

# Massachusetts Commercial Automobile Statistical Plan Part II - General Rules

## 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.



Although the determination of whether a company exceeds the established thresholds is based upon the writings of an affiliated company group, statistical data must be reported to CAR on an individual company basis. Refer to item B. of this section. 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 Part VII – 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 Part VII – 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 or company groups 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 Part VII - Statistical Data Quality Program for additional information and potential reporting penalties applicable to low volume companies.

# Massachusetts Commercial Automobile Statistical Plan Part II - General Rules

## **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, tape cartridge, or File Transfer Protocol (FTP) transmission. To obtain complete and detailed reporting instructions, refer to the CAR Statistical Edit Package that contains Accounting/Statistical Submission Reporting Instructions.

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**Section A – Premiums**

**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.

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**Section A – Premiums**

★ **10. REPORTING TERRORISM COVERAGE**

For all premium records, terrorism coverage information is identified in the Terrorism Coverage Code field. In situations where terrorism coverage is purchased in accordance with the Terrorism Risk Insurance Act of 2002 or if coverage for all other acts of terrorism not covered under the Act is purchased separately, a separate premium record is required to be reported to identify the premium associated with the terrorism coverage.

The terrorism coverage premium record must be coded using the statistical codes required for the Classification Code reported on the record, as indicated in Appendix A – Classification Decision Table. If the terrorism coverage premium has been determined on a policy level basis (i.e. one indivisible premium for terrorism coverage), for reporting purposes, the premium may be split in proportion to the underlying coverage on the policy.

Refer to Part VI – Coding Section for further information and examples for reporting terrorism coverage.

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**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**

**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.

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**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.

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

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**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

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**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 not 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. INTERCOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)  
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 at-fault 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.



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**Section B – Losses**

**5. INTERCOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)  
CLAIMS (Continued)**

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. 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. INTRACOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)  
CLAIMS**

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. 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

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**Section B – Losses**

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

**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:

- 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.

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**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.



**Massachusetts Commercial Automobile  
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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. UNDERINSURED MOTORIST LIMITS CODE (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.

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**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. Reserved for Future Use (Positions 54-55)**

Report spaces or zeros.

**26. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)**

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

**27. Reserved for Future Use (Positions 57-58)**

Report spaces or zeros.

**28. RATING IDENTIFICATION CODE (Position 59)**

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

**★ 29. TERRORISM COVERAGE CODE (Position 60)**

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

**30. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. 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.

**31. Reserved for Future Use (Positions 67-71)**

Report spaces or zeros.

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**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 (Positions 53-55)**

Report spaces or zeros.

**20. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)**

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

**21. Reserved for Future Use (Positions 57-58)**

Report spaces or zeros.

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**Section B – No-Fault**

**22. RATING IDENTIFICATION CODE (Position 59)**

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

★ **23. TERRORISM COVERAGE CODE (Position 60)**

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

**24. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. 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.

**25. Reserved for Future Use (Positions 67-71)**

Report spaces or zeros.

**26. 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.

**27. 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.

**28. 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.



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**Section C – Physical Damage**

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

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

**24. Reserved for Future Use (Positions 54-58)**

Report spaces or zeros.

**25. RATING IDENTIFICATION CODE (Position 59)**

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

★ **26. TERRORISM COVERAGE CODE (Position 60)**

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

**27. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. 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.

**28. Reserved for Future Use (Positions 67-71)**

Report spaces or zeros.

**29. 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.

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**Section C – Physical Damage**

**30. 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.

**31. 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.

**32. 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.

**33. Reserved for Future Use (Positions 94-95)**

Report spaces or zeros.

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

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

The Other Than 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.

**35. 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.

**36. Reserved for Future Use (Positions 112-114)**

Report spaces or zeros.

