the Policy Effective Date on the offset and reenter records.

The following is an example of liability endorsement records that would be reported to CAR due to a change in liability limits. The rate calculation would be affected, as indicated by the following premium adjustments:

Record	Tx- Type	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Ехр	BI Premium	PD Premium	BI Limit	PD Limit
Original	11	06-00	06-00	06-01	+12	\$527	\$190	07	01
Offset	12	06-00	06-00	06-01	-12	-\$527	-\$190	07	01
Reenter	12	06-00	06-00	06-01	+12	\$812	\$289	09	07

b. Endorsements Effective Subsequent to the Policy Effective Date

All original records affected by the change must be offset to cancel the unearned premium and exposure. New records must be reported with the to-be-earned premium and exposure for the endorsed coverage and the revised codes. On the new records, all codes not impacted by the change in coverage shall remain the same. Both the offset and reenter records must be fully coded. The Transaction Effective Date on the offset and reenter records should be the effective date of the endorsement.

The following is an example of physical damage endorsement records that would be reported to CAR due to a change in vehicle subsequent to the effective date:

Record	Tx- Type	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Ехр	OTC Prem	Coll Prem	VIN
Original	11	06-00	06-00	06-01	+12	\$72	\$250	JT3FJ62G1L1121580
Offset	12	06-00	12-00	06-01	-6	-\$36	-\$125	JT3FJ62G1L1121580
Reenter	12	06-00	12-00	06-01	+6	\$88	\$494	1J4H152K6TH450117

Part III - General Reporting Requirements

Section A – Premiums

4. CHANGES IN COVERAGE BY ENDORSEMENT (Continued)

b. Endorsements Effective Subsequent to the Policy Effective Date (Continued)

Changes by endorsement may be statistically reported on a coverage basis. For example, if the change is only for the bodily injury coverage, it is not necessary to include the corresponding property damage coverage information on the statistical record. However, any change to bodily injury premium must reflect the compulsory bodily injury, optional bodily injury, medical payments, uninsured motorists and underinsured motorist premiums, even if the change is limited to only one or some of the bodily injury coverages.

5. CANCELLATION OF PREMIUMS

When canceling premiums for a policy, all affected records must be individually offset (i.e. record by record) with the appropriate Transaction Type Code included on the cancellation record.

a. Flat Cancellation

For detailed information regarding flat cancellations, refer to the Commercial Automobile Insurance Manual. For a flat cancellation, the entry must be identical to the original entry except,

- i. The Exposure and Premium field(s) shall be shown as a credit
- ii. The Accounting Date shall be the month and year that the company booked the cancellation
- iii. The Transaction Type Code shall be 15

Record	Tx- Type	Actg- Date	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Ехр	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$828	\$317
Cancellation	15	11-00	01-00	01-00	01-01	-12	-\$828	-\$317

b. Pro Rata Cancellation

For detailed information regarding pro rata cancellations, refer to the Massachusetts Commercial Automobile Insurance Manual. For a pro rata cancellation, the entry must be identical to the original entry except,

- i. The unearned portion of the premium shall be shown as a credit
- ii. The Transaction Effective Date shall be the effective date of the cancellation
- iii. The Accounting Date shall be the month and year that the company booked the cancellation
- iv. The Transaction Type Code shall be 13

Record	Tx- Type	Actg- Date	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Ехр	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$716	\$269
Cancellation	13	11-00	01-00	06-00	01-01	-7	-\$403	-\$152

Refer to the Coding Section for the reporting of exposure on such transactions.

Part III - General Reporting Requirements

Section A – Premiums

5. <u>CANCELLATION OF PREMIUMS (Continued)</u>

c. Short Rate Cancellation

For detailed information regarding short rate cancellations, refer to the Massachusetts Commercial Automobile Insurance Manual. For a short rate cancellation, the entry must be identical to the original entry except,

- i. The unearned portion of the premium, calculated on the basis of the applicable short rate table (located in the Massachusetts Commercial Automobile Insurance Manual), shall be shown as a credit
- ii. The Transaction Effective Date shall be the effective date of the cancellation
- iii. The Accounting Date shall be the month and year that the company booked the cancellation
- iv. The Transaction Type Code shall be 13

Record	Tx- Type	Actg- Date	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Ехр	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$716	\$269
Cancellation	13	11-00	01-00	06-00	01-01	-7	-\$338	-\$130

Refer to the Coding Section for the reporting of exposure on such transactions.

6. PREMIUM MODIFICATION

The Experience Rating Modification Factor and the All Other Rating Modification Factor are developed based upon the requirements and parameters of the particular plan filed by a company. Examples of filed plans include Experience or Scheduled Rating Plans.

The Experience Modification Factor and the All Other Modification Factor measure the difference between the policy's manual premium and the total premium charged for the policy, and will result in either a credit or debit to the policy's manual premium. The manual premium is the premium that would result from the use of rates and rules prior to the application of the Experience Rating, Scheduled Rating or other filed Plans.

If the Factor is known at the time of policy issuance, report the adjusted premium amount as the policy's annual premium. If the Factor is not known at the time of policy issuance, report the manual premium amount and follow the endorsement procedures contained in both the General Rules Section and Section A – Premiums of the General Reporting Requirements of this Plan, once the adjusted premium amount has been determined.

Refer to the Coding Section for examples.

Part III - General Reporting Requirements

<u>Section A – Premiums</u>

7. POLICIES SUBJECT TO AUDIT

There are several types of policies for which coverage is initially provided on an estimated basis and then adjusted once the actual exposure is determined by an audit of the risk. At the time of policy issuance, deposit statistical transactions which contain an estimate of a policy's exposure and premium based on the previous year of experience, must be statistically reported. Deposit transactions must be coded in accordance with the Classification Code Decision Table contained in Appendix A of this Plan.

Once an audit of a policy has been completed, report any necessary adjustment (audit) transactions containing the required statistical coding using Transaction Type Code 16 (Audit) or Transaction Type Code 12 (Endorsement, Audit or Policy Extension).

The exposure and premium reported on an audit transaction may be reported net of the exposure and premium reported on the initial deposit transaction or may be reported in conjunction with an endorsement record to offset the initial deposit transaction.

8. MULTIPLE YEAR POLICIES AND INSTALLMENT POLICIES

Multiple year policies rated on an annual basis shall be reported in the same manner as one year policies. If the policy is written and rated for a period longer than one year, report the total policy premium for the full policy period and the total exposure for the full policy period.

The statistical reporting of policies not subject to audit written on an installment basis for terms not longer than one year is the same for policies written on a prepayment basis. Any interest or finance charge shall not be included in the premium reported for the policy.

9. RULES FOR EXTENDING A POLICY

A policyholder may request that his or her policy be extended. The statistical reporting for such extensions may be done by either of two methods: extension by endorsement or extension by cancellation and rewrite.

If the extension by endorsement method is used, the additional premium must be reported under the original policy number coded with Transaction Type Code 12. The Transaction Effective Date should be the date the extension took effect and the Policy Expiration Date should be the new expiration date.

If the extension is by cancellation and rewrite, a new policy number must be used and the unearned premium on the original policy must be credited in the same manner as any cancelled policy, coded with Transaction Type Code 13. All of the coding for the new policy will be done in the usual manner under the new policy, coded with Transaction Type Code 11.

Part III - General Reporting Requirements

Section B – Losses

1. REPORTING OF LOSSES

Losses and allocated loss adjustment expenses must be reported on separate records with the applicable codes used to report the corresponding premium records in addition to the loss codes contained in the Coding Section of this Plan.

Allocated loss adjustment expenses must be submitted for all liability and PIP (no-fault) losses. For physical damage losses, allocated loss adjustment expenses are required only for ceded paid losses. However, allocated loss adjustment expenses for voluntary paid physical damage losses may be optionally reported.

2. DEFINITION OF A CLAIM AND A CLAIM COUNT

a. Claim Definition

For the purpose of this Plan, a claim shall be defined as:

- i. the loss incurred on account of bodily injury to any one individual arising out of any one accident for a particular coverage,
- ii. the loss for damage to the property, including loss of use, of any one individual (or legal entity) arising out of any one accident for which there is property damage coverage,
- iii. each individual loss arising under a physical damage coverage.

b. Claim Count Definition

A claim count shall be assigned when a loss payment has been made or an outstanding reserve reported. A liability or PIP (no-fault) claim partly paid and partly outstanding shall only be counted once, but may be counted either on the paid or outstanding transaction. However, note that if the claim is counted on the outstanding transaction, it is necessary for the company to report a claim count on the final paid loss record when the claim is closed. A claim on which more than one payment is made shall only be counted once. In the case of an accident involving two or more claims, each claim shall be counted separately. The following specific situations apply to the counting of claims:

- No claim count shall be assigned if involvement is limited to allocated loss adjustment expense or the cost of a bail bond.
- A claim involving a loss payment or the establishment of an outstanding reserve under two or more types of loss shall be counted as a claim for each loss, with the exception of towing and labor.
- iii. Salvage, subrogation, and other recoveries (not reinsurance) shall be reported with a credit claim count only if the recovery is the total cost of the claim.
- iv. A claim for bodily injury indemnity and claims for care and loss of service arising from the same injury shall be counted as one claim.
- A claim for property damage indemnity and claims for loss of use arising out of the same accident shall be counted as one claim.
- vi. A physical damage claim involving glass damage under a collision loss shall be counted as one claim, under the collision coverage.

Part III - General Reporting Requirements

Section B - Losses

2. <u>DEFINITION OF A CLAIM AND A CLAIM COUNT (Continued)</u>

Use the following procedure for the reporting of Claim Count on paid and outstanding loss records:

	Claim	Count					
Description of Transactions	O/S Reserve	Loss Payment					
Liability, & PIP (No-Fault) Indemnity							
If counting claims on initial paid basis:							
Initial reserve with no payment	1	N/A					
Initial payment entry	0	1					
Subsequent entries	0	0					
If counting claims on final paid basis:							
Entries prior to final payment.	1	0					
Final payment	0	1					
Physical Damage Indemnity (other than Towing and Labor)							
If counting claims on initial paid basis:							
Initial payment entry	N/A	1					
Subsequent entries	N/A	0					
If counting claims on final paid basis:							
Entries prior to final payment	N/A	0					
Final payment	N/A	1					
Towing and Labor	0	0					
Salvage and Subrogation (excluding PIP)							
Partial recoveries	0	0					
Total recovery (claim count on final recovery record)	N/A	-1					
Allocated Expenses	0	0					

Part III - General Reporting Requirements

Section B – Losses

3. ACCIDENT REPORTING

Each accident must be uniquely identified within a given accident year. The Claim Identification Number must be used to uniquely identify the accident and claimant. If multiple coverages are involved, each coverage must be uniquely identified through the use of Coverage and Type of Loss codes. Refer to the Reporting Instructions – Losses Section of this Plan for additional information on Claim Identification Number.

The following example illustrates several scenarios for reporting Claim Identification Number. Note that in all cases, the Claim Identification Number must be consistent for the liability and no-fault lines of business. Refer to methods 1, 2, and 3 of the example. However, it is not required for the physical damage Claim Identification Numbers to be consistent either with liability and no-fault or within physical damage. Refer to methods 2 and 3 of the example.

Sample Loss Scenario:

Company A's insured was in an accident for which he was at fault. The insured suffers injuries (\$9,000) plus lost wages (\$500) and his vehicle was damaged (\$2,100). The insured was also reimbursed for substitute transportation (\$900). The other driver was seriously injured (\$8,000), and his car was damaged (\$3,500). Company B paid for their driver's medical bills under PIP coverage and paid collision damage waiving the deductible. Company B then subrogated against the at-fault insured's insurance company. Company B also paid for a police report (\$10) and an independent medical exam (\$350) under PIP, which was included in their subrogation figure to Company A. Company B's insured then took court action against the at-fault driver for pain and suffering, etc. (\$10,000). Below is a summary of Company A's statistical reporting.

	Cultilina	Type of	0	Loss	Claim	Identification	n Number
Claimant	Subline Code	Loss Code	Coverage Code	Amount	Method 1	Method 2	Method 3
	611	05		\$1,500	ABC010	ABC010	ABC010
1	615	24		\$7,500	ABC010	ABC010	ABC010
(Driver A)	615	34		\$500	ABC010	ABC010	ABC010
(Driver A)	618	11	016	\$1,600	ABC010	ABC019	ABC019
	618	09	083	\$900	ABC010	ABC019	ABC018
2	611	03		\$3,500	ABC020	ABC020	ABC020
_	611	01		\$10,000	ABC020	ABC020	ABC020
(Driver B)	611	11		\$9,160	ABC020	ABC020	ABC020

Part III - General Reporting Requirements

Section B – Losses

4. REPORTING OF ALLOCATED/UNALLOCATED LOSS ADJUSTMENT EXPENSES

a. Allocated Loss Adjustment Expenses (ALAE)

Allocated loss adjustment expenses are the following types of expenses paid by a company in connection with the adjustment of a specific claim. ALAE are to be reported as separate records, in the same detail as indemnity losses, using the appropriate Transaction Type Code. Transaction Type Code 27 represents paid legal expenses, Transaction Type Code 29 represents paid medical expenses, and Transaction Type Code 24 represents all other paid expenses. Transaction Type Code 22 represents outstanding allocated loss adjustment expenses.

Note that salvage pool expenses should not be reported as allocated loss adjustment expenses. Refer to the Subrogation Recoveries/Expenses portion of this section for additional details.

i. Transaction Type Code 27

The following are allowable legal allocated loss adjustment expenses:

- a) Arbitration, court, and other specific items of expense, such as stenography, witnesses and summonses (excluding medical), examinations under oath
- b) External attorney fees for claims in suit
- c) House counsel fees for claims in suit, excluding fees incurred to effect subrogation, provided that:
 - 1) The fees are computed at the same rate and by the same method as non-ceded claims,
 - 2) The fees reflect the total operating cost, including labor, on an individual suit basis and are substantiated by time statistics (Operational costs are defined as expenses which are normally contained in company overhead, such as rent, heat, electricity, benefits, etc., but excludes any items of profit)

ii. Transaction Type Code 29

The following are allowable medical allocated loss adjustment expenses:

- a) Medical examinations to determine the extent of the company's liability
- b) Preferred provider network/organization service fee expenses incurred on a particular claim
- c) Expert medical or other evidence
- d) Laboratory and x-ray
- e) Autopsy
- f) Cost of medical records

Part III - General Reporting Requirements

Section B – Losses

4. REPORTING OF ALLOCATED/UNALLOCATED LOSS ADJUSTMENT EXPENSES (Continued)

a. Allocated Loss Adjustment Expenses (ALAE) (Continued)

iii. Transaction Type Code 24

The following are allowable all other allocated loss adjustment expenses:

- a) Accident reconstruction
- b) Copies of documents
- c) Public records/police/fire reports (to the limit provided for by law)
- d) Motor vehicle registration search fees
- e) Appraisals of property (excluding motor vehicles)
- f) Special investigation of a claimant's background (including asset/credit reports)
- g) Engine oil, fluid analysis

b. Unallocated Loss Adjustment Expenses

Unallocated loss adjustment expenses are expenses paid by a company in settling a claim, that can not be directly allocated to a specific claim. Unallocated loss adjustment expenses are <u>not</u> to be reported. Examples of these expenses include:

- i. Overhead, salaries, and traveling expenses of company employees (other than amounts allocated as attorney fees for claims in suit)
- ii. Special investigations concerning the facts of the loss
- iii. Adjuster's fees, including those paid to independent adjusters and/or attorneys for adjusting claims (The term "adjusting" includes the investigation and adjustment of claims, the disposition of salvage, and the recovery of subrogation claims not in suit)
- iv. Fees for appraisals of motor vehicles, including preinspections and intensified appraisals
- v. Fees for retrieval of preinspection reports

5. <u>INTERCOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)</u> CLAIMS

The intercompany settlement reduces the dollars of loss charged against the insured to the extent he or she is free of fault by allowing his or her insurance company to recover from the carrier insuring the at-fault party.

When a PIP (no-fault) claim is established by a company (company #1) to cover damages caused by an atfault third party to one of its insureds, and the company subsequently takes subrogation action against the company (company #2) insuring the at-fault party, the PIP claim reported by company #1 must follow the no-fault reporting and coding instructions set forth in this Plan.

Part III - General Reporting Requirements

Section B – Losses

5. <u>INTERCOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)</u> <u>CLAIMS (Continued)</u>

The company being subrogated against (company #2) must establish a bodily injury liability claim to cover the amount of reimbursement to company #1. The reimbursement outstanding reserve and/or payment shall be coded to the vehicle at fault and shall be reported as an outstanding and/or paid loss with Type of Loss Code 11 or 14, depending upon the particulars of the claim. The amount of the reimbursement outstanding reserve and/or payment reported by company #2 shall include any reimbursement for allocated loss adjustment expense incurred by company #1 on its PIP claim, for medical, wage, and other economic loss, and for unallocated loss adjustment expense equal to 10% of the total amount of indemnity reimbursed. The sample loss scenario depicted previously in this section illustrates this reporting requirement under Claimant 2.

The reimbursement recovery received by company #1 shall be reported as a credit entry against the PIP claim using subrogation Transaction Type Code 26 and Type of Loss Code 45. If the recovery is equal to the full amount of the indemnity paid on the PIP claim, a credit claim count shall also be reported. Any allocated loss adjustment expense included in the recovery shall be reported as a separate record using the applicable allocated loss adjustment expense transaction type code and Type of Loss Code 45. Any unallocated loss adjustment expense included in the recovery must not be reported.

6. <u>INTRACOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)</u> <u>CLAIMS</u>

When multiple PIP (no-fault) claims are established by the same company as the result of one accident involving two or more of its insureds, the company must determine the at-fault party and then establish a separate bodily injury claim to reimburse the insured not at fault. The statistical reporting requirements for these claims are identical to those explained for company #2 above.

7. SUBROGATION RECOVERIES/EXPENSES (OTHER THAN THOSE RESULTING FROM INTER/INTRACOMPANY REIMBURSEMENTS)

When reporting the following types of subrogation recoveries, the records must contain all codes identical to the original entries, with the exception of the Transaction Type Code and the Accounting Date.

a. Indemnity Recoveries

Subrogation recoveries of previously reported indemnity transactions must be identified by subrogation Transaction Type Code 26. A recovery that equals the entire loss previously reported must carry a credit claim count; all other recoveries must carry a zero claim count. Certain expenses incurred in effecting the recovery, not to exceed the original loss amount, can be deducted from the recovery amount or reported separately with a subrogation Transaction Type Code. Such expenses include:

- i. Attorney's fees and associated costs for claims in suit
- ii. Court costs
- iii. Location/address reports

Part III - General Reporting Requirements

Section B – Losses

7. <u>SUBROGATION RECOVERIES/EXPENSES (OTHER THAN THOSE RESULTING FROM INTER/INTRACOMPANY REIMBURSEMENTS) (Continued)</u>

a. Indemnity Recoveries (Continued)

The following are expenses that can neither be deducted from the recovery amount nor reported separately:

- i. Cost of company employees
- ii. Collection agency fees
- iii. Subrogation recovery services

b. Allocated Loss Adjustment Expense Recoveries

Subrogation recoveries of a previously reported allocated loss adjustment expense transaction must be reported as offsets to the original entries, using applicable allocated loss adjustment expense Transaction Type Codes. Report Claim Count 0.

8. SALVAGE RECOVERIES/EXPENSES

Salvage recovery adjustments to previously reported collision, comprehensive, and property damage entries must be identified by salvage Transaction Type Code 25, and must contain all codes identical to the original entry, with the exception of the Transaction Type Code and the Accounting Date.

The following expenses incurred to effect salvage may be netted from the recovery amount or reported as a separate record with salvage Transaction Type Code 25 and Claim Count 0:

- a. Original towing and storage charges, excluding losses resulting from towing and labor
- b. Haul fees to salvage yard
- c. Pool fees of commission
- d. Auction fees
- e. Salvage title fees (to the limit provided for by law)
- f. Salvage pool expenses

9. AMOUNT OF PAID LOSS AND EXPENSE

The loss to be reported shall be the amount of paid indemnity, medical, wage, or other economic loss pertaining to a single coverage of the policy for a particular claimant. In the case of PIP (no-fault), amounts reported must be prior to recovery via intracompany or intercompany reimbursements.

Liability and PIP expense reported is the allocated loss adjustment expense paid and/or outstanding for the particular claim or coverage/accident. Paid allocated loss adjustment expense on physical damage losses is only required on ceded business, but may be optionally reported for voluntary business.

Part III - General Reporting Requirements

Section B – Losses

10. EXTENT OF VEHICLE LOSS FOR PAID LOSSES

For each property damage liability and physical damage paid loss record reported, identify whether the loss is a total or a partial vehicle loss within the Partial/Total Loss Indicator field.

Regarding vehicle claims, a total loss is any loss where the insurer takes title to the damaged vehicle and gains the salvage value of the insured vehicle. (In certain cases the policyholder may retain title to the vehicle, but the estimated salvage value is deducted from the settlement. This satisfies the definition in that the insurer in fact took title and returned it to the insured upon being reimbursed for the estimated salvage value.)

A partial loss is any loss where the insurer makes payment to a policyholder of a dollar amount for the repair of the insured vehicle. The insured retains title to the vehicle. The partial/total loss status will remain as determined at first payment. All non-vehicle claims should be coded as partial losses.

Refer to the Coding Section of this Plan for specific instructions on reporting the Partial/Total Loss Indicator.

11. OUTSTANDING LOSSES (EXCLUDING PHYSICAL DAMAGE)

Outstanding losses shall be evaluated as of each quarter ending date and shall be reported in the method prescribed in the Annual Call Schedule.

Outstanding PIP (no-fault) losses may be subdivided between medical, wage, or all other economic losses, using applicable Type of Loss Codes, or outstanding PIP losses may be reported in total, using a non-split outstanding Type of Loss Code 23.

12. GLASS LOSSES

All glass losses should be reported with the appropriate Coverage Code and Type of Loss Code. Specifically,

- a. Individual glass damage losses should be reported with an other than collision Coverage Code and Type of Loss Code 03.
- b. Glass damage resulting from a collision should be reported with a collision Coverage Code and the appropriate Type of Loss Code.
- c. Glass damage resulting from an other than collision loss should be reported with an other than collision Coverage Code and the appropriate Type of Loss Code.

13. EXTRA-RISK RATING

Physical damage loss records should be coded to identify the appropriate extra-risk category as reported on the corresponding premium record. Refer to Section A – Premiums of the General Reporting Requirements Section of this Plan for additional information relative to extra-risk rating.

Part IV - Reporting Instructions - Premiums

Section A – Liability

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year of the entry being reported. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. TRANSACTION EFFECTIVE DATE (Positions 11-13)

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

Part IV - Reporting Instructions - Premiums

Section A – Liability

6. POLICY EXPIRATION DATE (Positions 14-16)

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, a policy expiration year of 2002 shall be reported as 02 in positions 15-16.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

For those risks that are not zone rated, report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town). However, if the risk is classified in accordance with the Public Transportation Section of the Massachusetts Commercial Automobile Insurance Manual, the Premium Town Code reported must be the highest rated city or town in which the vehicle is customarily operated.

For zone rated risks, report Premium Town Code 000.

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town Code.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

Part IV - Reporting Instructions - Premiums

Section A – Liability

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 611.

14. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

15. LIMITS IDENTIFIER CODE (Position 36)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

15. **BODILY INJURY LIMITS CODE (Positions 37-38)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

16. PROPERTY DAMAGE LIMIT CODE (Positions 39-40)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

17. MEDICAL PAYMENTS LIMIT CODE (Positions 41-42)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

18. UNINSURED MOTORIST LIMITS CODE (Positions 43-44)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

19. <u>UNDERINSURED MOTORIST LIMITS CODE</u> (Positions 45-46)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

20. Reserved for Future Use (Position 47)

Report space or zero.

21. POLLUTION LIABILITY BROADENED COVERAGE CODE (Position 48)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

22. ZONE RATING CODE (Positions 49-51)

For zone rated risks, report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

For other than zone rated risks, report Zone Rating Code 000.

Part IV - Reporting Instructions - Premiums

Section A – Liability

23. AGE CODE (Position 52)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

24. AGGREGATE LIMITS IDENTIFIER CODE (Position 53)

Report the one (1) digit numeric code.

25. CLASS GROUP CODE (Position 54)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

26. Reserved for Future Use (Position 55)

Report space or zero.

27. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

28. Reserved for Future Use (Positions 57-58)

Report spaces or zeros.

29. RATING IDENTIFICATION CODE (Position 59)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

30. Reserved for Future Use (Position 60)

Report space or zero.

31. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

32. Reserved for Future Use (Positions 67-71)

Report spaces or zeros.

Part IV - Reporting Instructions - Premiums

Section A – Liability

33. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) digit ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

34. EXPOSURE (Positions 81-87)

Report exposure using the method appropriate for the vehicle's classification or coverage. Refer to the Coding Section for definitions and examples of calculating exposure under each of these methodologies.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

35. EXPERIENCE RATING MODIFICATION FACTOR CODE (Positions 88-90)

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report Experience Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

36. ALL OTHER RATING MODIFICATION FACTOR CODE (Positions 91-93)

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report All Other Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

37. Reserved for Future Use (Positions 94-95)

Report spaces or zeros.

38. BODILY INJURY PREMIUM AMOUNT (Positions 96-103)

Report the combined premium for the Bodily Injury, Optional Bodily Injury, Medical Payments, Uninsured Motorist and Underinsured Motorist coverages rounded to the nearest whole dollar.

The Bodily Injury Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -999999999 to 999999999 may be reported. Amounts must be right justified with leading zeros.

Part IV - Reporting Instructions - Premiums

Section A – Liability

39. PROPERTY DAMAGE PREMIUM AMOUNT (Positions 104-111)

Report the property damage premium rounded to the nearest whole dollar.

40. Reserved for Future Use (Positions 112-114)

Report spaces or zeros.

41. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

42. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)

Report the alphanumeric Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

43. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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Part IV - Reporting Instructions - Premiums

Section B - No-Fault

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year of the entry being reported. For example, an effective year of 2001 shall be reported as 01 in positions 9-10.

5. TRANSACTION EFFECTIVE DATE (Positions 11-13)

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

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Part IV - Reporting Instructions - Premiums

Section B - No-Fault

6. POLICY EXPIRATION DATE (Positions 14-16)

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, an expiration year of 2002 shall be reported as 02 in positions 15-16.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

For those risks that are not zone rated, report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town). However, if the risk is classified in accordance with the Public Transportation Section of the Massachusetts Commercial Automobile Insurance Manual, the Premium Town Code reported must be the highest rated city or town in which the vehicle is customarily operated.

For zone rated risks, report Premium Town Code 000.

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town Code.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 615.

Part IV - Reporting Instructions - Premiums

Section B – No-Fault

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

14. Reserved for Future Use (Position 36)

Report space or zero.

15. PIP COVERAGE CODE (Position 37)

Report the one (1) digit numeric code. Refer to the Coding Section for the applicable code.

16. Reserved for Future Use (Positions 38-48)

Report spaces or zeros.

17. ZONE RATING CODE (Positions 49-51)

For zone rated risks, report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

For other than zone rated risks, report Zone Rating Code 000.

18. AGE CODE (Position 52)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

19. Reserved for Future Use (Position 53)

Report space or zero.

20. CLASS GROUP CODE (Position 54)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

21. Reserved for Future Use (Position 55)

Report space or zero.

22. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

23. Reserved for Future Use (Positions 57-58)

Report spaces or zeros.

Part IV - Reporting Instructions - Premiums

<u>Section B – No-Fault</u>

24. RATING IDENTIFICATION CODE (Position 59)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

25. Reserved for Future Use (Position 60)

Report space or zero.

26. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

27. Reserved for Future Use (Positions 67-71)

Report spaces or zeros.

28. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) digit ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

29. EXPOSURE (Positions 81-87)

Report exposure using the method appropriate for the vehicle's classification or coverage. Refer to the Coding Section for definitions and examples of calculating exposure under each of these methodologies.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

30. EXPERIENCE RATING MODIFICATION FACTOR CODE (Positions 88-90)

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report Experience Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

Part IV - Reporting Instructions - Premiums

Section B – No-Fault

31. ALL OTHER RATING MODIFICATION FACTOR CODE (Positions 91-93)

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report All Other Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

32. Reserved for Future Use (Positions 94-95)

Report spaces or zeros.

33. PIP (NO-FAULT) PREMIUM AMOUNT (Positions 96-103)

Report the PIP premium rounded to the nearest whole dollar.

The PIP Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

34. Reserved for Future Use (Positions 104-114)

Report spaces or zeros.

35. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

36. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)

Report the alphanumeric Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

37. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Part IV - Reporting Instructions - Premiums

<u>Section C – Physical Damage</u>

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand (&) symbol for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year of the entry being reported. For example, an effective year of 2001 shall be reported as 01 in positions 9-10.

5. TRANSACTION EFFECTIVE DATE (Positions 11-13)

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

Part IV - Reporting Instructions - Premiums

<u>Section C – Physical Damage</u>

6. POLICY EXPIRATION DATE (Positions 14-16)

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, an expiration year of 2002 shall be reported as 02 in positions 15-16.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

For those risks that are not zone rated, report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town). However, if the risk is classified in accordance with the Public Transportation Section of the Massachusetts Commercial Automobile Insurance Manual, the Premium Town Code reported must be the highest rated city or town in which the vehicle is customarily operated.

For zone rated risks, report Premium Town Code 000.

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town Code.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 618.

Part IV - Reporting Instructions - Premiums

<u>Section C – Physical Damage</u>

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

14. Reserved for Future Use (Position 36)

Report space or zero.

15. OTHER THAN COLLISION COVERAGE CODE (Positions 37-39)

Report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

16. COLLISION COVERAGE CODE (Positions 40-42)

Report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

17. Reserved for Future Use (Positions 43-44)

Report spaces or zeros.

18. SYMBOL CODE (Positions 45-46)

Report the two (2) digit numeric code that represents the cost new or value (for Commercial Motorcycles) assigned to the vehicle for the transaction being reported. Refer to the Coding Section for applicable codes and examples.

19. PRE-INSURANCE INSPECTION IDENTIFICATION CODE (Position 47)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

20. Reserved for Future Use (Position 48)

Report space or zero.

21. ZONE RATING CODE (Positions 49-51)

For zone rated risks, report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

For other than zone rated risks, report Zone Rating Code 000.

22. AGE CODE (Position 52)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

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Part IV - Reporting Instructions - Premiums

<u>Section C – Physical Damage</u>

23. ANTI-THEFT DEVICE DISCOUNT CODE (Position 53)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

24. CLASS GROUP CODE (Position 54)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

25. Reserved for Future Use (Positions 55-58)

Report spaces or zeros.

26. RATING IDENTIFICATION CODE (Position 59)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

27. Reserved for Future Use (Position 60)

Report space or zero.

28. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

29. Reserved for Future Use (Positions 67-71)

Report spaces or zeros.

30. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) position ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

Part IV - Reporting Instructions - Premiums

<u>Section C – Physical Damage</u>

31. EXPOSURE (Positions 81-87)

Report exposure using the method appropriate for the vehicle's classification or coverage. Refer to the Coding Section for definitions and examples of calculating exposure under each of these methodologies.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

32. EXPERIENCE RATING MODIFICATION FACTOR CODE (Positions 88-90)

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report Experience Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

33. ALL OTHER RATING MODIFICATION FACTOR CODE (Positions 91-93)

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report All Other Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

34. Reserved for Future Use (Positions 94-95)

Report spaces or zeros.

35. OTHER THAN COLLISION PREMIUM AMOUNT (Positions 96-103)

Report the other than collision premium rounded to the nearest whole dollar.

36. COLLISION PREMIUM AMOUNT (Positions 104-111

Report the collision premium rounded to the nearest whole dollar.

The Collision Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

37. Reserved for Future Use (Positions 112-114)

Report spaces or zeros.

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Part IV - Reporting Instructions - Premiums

Section C – Physical Damage

38. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

39. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)

Report the alphanumeric Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

40. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Part V - Reporting Instructions - Losses

Section A – Liability

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. ACCIDENT DATE (Positions 11-15)

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions 12-13.

Part V - Reporting Instructions - Losses

Section A – Liability

5. ACCIDENT DATE (Positions 11-15) (Continued)

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth positions of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

6. Reserved for Future Use (Position 16)

Report space or zero.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 611.

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code. The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

Part V - Reporting Instructions - Losses

Section A – Liability

14. <u>LIMITS IDENTIFIER CODE (Position 36)</u>

Report the one (1) digit numeric code. The Limits Identifier Code on the loss record must match the Limits Identifier Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

★ 15. LIABILITY LIMITS CODE (Positions 37-38)

Report the two (2) digit numeric code for the limit under which the loss was incurred.

Refer to the Coding Section for applicable codes.

16. Reserved for Future Use (Position 39)

Report space or zero.

17. ACCIDENT TOWN CODE (Positions 40-42)

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in accidents out-of-state must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

18. Reserved for Future Use (Positions 43-47)

Report spaces or zeros.

19. POLLUTION LIABILITY BROADENED COVERAGE CODE (Position 48)

Report the one (1) digit numeric code. The Pollution Liability Broadened Coverage Code on the loss record must match the Pollution Liability Broadened Coverage Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

20. ZONE RATING CODE (Positions 49-51)

Report the three (3) digit numeric code. The Zone Rating Code on the loss record must match the Zone Rating Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

For other than zone rated risks, report Zone Rating Code 000.

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Part V - Reporting Instructions - Losses

Section A – Liability

21. AGE CODE (Position 52)

Report the one (1) digit numeric code. The Age Code on the loss record must match the Age Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

22. AGGREGATE LIMITS IDENTIFIER CODE (Position 53)

Report the one (1) digit numeric code. The Aggregate Limits Identifier Code on the loss record must match the Aggregate Limits Identifier Code in effect as of the date of loss, from the policy's corresponding premium record.

23. CLASS GROUP CODE (Position 54)

Report the one (1) digit numeric code. The Class Group Code on the loss record must match the Class Group Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

24. PARTIAL/TOTAL LOSS INDICATOR (Position 55)

Report the one (1) digit numeric code that indicates the damage to the vehicle involved in the accident. Refer to the Coding Section for applicable codes.

25. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)

Report the one (1) digit numeric code. The Passive Restraint Device Discount Code on the loss record must match the Passive Restraint Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

26. Reserved for Future Use (Positions 57-58)

Report spaces or zeros.

27. RATING IDENTIFICATION CODE (Position 59)

Report the one (1) digit numeric code. The Rating Identification Code on the loss record must match the Rating Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

28. Reserved for Future Use (Position 60)

Report space or zero.

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Part V - Reporting Instructions - Losses

Section A – Liability

29. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

30. Reserved for Future Use (Positions 67-71)

Report spaces or zeros.

31. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

32. Reserved for Future Use (Position 81)

Report space or zero.

33. REPORTING DATE (Positions 82-84)

Report the month and year in which the claim was established. Reporting month requires a one (1) digit code in position 82. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Reporting year requires a two (2) digit code in positions 83-84. Use the third and fourth positions of the year in which the claim was established. For example, a claim established in the year 2001 shall be reported as 01 in positions 83-84.

34. Reserved for Future Use (Positions 85-86)

Report spaces or zeros.

35. TYPE OF LOSS CODE (Positions 87-88)

Report the two (2) digit numeric code that describes the liability type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

Part V - Reporting Instructions - Losses

Section A – Liability

36. Reserved for Future Use (Position 89)

Report space or zero.

37. CLAIM COUNT (Position 90)

Report the one (1) digit numeric code. Valid values are +1, 0, and -1. The Claim Count field is a numeric field where all negative values must be reported as signed.

Refer to Section B – Losses of the General Reporting Requirements Section for Claim Count definitions and examples.

38. LOSS AMOUNT (Positions 91-98)

Report the amount of the liability loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

39. CLAIM IDENTIFICATION NUMBER (Positions 99-114)

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

This field must be left justified and must be at least three (3) alphanumeric characters with no blanks between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report blanks in all unused positions.

Refer to the Coding Section for examples.

40. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the policy's corresponding premium record.

Refer to the Coding Section for examples.

Part V - Reporting Instructions - Losses

Section A – Liability

41. <u>VEHICLE IDENTIFICATION NUMBER (Positions 131-147)</u>

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

42. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Part V - Reporting Instructions - Losses

Section B - No-Fault

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth positions of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth position of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. ACCIDENT DATE (Positions 11-15)

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions 12-13.

Part V - Reporting Instructions - Losses

Section B – No-Fault

5. ACCIDENT DATE (Positions 11-15) (Continued)

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth positions of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

6. Reserved for Future Use (Position 16)

Report space or zero.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 615.

Part V - Reporting Instructions - Losses

Section B – No-Fault

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code.

The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

14. Reserved for Future Use (Position 36)

Report space or zero.

15. PIP COVERAGE CODE (Position 37)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable code.

16. Reserved for Future Use (Positions 38-39)

Report spaces or zeros.

17. ACCIDENT TOWN CODE (Positions 40-42)

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in out-of-state accidents must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

18. Reserved for Future Use (Positions 43-48)

Report spaces or zeros.

19. ZONE RATING CODE (Positions 49-51)

Report the three (3) digit numeric code. The Zone Rating Code on the loss record must match the Zone Rating Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

For other than zone rated risks, report Zone Rating Code 000.

20. AGE CODE (Position 52)

Report the one (1) digit numeric code. The Age Code on the loss record must match the Age Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

Part V - Reporting Instructions - Losses

Section B – No-Fault

21. Reserved for Future Use (Position 53)

Report spaces or zeros.

22. CLASS GROUP CODE (Position 54)

Report the one (1) digit numeric code. The Class Group Code on the loss record must match the Class Group Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

23. Reserved for Future Use (Position 55)

Report space or zero.

24. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)

Report the one (1) digit numeric code. The Passive Restraint Device Discount Code on the loss record must match the Passive Restraint Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

25. Reserved for Future Use (Positions 57-58)

Report spaces or zeros.

26. RATING IDENTIFICATION CODE (Position 59)

Report the one (1) digit numeric code. The Rating Identification Code on the loss record must match the Rating Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

27. Reserved for Future Use (Position 60)

Report space or zero.

28. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

29. Reserved for Future Use (Positions 67-71)

Report spaces or zeros.

Part V - Reporting Instructions - Losses

Section B – No-Fault

30. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

31. Reserved for Future Use (Positions 81-86)

Report spaces or zeros.

32. TYPE OF LOSS CODE (Positions 87-88)

Report the two (2) digit numeric code that describes the PIP (no-fault) type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

33. Reserved for Future Use (Position 89)

Report space or zero.

34. CLAIM COUNT (Position 90)

Report the one (1) digit numeric code. Valid values are +1, 0 and -1. The Claim Count field is a numeric field where all negative values must be reported as signed.

Refer to Section B – Losses of the General Reporting Requirements Section for Claim Count definitions and examples.

35. LOSS AMOUNT (Positions 91-98)

Report the amount of the PIP loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

36. CLAIM IDENTIFICATION NUMBER (Positions 99-114)

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

Part V - Reporting Instructions - Losses

Section B – No-Fault

36. CLAIM IDENTIFICATION NUMBER (Positions 99-114) (Continued)

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

This field must be left justified and must be at least three (3) alphanumeric characters with no blanks between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report blanks in all unused positions.

Refer to the Coding Section for examples.

37. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the policy's corresponding premium record.

Refer to the Coding Section for examples.

38. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

39. <u>COMPANY USE (Positions 148-150)</u>

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Part V - Reporting Instructions - Losses

Section C – Physical Damage

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. ACCIDENT DATE (Positions 11-15)

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions 12-13.

Part V - Reporting Instructions - Losses

<u>Section C – Physical Damage</u>

5. ACCIDENT DATE (Positions 11-15) (Continued)

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth position of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

6. Reserved for Future Use (Position 16)

Report space or zero.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 618.

Part V - Reporting Instructions - Losses

<u>Section C – Physical Damage</u>

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code. The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

14. Reserved for Future Use (Position 36)

Report space or zero.

15. COVERAGE CODE (Positions 37-39)

Report the three (3) digit numeric code for the coverage under which the loss was incurred. Refer to the Coding Section for applicable codes.

16. ACCIDENT TOWN CODE (Positions 40-42)

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in out-of-state accidents must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

17. Reserved for Future Use (Positions 43-44)

Report spaces or zeros.

18. SYMBOL CODE (Positions 45-46)

Report the two (2) digit numeric code. The Symbol Code on the loss record must match the Symbol Code in effect as of the date of loss from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

19. INTENSIFIED APPRAISAL IDENTIFICATION CODE (Position 47)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

20. Reserved for Future Use (Position 48)

Report spaces or zeros.

Part V - Reporting Instructions - Losses

<u>Section C – Physical Damage</u>

21. ZONE RATING CODE (Positions 48-50)

Report the three (3) digit numeric code. The Zone Rating Code on the loss record must match the Zone Rating Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

For other than zone rated risks, report Zone Rating Code 000.

22. AGE CODE (Position 52)

Report the one (1) digit numeric code. The Age Code on the loss record must match the Age Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

23. ANTI-THEFT DEVICE DISCOUNT CODE (Position 53)

Report the one (1) digit numeric code. The Anti-Theft Device Discount Code on the loss record must match the Anti-Theft Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

24. CLASS GROUP CODE (Position 54)

Report the one (1) digit numeric code. The Class Group Code on the loss record must match the Class Group Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

25. PARTIAL/TOTAL LOSS INDICATOR (Position 55)

Report the one (1) digit numeric code that indicates the damage to the vehicle involved in the accident. Refer to the Coding Section for applicable codes.

26. Reserved for Future Use (Positions 56-58)

Report spaces or zeros.

27. RATING IDENTIFICATION CODE (Position 59)

Report the one (1) digit numeric code. The Rating Identification Code on the loss record must match the Rating Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

28. Reserved for Future Use (Position 60)

Report space or zero.

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Part V - Reporting Instructions - Losses

<u>Section C – Physical Damage</u>

29. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

30. Reserved for Future Use (Position 67-71)

Report spaces or zeros.

31. **ZIP CODE (Positions 72-80)**

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

32. Reserved for Future Use (Position 81-84)

Report spaces or zeros.

33. CATASTROPHE CODE (Positions 85-86)

Catastrophe Code is a serial number assigned by the Insurance Services Offices (ISO) to a natural disaster. Report the applicable two (2) digit numeric Catastrophe Code. If not applicable, report spaces or zeros.

Refer to CAR's Statistical Edit Package for a list of applicable codes.

34. TYPE OF LOSS CODE (Positions 87-88)

Report the two (2) digit numeric code that describes the physical damage type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

35. Reserved for Future Use (Position 89)

Report space or zero.

36. CLAIM COUNT (Position 90)

Report the one (1) digit numeric code. Valid values are +1, 0, and -1. The Claim Count field is a numeric field where all negative values must be reported as signed.

Refer to the Section B – Losses of the General Reporting Requirements Section for Claim Count definitions and examples.

Part V - Reporting Instructions - Losses

<u>Section C – Physical Damage</u>

37. LOSS AMOUNT (Positions 91-98)

Report the amount of the physical damage loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

38. CLAIM IDENTIFICATION NUMBER (Positions 99-114)

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. For physical damage claims, it is acceptable to use a different claim number to identify payments under more than one physical damage coverage. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

This field must be left justified and must be at least three (3) alphanumeric characters with no blanks between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report blanks in all unused positions.

Refer to the Coding Section for examples.

39. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the corresponding premium record.

Refer to the Coding Section for examples.

40. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

41. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

Liability, No-Fault, and Physical Damage

This section applies to all records

Last Revision Date: 01/01/2000 Print Date: 01/01/2000

Part VI - Coding Section

TRANSACTION TYPE CODE

Premium Codes				
Transaction Type	Liability Subline 611	No-Fault Subline 615	Physical Damage Subline 618	
New or Renewal	11	11	11	
Endorsement or Audit or Policy Extension	12	12	12	
Cancellation of Policy Pro Rata or Short Rate	13	13	13	
Reinstatement	14	14	14	
Cancelled Flat	15	15	15	
Audit	16	16	16	

Loss Codes				
Transaction Type	Liability Subline 611	No-Fault Subline 615	Physical Damage Subline 618	
Outstanding Loss	21	21		
Outstanding Allocated Loss Adjustment Expense	22	22		
Paid Loss	23	23	23	
Paid All Other Allocated Loss Adjustment Expense	24	24	24 *	
Salvage Recoveries	25		25	
Subrogation Recoveries	26	26	26	
Paid Legal Allocated Loss Adjustment Expense	27	27	27 *	
Paid Medical Allocated Loss Adjustment Expense	29	29		

^{*} Reporting Paid Allocated Loss Adjustment expenses on physical damage losses is required for ceded business and optional for voluntary business.

Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

STATE CODE

State	Code	
Massachusetts	20	

Part VI - Coding Section

CAR IDENTIFICATION CODE

Description (Policy Effective Years 1995 and subsequent)		
Voluntary Business (retained) from Voluntary Agents or written directly by the company (Representative Producers)	0	
Voluntary Business (retained) from Exclusive Representative Producers (No Voluntary Contract)	1	
Ceded Business from Voluntary Agents or written directly by the company (Representative Producers)	4	
Ceded Business from Exclusive Representative Producers (No Voluntary Contract)	5	

Description (Policy Effective Years 1994 and prior)	Code
Voluntary Business from Voluntary Agents • Voluntary Business (not ceded) from Voluntary Agents or written directly by the company	0
Voluntary Business from Representative Producers (No Voluntary Contract) • Voluntary Business (not ceded) from a Representative Producer that does not have a voluntary motor vehicle insurance contract with their assigned Servicing Carrier, but does not meet the criteria for CAR ID Code 3 as defined below.	1
Voluntary Business from Subsidiary (Affiliated) Agencies • Voluntary Business (not ceded) from a subsidiary agency whose parent agency has a voluntary motor vehicle insurance contract with the Servicing Carrier, pursuant to Rule 14 of the CAR Rules of Operation.	2
 Ceded Business from a Former Designated Broker Ceded Business from a producer, appointed to the Servicing Carrier as a Designated Broker (as defined in the Facility Rules of Operation) prior to January 1, 1984, and that producer has not had a voluntary motor vehicle insurance contract with that Servicing Carrier subsequent to the date of the appointment as a Designated Broker. This status survives a change of Servicing Carrier, which has been granted pursuant to Rule 14 of the CAR Rules of Operation. 	3
Ceded Business from Voluntary Agents • Ceded Business from Voluntary Agents or written directly by the company	4
Ceded Business from Representative Producers (No Voluntary Contract) • Ceded Business as defined for CAR ID Code 1	5
Ceded Business from Subsidiary (Affiliated) Agencies • Ceded Business from a subsidiary agency, as defined for CAR ID Code 2	6
Voluntary Business from a Former Designated Broker • Voluntary Business (not ceded) from a former Designated Broker, as defined for CAR ID Code 3	7
 Voluntary Business from Representative Producers (No Voluntary Contract) Voluntary Business (not ceded) from a Representative Producer where the producer had a voluntary contract with its Servicing Carrier, and the contract was cancelled on or after November 22, 1988. 	8
 Ceded Business from Representative Producers (No Voluntary Contract) Ceded Business from a Representative Producer where the producer had a voluntary contract with its Servicing Carrier, and the contract was cancelled on or after November 22, 1988. 	9

Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

TYPE OF RISK CODE

Description	Code
Regular Business (Massachusetts Motor Vehicle Policies and Risks not coded below)	1
Mass Merchandising and Group Marketing - Optional	3
Business Not Subject to the Compulsory Law and not Mass Merchandising or Group Marketing	7

Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

ANNUAL STATEMENT LINE OF BUSINESS CODE

Description	Line of Business	Code
Private Passenger Auto No-Fault (Personal Injury Protection)	19.1	191
Other Private Passenger Auto Liability	19.2	192
Commercial Auto No-Fault (Personal Injury Protection)	19.3	193
Other Commercial Auto Liability	19.4	194
Private Passenger Auto Physical Damage	21.1	211
Commercial Auto Physical Damage	21.2	212

Part VI - Coding Section

SUBLINE CODE

Subline	Code
Liability	611
PIP (No-Fault)	615
Physical Damage	618

Part VI - Coding Section

CLASSIFICATION CODE

TRUCKS, TRACTORS, AND TRAILERS

ANALYSIS OF CLASSIFICATION CODING SYSTEM

Description: First Position	Code
Size	Oode
Light Trucks	0
Medium Trucks	2
Heavy Trucks	3
Heavy Truck-Tractors	3
Extra-Heavy Trucks	4
Extra-Heavy Truck-Tractors	5
Trailer Types	6

Description: Second Position	Codo
Business Use	Code
Trucks – Service Use	1
Trucks – Retail Use	2
Trucks – Commercial Use	3
Heavy Truck-Tractors – Service Use	4
Heavy Truck-Tractors – Retail Use	5
Heavy Truck-Tractors – Commercial Use	6
Trailer Types – Semitrailers	7
Trailer Types – Trailers	8
Trailer Types – Service or Utility Trailers	9
Extra-Heavy Trucks	0
Extra-Heavy Truck-Tractors	0

Description: Third Position		Code
Radius of Operations		Code
	Local (0 - 50 Miles)	1
Non-Fleet Class	Intermediate (51 – 200 Miles)	2
	Long Distance (Over 200 Miles)	3
	Local (0 - 50 Miles)	4
Fleet Class	Intermediate (51 – 200 Miles)	5
	Long Distance (Over 200 Miles)	6

Description: Fourth and Fifth Positions	Code
Secondary Class Codes	1# – 9#

Description: Sixth Position	Code
Insert Zero	0

Part VI - Coding Section

CLASSIFICATION CODE

TRUCKS, TRACTORS, AND TRAILERS

Primary Classification Code (First three positions)

Size	Class Type	Business Use	Radius		
			Local Up to 50 Miles	Intermediate 51-200 Miles	Long Distance Over 200 Miles
		Service	011	012	013
Light Trucks	Non-Fleet	Retail	021	022	023
Light Hucks		Commercial	031	032	033
(0-10,000 lbs. GVW)		Service	014	015	016
(0-10,000 lbs. GVVV)	Fleet	Retail	024	025	026
		Commercial	034	035	036
	T				Zone Rated
		Service	211	212	213
l <u> </u>	Non-Fleet	Retail	221	222	223
Medium Trucks		Commercial	231	232	233
(10,001,00,000,15-0),441)		Service	214	215	216
(10,001-20,000 lbs GVW)	Fleet	Retail	224	225	226
		Commercial	234	235	236
		Service	311	312	313
	Non-Fleet	Retail	321	322	323
Heavy Trucks		Commercial	331	332	333
(Service	314	315	316
(20,001-45,000 lbs GVW)	Fleet	Retail	324	325	326
		Commercial	334	335	336
Extra-Heavy Trucks	Non-Fleet		401	402	403
(Over 45,000 lbs. GVW)	Fleet		404	405	406
		Service	341	342	343
11	Non-Fleet	Retail	351	352	353
Heavy	1101111001	Commercial	361	362	363
Truck-Tractors					
(0-45,000 lbs. GCW)	Fleet	Service	344	345	346
(0 70,000 103. 0011)	1 1000	Retail Commercial	354 364	355 365	356 366
	1	Commercial	304	300	300
Extra-Heavy Truck-Tractors	Non-Fleet		501	502	503
(Over 45,000 lbs. GCW)	Fleet		504	505	506
		Semitrailers	671	672	673
	Non Flast	Trailers	681	682	683
Trailer Types	Non-Fleet	Service or Utility Trailers	691	692	693
		Semitrailers	674	675	676
	Floor	Trailers	684	685	686
	Fleet	Service or Utility Trailers	694	695	696

Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

CLASSIFICATION CODE

TRUCKS, TRACTORS, AND TRAILERS

Secondary Classification Code (Fourth, Fifth and Sixth positions)

Manufacturers: Automobiles used to transport raw materials and finished or unfinished goods manufactured, processed or constructed by the insured, except food manufacturers.			
Description	Definition	Code	
Chemical Manufacturers	Those insureds manufacturing flammable, explosive, corrosive or poisonous chemicals.	110	
Furniture Manufacturers	Those insureds manufacturing household or office furniture and heavy appliances such as refrigerators, stoves and televisions.	120	
Garment Manufacturers	Those insureds involved in the wholesale manufacturing of outer garments, such as dresses, coats and suits.	130	
Machinery Manufacturers	Those insureds manufacturing machinery used for industrial purposes.	140	
Metal Manufacturers	Those insureds manufacturing metal products for industrial or construction utilization, other than structural iron or steel.	150	
Structural Iron or Steel Manufacturers		160	
All Other Manufacturers Not Otherwise Classified		190	

Truckers: Automobiles used to haul or transport goods, materials or commodities for another, other than automobiles used in moving operations.		
Description	Definition	Code
Common Carriers	Local, Intermediate and Long Distance	210
Contract Carriers	Hauling Other Than Chemical, Iron and Steel or Petroleum (Local, Intermediate and Long Distance)	220
Contract Carriers	Hauling Chemicals (Local, Intermediate and Long Distance)	230
Contract Carriers	Hauling Iron and Steel (Local, Intermediate and Long Distance)	240
Contract Carriers	Hauling Petroleum or Petroleum Products (Local, Intermediate and Long Distance)	270
Exempt Carriers	Hauling Other Than Livestock (Local, Intermediate and Long Distance)	250
Exempt Carriers	Hauling Livestock (Local, Intermediate and Long Distance)	260
All Other Truckers Not Otherwise Classified	Local, Intermediate and Long Distance	290

Part VI - Coding Section

CLASSIFICATION CODE

TRUCKS, TRACTORS, AND TRAILERS

Secondary Classification Code (Fourth, Fifth and Sixth positions) (Continued)

Food Delivery: Automobiles used by food manufacturers to transport raw and finished products or used in wholesale distribution of food.	
Description	Code
Canneries and Packing Plants	310
Fish and Seafood	320
Frozen Food	330
Fruit and Vegetable	340
Meat or Poultry	350
All Other Food Delivery Not Otherwise Classified	390

Specialized Delivery: Automobiles used in deliveries subject to time and similar constraints.		
Description	Code	
Armored Cars	410	
Film Delivery	420	
Magazines or Newspapers	430	
Mail and Parcel Post	440	
All Other Specialized Delivery Not Otherwise Classified	490	

Waste Disposal: Automobiles transporting salvage and waste material for disposal or resale.		
Description	Code	
Automobile Dismantlers	510	
Building Wrecking Operators	520	
Garbage	530	
Junk Dealers	540	
All Other Waste Disposal Not Otherwise Classified	590	

Farmers: Automobiles owned by a farmer, used in connection with the operation of his own farm occasionally used to haul commodities for other farmers.		
Description	Code	
Individually Owned or Family Corporation (Hauling Other Than Livestock)		
Livestock Hauling	620	
All Other Farmers Not Otherwise Classified	690	

Part VI - Coding Section

CLASSIFICATION CODE

TRUCKS, TRACTORS, AND TRAILERS

Secondary Classification Code (Fourth, Fifth and Sixth positions) (Continued)

Dump and Transit Mix Trucks and Trailers (Use these factors and codes only when no other secondary classification applies.)			
Description	Code		
Excavating	710		
Sand and Gravel (Other Than Quarrying)	720		
Mining	730		
Quarrying	740		
All Other Dump and Transit Mix Trucks and Trailers Not Otherwise Classified	790		

Contractors (Other Than Dump Trucks)	
Description	Code
Building – Commercial	810
Building – Private Dwellings	820
Electrical, Plumbing, Masonry, Plastering and Other Repair or Service	830
Excavating	840
Street and Road	850
All Other Contractor (Other Than Dump Trucks) Not Otherwise Classified	890

Not Otherwise Specified	
Description	Code
Logging and Lumbering	910
Petroleum Business - Automobiles used to transport petroleum and petroleum products such as gasoline and fuel oil.	920
All Other	990

CLASSIFICATION CODE

PRIVATE PASSENGER TYPES

Description	Code
	199800
Private Passenger Type vehicles used in business – Fleet	or
	739800
Private Passenger Type vehicles used in business – Non-Fleet	739100

Part VI - Coding Section

CLASSIFICATION CODE

FLEET PUBLIC TRANSPORTATION

For Policy Effective Years 1993 and subsequent:

 \star

	Radius		
Description	Local Up to 50 Miles	Intermediate 51 to 200 Miles	Long Distance Over 200 Miles
Other Buses (except fourth position – see chart below)			Zone Rated
Airport Bus or Airport Limousine	528-00	529-00	520900
Inter-City Bus	538-00	539-00	530900
Charter Bus	548-00	549-00	540900
Sightseeing Bus	558-00	559-00	550900
Transport. of Athletes and Entertainers	568-00	569-00	560900
Social Services Automobile (Employee Operated)	648-00	649-00	640900
Social Services Automobile (All Other)	658-00	659-00	650900
Bus Not Otherwise Classified	588-00	589-00	580900
Urban Bus	518-00	519-00	

School and Church Buses (except fourth position – see chart below)				
School Bus owned by Political Subdivision or School District (Type of Risk Code 7) 618-00 619-00 610-00				
Other School Bus	628-00	629-00	620-00	
Church Bus	638-00	639-00	630-00	

Taxicabs or Similar Passenger Carrying Service			
Driven Exclusively by Owner	418700	419700	410700
Rented or Leased to Others	418800	419800	410800
All Other	418900	419900	410900

Limousines and Car Service			
Limousine	428900	429900	420900
Car Service	438900	439900	430900

Description: Fourth Position (School and Church Buses and Other Buses)		
Seating Capacity Code		
1 to 8	1	
9 to 20	2	
21 to 60	3	
Over 60	4	
All Other (Not Secondary Rated)	9	

Part VI - Coding Section

CLASSIFICATION CODE

NON-FLEET PUBLIC TRANSPORTATION

For Policy Effective Years 1993 and subsequent:

Description	Radius		
	Local Up to 50 Miles	Intermediate 51 to 200 Miles	Long Distance Over 200 Miles
Other Buses (except fourth position – see chart below)			Zone Rated
Airport Bus or Airport Limousine	525-00	526-00	527900
Inter-City Bus	535-00	536-00	537900
Charter Bus	545-00	546-00	547900
Sightseeing Bus	555-00	556-00	557900
Transport. of Athletes and Entertainers	565-00	566-00	567900
Social Services Automobile (Employee-Operated)	645-00	646-00	647900
Social Services Automobile (All Other)	655-00	656-00	657900
Bus Not Otherwise Classified	585-00	586-00	587900
Urban Bus	515-00	516-00	

School and Church Buses (except fourth position – see chart below)			
School Bus owned by Political Subdivision or School District (Type of Risk Code 7)	615-00	616-00	617-00
Other School Bus	625-00	626-00	627-00
Church Bus	635-00	636-00	637-00

Taxicabs or Similar Passenger Carrying Service			
Driven Exclusively by Owner	415700	416700	417700
Rented or Leased to Others	415800	416800	417800
All Other	415900	416900	417900

Limousines and Car Service			
Limousine	425900	426900	427900
Car Service	435900	436900	437900

Description: Fourth Position (School and Church Buses and Other Buses)		
Seating Capacity Code		
1 to 8	1	
9 to 20	2	
21 to 60	3	
Over 60	4	
All Other (Not Secondary Rated)	9	

CLASSIFICATION CODE

PUBLIC TRANSPORTATION

For Policy Effective Years 1992 and prior:

Description	Definition	Code
	Private Passenger	051500
Airport Buses	Bus or Commercial – Not more than 30 Passengers	056700
	Bus or Commercial – More than 30 Passengers	056800
Buses (Restricted Use) – Vehicles	Private Passenger	051200
Registered for carrying passengers for hire Hotel, Club, Camp, Cemetery, Church	Bus or Commercial – Not more than 30 Passengers	052300
and Sunday School or Garage Service use	Bus or Commercial – More than 30 Passengers	052400
School Buses		·
Under DPU or Municipally Owned	Not more than 30 Passengers	056500
(Type of Risk Code 7)	More than 30 Passengers	056600
Not Under DPU or Municipally Owned	Not more than 30 Passengers	056300
Not Officer DPO of Mufficipally Owned	More than 30 Passengers	056400
Private Livery		059100
Taxicabs and Public Livery		059000
Vehicles Carrying School Children -	Private Passenger	051900
Registered for carrying passengers for hire	Commercial	052500

Description	Definition	Liability	Physical Damage Code		
Description	Cription		150 Miles or less	Over 150 Miles	
	Private Passenger	054000	354000	454000	
Buses NOC	Bus or Commercial – Not more than 30 Passengers	056000	356000	456000	
	Bus or Commercial – More than 30 Passengers	057100	357100	457100	

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Part VI - Coding Section

CLASSIFICATION CODE

VAN POOLS

FLEET AND NON-FLEET

Description		Codo
Definition	Code	
	1 to 8	411100
Employer Furnished	9 to 20	411200
	21 to 60	411300
	Over 60	411400
	1 to 8	412100
All Other	9 to 20	412200
	21 to 60	412300
	Over 60	412400

Part VI - Coding Section

CLASSIFICATION CODE

SPECIAL TYPES

		Co	ode
Description	Definition	Liability	Physical Damage
Ambulance Services	Emergency	791300	791300
	Non-Emergency	791400	791400
Antique Motor Vehicles	Including Motorcycles	962000	962000
Auto Body Manufacturers and Installers		792400	792400
Bobtail Operations		748900	
Driver Training Programs	Educational Institutions	792600	792600
	Commercial Driving Schools	792700	792700
Farmers Special Plates		795300	795300
Fire Departments	Private Passenger Types	790800	790800
	All Other Types	790900	790900
Funeral Directors	Limousines	791500	791500
	Hearses and Flower Cars	792200	792200
Golfmobiles		946000	946000
Law Enforcement Agencies	Private Passenger Types	791100	791100
	Motorcycles	794200	794200
	All Other Types	791200	791200
Long Term Leasing or Rental Concerns	Contingent Coverage	721900	721900
Short Term Leasing or Rental	Trucks	721100	721100
Concerns	Tractors	721200	721200
	Trailers, Semitrailers and Trailers Used with Private Passenger Autos	721300	721300
	Private Passenger Autos	721400	721400
	Motor Homes	721500	721500
	Miscellaneous Types	721600	721600
Mobile Homes	Trailers Equipped as Living Quarters	796300	796300
	Pick-ups Used Solely to Transport Camper Bodies	796200	796200
	Motor Homes not more than 22 feet in length	796000	796000
	Motor Homes more than 22 feet in length	796100	796100
Special or Mobile Equipment	3		
Vehicles Subject to the	Capable of moving on own power	793400	793400
Compulsory Law	Not capable of moving on own power	793900	793900
Vehicles Not Subject to the Compulsory Law	Municipally owned or DPU	796500	796500
All Other Mobile Equipment		790600	790600
Farm Equipment		790700	790700
Repossessed Automobiles		792500	792500
Snowmobiles		796400	796400
Owner Repairman		070700	
Transporters		070600	
Trailers and Semitrailers	Used as Showrooms or Salesrooms	045200	045200
Trailer Plate – Boat Dealers	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	045600	
All Other Types not described above		704000	704000

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CLASSIFICATION CODE

SPECIAL TYPES (Continued)

For Policy Effective Years 1990 and prior:

Description	Definition	Code
Buses (Restricted Use) - Not registered	Private Passenger	053200
for carrying passengers for hire Hotel, Club, Camp, Cemetery, Church and Sunday School or Garage Service use	Bus or Commercial – not more than 30 Passengers	054300
	Bus or Commercial – more than 30 Passengers	054400
Vehicles Carrying School Children - Not registered for carrying passengers for hire	Commercial	054500

Part VI - Coding Section

CLASSIFICATION CODE

COMMERCIAL MOTORCYCLE DEFINITION

- Motorcycles (including Motorbikes)
- Motorscooters (including Scootmobiles, Safticycles, Motorglides)
- Motorbikes
- Similar Motor Vehicles used for Commercial purposes

Description		Code
Rating Group	Rating Group Cubic Centimeter Engine Displacement	
Group A	C.C. Displacement to 70	924100
	C.C. Displacement 71 – 100	924200
Group B	C.C. Displacement 101 – 125	924300
	C.C. Displacement 126 – 200	924400
	C.C. Displacement 201 – 275	924500
	C.C. Displacement 276 – 350	924600
Group C	C.C. Displacement 351 – 500	924700
	C.C. Displacement 501 – 650	924800
Group D	C.C. Displacement over 650	924900

Part VI - Coding Section

CLASSIFICATION CODE

GARAGES

RISKS SUBJECT TO THE MASSACHUSETTS COMPULSORY LAW

• Garages, Garage Dealers, Service Stations, Repair Shops and Parking Facilities

	Liability	Liability and Physical Damage		
Description	Limited Customer Coverage	Unlimited Customer Coverage	Liability Exposure Basis	
Franchised Private Passenger Automobile Dealer (with or without any other type of franchise)	730100	730200	plate	
Franchised Truck or Truck-Tractor Dealer (with or without any other type of franchise except private passenger automobile franchise)	731100	731200	plate	
Franchised Motorcycle Dealer including all two-wheeled cycle vehicles (no private passenger or truck franchise)	732100	732200	plate	
Franchised Recreational Vehicle Dealer (no private passenger, snowmobile or residence types mobile home)	733100	733200	plate	
Franchised Residence Type Mobile Home Trailer Dealer	782000	782100	plate	
Franchised Commercial Trailer Dealer	783000	783100	plate	
Other Franchised Self-Propelled Land Motor Vehicle Dealer (including motor homes and campers)	734100	734200	plate	
Non-Franchised Dealer (any of the risks described above that are not franchised dealers)	735100	735200	plate	
Equipment and Implement Dealer (no other franchise)	736100	736200	plate	
Repair Shops – Risks primarily engaged in the repair of automobiles, including body, fender, radiator, ignition service and paint shops	780800	780900	plate	
Service Stations – Risks primarily engaged in the servicing of automobiles (including car washes) and the sale and installation of automobile accessories excluding major engine or body repair work	781000	781100	plate	
Storage Garages and Public Parking Places – Risks primarily engaged in the storing or parking of automobiles	781200	781300	plate	
Trailer Plate – Garages (Liability only)	070800	070900	plate	
Premises Coverage – Clerical (Liability only)	070400	070400	payroll	
Premises Coverage – All Other (Liability Only)	070500	070500	payroll	
Other Than Covered Auto (Liability Only) Applicable to those Policies Written on the Simplified Garage Policy	070500	070500	payroll	

*

Part VI - Coding Section

CLASSIFICATION CODE

GARAGES

RISKS NOT SUBJECT TO THE MASSACHUSETTS COMPULSORY LAW

• Garages, Garage Dealers, Service Stations, Repair Shops and Parking Facilities

Description		Code	
		Physical Damage	
Repair Shops, Storage Garages, Service Stations and Public Parking Places	075000	075000	
All Other Risks Not Subject to the Massachusetts Compulsory Law • As written in accordance with the garage section of the Massachusetts Commercial Automobile Insurance Manual	707000	707000	

CLASSIFICATION CODE

NON-OWNED AUTOMOBILES

	Co	Code	
Description	Liability	Physical Damage	
Non-Ownership Liability (Exposure Basis: Employee Months)			
Risks with 0 – 25 Employees	660100		
Risks with 26 – 100 Employees	660200		
Risks with 101 – 500 Employees	660300	-	
Risks with 501 – 1,000 Employees	660400	-	
Risks with over 1,000 Employees	660500	-	
Individual Liability of Employees (including Social Service Agency Risks)	667100		
Non-Ownership Liability (Exposure Basis: Volunteer Months)			
Volunteers (Social Service Agency Risks Only)	667000		
Individual Liability of Volunteers (Social Service Agency Risks Only)	667200		
Hired Automobiles (Exposure Basis: Cost of Hire)			
Private Passenger and Commercial Vehicles (excluding Truckers)	661100	661100	
Truckers	661300	661300	
Public Transportation Automobiles	500000	500000	
On a Minimum or an "If Any" Premium Basis	661900		
Other Non-Owned Automobiles			
Drive Other Car Coverage	902000	902000	
Partnership as the Named Insured – Non-Ownership Liability	700000		
All Other	700000	700000	

Part VI - Coding Section

CLASSIFICATION CODE

SPECIAL RATING AND ADJUSTMENT

	Code		
Description	Liability	Physical Damage	
Composite Rated Risks	999000	999000	
Non Cedable Limits	800000		
Legal Liability for Physical Damage to Trailers under a Trailer Interchange Agreement		993200	
Retrospective Rating Plan D Adjustments (Premium Only)			
Private Passenger	998100	998100	
Commercial	998200	998200	
Publics	998500	998500	
Garages	998700	998700	
All Other	998900	998900	
All Other	998000	998000	
Gross Receipts and Mileage			
Gross Receipts			
Buses	059900	059900	
Commercial	089900	089900	
Mileage			
Buses	059900	059900	
Commercial	089800	089800	

Part VI - Coding Section

ZONE RATING CODE

The Zone Rating Code applies to the following classifications:

- Trucks, Tractors and Trailers, except for light trucks and trailers used with light trucks, regularly operated beyond a 200 mile radius from the street address of principal garaging
- Public Automobiles, except for Taxis, Limousines, School, Church and Urban Buses and Van Pools, regularly operated beyond a 200 mile radius from the street address of principal garaging

Refer to the Massachusetts Commercial Automobile Insurance Manual Zone Rating Tables for the definitions of the applicable codes. The Zone Rating Code is developed from the last three positions of the Zone Combination Code. The following is a table of valid codes derived from the rating tables:

Region	Zone	Zone 03 Boston	Zone 49 All Other
		Code	Code
Atlanta	01	201	901
Balt./Wash.	02	202	902
Boston	03	203	903
Buffalo	04	204	904
Charlotte	05	205	905
Chicago	06	206	906
Cincinnati	07	207	907
Cleveland	08	208	908
Dallas Ft Worth	09	209	909
Denver	10	210	910
Detroit	11	211	911
Hartford	12	212	912
Houston	13	213	913
Indianapolis	14	214	914
Jacksonville	15	215	915
Kansas City	16	216	916
Little Rock	17	217	917
Los Angeles	18	218	918
Louisville	19	219	919
Memphis	20	220	920
Miami	21	221	921
Milwaukee	22	222	922
Minn./St. Paul	23	223	923
Nashville	24	224	924

Region	Zone	Zone 03 Boston	Zone 49 All Other
		Code	Code
New Orleans	25	225	925
New York City	26	226	926
Oklahoma City	27	227	927
Omaha	28	228	928
Phoenix	29	229	929
Philadelphia	30	230	930
Pittsburgh	31	231	931
Portland	32	232	932
Richmond	33	233	933
St. Louis	34	234	934
Salt Lake City	35	235	935
San Francisco	36	236	936
Tulsa	37	237	937
Pacific Coast	40	240	940
Mountain	41	241	941
Midwest	42	242	942
Southwest	43	243	943
North Central	44	244	944
Mideast	45	245	945
Gulf	46	246	946
Southeast	47	247	947
Eastern	48	248	948
New England	49	249	949

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Part VI - Coding Section

AGE CODE

The Age Code applies to the following classifications:

- Publics
- Private Passenger Types
- Trucks, Tractors and Trailers
- Van Pools

For purposes of the Age definition, the current model year shall change effective October 1 of each calendar year. The applicable codes are as follows:

Description	Age Group	Code
Automobiles of the Current Model Year	1	1
Automobiles of the First Preceding Model Year	2	2
Automobiles of the Second Preceding Model Year	3	3
Automobiles of the Third Preceding Model Year	4	4
Automobiles of the Fourth Preceding Model Year	5	5
Automobiles of the Fifth Preceding Model Year	6	6
Automobiles of the Sixth Preceding Model Year	7	7
Automobiles of the Seventh Preceding Model Year	8	8
Automobiles of Model Years 1981 through the Eighth Preceding Model Year	9	9
Automobiles of Model Years 1980 and prior	0	0

CLASS GROUP CODE

For Policy Effective Years 1990 and prior:

• For voluntary business, companies may optionally use Class Group Code 3 to identify that the class is other than commercial business

Description	Code
Voluntary	0
Ceded Commercial	2
Ceded All Other Commercial	3

For Policy Effective Years 1991 and subsequent:

Description	Code
Voluntary	0
Ceded Commercial - CAR Rate Used	2
Ceded Commercial - CAR Rate Not Used Non-Fleet Private Passenger Types Only (Class Code 739100)	3

PARTIAL/TOTAL LOSS INDICATOR

- This field applies to Property Damage Liability and Physical Damage Losses only
- Non-vehicle claims should be coded as a partial loss (Partial/Total Loss Indicator 1)
- For additional information regarding reporting the extent of vehicle loss, refer to Section B Losses of the General Reporting Requirements Section of this Plan

Description	Code
Partial Loss	1
Total Loss	2

PASSIVE RESTRAINT DEVICE DISCOUNT CODE

• This discount applies to Medical Payments, Uninsured and Underinsured Liability and PIP (No-Fault) coverages only

Description	Code
No Discount	0
Category I Applies Vehicle contains occupant safety features approved by the Massachusetts Division of Insurance	1

RATING IDENTIFICATION CODE

Description	Code
Experience Rated Basis	1
Both Experience Rated and All Other Rated Basis	7
All Other Rated Basis	9

Part VI - Coding Section

PRODUCER CODE

- Producer Code is a six position alphanumeric code
- Producer Code should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)

Examples:

Producer Code	Code
A1234	A1234 <i>b</i>
987	987 <i>bbb</i>
AB5678	AB5678

ZIP CODE

- ZIP Code is a nine position numeric code
- It is mandatory to report the first five positions of the ZIP Code
- The ZIP Code extension (occupying the last four positions) is optional
- ZIP Code should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: b)

Examples:

ZIP Code	Code	
01463-8735	014638735	
01463	01463 <i>bbbb</i>	
02135-9822	021359822	

Part VI - Coding Section

EXPOSURE

1. Per Car Basis

Report the exposure as the number of car months. A car month is equivalent to one car insured for one month. Refer to the Exposure table on the next page.