**Massachusetts Commercial Automobile  
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**PASSIVE RESTRAINT DEVICE DISCOUNT CODE**

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

<b>Description</b>	<b>Code</b>
No Discount	0
Category I Applies <ul style="list-style-type: none"><li>• Vehicle contains occupant safety features approved by the Massachusetts Division of Insurance</li></ul>	1

**Massachusetts Commercial Automobile  
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**RATING IDENTIFICATION CODE**

<b>Description</b>	<b>Code</b>
Experience Rated Basis	1
Both Experience Rated and All Other Rated Basis	7
All Other Rated Basis	9
★ Not Experience Rated, Not All Other Rated Basis <ul style="list-style-type: none"><li>• Optional for policies effective 1/1/2003 – 12/31/2003. Mandatory for policies effective 1/1/2004 and subsequent.</li></ul>	0

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**★ TERRORISM COVERAGE CODE**

- Terrorism Coverage Code may be optionally reported for policies effective 1/1/2003 – 6/30/2003. It is mandatory to report Terrorism Coverage Code for policies effective 7/1/2003 and subsequent.

The Terrorism Coverage Code must be reported on all premium records. This includes both underlying policy premium records as well as the separate terrorism coverage records. Follow these rules when coding your data:

Terrorism Coverage Codes 1, 2, and 3 may only be reported on underlying policy premium records.

- Terrorism Coverage Code 1  
Report Terrorism Coverage Code 1 if terrorism coverage is built into the underlying policy premium. That is, no separate premium is charged for terrorism coverage. This code may apply to the coverage of terrorist acts certified by the Terrorism Risk Insurance Act of 2002 and all other acts of terrorism not certified under the Act.
- Terrorism Coverage Code 2  
Report Terrorism Coverage Code 2 if terrorism coverage is not provided as part of the underlying policy premium. In this situation, a premium for terrorism coverage is provided on a separate terrorism coverage record.
- Terrorism Coverage Code 3  
Report Terrorism Coverage Code 3 if the insured declines to pay the terrorism coverage premium charge or specifically refuses terrorism coverage.

Terrorism Coverage Codes 7 and 8 may only be reported on the separate terrorism coverage records.

- Terrorism Coverage Code 7  
Any premium charged for coverage for an act of terrorism certified under the Terrorism Risk Insurance Act should be reported as a separate premium record using Terrorism Coverage Code 7.
- Terrorism Coverage Code 8  
Any premium charged for coverage for an act of terrorism other than that which is certified under the Terrorism Risk Insurance Act should be reported as a separate premium record using Terrorism Coverage Code 8.

Description	Code
<b>Underlying Policy</b>	
Policies with Built In Terrorism Coverage (No Separate Premium)	1
Policies without Terrorism Coverage in Underlying Policy	2
Policies for Which Terrorism Coverage was Declined by the Insured	3
<b>Terrorism Coverage</b>	
Coverage Provided for Acts of Terrorism Certified Under the Terrorism Risk Insurance Act	7
All Other Terrorism Coverage (for Terrorism Coverage Not Provided Under the Terrorism Risk Insurance Act)	8

**Massachusetts Commercial Automobile  
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**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*)
- ★ • Note that a unique Producer Code is required to be reported for each agency office location.

Examples:

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

**Massachusetts Commercial Automobile  
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**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:

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

**Massachusetts Commercial Automobile  
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**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.

<b>Example of per Plate Basis</b>			
<b>Plates</b>	<b>Months</b>	<b>Result (Plates x Months)</b>	<b>Code</b>
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.

<b>Example of Payroll and Earnings Basis</b>			
<b>Payroll or Earnings</b>	<b>Rounded to the Nearest Hundred</b>	<b>Units of One Hundred</b>	<b>Code</b>
\$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.

<b>Example of Employee Basis</b>			
<b>Employees</b>	<b>Months</b>	<b>Result (Employees x Months)</b>	<b>Code</b>
20	12	240	0000240
155	12	1860	0001860



# Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

## EXPOSURE

EXPOSURE	Effective Month OR Cancellation Month																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	Jan 1 to Jan 15	Jan 16 to Feb 15	Feb 16 to Mar 15	Mar 16 to Apr 15	Apr 16 to May 15	May 16 to Jun 15	Jun 16 to Jul 15	Jul 16 to Aug 15	Aug 16 to Sep 15	Sep 16 to Oct 15	Oct 16 to Nov 15	Nov 16 to Dec 15	Dec 16 to Dec 31																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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EXAMPLES: The exposure for a car insured for one year is 12.  
 The exposure for a car insured for two years is 24.  
 The exposure for a car cancelled effective between July 16 and August 15 on a policy expiring between April 16 and May 15 of the following year is 9.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**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:

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

**Massachusetts Commercial Automobile  
Statistical Plan  
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:

<b>Schedule Rating Modification</b>	<b>Individual Risk Modification</b>	<b>Expense Modification</b>	<b>Total Rating Modification</b>	<b>Code</b>
None	None	None	None	100
None	+10% (credit)	Noe	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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**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:

<b>Claim Identification Number</b>	<b>Code Reported</b>
CL014638735	CL014638735 <b>bbbbbb</b>
123456789	123456789 <b>bbbbbbb</b>
ABCDEF1234567890	ABCDEF1234567890

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**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:

<b>Policy Identification Number</b>	<b>Code Reported</b>
PL014638735	PL014638735 <b>bbbbbb</b>
123456789	123456789 <b>bbbbbbb</b>
ABCDEF1234567890	ABCDEF1234567890

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**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:

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

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**POLLUTION LIABILITY BROADENED COVERAGE CODE**

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

<b>Description</b>	<b>Code</b>
No Pollution Liability Broadened Coverage	0
Pollution Liability Broadened Coverage – Hazardous <ul style="list-style-type: none"><li>• As defined in the Massachusetts Commercial Automobile Insurance Manual in Section II.46.C.3</li></ul>	1
Pollution Liability Broadened Coverage – Non-Hazardous	2
Pollution Liability Broadened Coverage – Extra Hazardous <ul style="list-style-type: none"><li>• As defined in the Massachusetts Commercial Automobile Insurance Manual in Section II.46.C.2 or Section II.46.C.4</li></ul>	3

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**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
★ Bodily Injury Loss Due to an Act of Terrorism Certified Under the Terrorism Risk Insurance Act • Includes Bodily Injury Caused by an Uninsured Automobile, Bodily Injury Caused by an Underinsured Automobile and Medical Payments	95
★ Property Damage Loss Due to an Act of Terrorism Certified Under the Terrorism Risk Insurance Act	96
★ Bodily Injury Loss Due to All Other Acts of Terrorism (Not Certified Under the Terrorism Risk Insurance Act) • Includes Bodily Injury Caused by an Uninsured Automobile, Bodily Injury Caused by an Underinsured Automobile and Medical Payments	97
★ Property Damage Loss Due to All Other Acts of Terrorism (Not Certified Under the Terrorism Risk Insurance Act)	98



**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**PIP COVERAGE CODE**

<b>Description</b>	<b>Code</b>
Basic PIP (No-Fault) Coverage Only	1
★	PIP Coverage – Employers Subject to Massachusetts Workers' Compensation Act
	2

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**TYPE OF LOSS CODE – PIP (NO-FAULT)**

<b>Description</b>	<b>Code</b>
Non-Split Outstanding Loss	23
Medical Loss	24
Wage Loss	34
Other Economic Loss	44
Subrogation Recovery	45
★ No-Fault Loss Due to an Act of Terrorism Certified Under the Terrorism Risk Insurance Act	95
★ No-Fault Loss Due to All Other Acts of Terrorism (Not Certified Under the Terrorism Risk Insurance Act)	97

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**TYPE OF LOSS CODE – PHYSICAL DAMAGE**

**OTHER THAN COLLISION**

<b>Description</b>	<b>Code</b>
Fire	01
Theft	02
Glass <ul style="list-style-type: none"> <li>• For additional information on Glass Losses, refer to Section B – Losses of the General Reporting Requirements Section of this Plan</li> </ul>	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
★ Other Than Collision Loss Due to an Act of Terrorism Certified Under the Terrorism Risk Insurance Act	95
★ Other Than Collision Loss Due to All Other Acts of Terrorism (Not Certified Under the Terrorism Risk Insurance Act)	97

**COLLISION**

<b>Description</b>	<b>Code</b>
Without Waiver of Deductible – <ul style="list-style-type: none"> <li>• Collision loss payment when deductible is applied</li> <li>• Limited Collision with a deductible</li> </ul>	10
With Waiver of Deductible – <ul style="list-style-type: none"> <li>• Collision loss payment when deductible is applied</li> </ul>	11
With Waiver of Deductible – <ul style="list-style-type: none"> <li>• Collision loss payment when deductible is waived</li> <li>• Limited Collision with full coverage</li> </ul>	12



**Massachusetts Commercial Automobile  
Statistical Plan  
Part VIII – Record Layouts**

**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. 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. For reporting instructions for prior effective years, refer to the Massachusetts Commercial Automobile Statistical Plan in effect for the specific year (which can be found on CAR's website ([www.commauto.com](http://www.commauto.com))).