2. Per Plate Basis

For Garages Subject to the Compulsory Law, report the exposure as the number of plate months. A plate month is equivalent to one plate insured for one month. Refer to the Exposure table on the next page.

Example of per Plate Basis			
Plates Months Result (Plates x Months) Code			
21 12 252 0000252			
100	12	1200	0001200

3. Per Payroll and Earnings Basis

For Garage Premises and Garages Not Subject to the Compulsory Law, and in all cases where the manual rates apply to each \$100 of payroll or earnings, the exposure is the estimated payroll or earnings at the inception of the policy. For coverages written on a payroll or earnings basis, the exposure shall be rounded to the nearest hundred dollars and shall be reported in units of one hundred. If the final audit after expiration of the policy develops additional payroll or earnings, such additional payroll or earnings over and above the estimated payroll or earnings must be reported on an additional record. If the audited payroll or earnings is less than the estimated, the difference is to be reported as a credit entry. On all records reporting adjustments after audit, report the original policy effective and expiration dates.

Example of Payroll and Earnings Basis			
Payroll or Rounded to the Earnings Nearest Hundred Hundred Code			
\$10,711	\$10,700	\$107	0000107
\$250,295	\$250,300	\$2,503	0002503

4. Per Gross Receipts, Mileage and Cost of Hire Classes

The same basis of reporting applies as outlined in Payroll and Earnings Basis (3) above. Gross Receipts and Cost of Hire shall be rounded to the nearest hundred dollars and reported in units of one hundred. Mileage shall be rounded to the nearest hundred miles and reported in units of one hundred.

5. Per Employee Month Basis

The employee month exposure to be reported under Non-Ownership Liability is to be reported on an employee month basis. An employee month is equivalent to one employee insured for one month.

	Example	e of Employee Basis	
Employees	Months	Result (Employees x Months)	Code
20	12	240	0000240
155	12	1860	0001860

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Part VI - Coding Section

EXPOSURE

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EXPERIENCE RATING MODIFICATION FACTOR CODE

- The Experience Rating Modification Factor Code is a three digit code reflecting the decimal complement of Experience Rating modifications (excluding retrospective adjustments which must be reported under the specific classification codes provided for such adjustments)
- The factor shall be rounded to two decimal places for reporting
- If no modification exists, report Experience Rating Modification Factor Code 100

Examples:

Experience Rating Modification Factor	Decimal Complement	Code
None	None	100
-10% (Credit)	0.90	090
+15% (Debit)	1.15	115

Part VI - Coding Section

ALL OTHER RATING MODIFICATION FACTOR CODE

- The All Other Rating Modification Factor Code is a three digit code reflecting the decimal complement of the combined effect on voluntarily reported premium of:
 - ♦ Schedule Rating Modifications
 - ♦ Individual Risk Modifications or similar Modifications
 - ◆ Expense Modifications or similar Modifications
- This modification is calculated for voluntary business only
- The factor shall be rounded to two decimal places for reporting
- If no modification exists, report All Other Rating Modification Factor Code 100

Examples:

Schedule Rating Modification	Individual Risk Modification	Expense Modification	Total Rating Modification	Code
None	None	None	None	100
None	+10% (credit)	None	0.900*	090
+10% (debit)	+15% (debit)	None	1.265*	127
-15% (credit)	None	-10% (credit)	0.765*	077
-15% (credit)	+15% (debit)	None	0.977*	100

* These examples are calculated on a multiplicative basis and are illustrative of the required reporting technique only. The Total Rating Modification can be determined using other methodologies.

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CLAIM IDENTIFICATION NUMBER

- Claim Identification Number is a sixteen position alphanumeric code
- It is mandatory to report at least three characters
- Claim ID should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: b)

Examples:

Claim Identification Number	Code Reported
CL014638735	CL014638735bbbbb
123456789	123456789 <i>bbbbbbb</i>
ABCDEF1234567890	ABCDEF1234567890

POLICY IDENTIFICATION NUMBER

- Policy Identification Number is a sixteen position alphanumeric code
- It is mandatory to report at least three characters
- Policy ID should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: b)

Examples:

Policy Identification Number	Code Reported
PL014638735	PL014638735 <i>bbbbb</i>
123456789	123456789 <i>bbbbbbb</i>
ABCDEF1234567890	ABCDEF1234567890

VEHICLE IDENTIFICATION NUMBER

- Vehicle Identification Number (VIN) is a five to seventeen position alphanumeric code
- VIN should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: b)
- For Losses: If a claim is incurred on an insured's policy, that does not involve a vehicle named on said policy, the losses may be coded as 97 followed by fifteen zeros (97000000000000000)

Examples:

Vehicle Identification Number	Code Reported
1FABP28A6FF143890	1FABP28A6FF143890
1C3BH41J6MN109186	1C3BH41J6MN109186
ZC2FP1101KB202230	ZC2FP1101KB202230
GV5VK3212B	GV5VK3212B <i>bbbbbbb</i>
MA12345	MA12345 <i>bbbbbbbbbb</i>

Liability Only

This section applies to liability records only

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LIMITS IDENTIFIER CODE

Description	Code
Combined Single Limit Liability policies Separate premiums for Bodily Injury and Property Damage *	2
Split Limit Liability policies Separate premiums for Bodily Injury and Property Damage	3

* For single limit liability policies the reported Bodily Injury premium must be based on the Bodily Injury portion of the single limit calculation (including Uninsured Motorist, Underinsured Motorist and Medical Payments premiums if applicable). The reported Property Damage premium must be based on the Property Damage portion of the single limit calculation.

AGGREGATE LIMITS IDENTIFIER CODE

- The Aggregate Limits Identifier Code applies to Garage Premises coverage only
- These policies are written with a Combined Single Limit of Liability coverage

Aggregate Limits	Code
One times the Per Accident Limit of Liability	1
Two times the Per Accident Limit of Liability	2
Three times the Per Accident Limit of Liability	3
Five times the Per Accident Limit of Liability	5
Seven times the Per Accident Limit of Liability	7
All Other Aggregate Limits of Liability	9

Part VI - Coding Section

LIABILITY LIMITS CODE

В	ODILY INJURY	
Limits o	f Liability	Code
Per Claim	Per Accident	Code
\$ 20,000	\$ 40,000	01
20,000	40,000	04 *
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	1,000,000	10
1,000,000	1,000,000	14
All Other Limits	Not Above	49
No Bodily Injury		00

MEDICAL PAYMENT	S
Limits of Liability	Code
\$ 500	01
750	02
1,000	03
2,000	04
5,000	05
10,000	06
15,000	07
20,000	08
25,000	09
50,000	10
100,000	11
No Medical Payments	00

UNINSURED MOTORIST		
Limits of Liability		Codo
Per Claim	Per Accident	Code
\$ 20,000	\$ 40,000	04
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	1,000,000	10
All Other Limits Not Above		49
No Uninsured A	uto	00

UNDERINSURED MOTORIST		
Limits of Liability		Code
Per Claim	Per Accident	Code
\$ 20,000	\$ 40,000	04 **
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	1,000,000	10
All Other Limits Not Above		49
No Underinsured Auto		00

PROPERTY DAMAGE	
Limits of Liability	Code
\$ 5,000	01
10,000	02
15,000	03
25,000	04
35,000	05
50,000	06
100,000	07
500,000	10
Property Damage Deductible	80
All Other Limits Not Above	09
No Property Damage	00

- * If both mandatory (code 01) and optional (code 04) Bodily Injury coverage are purchased, Limits Code 04 must be reported.
- ** If the 20/40 limit of Underinsured Motorists coverage is purchased, although there is no associated cost, Limits Code 04 must be reported.

Part VI - Coding Section

LIABILITY LIMITS CODE (Continued)

• If a policy is written at a per occurrence limit that is not identified by a specific code, the transaction shall be coded to the next higher per occurrence limit.

COMBINED SINGLE LIMIT		
Limits of Liability Per Occurrence	Code	
\$ 45,000	04	
50,000	08	
75,000	09	
100,000	10	
150,000	11	
200,000	12	
250,000	13	
300,000	14	
400,000	15	
500,000	16	
750,000	17	
1,000,000	18	
1,500,000	19	
2,000,000	20	
2,500,000	21	
3,000,000	22	
5,000,000	23	
7,500,000	24	
10,000,000	25	
15,000,000	26	
20,000,000	27	
30,000,000	28	
50,000,000	29	

POLLUTION LIABILITY BROADENED COVERAGE CODE

• This coverage is available only in conjunction with the Commercial Simplified Automobile Program.

Description	Code
No Pollution Liability Broadened Coverage	0
Pollution Liability Broadened Coverage – Hazardous • As defined in the Massachusetts Commercial Automobile Insurance Manual in Section II.46.C.3	1
Pollution Liability Broadened Coverage – Non-Hazardous	2
Pollution Liability Broadened Coverage – Extra Hazardous • As defined in the Massachusetts Commercial Automobile Insurance Manual in Section II.46.C.2 or Section II.46.C.4	3

TYPE OF LOSS CODE - LIABILITY

Description	Code
Bodily Injury to Others – Excluding claims covered under Type of Loss Code 02	01
Bodily Injury to Others – Guest claims, claims arising out of accidents occurring off the ways of the Commonwealth or claims out of Massachusetts	02
Damage to Someone Else's Property (Property Damage Liability)	03
Medical Payments	05
Bodily Injury Caused by an Uninsured Automobile	06
Bodily Injury Caused by an Underinsured Automobile	07
Pollution Liability – Bodily Injury	09
Pollution Liability – Property Damage	10
Bodily Injury to Others – Inter or Intra Company Reimbursements resulting from PIP (No-Fault) claims (excluding claims covered under Type of Loss Code 14)	11
Bodily Injury to Others – Inter or Intra Company Reimbursements resulting from PIP (No-Fault) claims arising out of accidents occurring off the ways of the Commonwealth or claims out of Massachusetts	14

No-Fault Only

This section applies to no-fault records only

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PIP COVERAGE CODE

Description	Code	
Basic PIP (No-Fault) Coverage Only	1	

TYPE OF LOSS CODE – PIP (NO-FAULT)

Description	Code
Non-Split Outstanding Loss	23
Medical Loss	24
Wage Loss	34
Other Economic Loss	44
Subrogation Recovery	45

Physical Damage Only

This section applies to physical damage records only

Last Revision Date: 01/01/2000 Print Date: 01/01/2000

Part VI - Coding Section

OTHER THAN COLLISION COVERAGE CODE

OTC Coverage with Full Glass Coverage			
	Code		
Description	Towing and Labor Cost Coverage		
	\$25 Included	★ \$50 Included	Excluded
Comprehensive Coverage			
\$ 300 Deductible	034	234	035
\$ 500 Deductible	036	236	037
\$1,000 Deductible	038	238	039
• \$2,000 Deductible	022	222	023
All Other Deductibles with Full Glass Coverage	064	264	004
Fire only Coverage	065	265	005
Fire and Theft Coverage	066	266	006
Fire, Theft and Combined Additional Coverage with MMV or Dealers Supplemental Coverage with MMV	068	268	800
Fire, Theft and Combined Additional Coverage without MMV or Dealers Supplemental Coverage without MMV	069	269	009
Stated Amount	060		
Agreed Amount		063	

OTC Coverage with Optional \$100 Glass Deductible			
	Code		
Description	Towing and Labor Cost Coverage		
	\$25 Included	★ \$50 Included	Excluded
Comprehensive Coverage			
• \$ 300 Deductible	134	334	135
• \$ 500 Deductible	136	336	137
• \$1,000 Deductible	138	338	139
• \$2,000 Deductible	122	322	123
All Other Deductibles with Optional Glass Deductible	164	364	104
Fire only Coverage	165	365	105
Fire and Theft Coverage	166	366	106
Fire, Theft and Combined Additional Coverage with MMV or Dealers Supplemental Coverage with MMV	168	368	108
Fire, Theft and Combined Additional Coverage without MMV or Dealers Supplemental Coverage without MMV	169	369	109

MISCELLANEOUS COVERAGES

OTHER THAN COLLISION COVERAGE CODE (Continued)

Description	Code
Trailer Interchange Legal Liability (Class Code 993200)	050
Single Interest – Fire and Theft (Class Code 998000)	051
Single Interest – Conversion, Embezzlement or Secretion (Class Code 99800	00) 052
Dealers Wholesale Floor Plan (Class Code 998000)	054
Composite Rated Risks (Class Code 999000)	059
Towing and Labor Cost – \$25 per disablement No other Comprehensive coverage afforded	081
Towing and Labor Cost – \$50 per disablement No other Comprehensive coverage afforded	082
Rental Reimbursement	083
Automobile Dealers False Pretense Coverage	084
Sound Receiving and Transmitting Equipment (excluding Police vehicles, Fire vehicles, and Garagekeepers)	087
Retrospective Rating Plan D premium adjustment only (Report Retrospective Rating Plan D premium, other than adjustments, applicable class and coverage)	with 089
All Other Coverages – excluding Collision	089

OTHER THAN COLLISION COVERAGE CODE (Continued)

GARAGE COVERAGE

Garage Dealers - Comprehensive Coverage	Code
\$ 300 Deductible per car / \$1,500 per occurrence	202
\$ 500 Deductible per car / \$2,500 per occurrence	203
\$1,000 Deductible per car / \$5,000 per occurrence	204

Garagekeepers - Comprehensive Coverage	Code
Legal Liability Basis	211
Direct Coverage – Primary	212
Direct Coverage – Excess	213

Garagekeepers - Specified Causes of Loss Coverage (Fire, Theft and Garagekeepers Additional Coverage)	Code
Legal Liability Basis	214
Direct Coverage – Primary	215
Direct Coverage – Excess	216

*	Garagekeepers - Miscellaneous Coverages	Code
	Sound Receiving and Transmitting Equipment	217

Part VI - Coding Section

COLLISION COVERAGE CODE

Collision Coverage Without Waiver of Deductible			
Description	Code	Type of Loss Code	
\$ 300 Deductible	076	10	
\$ 500 Deductible	077	10	
\$1,000 Deductible	078	10	
\$2,000 Deductible	072	10	
All Other Deductibles	079	10	

Collision Coverage With Waiver of Deductible			
Description Code Type of Loss Co			
\$ 300 Deductible	015	11 or 12	
\$ 500 Deductible	016	11 or 12	
\$1,000 Deductible	017	11 or 12	
\$2,000 Deductible	012	11 or 12	
All Other Deductibles	019	11 or 12	

Limited Collision Coverage			
Description	Code	Type of Loss Code	
Full Coverage	040	12	
\$ 300 Deductible	045	10	
\$ 500 Deductible	042	10	
\$1,000 Deductible	043	10	
\$2,000 Deductible	046	10	
All Other Deductibles	049	10	

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Part VI - Coding Section

COLLISION COVERAGE CODE (Continued)

MISCELLANEOUS COVERAGES

Description	Code
Stated Amount – Limited Collision	041
Trailer Interchange Legal Liability (Class Code 993200)	090
Single Interest Collision (Class Code 998000)	091
Stated Amount – Collision	092
Composite Rated Risks (Class Code 999000)	093
Dealers Wholesale Floor Plan (Class Code 998000)	094
Agreed Amount – Collision	095
Retrospective Rating Plan D premium adjustment only (Report Retrospective Rating Plan D premium, other than adjustments, with applicable class and coverage)	099
All Other	099

GARAGE COVERAGE

Garagekeepers - Collision Coverage	Code
Legal Liability Basis	311
Direct Coverage – Primary	312
Direct Coverage – Excess	313

	Garage Dealers - Drive-Away Collision Coverage	Code
	\$300 Deductible	477
*	\$500 Deductible	478
	All Other	099

*	Garagekeepers – Miscellaneous Coverages	Code
	Sound Receiving and Transmitting Equipment	317

Part VI - Coding Section

SYMBOL CODE

ORIGINAL COST NEW of COMMERCIAL VEHICLES

- Trucks, Tractors, and Trailers
- Private Passenger Types
- Publics
- Van Pools

Cost New	Code
\$ 0 – 4,500	01
4,501 – 6,000	02
6,001 - 8,000	03
8,001 - 10,000	04
10,001 – 15,000	05
15,001 – 20,000	06
20,001 - 25,000	07
25,001 - 40,000	08
40,001 - 65,000	10
65,001 - 90,000	11
90,001 and over	12

Part VI - Coding Section

SYMBOL CODE (Continued)

VEHICLE VALUE for COMMERCIAL MOTORCYCLES

 Motorcycles (including Motorbikes), Motorscooters (including Scootmobiles, Safticycles, Motorglides), Mopeds and similar Motor Vehicles

Value	Code	Value	Code	Va	alue	Code
\$ 100	01	\$ 3,500	35	\$ 6,	,900	69
200	02	3,600	36	7	,000	70
300	03	3,700	37	7	,100	71
400	04	3,800	38	7	,200	72
500	05	3,900	39	7	,300	73
600	06	4,000	40	7	,400	74
700	07	4,100	41	7	,500	75
800	08	4,200	42	7	,600	76
900	09	4,300	43	7	,700	77
1,000	10	4,400	44	7	,800	78
1,100	11	4,500	45	7	,900	79
1,200	12	4,600	46	8	,000	80
1,300	13	4,700	47	8	,100	81
1,400	14	4,800	48	8	,200	82
1,500	15	4,900	49	8	,300	83
1,600	16	5,000	50	8	,400	84
1,700	17	5,100	51	8	,500	85
1,800	18	5,200	52	8	,600	86
1,900	19	5,300	53	8	,700	87
2,000	20	5,400	54	8	,800	88
2,100	21	5,500	55	8	,900	89
2,200	22	5,600	56	9	,000	90
2,300	23	5,700	57	9	,100	91
2,400	24	5,800	58	9	,200	92
2,500	25	5,900	59	9	,300	93
2,600	26	6,000	60	9	,400	94
2,700	27	6,100	61	9	,500	95
2,800	28	6,200	62	9	,600	96
2,900	29	6,300	63	9	,700	97
3,000	30	6,400	64	9	,800	98
3,100	31	6,500	65] _	000	
3,200	32	6,600	66] 9	,999 or	99
3,300	33	6,700	67		oi Over	33
3,400	34	6,800	68		/ V O I	

Examples:

Motorcycle Value	Rating Value	Code
\$101	\$200	02
\$2550	\$2600	26

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PRE-INSURANCE INSPECTION IDENTIFICATION CODE

Description	Code
Eligible for Pre-Insurance Inspection and Inspected	1
Eligible for Pre-Insurance Inspection and Not Inspected	2
Not Eligible or Waived	9

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INTENSIFIED APPRAISAL IDENTIFICATION CODE

• This code is valid for Policy Effective Years 1995 and prior

Description	Claims <= \$4,000	Claims > \$4,000
Eligible for Intensified Appraisal and Appraised	3	5
Eligible for Intensified Appraisal and Not Appraised	4	6
Not Eligible	9	8

ANTI-THEFT DEVICE DISCOUNT CODE

- Applies to other than collision coverage only
- Refer to the Anti-Theft Device Standards and Discounts Rule which is contained in the Private Passenger Automobile Insurance Manual for detailed descriptions of each category

Description	Code
No Discount Applies	0
Category I Applies	1
Category II Applies	2
Category III Applies	3
Category IV Applies	4
Category IV plus Category I Apply	5
Category IV plus Category II Apply	6
Category IV plus Category III Apply	7

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Part VI - Coding Section

TYPE OF LOSS CODE – PHYSICAL DAMAGE

OTHER THAN COLLISION

Description	Code
Fire	01
Theft	02
 Glass For additional information on Glass Losses, refer to Section B – Losses of the General Reporting Requirements Section of this Plan 	03
Malicious Mischief and Vandalism	05
Cyclone, Earthquake, Explosion, Hail, Tornado, Water Damage and Windstorm	06
Flood and Rising Water	07
Towing and Labor Cost	08
All other types – excluding Collision	09

COLLISION

Description	Code
Without Waiver of Deductible – Collision loss payment when deductible is applied Limited Collision with a deductible	10
With Waiver of Deductible – Collision loss payment when deductible is applied	11
With Waiver of Deductible – Collision loss payment when deductible is waived Limited Collision with full coverage	12

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Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

The Statistical Data Quality Program consists of the components noted below. Each component identifies a specific company requirement or responsibility relative to the reporting of statistics to CAR and is intended to assure that CAR receives accurate statistical data on a timely basis. This Section also describes the special edits or methods used by CAR to verify the quality of reported statistical data.

1. STATISTICAL SUBMISSIONS

Companies are responsible for assuring that all of the data for a particular accounting month is received at CAR on or before the submission due date, and that the data is in processable and statistically acceptable condition. If any portion of the submission does not meet these requirements, Statistical Data Quality Penalties will be assessed. The key date to be used for determining penalty amounts will be the date upon which the last portion of the particular accounting month's shipment is received at CAR in processable and statistically acceptable condition. Refer to Section B - Statistical Data Quality Penalties of the Statistical Data Quality Program for specific penalty information.

In order to assure that a company's submission of data for a particular accounting month is complete, all premium and paid loss data for each accounting month must be submitted to CAR in a single mailing. However, it is acceptable for quarterly outstanding loss data to be submitted separately.

If a company is not able to consolidate their shipments for mailing to CAR, a request for waiver from this requirement must be filed with CAR. If CAR grants a waiver to this requirement, it is necessary for the company to continue to submit their data shipments to CAR in the same manner for each subsequent accounting month.

Companies may request the ability to report a supplemental submission to CAR after their original shipment for the accounting month has been submitted. Such supplemental submissions will not be accepted unless CAR has agreed in advance to accept the shipment. If CAR agrees to accept the supplemental submission, but it is not received by CAR until after the shipment due date, the shipment will be subject to applicable Statistical Data Quality Penalties in the same manner as other statistical submissions. Refer to Section B - Statistical Data Quality Penalties of the Statistical Data Quality Program for specific penalty information.

a. Compliance For Newly Reporting Companies

If a company exceeds the established commercial reporting thresholds of \$50,000 in written premiums or \$25,000 in paid losses, as identified through the Annual Statement Reconciliation Process, statistical reporting to CAR must commence. Companies identified as exceeding the reporting thresholds will be required to report detailed statistical data no later than the December shipment of the second following year.

Example: The 2000 Massachusetts Annual Statement Page 15 indicates that a company has exceeded the reporting thresholds. This company will be instructed to begin reporting to

CAR no later than the December, 2002 submission.

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

1. STATISTICAL SUBMISSIONS (Continued)

b. Nil Submissions

Notification of a nil submission will be accepted by CAR only if no premium, paid loss and/or outstanding loss transactions were booked by the company during the accounting month being reported. A Nil Submission Form, which is available at CAR from the Data Analyst assigned to your company, must be submitted for this purpose.

c. Low Volume Company

A company that has written less than \$500,000 in premium and \$500,000 in paid losses for reportable coverages during the prior calendar year based on the information contained on their Massachusetts Annual Statement Page 15 is referred to as a low volume company. A low volume company may request the option of reporting data to CAR on a quarterly, rather than monthly, basis.

d. Due Date

The due date is generally the first CAR business day 45 days after the close of each accounting month. CAR will notify the industry on a yearly basis of the specific submission due dates that will be in effect for the upcoming calendar year via the Call Schedule, which is issued as an Accounting and Statistical Notice. All premium, paid loss and outstanding loss submissions for a particular accounting month must be received in processable and statistically acceptable condition at the offices of CAR by the close of business on the established due date.

e. Turnaround Time Commitment

CAR provides companies with a turnaround time commitment relative to the receipt and processing of monthly submissions. The turnaround time commitment guarantees that all shipments received at CAR prior to the first business day of each month will be processed such that the company will be notified of any reporting problems or rejections no later than the fifth business day of that calendar month. In addition, if required by the company, these rejected tapes will be sent back to the company via Federal Express, no later than the fifth business day of the month, for the receipt by the company no later than the sixth business day of the month. The turnaround time commitment is subject to modification by CAR's Operations Committee.

If the established turnaround time commitment cannot be met by CAR, and as a result, a company's shipment is rejected and cannot be resubmitted by the shipment due date, the key dates used to calculate Statistical Data Quality Penalties for the affected shipments would be adjusted accordingly. However, the cut-off dates for monthly accounting/statistical shipments to be included in CAR's processing cycles would not be adjusted. For those companies that are financially impacted due to the exclusion of their monthly accounting/statistical shipment from a processing cycle because CAR did not meet its turnaround time commitment, CAR will reimburse the company for loss of investment income or provide another appropriate financial remedy.

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

1. STATISTICAL SUBMISSIONS (Continued)

f. Acceptable Shipments

For a shipment to be accepted by CAR, it must be received in processable condition as specified in the Accounting/Statistical Submission Reporting Instructions contained in the CAR Statistical Edit Package. In addition, the shipment must be in balance with its corresponding statistical and accounting summary control totals, and in statistically acceptable condition such that its statistical error content must be less than 15% of the shipment or less than 100 records. Note that the statistical error criteria will apply separately for premiums, paid losses, and outstanding losses, and on a subline basis.

A record is considered to be a statistical error record when it has one or more statistical errors (S01-S49). A record is considered to be a verification only error record when it has no statistical errors, but has one or more verification errors (V50-V53). Refer to CAR's Statistical Edit Package for a description of these error records. Verification errors are not included in the determination of error percentages or error record counts. The statistical error criteria will be waived for a particular shipment if the company confirms in writing to CAR that the shipment's error content exceeds the 15% tolerance because the submission contains offsets for previously reported error records, and consequently these offsets have caused the error percentage to exceed 15%.

Companies that have not reported complete and acceptable shipments to CAR by the shipment due date will be subject to Statistical Data Quality Penalties. Note that penalties are based on the receipt date at CAR of the last acceptable portion of the particular accounting month's shipment, and will therefore be the same if one portion of the shipment or the entire shipment is late or unacceptable. In addition, note that shipments received on weekends or holidays will be assigned the receipt date of the next CAR business day following the weekend or holiday. Refer to Section B - Statistical Data Quality Penalties of the Statistical Data Quality Program for specific penalty information.

g. Limits In Excess (LEX) Records

Any record with an extremely high exposure, premium dollar amount, or loss dollar amount (according to the following chart) will be identified for CAR Staff to review. Note that for the premium dollar tolerances, bodily injury and property damage premium amounts are checked separately for liability records and collision and other than collision premium amounts are checked separately for physical damage records. Also, note that the following classes are excluded from the relevant exposure checks: Garages Subject to Compulsory Law (physical damage only), Garages – Premises, Garages Not Subject to Compulsory Law, Non-Owned (Employees., P.P., Motorcycles, Hired), Non-Owned (Minimum Premium, Drive Other Car Coverage, Partnership – Non-Ownership, All Other), Special Rating and Adjustment, and Gross Receipts and Mileage.

Part VII - Statistical Data Quality Program

Section A – Statistical Data Quality Components

1. STATISTICAL SUBMISSIONS (Continued)

g. Limits In Excess (LEX) Records (Continued)

LEX Tolerance Levels			
Field Tolerance			
Exposure	-10,000 to +10,000 exposures		
Premium Dollar Amount -\$500,000 to +\$500,000			
Loss Dollar Amount	-\$1,000,000 to +\$1,000,000		

CAR Staff will review records that exceed the established LEX tolerance levels. If it is determined that the records will significantly distort CAR's database, CAR will reject the affected shipments(s) and instruct the company to correct the records and resubmit the data immediately (prior to the shipment due date). Otherwise, CAR will accept the data and instruct the company to offset the records in a future submission.

2. STATISTICAL ERRORS

a. Due Date

CAR produces and distributes, either via mail or the On-line Telecommunications System, statistical error listings to companies on a weekly basis and establishes a due date for the necessary corrections to be completed and returned. The established due date for the return of paper listings or completion of on-line corrections is approximately 60 calendar days from the date the listings are mailed by CAR or available on-line.

b. Acceptability

Companies are responsible for assuring that statistical errors are corrected in a timely manner so that the number of uncorrected error records within an error listing is reduced to no greater than 5%. Verification errors will be identified separately and will not be included in the determination of error percentages. If the number of error corrections submitted does not reduce the error content on the error listing to the 5% tolerance, the errors will be returned to the company and considered in an overdue status until sufficient additional corrections are received by CAR.

Companies that receive statistical error listings for several accounting months at the same time will be provided with additional time to correct these errors provided that the pertinent shipments were received at CAR in a timely and acceptable manner. Such cases will be handled on an individual basis. Taken into consideration will be the reason that several accounting months' listings were produced at the same time, the size of the listings and any extenuating circumstances that may affect the timely correction of data.

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

2. STATISTICAL ERRORS (Continued)

c. Low Volume

A statistical error listing is considered low volume if both the total number of error records contained on the listing and the total exposures, premiums or losses in error fall within the ranges indicated below. Statistical error listings that meet this criteria will not be considered in an overdue status and will not be required to be corrected to reduce the error content to the 5% tolerance level.

Statistical Error Tolerance Levels			
Commercial	Total Numbers Of Error Records	Total Premium or Loss Dollars In Error	
Liability Premiums*	1 to 20	-\$2,500 to +\$2,500 premiums	
No-Fault Premiums	1 to 20	-\$2,000 to +\$2,000 premiums	
Physical Damage Premiums*	1 to 20	-\$2,000 to +\$2,000 premiums	
Liability Losses	1 to 15	-\$5,000 to +\$5,000 losses	
No-Fault Losses	1 to 15	-\$2,000 to +\$2,000 losses	
Physical Damage Losses	1 to 15	-\$2,000 to +\$2,000 losses	

^{*} Commercial liability and physical damage tolerance levels are applied by coverage. That is, commercial liability bodily injury and property damage premiums, and physical damage other than collision and collision premiums in error must individually be within the indicated ranges.

3. RATE EDIT

CAR will edit ceded commercial premium data for the latest two policy effective years to assure that it has been rated properly. Only data that has successfully passed CAR's statistical edits will be rate edited, and companies will be notified by CAR of the rate edit results of their data.

a. Tolerance

Companies are responsible for assuring that their cumulative percentage of rate errors, for each line of business and policy effective year, remains below the established rate edit error tolerance of 2%. Once a company exceeds the rate edit error tolerance, and provided that there is a minimum of fifty error records per line of business, the company will be provided with six accounting months from the error listing cycle in which the tolerance was exceeded to reduce their cumulative rate edit error percentage, for that line of business and policy effective year, to within the established tolerance. In order to correct rate edit errors, companies are required to submit offset and re-enter adjustment records. Refer to the General Rules and Section A – Premiums of the General Reporting Requirements Sections of this Plan for information on reporting adjustment records.

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

3. RATE EDIT (Continued)

b. Appeal Process For Exceeding Established Tolerance

Companies with errors in excess of the established tolerance may appeal to CAR for a reduction of the Statistical Data Quality Penalty if it can be clearly demonstrated that the rate error condition does not impact the ratemaking database. The granting of an appeal will be allowed for one policy year only, and companies will be required to correct their reporting systems for the next reporting year in order to prevent the assessment of rate edit penalties in the subsequent reporting year.

4. MASSACHUSETTS ANNUAL STATEMENT PAGE 15

For each calendar year, all companies licensed to write automobile insurance in Massachusetts are required to submit a copy of their Massachusetts Annual Statement Page 15 to CAR by approximately March 15th of the following year. CAR also collects Page 15 data from companies, on a quarterly basis. CAR requires that companies complete and return special forms with the Page 15. These forms are distributed to the industry as an attachment to the Accounting and Statistical Notice containing the specific due date for each quarter. CAR will also inform the industry on an annual basis, via the Annual Call Schedule, of the exact Massachusetts Annual Statement Page 15 due dates on a calendar year basis.

On a quarterly basis, CAR reconciles each company's Massachusetts Annual Statement Page 15 to the statistical data reported through that particular quarter. The reconciliation is performed each quarter in an effort to identify, as soon as possible, reporting problems that may impact the quality of CAR's statistical database. Companies are provided with the results of their reconciliation. If it is determined that a company's statistically reported totals for a given quarter and their quarterly Annual Statement Page 15 totals vary by more than 5% for any premium or loss line of business, CAR requests that the company provide a satisfactory written response explaining the difference(s). Responses are due at CAR approximately forty-five days after the reconciliation reports are mailed to the company.

5. MASSACHUSETTS AUTOMOBILE INSURANCE EXPENSE CALL

The Massachusetts Automobile Insurance Expense Call pertaining to a particular calendar year will be due at CAR by approximately June 1 of the following year. CAR will notify the industry each year via an Accounting and Statistical Notice of the exact due date of the Massachusetts Automobile Insurance Expense Call for the particular calendar year.

Part VII - Statistical Data Quality Program

Section B - Statistical Data Quality Penalties

In order to encourage companies to report complete and accurate statistical data on a timely basis, CAR has established the Statistical Data Quality Penalties described below. The Statistical Data Quality Program only establishes those penalties that will apply for statistical purposes. Additional penalties may result due to accounting errors on ceded data, and these penalty provisions are contained in the CAR Manual of Administrative Procedures.

Mandated legislative changes and other contingencies that would delay the reporting or processing of data or require substantial operational changes will be reviewed as to their impact on the Statistical Data Quality Program. If sufficient lead time is not available to the companies to submit any of the required reportings to CAR, the Operations Committee will consider the potential need for temporary revisions or suspensions to the provisions of the Statistical Data Quality Program and its associated penalties.

1. STATISTICAL SUBMISSIONS

This section details the Statistical Data Quality Penalty amounts assessed for late or unreported statistical submissions.

★ a. Compliance For Newly Reporting Companies

Companies that have not complied with reporting statistical submissions to CAR, after being identified as exceeding the established commercial reporting thresholds of written premiums and/or paid losses, will be assessed a \$10,000 Statistical Data Quality Penalty the first calendar year. If non-compliance continues, a \$25,000 penalty will be assessed after the second calendar year, and a \$50,000 penalty will be assessed each calendar year thereafter until statistical data reporting begins. In addition, the Division of Insurance will be notified of the company's non-compliance.

Example: The 2000 Massachusetts Annual Statement Page 15 indicates that a company has exceeded the reporting thresholds. The company must begin reporting to CAR no later than the December 2002 submission. If a submission is not reported to CAR on or before this deadline, the company will be assessed a \$10,000 Statistical Data Quality Penalty. If the company again fails to report by the December 2003 submission, the company will be assessed a \$25,000 penalty. If the company fails to report by December 2004 submission, the company will be assessed a \$50,000 penalty, and the Division of Insurance will be notified of the company's non-compliance.

b. Nil Submissions

If a nil shipment is reported for any month in which premium, paid loss and/or outstanding loss transactions should have been reported to CAR, a penalty of \$2,000 will be assessed per occurrence.

c. Low Volume Company

Low volume companies have a maximum penalty amount of \$1,000 for any one submission. Accordingly, companies reporting on a quarterly basis will never be assessed more than \$4,000 in a calendar year, and companies reporting on a monthly basis will never be assessed more than \$12,000 in a calendar year.

Part VII - Statistical Data Quality Program

Section B - Statistical Data Quality Penalties

1. STATISTICAL SUBMISSION (Continued)

d. Late And Unacceptable Shipments

The Statistical Data Quality Penalty amounts accumulate based on the receipt date of the shipment. Statistical Data Quality penalty amounts accrue up to \$2,000 for a particular range of shipment receipt dates as shown in the chart below. An additional \$2,000 penalty is incurred for each additional calendar month that passes until the shipment is received. For the shipment in the example below, a penalty of \$2,000/month would be added to the \$2,000 amount previously accrued on the shipment since the displayed receipt date had passed.

Receipt Date at CAR of Last Acceptable Portion	Penalty Amount
After the shipment due date, but before the end of the month in which the shipment due date occurs	\$ 300
After the end of the month in which the shipment due date occurs, but on or before the due date of the next month's shipment	\$ 800
After the due date of the next accounting month's shipment, but before the end of the month in which this due date occurs	\$ 2,000
Each additional calendar month	\$ 2,000/month

Example: January Monthly Accounting Shipment Due 3/15			
Receipt Date of Shipment	Calculation of Penalty	Penalty Dollars	
3/16 – 3/31	\$300	\$300	
4/1 — 4/15	\$800	\$800	
4/16 – 4/30	\$2,000	\$2,000	
5/1	\$2,000 + \$2,000	\$4,000	
6/1	\$4,000 + \$2,000	\$6,000	

2. STATISTICAL ERROR LISTINGS

This section details the Statistical Data Quality Penalty amounts assessed for statistical error listings. There are two types of penalties that apply to the statistical error listings: the late return of paper error corrections and the error percentage remains in excess of the established tolerance. Note that if statistical error listing corrections are both late and over the 5% tolerance, only the greater of the two final penalties will be assessed. That is, double penalties will not be assessed. However, regardless of which penalty is assessed, the company will still be required to reduce the error percentage to less than or equal to 5%.

Part VII - Statistical Data Quality Program

Section B - Statistical Data Quality Penalties

2. STATISTICAL ERROR LISTINGS (Continued)

a. Late Return of Paper Error Corrections

If any or all of the statistical paper error listing corrections are not received at CAR on or before the established due date, with the required volume of corrections applied, the following Statistical Data Quality Penalties will be assessed.

Receipt Date at CAR of Corrected Statistical Error Listings	Penalty Amount
Between 1 – 14 calendar days after the error listing due date	\$ 100
Between 15 – 31 calendar days after the error listing due date	\$ 400
Each additional 30 day period	\$ 800

Example: Corrected Statistical Error Listing Due 4/30			
Receipt Date of Paper Listing	Calculation of Penalty	Penalty Dollars	
5/1 – 5/14	\$100	\$300	
5/15 – 5/31	\$400	\$400	
6/1	\$800	\$800	
7/1	\$800 + \$800	\$1,600	

b. Insufficient Volume of Statistical Error Corrections Applied

This penalty is applicable to corrections that are made via telecommunications or on paper error listings. If statistical error listings are received at CAR with an insufficient volume of corrections applied, the following Statistical Data Quality Penalties will be assessed.

Statistical Error Listings Meeting the Following Criteria	Penalty Amount
The initial due date has expired and the error percentage has not been reduced to less than or equal to 5%	\$ 100
The shipment has been re-listed, the second due date has expired, and the error percentage has not been reduced to less than or equal to 5%	\$ 400
Each additional re-listing with error percentages not less than 5%	\$ 800

Part VII - Statistical Data Quality Program

Section B - Statistical Data Quality Penalties

2. STATISTICAL ERROR LISTINGS (Continued)

b. Insufficient Volume of Statistical Error Corrections Applied (Continued)

Example: Statistical Error Percentage Not Reduced To Less Than or Equal to 5%: Error Listings Due 4/30			
Due Date	Receipt Date	Calculation of Penalty	Penalty Dollars
4/30	5/1	\$100	\$100
6/30	7/18	\$400	\$400
8/30	9/30	\$800	\$800
10/30	11/1	\$800 + \$800	\$1,600

3. RATE EDIT

This section details the Statistical Data Quality Penalties assessed for Rate Edit errors.

a. Error Penalties

Any company that does not reduce their error percentage to no greater than established rate edit tolerance within the six month timeframe will be assessed a Statistical Data Quality Penalty of \$2,000. Additionally, a penalty of \$2,000 per month will be assessed for each subsequent month that the error percentage remains uncorrected and a company remains over the rate edit tolerance.

b. Penalty Reduction

A penalty reduction will be granted only if it can be verified that the reported premiums and exposures are correct on a policy or summary level and are not in violation of the Massachusetts Commercial Statistical Plan. A penalty of \$2,000 will be assessed. However, the \$2,000 per month penalty for each subsequent month will not be assessed in this situation.

4. MASSACHUSETTS ANNUAL STATEMENT PAGE 15

A Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for the late submission of Fourth Quarter Massachusetts Annual Statement Page 15 and corresponding forms. Also, a Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for a late Fourth Quarter Massachusetts Annual Statement Reconciliation response until CAR receives the response.

Part VII - Statistical Data Quality Program

Section B - Statistical Data Quality Penalties

5. MASSACHUSETTS AUTOMOBILE INSURANCE EXPENSE CALL

A Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for the late submission of the Massachusetts Automobile Insurance Expense Call.

6. <u>DISPUTED PENALTY FEES</u>

CAR shall maintain its own records for the purpose of determining whether or not a company has submitted all required data. In case of a disagreement regarding whether a company is delinquent in submitting data, the records of CAR shall become the deciding factor. Statistical Data Quality Penalties may be appealed to CAR's Operations Committee. However, it is necessary for the company to pay the penalty amount before such an appeal can be considered. Any company aggrieved by the findings of the Operations Committee may appeal the decision to CAR's Governing Committee. All decisions of the Governing Committee shall be final.

COMMERCIAL RECORD LAYOUT MODIFICATION KEY

The Commercial Record Layout Modification Key should be used in conjunction with the Commercial Record Layouts contained on the following pages. For prior effective years, refer to the Massachusetts Commercial Automobile Statistical Plan in effect for the specific year. The key identifies those fields to which modifications were made in prior policy years. For example, the field may have been reported in an alternate field position, or the field was added to or eliminated from the Commercial Record Layout.

No.	Valid Policy Effective Date(s)	Field	Subline Codes	Reporting Position
1	1989 through 1995	Intensified Appraisal Code	618 Losses	47
2	1991 and subsequent	Producer Code	All	61 - 66
3	10/1/1992 and subsequent Optional 3/1/1992–9/30/1992	Pollution Liability Broadened Coverage Code	611	48
4)	1995 and prior	Age Code	618	44
	1995 and prior	Symbol Code (Motorcycle Value*)	618	44 - 46
(5)	1995 and subsequent	ZIP Code	All	72 - 80
	1995 and Subsequent	Vehicle Identification Number	All	131 - 147
6 19	1000 and auba assume	Symbol Code (Motorcycle Value*)	618	45 - 46
	1996 and subsequent	Age Code	611,615,618	52
7	1998 and subsequent	Aggregate Limits Identifier Code	611	53

^{*} For Policy Effective Years 1995 and prior, Motorcycle Value was a three position code that was reported within the Age Code and Symbol Code fields. For Policy Effective Years 1996 and subsequent, Motorcycle Value is a two a position code, reported within the Symbol Code field now located in positions 45-46.

LIABILITY PREMIUM

1	COMBANYOR	
2	COMPANY OR GROUP NUMBER CODE	
3	0.100. 110	
4	TRANSACTION TYPE CODE	
5	4.000LINITINIO	N 4 41-
7	ACCOUNTING DATE	Month Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11	TRANSACTION	Month
12	EFFECTIVE	Year
13	DATE	Year
14	POLICY	Month
15	EXPIRATION	Year
16	DATE	Year
17	<u></u>	
18	STATE CODE	
19	DD=1.00.00	,
20	PREMIUM TOWN CODE	١
21	CODE	
22	CAR IDENTIFICATION	CODE
23	TYPE OF RISK CODE	
24	ANNUAL STATEMENT	
25	LINE OF BUSINESS CODE	
26	LINE OF BOOKNEOU COBE	
27		
28	SUBLINE CODE	
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31		
32	CLASSIFICATION	
33	CODE	
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35	LIMITO IDEL ITIEITE	000
36	LIMITS IDENTIFIER CODE	
37	BODILY INJURY	
38	LIMITS CODE	
	PROPERTY DAMA	GE
40	LIMIT CODE	
42	MEDICAL PAYMENTS	
43	LIMIT CODE	
44	UNINSURED MOTORIST LIMITS CODE	
45	UNDERINSURED MOT	ORIST
46	LIMITS CODE	
47	Reserved for Future Use	
48	POLLUTION LIAB. COV. CODE 3	
49		-
50	ZONE RATING CO	DE
- 50		

51	ZONE RATING CODE (Continued)	
52	AGE CODE	6
53	AGGREGATE LIMITS ID. CODE	7
54	CLASS GROUP CODE	
55	Reserved for Future Use	
56	PASSIVE RESTRAINT DISC. CC	DE
57	Reserved for Future Use	
58		
59	RATING IDENTIFICATION COL)E
60	Reserved for Future Use	
61		
62	PRODUCER CODE	
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69	Reserved for Future Use	
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75	ZIP CODE	
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83 84	EXPOSURE	
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87		
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89	EXPERIENCE RATING	
90	MODIFICATION FACTOR COD	' ⊏
91	ALL OTHER DATING	
92	ALL OTHER RATING MODIFICATION FACTOR COD	F
93	WODE TO THOU ACTOR COL	_
94	Reserved for Future Use	
95	110001100110111010000	
96		
97	BODILY INJURY	
98	PREMIUM	
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102	BODILY INJURY
103	PREMIUM (Continued)
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107	PROPERTY DAMAGE
108	PREMIUM
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113	Reserved for Future Use
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121	POLICY
122	IDENTIFICATION
123	NUMBER
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138	VEHICLE
139	IDENTIFICATION
140	NUMBER
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149	COMPANY USE
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Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

LIABILITY LOSS

1	COMPANY OF	
2	COMPANY OR	ODE
3	GROUP NUMBER CODE	
4	TRANSACTION TYPE	CODE
5	TIVINO/IOTICIVITIE	OODL
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11		Month
12	ACCIDENT	Day
13	DATE	Day
14		Year
15		Year
16	Reserved for Future	Use
17	STATE CODE	
18	0.7.1.2 0052	
19	PREMIUM TOWN	J
20	CODE	•
21	0052	
22	CAR IDENTIFICATION	CODE
23	TYPE OF RISK CODE	
24	ANNUAL STATEMENT	
25	LINE OF BUSINESS (
26		
27		
28	SUBLINE CODE	
29		
30		
31		
32	CLASSIFICATION CODE	
33		
34		
35		
36	LIMITS IDENTIFIER CODE	
37	LIABILITY LIMITS	
38	CODE	
39	Reserved for Future	Use
40	ACCIDENT TOW	N
41	CODE	
42		
43		
44		
45	Reserved for Future	Use
46		
47		
48	POLLUTION LIAB. COV. (CODE 3
49	ZONE RATING CODE	
50	25.12101111000	-

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51	ZONE RATING CODE (C	continued)
52	AGE CODE 6	
53	AGGREGATE LIMITS ID. CODE 7	
54	CLASS GROUP CO	DDE
55	PARTIAL/TOTAL LOSS IN	IDICATOR
56	PASSIVE RESTRAINT DIS	SC. CODE
57	Reserved for Future	Use
58 59	RATING IDENTIFICATION	N CODE
60	Reserved for Future	
61	110001100 TOTAL	
62	•	
63	PRODUCER COD	DΕ
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69	Reserved for Future	Use
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75	ZIP CODE	
76	5	
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79		
80		
81	Reserved for Future	
82	REPORTING	Month
83	DATE	Year
84	D	Year
85 86	Reserved for Future Use	
87		
88	TYPE OF LOSS CO	DDE
89	Reserved for Future	Use
90	CLAIM COUNT	
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94	LOSS AMOUNT	-
95	LOGG AWOUNT	
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98		
99	CLAIM IDENTIFICAT	TION
100	NUMBER	

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102	
103	
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105	
106	CLAIM
107	IDENTIFICATION
108	NUMBER (Continued)
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115	
116	
117	
118	
119 120	
120	
121	POLICY
123	IDENTIFICATION
123	NUMBER
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137	VEHICLE
138	IDENTIFICATION
139	NUMBER
140	(5)
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149	COMPANY USE
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Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

NO-FAULT PREMIUM

1	COMPANY OR	
2	COMPANY OR GROUP NUMBER CODE	
3		
5	TRANSACTION TYPE CODE	
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11	TRANSACTION	Month
12	EFFECTIVE	Year
13	DATE	Year
14	POLICY	Month
15	EXPIRATION	Year
16	DATE	Year
17		
18	STATE CODE	
19		
20	PREMIUM TOWN	1
21	CODE	
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24		
25	ANNUAL STATEME	
26	LINE OF BUSINESS CODE	
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28	SUBLINE CODE	
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32	CLASSIFICATION	١
33	CODE	
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36	Reserved for Future Use	
37	PIP COVERAGE CC	DE
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42	Reserved for	
43	Future Use	
44		
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47		
48		
49	ZONE RATING CO	DE
50		

51	ZONE RATING CODE (Continued)
52	AGE CODE 6
53	Reserved for Future Use
54	CLASS GROUP CODE
55	Reserved for Future Use
56	PASSIVE RESTRAINT DISC. CODE
57	Reserved for
58	Future Use
59	RATING IDENTIFICATION CODE
60	Reserved for Future Use
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62	22211252 2225
63	PRODUCER CODE
64	2
65	1
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68	Reserved for
69	Future Use
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73 74	1
75 76	ZIP CODE
77	5
78	1
79	1
80	1
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84	EXPOSURE
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89	EXPERIENCE RATING
90	MODIFICATION FACTOR CODE
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93	MODIFICATION FACTOR CODE
94	Reserved for
95	Future Use
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122	POLICY IDENTIFICATION
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137	VEHICLE
138	IDENTIFICATION
139	NUMBER
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149	COMPANY USE
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Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

NO-FAULT LOSS

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1	COMPANY OR	
2	GROUP NUMBER C	ODF
3	GROOF NOWBER GODE	
4	TRANSACTION TYPE	ODE
5	TRANSACTION TIFE	ODL
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11		Month
12	ACCIDENT	Day
13	DATE	Day
14		Year
15	5 1/ -	Year
16	Reserved for Future	Use
17	STATE CODE	
18		
19	PREMIUM TOWN	١
20	CODE	
21	0.45 (55) (55) (50)	
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
25	ANNUAL STATEMENT LINE OF BUSINESS CODE SUBLINE CODE	
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32	CLASSIFICATION	N
33	CODE	
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36	Reserved for Future Use	
37	PIP COVERAGE CODE	
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39	Reserved for Future	Use
40	A COIDENT TOWN	VI.
41	ACCIDENT TOWI CODE	N
42	CODE	
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45	Reserved for Future	Llea
46	Neserved for Future	036
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49	ZONE RATING CODE	
50	25.121011110	

51	ZONE RATING CODE (Continued)	
52	AGE CODE 6	
53	Reserved for Future Use	
54	CLASS GROUP CODE	
55	Reserved for Future Use	
56	PASSIVE RESTRAINT DISC. CODE	
57	Reserved for Future Use	
58	Troopivod for Future Coo	
59	RATING IDENTIFICATION CODE	
60	Reserved for Future Use	
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63	PRODUCER CODE	
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69	Reserved for Future Use	
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84	Reserved for Future Use	
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87	T/DE 051 555 555	
88	TYPE OF LOSS CODE	
89	Reserved for Future Use	
90	CLAIM COUNT	
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94	LOCCAMOUNT	
95	LOSS AMOUNT	
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98		
99	CLAIM IDENTIFICATION	
100	NUMBER	

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106	OLANA.
107	CLAIM IDENTIFICATION
108	NUMBER (Continued)
109	NOMBER (Continued)
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121	50.10.4
122	POLICY
123	IDENTIFICATION NUMBER
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137	VEHICLE
138	IDENTIFICATION
139	NUMBER
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148	
149	COMPANY USE
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Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

PHYSICAL DAMAGE PREMIUM

1	COMPANY OR	
2	COMPANY OR	
3	GROUP NUMBER CODE	
4	TD AND A OTION TVDE	0005
5	TRANSACTION TYPE	CODE
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11	TRANSACTION	Month
12	EFFECTIVE	Year
13	DATE	Year
14	POLICY	Month
15	EXPIRATION	Year
16	DATE	Year
17	STATE CODE	
18	STATE GODE	
19	PREMIUM TOWN	١
20	CODE	
21	0.15.15	0005
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEMENT LINE OF BUSINESS C	NT
25		ODE
26		
27	STIDLINE CODE	
28	SUBLINE CODE	
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32	CLASSIFICATION	
33	CODE	•
34	0022	
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36	Reserved for Future Use	
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39	COVERAGE COD	_
40	00111015::	
41	COLLISION	_
42	COVERAGE COD	_
43	Person and for Fishers I I -	4)
44	Reserved for Future Use	•
45	CANDOL CODE	4) 6)
46	SYMBOL CODE	. 0
47	PRE-INSURANCE INSP. ID CODE	
48	Reserved for Future Use	
49	ZONE RATING CODE	
50	20112 10 (11110 00)	

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51	ZONE RATING CODE (Continued)
52	AGE CODE 6
53	ANTI-THEFT DEVICE DISC. CODE
54	CLASS GROUP CODE
55	
56	Reserved for Future Use
57	
58	
59	RATING IDENTIFICATION CODE
60	Reserved for Future Use
61	
62	
63	PRODUCER CODE
64	2
65	1
66	
67	
68	
69	Reserved for Future Use
70	
71	
72	1
73	1
74	1
75	ZIP CODE
76	<u> </u>
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78	1
79	1
80	
81	1
82	1
83	
84	EXPOSURE
85	-
86	-
87	
88	EXPERIENCE RATING
89	MODIFICATION FACTOR CODE
90	
91	ALL OTHER RATING
92	MODIFICATION FACTOR CODE
93	
94	Reserved for Future Use
95	
96	-
97	OTHER THAN
98	COLLISION PREMIUM
99	-
100	1

101	OTHER THAN
102	COLLISION PREMIUM
103	(Continued)
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106	
107	COLLISION
108	PREMIUM
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112	
113	Reserved for Future Use
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115	
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121	POLICY
122	IDENTIFICATION
123	NUMBER
124	Nomber
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137	VEHICLE
138	IDENTIFICATION
139	NUMBER
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148	00404541105
149	COMPANY USE
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Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

PHYSICAL DAMAGE LOSS

1
Column
4 TRANSACTION TYPE CODE 5 ACCOUNTING Month 7 DATE Year 8 POLICY Month 9 EFFECTIVE Year 10 DATE Year 11 Month Day 12 ACCIDENT Day 13 DATE Year 14 Year Year 15 STATE CODE STATE CODE 17 STATE CODE PREMIUM TOWN 20 CODE CODE 21 CAR IDENTIFICATION CODE 23 TYPE OF RISK CODE 24 ANNUAL STATEMENT LINE OF BUSINESS CODE
TRANSACTION TYPE CODE
6 ACCOUNTING Month 7 DATE Year 8 POLICY Month 9 EFFECTIVE Year 10 DATE Year 11 Month Day 12 ACCIDENT Day 13 DATE Year 15 Pay Year 16 Reserved for Future Use 17 STATE CODE 18 PREMIUM TOWN CODE CODE 21 CAR IDENTIFICATION CODE 23 TYPE OF RISK CODE 24 ANNUAL STATEMENT LINE OF BUSINESS CODE
7 DATE Year 8 POLICY Month 9 EFFECTIVE Year 10 DATE Year 11 Month Day 12 ACCIDENT Day 13 DATE Year 15 Pay Year 16 Reserved for Future Use 17 STATE CODE 18 PREMIUM TOWN CODE CAR IDENTIFICATION CODE 21 CAR IDENTIFICATION CODE 23 TYPE OF RISK CODE 24 ANNUAL STATEMENT LINE OF BUSINESS CODE
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9 EFFECTIVE Year 10 DATE Year 11 Month 12 ACCIDENT Day 13 DATE Year 15 DATE Year 16 Reserved for Future Use 17 STATE CODE 18 PREMIUM TOWN 20 CODE 21 CAR IDENTIFICATION CODE 23 TYPE OF RISK CODE 24 ANNUAL STATEMENT LINE OF BUSINESS CODE
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14 DATE Year 15 Reserved for Future Use 16 Reserved for Future Use 17 STATE CODE 19 PREMIUM TOWN CODE CODE 21 CAR IDENTIFICATION CODE 23 TYPE OF RISK CODE 24 ANNUAL STATEMENT LINE OF BUSINESS CODE
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17 STATE CODE 18 19 20 PREMIUM TOWN CODE 21 22 22 CAR IDENTIFICATION CODE 23 TYPE OF RISK CODE 24 ANNUAL STATEMENT LINE OF BUSINESS CODE
18 STATE CODE 19 PREMIUM TOWN CODE 21 CAR IDENTIFICATION CODE 23 TYPE OF RISK CODE 24 ANNUAL STATEMENT LINE OF BUSINESS CODE
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20 CODE
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23 TYPE OF RISK CODE 24 ANNUAL STATEMENT LINE OF BUSINESS CODE
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ANNUAL STATEMENT LINE OF BUSINESS CODE
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28 SUBLINE CODE
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32 CLASSIFICATION
33 CODE
34 35
36 Reserved for Future Use
37 Reserved for Future Use
38 COVERAGE CODE
39
40
41 ACCIDENT TOWN
42 CODE
43 Reserved for Future Use
44 ④
45
SYMBOL CODE 4 6
47 INTENSIFIED APPRAISAL ID CODE ①
48 Reserved for Future Use
49 70NE DATING CODE
ZONE RATING CODE

51	ZONE RATING CODE (Continued)
52	AGE CODE 6
53	ANTI-THEFT DEVICE DISC. CODE
54	CLASS GROUP CODE
55	PARTIAL/TOTAL LOSS INDICATOR
56	
57	Reserved for Future Use
58	
59	RATING IDENTIFICATION CODE
60	Reserved for Future Use
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63	PRODUCER CODE
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69	Reserved for Future Use
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75	ZIP CODE
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82	Reserved for Future Use
83	10001700 1011 utule 000
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85	CATASTROPHE CODE
86	5
87	TYPE OF LOSS CODE
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89	Reserved for Future Use
90	CLAIM COUNT
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93	
94	LOSS AMOUNT
95	2000 / dviOOIVI
96	
97	
98	
99	CLAIM IDENTIFICATION
100	NUMBER

101	
102	
103	
104	
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106	CLAIM
107	IDENTIFICATION
108	NUMBER (Continued)
109	, ,
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111	
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113	
114	
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116	
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119	
120	
121	POLICY
122	IDENTIFICATION
123	NUMBER
124	
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126	
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134 135	
135	
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138	VEHICLE
139	IDENTIFICATION
140	NUMBER
141	5
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148	COMPANYLISE
149	COMPANY USE
150	

Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

Appendix A - Classification and Coverage Code Decision Tables

TABLES OF REQUIRED COMMERCIAL FIELDS

The fields identified below are required to be reported on all commercial statistical records and are therefore not listed in the Decision Tables contained on the following pages. For all other fields not noted below, refer to the Classification Code and Coverage Code Decision Tables to determine which fields are required to be reported.

Fields Common to All Records

Accounting Date

Annual Statement Line of Business Code

CAR Identification Code

Class Group Code

PIP Coverage Code (No-Fault)

Policy Effective Date

Policy Identification Code

Producer Code

State Code

Subline Code

Transaction Type Code

Type of Risk Code

Fields Common to Premium Records Only

All Other Rating Modification Factor Code

Experience Rating Modification Factor Code

Policy Expiration Date

Premium Amounts

Transaction Effective Date

Fields Common to Loss Records Only

Accident Date

Catastrophe Code (Physical Damage)

Claim Identification Number

Loss Amount

Reporting Date (Liability)

Type of Claimant Code (No-Fault)

Type of Loss Code

Last Revision Date: 01/01/2000 **Page: A:1** Print Date: 01/01/2000

Appendix A - Classification and Coverage Code Decision Tables

CLASSIFICATION CODE DECISION TABLE

Vehi	Vehicle Type		Age Code	Aggregate Limits ID Code	Anti-Theft Device Disc	Code Exposure	Intensified Appraisal ID	Limits Code	Limits Identifier Code	Partial/Total Loss Indicator	Passive Restr. Disc. Code	Pollution Liability Cov. Code	Pre-insurance Insp. ID Code	Premium Town Code	Rating Identification Code	Symbol Code (Cost New/Value)	Vehicle Identif. Number	ZIP Code	Zone Rating Code
Trucks,	Zone Rated	Υ	Υ	N	N	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ	N	Υ	Υ	Υ	N	Υ
Tractors, and Trailers	Not Zone Rated	Υ	Υ	N	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N
Priv.Pass.Types	Fleet and Non-Fleet	Υ	Υ	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N
Public	Zone Rated	Υ	Υ	N	N	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ	N	Υ	Υ	Υ	N	Υ
Transportation	Not Zone Rated	Υ	Υ	N	N	Υ	Υ	Y	Υ	Υ	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N
Van Pools	Fleet and Non-Fleet	Y	Y	N	N	<u>.</u> Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N
	7214,7908,7911, 7915, 7922	Υ	Υ	N	N	Υ	Υ	Υ	Υ	N	N	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N
	9620	Υ	N	N	N	Υ	Υ	Υ	Υ	N	N	Υ	Υ	Υ	Υ	N	Υ	Υ	N
	7926,7927	N	N	N	N	Υ	Υ	Υ	Υ	N	N	Υ	Υ	Υ	Υ	N	Υ	Υ	N
Special Types	0456,0706,0707,7040 7219,7953,7964,9460	Υ	N	N	N	Υ	N	Υ	Υ	N	N	Υ	N	Υ	Υ	N	N	Υ	Ν
	0532,0543,0544,0545	Υ	N	N	N	Υ	Υ	Υ	Υ	Υ	N	N	Υ	Υ	Υ	N	Υ	Υ	N
	7924,7213,7216,7934 7939,7965,7906,7907	Υ	N	N	N	Υ	N	Υ	Υ	N	N	Υ	N	Υ	Υ	N	Υ	Υ	N
	7925,0452						NI.	\ <u>'</u>		NI.	NI.		- 1						- NI
Commoraid Mata	All Other Spec.Types	Y	Y	N	N	Y	N Y	Y	Y	N Y	N N	Y	N Y	Y	Y	Y	Y	Y	N
Commercial Moto	Subj. to Comp. Law	Y	N N	N N	N N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N N
	Not Subj (0750)	Y	N	Y	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N
Garages*	Not Subj (7070)	Ϋ́	N	Y	N	N	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N
	Premises (0704,0705)	N	N	Ÿ	N	Y	N	Ÿ	Y	N	N	N	N	N	Ÿ	N	N	N	N
	6619,7000	N	N	N	N	N	N	N	N	N	N	N	N	N	Υ	N	N	N	N
Non-Owned	9020	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Automobiles	All Other Non-Owned	N	N	N	N	Υ	N	N	N	N	N	N	N	N	Υ	N	N	N	N
	0599,0898,0899	N	N	N	Υ	Υ	N	Υ	Υ	N	N	Υ	N	N	N	N	N	N	N
Special Rating &	8000,9932,9980,9990	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Adjustment	9981,9982,9985, 9987 9989	N	N	N	Υ	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	PPT Buses, Private Livery, Taxis	Υ	Υ	N	N	Υ	Υ	Υ	Υ	Υ	N	N	Υ	Υ	Υ	Υ	N	N	N
Publics	Municipally Owned School Buses	N	N	N	N	Υ	Υ	Υ	Υ	Υ	N	N	Υ	Υ	Υ	N	N	N	N
(1992 & Prior)	Commercial Buses & Other School Buses	Υ	N	N	N	Υ	Υ	Υ	Υ	Υ	N	N	Υ	N	Υ	N	N	N	N
	Buses NOC	Υ	N	N	N	Υ	N	Υ	Υ	Υ	N	N	N	Υ	Υ	N	N	N	N

^{*} For all Garage Classifications, Exposure is not required for physical damage coverages.

Appendix A - Classification and Coverage Code Decision Tables

COVERAGE CODE DECISION TABLE

• For all shaded areas, refer to the Classification Code Decision Table

	Other Than Collision															
	Coverage Code	Accident Town Code	Age Code	Anti-Theft Device Disc. Code	Claim Count	Classification Code	Exposure	Intensified Appraisal Code	Partial/Total Loss Indicator	Pre-Insurance Insp. ID Code	Premium Town Code	Rating Identification Code	Symbol Code (Cost New/Value)	Vehicle Identification Number	ZIP Code	Zone Rating Code
*	004,006-009,022,023,034-039,064 066-069,104,106-109,122,123															
	134-139,164,166-169,222				Υ	Υ										
	234-238,264,266-269,322															
	334-338,364,366-369															
\star	005,065,105,165,265,365			N	Υ	Υ										
	060,063	N	N		Υ	Υ										
	050-054,059		N	N	Υ	Υ	N	N	N	N	N	N	N	N	N	N
\star	081,082	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	083,087	N	N	N	Υ	N	N	N	N	N	N	N	N	N	N	N
	084	N	N	N	Υ	Υ	N	N	N	N	N		N	N	N	N
	089	N	N	N	Υ	Υ	N	N	N	N	N		N		N	N
*	202-204,211-217		N	N	Υ	Υ	N	N	N	N			N	N		N

Collision															
Coverage Code	Accident Town Code	Age Code	Anti-Theft Device Discount	Claim Count	Classification Code	Exposure	Intensified Appraisal Code	Partial/Total Loss Indicator	Pre-Insurance Insp. ID Code	Premium Town Code	Rating Identification Code	Symbol Code (Cost New/Value)	Vehicle Identification Number	ZIP Code	Zone Rating Code
012-019,040,042-049,072,076-079			N	Υ	Υ										
090,091,093,094	N	N	N	Υ	Υ	N	N	Z	N	N	N	N	Ν	N	Ν
041,092,095		N	N	Υ	Υ										
099	N	N	N	Υ	Υ	N	N		N	N		N		N	N
311-313,317,477,478		N	N	Υ	Υ	N		N	N			N	N		Ν

PREMIUM TOWN CODE - ACCIDENT TOWN CODE

ALPHABETICAL LISTING

- 1. Cities and Towns are printed in Capital Letters.
- 2. Villages, Sections of Cities and Towns, and Local Designations are printed in Small Type with the name of the corresponding City or Town in the adjacent column.
- 3. Sections of Cities and Towns designated "North", "East", "South" and "West" or with a prefix or suffix that is merely supplemental to the principal name (such as West Newton or Arlington Heights) are not separately listed (see principal designation). In some instances there are two distinct townships, such as Reading and North Reading, in which case both towns are listed.
- 4. Counties are indicated by code, using the first position of the Town Code as follows:

First Position	County	First Position	County
0	Barnstable	4	Franklin
	Dukes		Hampden
	Nantucket	5	Hampshire
	Plymouth	6	Middlesex
1	Berkshire	7	Norfolk
2	Bristol	8	Suffolk
3	Essex	9	Worcester

5. The City of Boston is divided into sections as follows:

City of Boston								
Definition	ZIP Code	Statistical Code						
BOSTON CENTRAL	02101-02118, 02123, 02133, 02199, 02201, 02202, 02203, 02210, 02215, 02241	821						
BRIGHTON	02134, 02135, 02163	822						
CHARLESTOWN-EAST BOSTON	02128, 02129	824						
DORCHESTER	02122, 02124, 02125, 02126	819						
HYDE PARK	02136, 02137	818						
JAMAICA PLAIN	02130	817						
ROSLINDALE	02131	816						
ROXBURY	02119, 02120, 02121	820						
SOUTH BOSTON	02127	823						
WEST ROXBURY	02132	815						

6. The appropriate Out of State Town Codes are as follows:

Location	Code
Connecticut	991
Maine	992
New Hampshire	993
New York	994
Rhode Island	995
Vermont	996
Other	999

Appendix B - Premium and Accident Town Tables

Code	Village or Local	City or Town	Code	Village or Local	City or Town
No	Designation	Name	No	Designation	Name
	<u> </u>		933	BERLIN	BERLIN
	Α		471	BERNARDSTON	BERNARDSTON
010	ABINGTON	ABINGTON	312	BEVERLY	BEVERLY
041	Accord	NORWELL	634	BILLERICA	BILLERICA
240	Acoaxet	WESTPORT	719	Bird Mills	WALPOLE
630	ACTON	ACTON	112	Blackington	NORTH ADAMS
230	ACUSHNET	ACUSHNET	934	BLACKSTONE	BLACKSTONE
110	ADAMS	ADAMS	490	BLANDFORD	BLANDFORD
215	Adamsdale	NORTH ATTLEBORO	970	BOLTON	BOLTON
431	Adamsville	COLRAIN	423	Bondsville	PALMER
420	AGAWAM	AGAWAM	821	BOSTON (Central)	BOSTON (Central)
170	ALFORD	ALFORD	050	BOURNE	BOURNE
035	Allerton	HULL	050	Bournedale	BOURNE
822	Allston	BRIGHTON (Boston)	201	Bowenville	FALL RIVER
310	AMESBURY	AMESBURY	671	BOXBOROUGH	BOXBOROUGH
510	AMHERST	AMHERST	370	BOXFORD	BOXFORD
311	ANDOVER	ANDOVER	971	BOYLSTON	BOYLSTON
314	Annisquam	GLOUCESTER	302	Bradford	HAVERHILL
040	Antassawamock Neck	MATTAPOISETT	532	Bradstreet	HATFIELD
610	ARLINGTON	ARLINGTON	637	Braggville	HOLLISTON
333	Asbury Grove	HAMILTON	710	BRAINTREE	BRAINTREE
930	ASHBURNHAM	ASHBURNHAM	039	Brant Rock	MARSHFIELD
670	ASHBY	ASHBY	080	BREWSTER	BREWSTER
712	Ashcroft	DEDHAM	011	BRIDGEWATER	BRIDGEWATER
470	ASHFIELD	ASHFIELD	183	Brier	SAVOY
631	ASHLAND	ASHLAND	131	Briggsville	CLARKSBURG
137	Ashley Falls	SHEFFIELD	822	BRIGHTON	BRIGHTON (Boston)
033	Assinippi	HANOVER	400	Brightwood	SPRINGFIELD
233	Assonet	FREETOWN	491	BRIMFIELD	BRIMFIELD
910	ATHOL	ATHOL	002	BROCKTON	BROCKTON
703	Atlantic	QUINCY	935	BROOKFIELD	BROOKFIELD
210	ATTLEBORO	ATTLEBORO	702	BROOKLINE	BROOKLINE
215	Attleboro Falls	NORTH ATTLEBORO	735	Brookville	HOLBROOK
931	AUBURN	AUBURN	042	Bryantville	PEMBROKE
605	Auburndale	NEWTON	430	BUCKLAND	BUCKLAND
715	Avery	NEEDHAM	635	BURLINGTON	BURLINGTON
730	AVON	AVED	034	Burrage	HANSON
632	AYER	AYER	050	Buzzards Bay	BOURNE
302	Ayers Village	HAVERHILL	339	Byfield	NEWBURY
	В			С	
956	Baldwinville	TEMPLETON	600	CAMBRIDGE	CAMBRIDGE
311	Ballard Vale	ANDOVER	102	I .	
576	Bancroft	MIDDLEFIELD	002	Camp Merrill Campello	PITTSFIELD BROCKTON
900	Barbers	WORCESTER	711	CANTON	CANTON
021	BARNSTABLE	BARNSTABLE			
932	BARRE	BARRE	672 933	CARLISLE	CARLISLE BERLIN
234	Barrowsville	NORTON	030	Carters CARVER	CARVER
062	Bass River	YARMOUTH	731	Caryville	BELLINGHAM
512	Bay State Village	NORTHAMPTON	050	Caryville	BOURNE
322	Beach Bluff	SWAMPSCOTT	021	Cataumet	BARNSTABLE
803	Beachmont	REVERE	240	Central Village	WESTPORT
171	BECKET	BECKET	472	CHARLEMONT	CHARLEMONT
633	BEDFORD	BEDFORD			NEEDHAM
732	Beechwood	COHASSET	715 824	Charles River Village CHARLESTOWN	CHARLESTOWN (Bos)
530	BELCHERTOWN	BELCHERTOWN	936	CHARLESTOWN	CHARLESTOWN (BOS)
731	BELLINGHAM	BELLINGHAM	234	Chartley	NORTON
611	BELMONT	BELMONT	051	CHATHAM	CHATHAM
231	BERKLEY	BERKLEY	051	Chathamport	CHATHAM
134	Berkshire	LANESBOROUGH	612	CHELMSFORD	CHELMSFORD
134	Delivorine	LAINEODONOUGH	012	CHELINIOLOKD	CUELINIOLOKD

Code	Village or Local	City or Town	
No	Designation	Name	
802	CHELSEA	CHELSEA	
944	Cherry Valley	LEICESTER	
130	CHESHIRE	CHESHIRE	
440	CHESTER	CHESTER	
570	CHESTERFIELD	CHESTERFIELD	
402	CHICOPEE	CHICOPEE	
081	CHILMARK	CHILMARK	
014	Chiltonville	PLYMOUTH	
739	City Mills	NORFOLK	
131	CLARKSBURG	CLARKSBURG	
178	Clayton	NEW MARLBOROUGH	
021	Clement	BARNSTABLE	
200	Clifford	NEW BEDFORD	
316	Clifton	MARBLEHEAD	
321	Cliftondale	SAUGUS	
911	CLINTON	CLINTON	
045	Cochessett	WEST BRIDGEWATER	
649	COLASSET	WAYLAND	
732 976	COHASSET	COHASSET OAKHAM	
	Coldbrook Spring		
650 614	Coldspring Collinsville	WESTFORD DRACUT	
431	COLRAIN	COLRAIN	
613	CONCORD	CONCORD	
444	Congamond	SOUTHWICK	
473	CONWAY	CONWAY	
480	Cooleyville	NEW SALEM	
952	Cordaville	SOUTHBOROUGH	
021	Cotuit	BARNSTABLE	
616	Cove Landing	HUDSON	
021	Craigville	BARNSTABLE	
021	Cummaquid	BARNSTABLE	
571	CUMMINGTON	CUMMINGTON	
342	Cushing	SALISBURY	
510	Cushman	AMHERST	
084	Cuttyhunk	GOSNOLD	
	D	•	
132	DALTON	DALTON	
313	DANVERS	DANVERS	
313	Danversport	DANVERS	
211	DARTMOUTH	DARTMOUTH	
481	Davis	ROWE	
712	DEDHAM	DEDHAM	
432	DEERFIELD	DEERFIELD	
476	Dell	HEATH	
052	DENNIS	DENNIS	
052	Dennisport	DENNIS	
232	DIGHTON	DIGHTON	
936	Dodge	CHARLTON	
210	Dodgeville	ATTLEBORO	
819	DORCHESTER	DORCHESTER (Boston)	
937	DOUGLAS	DOUGLAS	
733	DOVER	DOVER	
614	DRACUT	DRACUT	
173	Drury	FLORIDA	
938	DUDLEY	DUDLEY	
673	DUNSTABLE	DUNSTABLE	
031	DUXBURY	DUXBURY	
530	Dwight	BELCHERTOWN	

Code	Village or Local	City or Town		
No	Designation	Name		
	E	•		
20.4		OLIABI FOTOMAL (B.)		
824 032	East Boston EAST BRIDGEWATER	CHARLESTOWN (Bos) EAST BRIDGEWATER		
973	EAST BROOKFIELD	EAST BROOKFIELD		
441	EAST LONGMEADOW	EAST BROOKFIELD EAST LONGMEADOW		
082	EASTHAM	EASTHAM		
511	EASTHAMPTON	EASTHAMPTON		
212	EASTON	EASTON		
212	Eastondale	EASTON		
053	EDGARTOWN	EDGARTOWN		
603	Edgeworth	MALDEN		
172	EGREMONT	EGREMONT		
044	Egypt	SCITUATE		
712	Ellis	DEDHAM		
431	Elmgrove	COLRAIN		
032 712	Elmwood Endicott	EAST BRIDGEWATER		
433	ERVING	DEDHAM ERVING		
330	ESSEX	ESSEX		
602	EVERETT	EVERETT		
		1 = 1 = 1 = 1		
	F			
213	FAIRHAVEN	FAIRHAVEN		
402	Fairview	CHICOPEE		
201	FALL RIVER	FALL RIVER		
054	FALMOUTH	FALMOUTH		
433 130	Farley	ERVING CHESHIRE		
913	Farnhams Farnumsville	GRAFTON		
603	Faulkner	MALDEN		
952	Fayville	SOUTHBOROUGH		
420	Feeding Hills	AGAWAM		
621	Felchville	NATICK		
712	Findlen	DEDHAM		
913	Fisherville	GRAFTON		
954	Fiskdale	STURBRIDGE		
902	FITCHBURG	FITCHBURG		
201	Flint	FALL RIVER		
512	Florence	NORTHAMPTON		
173 060	FLORIDA Forestdale	FLORIDA SANDWICH		
650	Forge Village	WESTFORD		
734	FOXBOROUGH	FOXBOROUGH		
615	FRAMINGHAM	FRAMINGHAM		
713	FRANKLIN	FRANKLIN		
233	FREETOWN	FREETOWN		
311	Frye Village	ANDOVER		
939	Furnace	HARDWICK		
	G			
912	GARDNER	GARDNER		
083	GAY HEAD	GAY HEAD		
331	GEORGETOWN	GEORGETOWN		
939	Gilbertville	HARDWICK		
474 644	GILL	GILL STOW		
138	Gleasondale Glendale	STOCKBRIDGE		
604	Glenwood	MEDFORD		
919	Globe Village	SOUTHBRIDGE		
314	GLOUCESTER	GLOUCESTER		
<u> </u>				

Appendix B	- Premium	and Accident	Town Tables
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Codo	Village of Lecel	City or Town
Code	Village or Local	City or Town
No	Designation	Name
573	GOSHEN	GOSHEN
084	GOSNOLD	GOSNOLD
913	GRAFTON	GRAFTON
574	GRANBY	GRANBY
650	Graniteville	WESTFORD
492	GRANVILLE	GRANVILLE
111	GREAT BARRINGTON	GREAT BARRINGTON
039	Green Harbor	MARSHFIELD
044	Greenbush	SCITUATE
900	Greendale	WORCESTER
410	GREENFIELD	GREENFIELD
624	Greenwood	WAKEFIELD
112	Greylock	NORTH ADAMS
431	Griswoldville	COLRAIN
636	GROTON	GROTON
332	GROVELAND	GROVELAND
332	GROVELAND	GROVELAND
	Н	
E24	LADIEV	LHADIEV
531	HADLEY	HADLEY
070	HALIFAX	HALIFAX
333	HAMILTON	HAMILTON
493	HAMPDEN	HAMPDEN
174	HANCOCK	HANCOCK
033	HANOVER	HANOVER
034	HANSON	HANSON
736	Harding	MEDFIELD
939	HARDWICK	HARDWICK
178	Hartsville	NEW MARLBOROUGH
974	HARVARD	HARVARD
055	HARWICH	HARWICH
055	Harwichport	HARWICH
054	Hatchville	FALMOUTH
532	HATFIELD	HATFIELD
313	Hathorne	DANVERS
302	HAVERHILL	HAVERHILL
475	HAWLEY	HAWLEY
638	Hayden Row	HOPKINTON
534	Haydenville	WILLIAMSBURG
476	HEATH	HEATH
210	Hebronville	ATTLEBORO
715	Highlandville	NEEDHAM
477	Hillsboro	LEVERETT
012	HINGHAM	HINGHAM
133	HINSDALE	HINSDALE
735	HOLBROOK	HOLBROOK
940	HOLDEN	HOLDEN
494	HOLLAND	HOLLAND
637	HOLLISTON	HOLLISTON
403	HOLYOKE	HOLYOKE
173	Hoosac Tunnel	FLORIDA
941	HOPEDALE	HOPEDALE
638	HOPKINTON	HOPKINTON
240	Horseneck Beach	WESTPORT
	Hortonville	SWANSEA
239		
111	Housatonic	GREAT BARRINGTON
942	HUBBARDSTON	HUBBARDSTON
616	HUDSON	HUDSON
035	HULL	HULL
044	Humarock	SCITUATE
533	HUNTINGTON	HUNTINGTON
135	Hurlburt	LEE

Code	Village or Local	City or Town
No	Designation	Name
021	Hyannis	BARNSTABLE
021	Hyannisport	BARNSTABLE
818	HÝDE PARK	HYDE PARK (Boston)
	ĺ	
100	•	CODDINIONIS
400 403	Indian Orchard Ingleside	SPRINGFIELD HOLYOKE
138	Ingleside	STOCKBRIDGE
315	IPSWICH	IPSWICH
031	Island Creek	DUXBURY
742	Islington	WESTWOOD
	J	•
817	JAMAICA PLAIN	JAMAICA PLAIN (Bos)
940	Jefferson	HOLDEN
0.0	K	
651	Kendall Green	WESTON
036	KINGSTON	KINGSTON
030		KINGSTON
	L	
644	Lake Boon	STOW
411	Lake Pleasant	MONTAGUE
037	LAKEVILLE	LAKEVILLE
943	LANCASTER	LANCASTER
134	LANESBOROUGH	LANESBOROUGH
314 512	Lanesville	GLOUCESTER NORTHAMPTON
303	Laurel Park LAWRENCE	LAWRENCE
135	LEE	LEE
512	Leeds	NORTHAMPTON
944	LEICESTER	LEICESTER
136	LENOX	LENOX
136	Lenoxdale	LENOX
914	LEOMINSTER	LEOMINSTER
477	LEVERETT	LEVERETT
617	LEXINGTON	LEXINGTON
478	LEYDEN	LEYDEN
639	LINCOLN Linden	LINCOLN MALDEN
603 917	Linden	NORTHBRIDGE
573	Lithia	GOSHEN
315	Little Neck	IPSWICH
640	LITTLETON	LITTLETON
484	Locks Village	WENDELL
230	Long Plain	ACUSHNET
442	LONGMEADOW	LONGMEADOW
054	Longview	FALMOUTH
953	Loring	STERLING
601	LOWELL	LOWELL
421 945	LUDLOW LUNENBURG	LUDLOW LUNENBURG
300	LYNN	LYNN
334	LYNNFIELD	LYNNFIELD
431	Lyonsville	COLRAIN
	M	
314	Magnolia	GLOUCESTER
603	MALDEN	MALDEN
955	Manchaug	SUTTON
335	MANCHESTER	MANCHESTER

Code	Village or Local	City or Town
No	Designation	Name
930	Manns Crossing	ASHBURNHAM
014	Manomet	PLYMOUTH
214	MANSFIELD	MANSFIELD
110	Maple Grove	ADAMS
603	Maplewood	MALDEN
316	MARBLEHEAD	MARBLEHEAD
038 618	MARION MARLBOROUGH	MARION MARLBOROUGH
039	MARSHFIELD	MARSHFIELD
021	Marston Mills	BARNSTABLE
085	MASHPEE	MASHPEE
045	Matfield	WEST BRIDGEWATER
819	Mattapan	DORCHESTER (Boston)
040	MATTAPOISETT	MATTAPOISETT
620	MAYNARD	MAYNARD
736	MEDFIELD	MEDFIELD
604	MEDFORD	MEDFORD
737	MEDWAY	MEDWAY
054	Megansett	FALMOUTH
619	MELROSE	MELROSE
946	MENDON	MENDON
081	Menemsha	CHILMARK
425	Merrick	WEST SPRINGFIELD
336	MERRIMAC	MERRIMAC
336	Merrimacport	MERRIMAC
637	Metcalfs	HOLLISTON
317	METHUEN	METHUEN
013 576	MIDDLEBOROUGH MIDDLEFIELD	MIDDLEBOROUGH MIDDLEFIELD
645	Middlesex	SUDBURY
337	MIDDLETON	MIDDLETON
731	Midland	BELLINGHAM
915	MILFORD	MILFORD
178	Mill River	NEW MARLBOROUGH
031	Millbrook	DUXBURY
916	MILLBURY	MILLBURY
411	Millers Falls	MONTAGUE
480	Millington	NEW SALEM
738	MILLIS	MILLIS
947	MILLVILLE	MILLVILLE
714	MILTON	MILTON
044	Minot	SCITUATE
425	Mitteneague	WEST SPRINGFIELD
479	MONROE Manroe Bridge	MONROE
479	Monroe Bridge	MONROE
422	MONSON	MONSON
411 002	MONTAGUE Montello	MONTAGUE BROCKTON
175	MONTEREY	MONTEREY
495	MONTGOMERY	MONTGOMERY
050	Monument Beach	BOURNE
477	Moores Corner	LEVERETT
086	Moorland	TRURO
971	Morningdale	BOYLSTON
434	Mount Hermom	NORTHFIELD
511	Mount Tom	EASTHAMPTON
176	MOUNT WASHINGTON	MOUNT WASHINGTON
231	Myricks	BERKLEY
	N	
		I
650	Nabnasset	WESTFORD

Code	Village or Local	City or Town		
No	Designation	Name		
338	NAHANT	NAHANT		
035	Nantasket Beach	HULL		
056	NANTUCKET	NANTUCKET		
650	Nashoba	WESTFORD		
621	NATICK	NATICK		
715	NEEDHAM	NEEDHAM		
177	NEW ASHFORD	NEW ASHFORD		
200	NEW BEDFORD	NEW BEDFORD		
182 975	New Boston NEW BRAINTREE	SANDISFIELD NEW BRAINTREE		
136	New Lenox	LENOX		
178	NEW MARLBOROUGH	NEW MARLBOROUGH		
480	NEW SALEM	NEW SALEM		
339	NEWBURY	NEWBURY		
318	NEWBURYPORT	NEWBURYPORT		
183	Newstate	SAVOY		
605	NEWTON	NEWTON		
136	Niagara	LENOX		
615	Nobscot	FRAMINGHAM		
605	Nonantum	NEWTON		
211	Nonquitt	DARTMOUTH		
739	NORFOLK	NORFOLK		
703	Norfolk Downs	QUINCY		
055	Norman	HARWICH		
112	NORTH ADAMS	NORTH ADAMS		
319	NORTH ANDOVER	NORTH ANDOVER		
215	NORTH ATTLEBORO	NORTH ATTLEBORO		
948	NORTH BROOKFIELD	NORTH BROOKFIELD		
819 641	North Dorchester NORTH READING	DORCHESTER (Boston) NORTH READING		
039	North River	MARSHFIELD		
512	NORTHAMPTON	NORTHAMPTON		
949	NORTHBOROUGH	NORTHBOROUGH		
917	NORTHBRIDGE	NORTHBRIDGE		
434	NORTHFIELD	NORTHFIELD		
234	NORTON	NORTON		
041	NORWELL	NORWELL		
716	NORWOOD	NORWOOD		
634	Nutting Lake	BILLERICA		
0				
057		L OAK BLUEFO		
057	OAK BLUFFS	OAK BLUFFS		
959 976	Oakdale OAKHAM	WEST BOYLSTON OAKHAM		
039	Ocean Bluff	MARSHFIELD		
239	Ocean Grove	SWANSEA		
939	Old Furnace	HARDWICK		
215	Old Town	NORTH ATTLEBORO		
016	Onset	WAREHAM		
412	ORANGE	ORANGE		
058	ORLEANS	ORLEANS		
021	Osterville	BARNSTABLE		
179	OTIS	OTIS		
956	Otter River	TEMPLETON		
950	OXFORD	OXFORD		
	Р			
423	PALMER	PALMER		
977	PAXTON	PAXTON		
320	PEABODY	PEABODY		
577	PELHAM	PELHAM		

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Code No	Village or Local Designation	City or Town Name	Code No
042	PEMBROKE	PEMBROKE	021
642	PEPPERELL	PEPPERELL	321
033	Perry	HANOVER	913
180	PERU	PERU	183
978	PETERSHAM	PETERSHAM	615
979	PHILLIPSTON	PHILLIPSTON	044
340	Pigeon Cove	ROCKPORT	011
634	Pinehurst	BILLERICA	039
102 578	PITTSFIELD	PITTSFIELD PLAINFIELD	237
740	PLAINFIELD PLAINVILLE	PLAINFIELD	232 741
055	Pleasant Lake	HARWICH	431
102	Plunkett	PITTSFIELD	634
014	PLYMOUTH	PLYMOUTH	311
071	PLYMPTON	PLYMPTON	137
050	Pocasset	BOURNE	435
711	Ponkapog	CANTON	743
238	Pottersville	SOMERSET	674
312	Prides Crossing	BEVERLY	643
980	PRINCETON	PRINCETON	044
059	PROVINCETOWN	PROVINCETOWN	918
	Q		482
			056
940	Quinapoxet	HOLDEN	036
703	QUINCY	QUINCY	403
900	Quinsigamond	WORCESTER	238
054	Quisset	FALMOUTH	606
	R		823
717	RANDOLPH	RANDOLPH	819
235	RAYNHAM	RAYNHAM	513 434
622	READING	READING	580
818	Readville	HYDE PARK (Boston)	952
236	REHOBOTH	REHOBOTH	919
110	Renfrew	ADAMS	178
803	REVERE	REVERE	952
181	RICHMOND	RICHMOND	444
181	Richmond Furnace	RICHMOND	920
582	Ringville	WORTHINGTON	400
044	Rivermoor	SCITUATE	703
944	Rochdale	LEICESTER	011
043	ROCHESTER	ROCHESTER	139
013	Rock ROCKLAND	MIDDLEBOROUGH ROCKLAND	953
015 340	ROCKPORT	ROCKPORT	974
816	ROSLINDALE	ROSLINDALE (Boston)	138
481	ROWE	ROWE (BUSION)	623
341	ROWLEY	ROWLEY	651 718
820	ROXBURY	ROXBURY (Boston)	644
981	ROYALSTON	ROYALSTON	954
443	RUSSELL	RUSSELL	645
951	RUTLAND	RUTLAND	436
	S		955
	1		322
050	Sagamore	BOURNE	239
304	SALEM	SALEM	571
342	SALISBURY	SALISBURY	016
310	Salisbury Point	AMESBURY	
044	Sandhills	SCITUATE	.
182 060	SANDISFIELD SANDWICH	SANDISFIELD	313
	- SANDAWI H	SANDWICH	202

Code	Village or Local	City or Town	
No	Designation	Name	
021	Santuit	BARNSTABLE	
321	SAUGUS	SAUGUS	
913	Saundersville	GRAFTON	
183	SAVOY	SAVOY	
615	Saxonville	FRAMINGHAM	
044	SCITUATE	SCITUATE	
011	Scotland	BRIDGEWATER	
039	Sea View	MARSHFIELD	
237 232	SEEKONK	SEEKONK DIGHTON	
741	Segreganset SHARON	SHARON	
431	Shattuckville	COLRAIN	
634	Shawsheen	BILLERICA	
311	Shawsheen Village	ANDOVER	
137	SHEFFIELD	SHEFFIELD	
435	SHELBURNE	SHELBURNE	
743	Sheldonville	WRENTHAM	
674	SHERBORN	SHERBORN	
643	SHIRLEY	SHIRLEY	
044	Shore Acres	SCITUATE	
918	SHREWSBURY	SHREWSBURY	
482	SHUTESBURY	SHUTESBURY	
056	Siasconset	NANTUCKET	
036	Silver Lake	KINGSTON	
403	Smiths Ferry	HOLYOKE	
238	SOMERSET	SOMERSET	
606	SOMERVILLE	SOMERVILLE	
823	SOUTH BOSTON	SOUTH BOSTON (Bos)	
819	South Dorchester	DORCHESTER (Boston)	
513 434	SOUTH HADLEY South Vernon	SOUTH HADLEY NORTHFIELD	
580	SOUTHAMPTON	SOUTHAMPTON	
952	SOUTHBOROUGH	SOUTHBOROUGH	
919	SOUTHBRIDGE	SOUTHBRIDGE	
178	Southfield	NEW MARLBOROUGH	
952	Southville	SOUTHBOROUGH	
444	SOUTHWICK	SOUTHWICK	
920	SPENCER	SPENCER	
400	SPRINGFIELD	SPRINGFIELD	
703	Squantum	QUINCY	
011	State Farm	BRIDGEWATER	
139	State Line	WEST STOCKBRIDGE	
953	STERLING	STERLING	
974	Still River	HARVARD	
138	STOCKBRIDGE	STOCKBRIDGE	
623	STONEHAM	STONEHAM	
651	Stonybrook	WESTON	
718	STOUGHTON	STOUGHTON	
644	STOW	STOW	
954	STURBRIDGE	STURBRIDGE	
645 436	SUDBURY SUNDERLAND	SUDBURY SUNDERLAND	
955	SUTTON	SUTTON	
322	SWAMPSCOTT	SWAMPSCOTT	
239	SWANSEA	SWANSEA	
571	Swift River	CUMMINGTON	
016	Swifts Beach	WAREHAM	
	T	1	
242	-	DANIVEDS	
313 202	Tapleyville TAUNTON	DANVERS TAUNTON	
202	I TAUNTUN	I TAUNTON	

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Code	Village or Local	City or Town	
No	Designation	Name	
054	Teaticket	FALMOUTH	
956	TEMPLETON	TEMPLETON	
646	TEWKSBURY	TEWKSBURY	
943	Thayer	LANCASTER	
423	Thorndike	PALMER	
423	Three Rivers	PALMER	
233	Thwaites	FREETOWN	
061	TISBURY	TISBURY	
011	Titicut	BRIDGEWATER	
496	TOLLAND	TOLLAND	
371	TOPSFIELD	TOPSFIELD	
239	Touisset	SWANSEA	
647	TOWNSEND	TOWNSEND	
016	Tremont	WAREHAM	
086	TRURO	TRURO	
412	Tully	ORANGE	
411	Turners Falls	MONTAGUE	
648	TYNGSBOROUGH	TYNGSBOROUGH	
184	TYRINGHAM	TYRINGHAM	
	U		
740		L EDANIZI INI	
713	Unionville	FRANKLIN	
957	UPTON	UPTON	
921	UXBRIDGE	UXBRIDGE	
	V		
061	Vineyard Haven	TISBURY	
	W	1	
005		LNEWTON	
605	Waban	NEWTON	
624	WAKEFIELD	WAKEFIELD	
497	WALES	WALES	
719	WALPOLE	WALPOLE	
607	WALTHAM	WALTHAM	
646	Warnesit	TEWKSBURY	
054	Waquoit	FALMOUTH	
302	Ward Hill	HAVERHILL	
514	WARE	WARE	
016	WAREHAM	WAREHAM	
958	WARREN	WARREN	
483	WARWICK	WARWICK	
185 934	WASHINGTON Waterford	WASHINGTON	
934 608	WATERTOWN	BLACKSTONE WATERTOWN	
924	Waterville	WINCHENDON	
611	Waverley	BELMONT	
649	WAYLAND	WAYLAND	
922	WEBSTER	WEBSTER	
625	Wedgemere	WINCHESTER	
202	Weir	TAUNTON	
720	WELLESLEY	WELLESLEY	
087	WELLFLEET	WELLFLEET	
604	Wellington	MEDFORD	
484	WENDELL	WENDELL	
343	WENHAM	WENHAM	
959	WEST BOYLSTON	WEST BOYLSTON	
045	WEST BRIDGEWATER	WEST BRIDGEWATER	
960	WEST BROOKFIELD	WEST BROOKFIELD	
960 061	West Chop	TISBURY	
344	WEST NEWBURY	WEST NEWBURY	
815	WEST ROXBURY	WEST ROXBURY (Bos)	
010	AAFOL MOVDOM I	I MEST KOMBOKT (D08)	

Code	Village or Local	City or Town		
No	Designation	Name		
425	WEST SPRINGFIELD	WEST SPRINGFIELD		
139	WEST STOCKBRIDGE	WEST STOCKBRIDGE		
088	WEST TISBURY	WEST TISBURY		
923	WESTBOROUGH	WESTBOROUGH		
045	Westdale	WEST BRIDGEWATER		
424	WESTFIELD	WESTFIELD		
650	WESTFORD	WESTFORD		
581	WESTHAMPTON	WESTHAMPTON		
961	WESTMINSTER	WESTMINSTER		
651	WESTON	WESTON		
240	WESTPORT	WESTPORT		
613	Westvale	CONCORD		
742	WESTWOOD	WESTWOOD		
721	WEYMOUTH	WEYMOUTH		
437	WHATELY	WHATELY		
939	Wheelwright	HARDWICK		
014	White Horse Beach	PLYMOUTH		
932	White Valley	BARRE		
921	Whitins	UXBRIDGE		
917	Whitinsville	NORTHBRIDGE		
017	WHITMAN	WHITMAN		
202	Whittenton	TAUNTON		
021	Wianno	BARNSTABLE		
445	WILBRAHAM	WILBRAHAM		
955	Wilkonsville	SUTTON		
054	Williams	FALMOUTH		
534	WILLIAMSBURG	WILLIAMSBURG		
140	WILLIAMSTOWN	WILLIAMSTOWN		
942	Williamsville	HUBBARDSTON		
402	Willimansett	CHICOPEE		
511	Williston Mills	EASTHAMPTON		
652	WILMINGTON	WILMINGTON		
924	WINCHENDON	WINCHENDON		
625	WINCHESTER	WINCHESTER		
186	WINDSOR	WINDSOR		
716	Winslow	NORWOOD		
606	Winter Hill	SOMERVILLE		
810	WINTHROP	WINTHROP		
626	WOBURN	WOBURN		
703	Wollaston	QUINCY		
054	Woods Hole	FALMOUTH		
737	Woodside	MEDWAY		
638	Woodville	HOPKINTON		
900	WORCESTER	WORCESTER		
443	Woronoco	RUSSELL		
582	WORTHINGTON	WORTHINGTON		
743	WRENTHAM	WRENTHAM		
619	Wyoming	MELROSE		
	Υ			
062	YARMOUTH	YARMOUTH		
062	Yarmouthport	YARMOUTH		
	Z			
472	Zoar	CHARLEMONT		
110	Zylonite	ADAMS		
	,			

PREMIUM TOWN CODE - ACCIDENT TOWN CODE

NUMERICAL LISTING

- 1. Cities and Towns are printed in Capital Letters.
- 2. Villages, Sections of Cities and Towns, and Local Designations are printed in Small Type with the name of the corresponding City or Town in the adjacent column.
- 3. Sections of Cities and Towns designated "North", "East", "South" and "West" or with a prefix or suffix that is merely supplemental to the principal name (such as West Newton or Arlington Heights) are not separately listed (see principal designation). In some instances there are two distinct townships, such as Reading and North Reading, in which case both towns are listed.
- 4. Counties are indicated by code, using the first position of the Town Code as follows:

First Position	County	First Position	County
0	Barnstable Dukes	4	Franklin Hampden
	Nantucket	5	Hampshire
	Plymouth	6	Middlesex
1	Berkshire	7	Norfolk
2	Bristol	8	Suffolk
3	Essex	9	Worcester

5. The City of Boston is divided into sections as follows:

City of Boston			
Definition	ZIP Code	Statistical Code	
BOSTON CENTRAL	02101-02118, 02123, 02133, 02199, 02201, 02202, 02203, 02210, 02215, 02241	821	
BRIGHTON	02134, 02135, 02163	822	
CHARLESTOWN-EAST BOSTON	02128, 02129	824	
DORCHESTER	02122, 02124, 02125, 02126	819	
HYDE PARK	02136, 02137	818	
JAMAICA PLAIN	02130	817	
ROSLINDALE	02131	816	
ROXBURY	02119, 02120, 02121	820	
SOUTH BOSTON	02127	823	
WEST ROXBURY	02132	815	

6. The appropriate Out of State Town Codes are as follows:

Location	Code
Connecticut	991
Maine	992
New Hampshire	993
New York	994
Rhode Island	995
Vermont	996
Other	999

Code No	City or Town Name	Village or Local Designation	Code No	City or Town Name	Village or Local Designation
002	BROCKTON	BROCKTON	041	NORWELL	Accord
		Campello	042	PEMBROKE	PEMBROKE
		Montello			Bryantville
010	ABINGTON	ABINGTON	043	ROCHESTER	ROCHESTER
011	BRIDGEWATER	BRIDGEWATER	044	SCITUATE	SCITUATE
• • • •		Scotland			Egypt
		State Farm			Greenbush
		Titicut			Humarock
012	HINGHAM	HINGHAM			Minot
013	MIDDLEBOROUGH	MIDDLEBOROUGH			Rivermoor
013	MIDDLEBOROGOTI	Rock			Sandhills
014	PLYMOUTH	PLYMOUTH			Shore Acres
014	PLTWOOTH	Chiltonville	045	WEST BRIDGEWATER	
			045	WEST BRIDGEWATER	WEST BRIDGEWATER
		Manomet			Cochessett
		White Horse Beach			Matfield
015	ROCKLAND	ROCKLAND		BOUBLE	Westdale
016	WAREHAM	WAREHAM	050	BOURNE	BOURNE
		Onset			Bournedale
		Swifts Beach			Buzzards Bay
		Tremont			Cataumet
017	WHITMAN	WHITMAN			Monument Beach
021	BARNSTABLE	BARNSTABLE			Pocasset
		Centerville			Sagamore
		Clement	051	CHATHAM	CHATHAM
		Cotuit			Chathamport
		Craigville	052	DENNIS	DENNIS
021	BARNSTABLE	Cummaquid			Dennisport
021	<i>B,</i> ((1017), (322)	Hyannis	053	EDGARTOWN	EDGARTOWN
		Hyannisport	054	FALMOUTH	FALMOUTH
		Marston Mills	054	1 ALWOOTT	Hatchville
		Osterville			Longview
		Santuit			Megansett
		Wianno			Quisset
030	CARVER	CARVER			Teaticket
		DUXBURY			
031	DUXBURY				Waquoit
		Island Creek			Williams
		Millbrook			Woods Hole
032	EAST BRIDGEWATER	EAST BRIDGEWATER	055	HARWICH	HARWICH
		Elmwood			Harwichport
033	HANOVER	HANOVER			Norman
		Assinippi			Pleasant Lake
		Perry	056	NANTUCKET	NANTUCKET
034	HANSON	HANSON			Siasconset
		Burrage	057	OAK BLUFFS	OAK BLUFFS
035	HULL	HULL	058	ORLEANS	ORLEANS
		Allerton	059	PROVINCETOWN	PROVINCETOWN
		Nantasket Beach	060	SANDWICH	SANDWICH
036	KINGSTON	KINGSTON			Forestdale
		Silver Lake	061	TISBURY	TISBURY
037	LAKEVILLE	LAKEVILLE			Vineyard Haven
038	MARION	MARION			West Chop
039	MARSHFIELD	MARSHFIELD	062	YARMOUTH	YARMOUTH
038	WANGI II ILLD	Brant Rock	1 002	TANWOOTIS	Bass River
		Green Harbor	070	LIALIEAV	Yarmouthport
		North River	070	HALIFAX	HALIFAX
		Ocean Bluff	071	PLYMPTON	PLYMPTON
		Sea View	080	BREWSTER	BREWSTER
040	MATTAPOISETT	MATTAPOISETT	081	CHILMARK	CHILMARK
		Antassawamock Neck			Menemsha
041	NORWELL	NORWELL	082	EASTHAM	EASTHAM

Code	City or Town	Village or Local	Code	City or Town	Village or Local
No	Name	Designation	No	Name	Designation
083	GAY HEAD	GAY HEAD	182	SANDISFIELD	SANDISFIELD
084	GOSNOLD	GOSNOLD	102	SANDISI ILLD	New Boston
001	330.1325	Cuttyhunk	183	SAVOY	SAVOY
085	MASHPEE	MASHPEE			Brier
086	TRURO	TRURO			Newstate
		Moorland	184	TYRINGHAM	TYRINGHAM
087	WELLFLEET	WELLFLEET	185	WASHINGTON	WASHINGTON
088	WEST TISBURY	WEST TISBURY	186	WINDSOR	WINDSOR
102	PITTSFIELD	PITTSFIELD	200	NEW BEDFORD	NEW BEDFORD
		Camp Merrill			Clifford
		Plunkett	201	FALL RIVER	FALL RIVER
110	ADAMS	ADAMS			Bowenville
		Maple Grove			Flint
		Renfrew	202	TAUNTON	TAUNTON
		Zylonite			Weir
111	GREAT BARRINGTON	GREAT BARRINGTON	242	ATT 50000	Whittenton
110	NODTHADAMO	Housatonic	210	ATTLEBORO	ATTLEBORO
112	NORTH ADAMS	NORTH ADAMS			Dodgeville
		Blackington	211	DARTMOUTH	Hebronville
130	CHESHIRE	Greylock CHESHIRE	211	DARTMOUTH	DARTMOUTH
130	CHESHIKE	Farnhams	212	EASTON	Nonquitt EASTON
131	CLARKSBURG	CLARKSBURG	212	EASTON	Eastondale
131	CLARROBORG	Briggsville	213	FAIRHAVEN	FAIRHAVEN
132	DALTON	DALTON	214	MANSFIELD	MANSFIELD
133	HINSDALE	HINSDALE	215	NORTH ATTLEBORO	NORTH ATTLEBORO
134	LANESBOROUGH	LANESBOROUGH	2.0	North File Borto	Adamsdale
		Berkshire			Attleboro Falls
135	LEE	LEE			Old Town
		Hurlburt	230	ACUSHNET	ACUSHNET
136	LENOX	LENOX			Long Plain
		Lenoxdale	231	BERKLEY	BERKLEY
		New Lenox			Myricks
		Niagara	232	DIGHTON	DIGHTON
137	SHEFFIELD	SHEFFIELD			Segreganset
		Ashley Falls	233	FREETOWN	FREETOWN
138	STOCKBRIDGE	STOCKBRIDGE			Assonet
		Glendale			Thwaites
		Interlaken	234	NORTON	NORTON
139	WEST STOCKBRIDGE	WEST STOCKBRIDGE			Barrowsville
140	WILLIAMSTOWN	State Line WILLIAMSTOWN	225	RAYNHAM	Chartley RAYNHAM
140 170	ALFORD		235 236	REHOBOTH	REHOBOTH
170	BECKET	ALFORD BECKET	237	SEEKONK	SEEKONK
172	EGREMONT	EGREMONT	238	SOMERSET	SOMERSET
173	FLORIDA	FLORIDA	230	CONIENCE	Pottersville
'''	LONDA	Drury	239	SWANSEA	SWANSEA
		Hoosac Tunnel	200	J. V/ 11 VOL/ 1	Hortonville
174	HANCOCK	HANCOCK			Ocean Grove
175	MONTEREY	MONTEREY			Touisset
176	MOUNT WASHINGTON	MOUNT WASHINGTON	240	WESTPORT	WESTPORT
177	NEW ASHFORD	NEW ASHFORD			Acoaxet
178	NEW MARLBOROUGH	NEW MARLBOROUGH			Central Village
		Clayton			Horseneck Beach
		Hartsville	300	LYNN	LYNN
		Mill River	302	HAVERHILL	HAVERHILL
		Southfield			Ayers Village
179	OTIS	OTIS			Bradford
180	PERU	PERU			Ward Hill
	DICLIMOND	RICHMOND	303	LAWRENCE	LAWRENCE
181	RICHMOND	Richmond Furnace	304	SALEM	SALEM

Code	City or Town	Village or Local	Code	City or Town	Village or Local
No	Name	Designation	No	Name	Designation
310	AMESBURY	AMESBURY	411	MONTAGUE	Lake Pleasant
0.0	71112020111	Salisbury Point		Morringo	Millers Falls
311	ANDOVER	ANDOVER			Turners Falls
		Ballard Vale	412	ORANGE	ORANGE
		Frye Village			Tully
		Shawsheen Village	420	AGAWAM	AGAWAM
312	BEVERLY	BEVERLY			Feeding Hills
		Prides Crossing	421	LUDLOW	LUDLOW
313	DANVERS	DANVERS	422	MONSON	MONSON
		Danversport	423	PALMER	PALMER
		Hathorne			Bondsville
		Tapleyville			Thorndike
314	GLOUCESTER	GLOUCESTER			Three Rivers
		Annisquam	424	WESTFIELD	WESTFIELD
		Lanesville	425	WEST SPRINGFIELD	WEST SPRINGFIELD
	IDOM/IOLI	Magnolia			Merrick
315	IPSWICH	IPSWICH	400	DUOL(LAND	Mitteneague
040	MADDIEUEAD	Little Neck	430	BUCKLAND	BUCKLAND
316	MARBLEHEAD	MARBLEHEAD	431	COLRAIN	COLRAIN
047	METHIEN	Clifton METHUEN			Adamsville
317	METHUEN				Elmgrove
318	NEWBURYPORT	NEWBURYPORT			Griswoldville
319	NORTH ANDOVER	NORTH ANDOVER			Lyonsville
320	PEABODY SAUGUS	PEABODY	400	DEERFIELD	Shattuckville DEERFIELD
321	SAUGUS	SAUGUS Cliftondale	432 433	ERVING	ERVING
322	SWAMPSCOTT	SWAMPSCOTT	433	LIVING	Farley
322	SWAWF3COTT	Beach Bluff	434	NORTHFIELD	NORTHFIELD
330	ESSEX	ESSEX	404	NORTHILLE	Mount Hermom
331	GEORGETOWN	GEORGETOWN			South Vernon
332	GROVELAND	GROVELAND	435	SHELBURNE	SHELBURNE
333	HAMILTON	HAMILTON	436	SUNDERLAND	SUNDERLAND
000	15.00.21.014	Asbury Grove	437	WHATELY	WHATELY
334	LYNNFIELD	LYNNFIELD	440	CHESTER	CHESTER
335	MANCHESTER	MANCHESTER	441	EAST LONGMEADOW	EAST LONGMEADOW
336	MERRIMAC	MERRIMAC	442	LONGMEADOW	LONGMEADOW
		Merrimacport	443	RUSSELL	RUSSELL
337	MIDDLETON	MIDDLETON			Woronoco
338	NAHANT	NAHANT	444	SOUTHWICK	SOUTHWICK
339	NEWBURY	NEWBURY			Congamond
		Byfield	445	WILBRAHAM	WILBRAHAM
340	ROCKPORT	ROCKPORT	470	ASHFIELD	ASHFIELD
		Pigeon Cove	471	BERNARDSTON	BERNARDSTON
341	ROWLEY	ROWLEY	472	CHARLEMONT	CHARLEMONT
342	SALISBURY	SALISBURY			Zoar
		Cushing	473	CONWAY	CONWAY
343	WENHAM	WENHAM	474	GILL	GILL
344	WEST NEWBURY	WEST NEWBURY	475	HAWLEY	HAWLEY
370	BOXFORD	BOXFORD	476	HEATH	HEATH
371	TOPSFIELD	TOPSFIELD			Dell
400	SPRINGFIELD	SPRINGFIELD	477	LEVERETT	LEVERETT
		Brightwood			Hillsboro
	0.0005==	Indian Orchard			Moores Corner
402	CHICOPEE	CHICOPEE	478	LEYDEN	LEYDEN
		Fairview	479	MONROE	MONROE
46.5	11017/01/2	Willimansett	(5.5	NEW ON ES	Monroe Bridge
403	HOLYOKE	HOLYOKE	480	NEW SALEM	NEW SALEM
		Ingleside			Cooleyville
446	ODEENE'S D	Smiths Ferry	101	DOME	Millington
410	GREENFIELD	GREENFIELD	481	ROWE	ROWE
411	MONTAGUE	MONTAGUE		l	Davis

Code No	City or Town Name	Village or Local Designation	Code No	City or Town Name	Village or Local Designation
482	SHUTESBURY	SHUTESBURY	606	SOMERVILLE	SOMERVILLE
483	WARWICK	WARWICK		SOWERVILLE	Winter Hill
484	WENDELL	WENDELL	607	WALTHAM	WALTHAM
404	WEINDELL	Locks Village	608	WATERTOWN	WATERTOWN
490	BLANDFORD	BLANDFORD	610	ARLINGTON	ARLINGTON
491	BRIMFIELD	BRIMFIELD	611	BELMONT	BELMONT
492	GRANVILLE	GRANVILLE	011	BELWONT	Waverley
493	HAMPDEN	HAMPDEN	612	CHELMSFORD	CHELMSFORD
494	HOLLAND	HOLLAND	613	CONCORD	CONCORD
495	MONTGOMERY	MONTGOMERY		CONCORD	Westvale
496	TOLLAND	TOLLAND	614	DRACUT	DRACUT
497	WALES	WALES	014	DIVACOT	Collinsville
510	AMHERST	AMHERST	615	FRAMINGHAM	FRAMINGHAM
010	7 UVII IEROT	Cushman			Nobscot
511	EASTHAMPTON	EASTHAMPTON			Saxonville
311	LASTITATION	Mount Tom	616	HUDSON	HUDSON
		Williston Mills		TIODSON	Cove Landing
512	NORTHAMPTON	NORTHAMPTON	617	LEXINGTON	LEXINGTON
312	NORTHAMFTON	Bay State Village	618	MARLBOROUGH	MARLBOROUGH
		Florence	619	MELROSE	MELROSE
		Laurel Park	019	WELKOSE	
			620	MAYNADD	Wyoming
F40	SOUTH HADLEY	Leeds	620 621	MAYNARD	MAYNARD
513		SOUTH HADLEY	621	NATICK	NATICK
514	WARE BELCHERTOWN	WARE BELCHERTOWN		DEADING	Felchville
530	BELCHERTOWN		622 623	READING STONEHAM	READING
F04	LIADIEV	Dwight HADLEY			STONEHAM
531	HADLEY HATFIELD	HATFIELD	624	WAKEFIELD	WAKEFIELD
532	HATFIELD		005	WINGLEGTED	Greenwood
F00	LUINTINGTON	Bradstreet	625	WINCHESTER	WINCHESTER
533	HUNTINGTON	HUNTINGTON	606	WORLIDA	Wedgemere
534	WILLIAMSBURG	WILLIAMSBURG	626	WOBURN	WOBURN
F70	CHECTERFIELD	Haydenville	630	ACTON	ACTON
570	CHESTERFIELD	CHESTERFIELD	631	ASHLAND	ASHLAND
571	CUMMINGTON	CUMMINGTON	632	AYER	AYER
F70	COCUEN	Swift River	633	BEDFORD	BEDFORD
573	GOSHEN	GOSHEN	634	BILLERICA	BILLERICA Notice at a local
F7.4	OD ANDV	Lithia			Nutting Lake
574	GRANBY	GRANBY			Pinehurst
576	MIDDLEFIELD	MIDDLEFIELD		DUDU NOTON	Shawsheen
F77	DELLIAM	Bancroft	635	BURLINGTON	BURLINGTON
577	PELHAM	PELHAM	636	GROTON	GROTON
578	PLAINFIELD	PLAINFIELD	637	HOLLISTON	HOLLISTON
580	SOUTHAMPTON	SOUTHAMPTON WESTHAMPTON			Braggville
581	WESTHAMPTON			LIODIZINITONI	Metcalfs
582	WORTHINGTON	WORTHINGTON	638	HOPKINTON	HOPKINTON
	0414001005	Ringville			Hayden Row
600	CAMBRIDGE	CAMBRIDGE		LINGOLN	Woodville
601	LOWELL	LOWELL	639	LINCOLN	LINCOLN
602	EVERETT	EVERETT	640	LITTLETON	LITTLETON
603	MALDEN	MALDEN	641	NORTH READING	NORTH READING
		Edgeworth	642	PEPPERELL	PEPPERELL
		Faulkner	643	SHIRLEY	SHIRLEY
		Linden	644	STOW	STOW
		Maplewood			Gleasondale
604	MEDFORD	MEDFORD			Lake Boon
		Glenwood	645	SUDBURY	SUDBURY
		Wellington			Middlesex
605	NEWTON	NEWTON	646	TEWKSBURY	TEWKSBURY
		Auburndale			Wamesit
		Nonantum	647	TOWNSEND	TOWNSEND
		Waban	648	TYNGSBOROUGH	TYNGSBOROUGH

Code	City or Town	Village or Local	Code	City or Town	Village or Local
No	Name	Designation	No	Name	Designation
649	WAYLAND	WAYLAND	739	NORFOLK	NORFOLK
043	WATEAND	Cochituate	755	NORT OLK	City Mills
650	WESTFORD	WESTFORD	740	PLAINVILLE	PLAINVILLE
		Coldspring	741	SHARON	SHARON
		Forge Village	742	WESTWOOD	WESTWOOD
		Graniteville			Islington
		Nabnasset	743	WRENTHAM	WRENTHAM
		Nashoba			Sheldonville
651	WESTON	WESTON	802	CHELSEA	CHELSEA
		Kendall Green	803	REVERE	REVERE
652	WILMINGTON	Stonybrook WILMINGTON	810	WINTHROP	Beachmont WINTHROP
670	ASHBY	ASHBY	815	WEST ROXBURY (Bos)	WEST ROXBURY
671	BOXBOROUGH	BOXBOROUGH	816	ROSLINDALE (Boston)	ROSLINDALE
672	CARLISLE	CARLISLE	817	JAMAICA PLAIN (Bos)	JAMAICA PLAIN
673	DUNSTABLE	DUNSTABLE	818	HYDE PARK (Boston)	HYDE PARK
674	SHERBORN	SHERBORN		,	Readville
702	BROOKLINE	BROOKLINE	819	DORCHESTER	DORCHESTER
703	QUINCY	QUINCY		(Boston)	Mattapan
		Atlantic			North Dorchester
		Norfolk Downs			South Dorchester
		Squantum	820	ROXBURY (Boston)	ROXBURY
703	QUINCY	Wollaston	821	BOSTON (Central)	BOSTON (Central)
710	BRAINTREE	BRAINTREE	822	BRIGHTON (Boston)	BRIGHTON
711	CANTON	CANTON	000	COLITIL BOOTON (B)	Allston
712	DEDHAM	Ponkapog DEDHAM	823 824	SOUTH BOSTON (Bos) CHARLESTOWN	SOUTH BOSTON CHARLESTOWN
/12	DEDHAM	Ashcroft	024	(Boston)	East Boston
		Ellis	900	WORCESTER	WORCESTER
		Endicott		WOROZOTZIK	Barbers
		Findlen			Greendale
713	FRANKLIN	FRANKLIN			Quinsigamond
		Unionville	902	FITCHBURG	FITCHBURG
714	MILTON	MILTON	910	ATHOL	ATHOL
715	NEEDHAM	NEEDHAM	911	CLINTON	CLINTON
		Avery	912	GARDNER	GARDNER
		Charles River Village	913	GRAFTON	GRAFTON
		Highlandville			Farnumsville
716	NORWOOD	NORWOOD			Fisherville
717	RANDOLPH	Winslow RANDOLPH	914	LEOMINSTER	Saundersville LEOMINSTER
717	STOUGHTON	STOUGHTON	915	MILFORD	MILFORD
719	WALPOLE	WALPOLE	916	MILLBURY	MILLBURY
		Bird Mills	917	NORTHBRIDGE	NORTHBRIDGE
720	WELLESLEY	WELLESLEY			Linwood
721	WEYMOUTH	WEYMOUTH			Whitinsville
730	AVON	AVON	918	SHREWSBURY	SHREWSBURY
731	BELLINGHAM	BELLINGHAM	919	SOUTHBRIDGE	SOUTHBRIDGE
		Caryville			Globe Village
		Midland	920	SPENCER	SPENCER
732	COHASSET	COHASSET	921	UXBRIDGE	UXBRIDGE
700	DOVED.	Beechwood		WEDOTED	Whitins
733	DOVER	DOVER	922	WEBSTER	WEBSTER
734	FOXBOROUGH	FOXBOROUGH	923	WESTBOROUGH WINCHENDON	WESTBOROUGH
735	HOLBROOK	HOLBROOK Brookville	924	WINCHENDON	WINCHENDON Waterville
736	MEDFIELD	MEDFIELD	930	ASHBURNHAM	ASHBURNHAM
7.50		Harding		, to i Dorti vi i/tivi	Manns Crossing
737	MEDWAY	MEDWAY	931	AUBURN	AUBURN
		Woodside	932	BARRE	BARRE
738	MILLIS	MILLIS			White Valley
1					

Cada	City or Town	Villaga ay Lagal
Code	City or Town	Village or Local
No	Name	Designation
933	BERLIN	BERLIN
		Carters
934	BLACKSTONE	BLACKSTONE
		Waterford
935	BROOKFIELD	BROOKFIELD
936	CHARLTON	CHARLTON
		Dodge
937	DOUGLAS	DOUGLAS
938	DUDLEY	DUDLEY
939	HARDWICK	HARDWICK
		Furnace
		Gilbertville
		Old Furnace
		Wheelwright
940	HOLDEN	HOLDEN
		Jefferson
		Quinapoxet
941	HOPEDALE	HOPEDALE
942	HUBBARDSTON	HUBBARDSTON
		Williamsville
943	LANCASTER	LANCASTER
		Thayer
944	LEICESTER	LEICESTER
		Cherry Valley
		Rochdale
945	LUNENBURG	LUNENBURG
946	MENDON	MENDON
947	MILLVILLE	MILLVILLE
948	NORTH BROOKFIELD	NORTH BROOKFIELD
949	NORTHBOROUGH	NORTHBOROUGH
950	OXFORD	OXFORD
951	RUTLAND	RUTLAND
952	SOUTHBOROUGH	SOUTHBOROUGH
		Cordaville
		Fayville
		Southville
953	STERLING	STERLING
		Loring
954	STURBRIDGE	STURBRIDGE
		Fiskdale
955	SUTTON	SUTTON
		Manchaug
		Wilkonsville

Code	City or Town	Village or Local
No	Name	Designation
956	TEMPLETON	TEMPLETON
		Baldwinville
		Otter River
957	UPTON	UPTON
958	WARREN	WARREN
959	WEST BOYLSTON	WEST BOYLSTON
		Oakdale
960	WEST BROOKFIELD	WEST BROOKFIELD
961	WESTMINSTER	WESTMINSTER
970	BOLTON	BOLTON
971	BOYLSTON	BOYLSTON
		Morningdale
973	EAST BROOKFIELD	EAST BROOKFIELD
974	HARVARD	HARVARD
		Still River
975	NEW BRAINTREE	NEW BRAINTREE
976	OAKHAM	OAKHAM
		Coldbrook Spring
977	PAXTON	PAXTON
978	PETERSHAM	PETERSHAM
979	PHILLIPSTON	PHILLIPSTON
980	PRINCETON	PRINCETON
981	ROYALSTON	ROYALSTON
	OUT OF STATE TO	OWN CODES
991	CONNECTICUT	
992	MAINE	
993	NEW HAMPSHIRE	
994	NEW YORK	
995	RHODE ISLAND	
996	VERMONT	
999	OTHER	

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