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
		Symbol Code (Motorcycle Value*)	618	44 - 46
⑤	1995 and subsequent	Zip Code	All	72 - 80
		Vehicle Identification Number	All	131 - 147
⑥	1996 and subsequent	Symbol Code (Motorcycle Value*)	618	45 - 46
		Age Code	611,615,618	52
⑦	1998 and subsequent	Aggregate Limits Identifier Code	611	53
⑧	2002 and prior	Class Group Code	All	54
	2003 and subsequent	Reserved for Future Use		
⑨	2002 and prior	Claim Count	All Losses	90
	2003 and subsequent	Reserved for Future Use		
⑩	7/1/2003 and subsequent Optional 1/1/2003- 6/30/2003	Terrorism Coverage Code	All Premium	60



\* 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.

# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## LIABILITY PREMIUM

1		
2	COMPANY OR GROUP NUMBER CODE	
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING DATE	Month Year
7		
8	POLICY EFFECTIVE DATE	Month Year Year
9		
10		
11	TRANSACTION EFFECTIVE DATE	Month Year Year
12		
13		
14	POLICY EXPIRATION DATE	Month Year Year
15		
16		
17	STATE CODE	
18		
19	PREMIUM TOWN CODE	
20		
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEMENT LINE OF BUSINESS CODE	
25		
26		
27	SUBLINE CODE	
28		
29		
30		
31		
32	CLASSIFICATION CODE	
33		
34		
35		
36	LIMITS IDENTIFIER CODE	
37	BODILY INJURY LIMITS CODE	
38		
39	PROPERTY DAMAGE LIMIT CODE	
40		
41	MEDICAL PAYMENTS LIMIT CODE	
42		
43	UNINSURED MOTORIST LIMITS CODE	
44		
45	UNDERINSURED MOTORIST LIMITS CODE	
46		
47	Reserved for Future Use	
48	POLLUTION LIAB. COV. CODE ③	
49		
50	ZONE RATING CODE	

51	ZONE RATING CODE (Continued)	
52	AGE CODE ⑥	
53	AGGREGATE LIMITS ID. CODE ⑦	
54	Reserved for Future Use ⑧	
55		
56	PASSIVE RESTRAINT DISC. CODE	
57	Reserved for Future Use	
58		
59	RATING IDENTIFICATION CODE	
60	★ Terrorism Coverage Code ⑩	
61		
62	PRODUCER CODE	
63		
64	②	
65		
66		
67		
68		
69	Reserved for Future Use	
70		
71		
72		
73		
74		
75	ZIP CODE	
76		
77	⑤	
78		
79		
80		
81		
82		
83		
84	EXPOSURE	
85		
86		
87		
88		
89	EXPERIENCE RATING MODIFICATION FACTOR CODE	
90		
91		
92	ALL OTHER RATING MODIFICATION FACTOR CODE	
93		
94	Reserved for Future Use	
95		
96		
97		
98	BODILY INJURY PREMIUM	
99		
100		

101	BODILY INJURY PREMIUM (Continued)	
102		
103		
104		
105		
106		
107	PROPERTY DAMAGE PREMIUM	
108		
109		
110		
111		
112	Reserved for Future Use	
113		
114		
115		
116		
117		
118		
119		
120		
121		
122	POLICY IDENTIFICATION NUMBER	
123		
124		
125		
126		
127		
128		
129		
130		
131		
132		
133		
134		
135		
136		
137	VEHICLE IDENTIFICATION NUMBER	
138		
139		
140	⑤	
141		
142		
143		
144		
145		
146		
147		
148	COMPANY USE	
149		
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.

# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## LIABILITY LOSS

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

51	ZONE RATING CODE (Continued)	
52	AGE CODE ⑥	
53	AGGREGATE LIMITS ID. CODE ⑦	
54	Reserved for Future Use ⑧	
55	PARTIAL/TOTAL LOSS INDICATOR	
56	PASSIVE RESTRAINT DISC. CODE	
57	Reserved for Future Use	
58	Reserved for Future Use	
59	RATING IDENTIFICATION CODE	
60	Reserved For Future Use	
61	PRODUCER CODE	
62	②	
63		
64		
65		
66		
67	Reserved for Future Use	
68	Reserved for Future Use	
69	Reserved for Future Use	
70	Reserved for Future Use	
71	Reserved for Future Use	
72	ZIP CODE	
73	⑤	
74		
75		
76		
77		
78		
79		
80	Reserved for Future Use	
81	Reserved for Future Use	
82	REPORTING DATE	Month
83		Year
84	Year	
85	Reserved for Future Use	
86	Reserved for Future Use	
87	TYPE OF LOSS CODE	
88	Reserved for Future Use ⑨	
89	Reserved for Future Use ⑨	
90	Reserved for Future Use ⑨	
91	LOSS AMOUNT	
92		
93		
94		
95		
96		
97		
98		
99	CLAIM IDENTIFICATION NUMBER	
100		

101	CLAIM IDENTIFICATION NUMBER (Continued)
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	POLICY IDENTIFICATION NUMBER
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	VEHICLE IDENTIFICATION NUMBER  ⑤
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	COMPANY USE
132	
133	
134	
135	
136	
137	
138	
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140	
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145	
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148	
149	
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.

# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## NO-FAULT PREMIUM

1	COMPANY OR GROUP NUMBER CODE	
2		
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING DATE	Month
7		Year
8	POLICY EFFECTIVE DATE	Month
9		Year
10		Year
11	TRANSACTION EFFECTIVE DATE	Month
12		Year
13		Year
14	POLICY EXPIRATION DATE	Month
15		Year
16		Year
17	STATE CODE	
18		
19	PREMIUM TOWN CODE	
20		
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEMENT LINE OF BUSINESS CODE	
25		
26		
27	SUBLINE CODE	
28		
29		
30	CLASSIFICATION CODE	
31		
32		
33		
34		
35		
36	Reserved for Future Use	
37	PIP COVERAGE CODE	
38	Reserved for Future Use	
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49	ZONE RATING CODE	
50		

51	ZONE RATING CODE (Continued)	
52	AGE CODE ⑥	
53	Reserved for Future Use ⑧	
54		
55		
56	PASSIVE RESTRAINT DISC. CODE	
57	Reserved for Future Use	
58		
59	RATING IDENTIFICATION CODE	
60	★ Terrorism Coverage Code ⑩	
61	PRODUCER CODE ②	
62		
63		
64		
65		
66		
67		
68	Reserved for Future Use	
69		
70		
71		
72		
73		
74		
75	ZIP CODE	
76		
77	⑤	
78		
79		
80		
81		
82		
83		
84	EXPOSURE	
85		
86		
87		
88	EXPERIENCE RATING MODIFICATION FACTOR CODE	
89		
90		
91		
92	ALL OTHER RATING MODIFICATION FACTOR CODE	
93		
94	Reserved for Future Use	
95		
96		
97		
98	PIP (NO-FAULT) PREMIUM	
99		
100		

101	PIP (NO-FAULT) PREMIUM (Continued)	
102		
103	Reserved for Future Use	
104		
105		
106		
107		
108		
109		
110		
111		
112		
113	POLICY IDENTIFICATION NUMBER	
114		
115		
116		
117		
118		
119		
120		
121		
122		
123	VEHICLE IDENTIFICATION NUMBER ⑤	
124		
125		
126		
127		
128		
129		
130		
131		
132		
133	COMPANY USE	
134		
135		
136		
137		
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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.



# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## NO-FAULT LOSS

1			
2	COMPANY OR GROUP NUMBER CODE		
3			
4	TRANSACTION TYPE ODE		
5			
6	ACCOUNTING	Month	
7	DATE	Year	
8	POLICY	Month	
9	EFFECTIVE	Year	
10	DATE	Year	
11	ACCIDENT DATE		Month
12			Day
13			Day
14			Year
15	Year	Year	
16	Reserved for Future Use		
17	STATE CODE		
18			
19	PREMIUM TOWN CODE		
20			
21			
22	CAR IDENTIFICATION CODE		
23	TYPE OF RISK CODE		
24	ANNUAL STATEMENT LINE OF BUSINESS CODE		
25			
26			
27	SUBLINE CODE		
28			
29			
30	CLASSIFICATION CODE		
31			
32			
33			
34			
35	Reserved for Future Use		
36	PIP COVERAGE CODE		
37			
38	Reserved for Future Use		
39			
40	ACCIDENT TOWN CODE		
41			
42			
43	Reserved for Future Use		
44			
45			
46			
47			
48			
49	ZONE RATING CODE		
50			

51	ZONE RATING CODE (Continued)		
52	AGE CODE ⑥		
53	Reserved for Future Use ⑧		
54			
55			
56	PASSIVE RESTRAINT DISC. CODE		
57	Reserved for Future Use		
58			
59	RATING IDENTIFICATION CODE		
60	Reserved for Future Use		
61	PRODUCER CODE  ②		
62			
63			
64			
65			
66	Reserved for Future Use		
67			
68			
69			
70			
71	ZIP CODE  ⑤		
72			
73			
74			
75			
76			
77			
78	Reserved for Future Use		
79			
80			
81	TYPE OF LOSS CODE		
82			
83			
84			
85			
86	Reserved for Future Use ⑨		
87			
88			
89			
90	LOSS AMOUNT		
91			
92			
93			
94			
95			
96			
97			
98	CLAIM IDENTIFICATION NUMBER		
99			
100			

101	CLAIM IDENTIFICATION NUMBER (Continued)		
102			
103			
104			
105			
106			
107			
108			
109			
110			POLICY IDENTIFICATION NUMBER
111			
112			
113			
114			
115			
116			
117			
118			
119			
120	VEHICLE IDENTIFICATION NUMBER  ⑤		
121			
122			
123			
124			
125			
126			
127			
128			
129			
130	COMPANY USE		
131			
132			
133			
134			
135			
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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 PREMIUM

1	COMPANY OR GROUP NUMBER CODE		51	ZONE RATING CODE (Continued)		101	OTHER THAN COLLISION PREMIUM (Continued)			
2			52	AGE CODE ⑥		102				
3			53	ANTI-THEFT DEVICE DISC. CODE		103				
4	TRANSACTION TYPE CODE		54	Reserved for Future Use		104	COLLISION PREMIUM			
5	ACCOUNTING DATE		55			56			105	
6			57			58			106	
7	POLICY EFFECTIVE DATE		59			RATING IDENTIFICATION CODE			107	
8			60	★ Terrorism Coverage Code ⑩		108				
9	TRANSACTION EFFECTIVE DATE		61	PRODUCER CODE		109				
10			62			63			64	110
11	POLICY EXPIRATION DATE		65			②			111	
12			66			Reserved for Future Use			112	
13	67	68	113							
14	STATE CODE		69	70	114					
15	PREMIUM TOWN CODE		71	ZIP CODE				115		
16			72					73	74	116
17	CAR IDENTIFICATION CODE		75			⑤		117		
18	TYPE OF RISK CODE		76			EXPOSURE		118		
19	ANNUAL STATEMENT LINE OF BUSINESS CODE		77	78	119					
20			79	80	120					
21	SUBLINE CODE		81	POLICY IDENTIFICATION NUMBER				121		
22			82					83	122	
23	CLASSIFICATION CODE		84			Reserved for Future Use		123		
24			85					86	124	
25	Reserved for Future Use		87	EXPERIENCE RATING MODIFICATION FACTOR CODE				125		
26			88					89	126	
27	OTHER THAN COLLISION COVERAGE CODE		89	ALL OTHER RATING MODIFICATION FACTOR CODE				127		
28			90			91	128			
29	COLLISION COVERAGE CODE		91	Reserved for Future Use		129				
30			92			93	130			
31	Reserved for Future Use ④		93	OTHER THAN COLLISION PREMIUM		131				
32			94			95	132			
33	SYMBOL CODE ④ ⑥		95			VEHICLE IDENTIFICATION NUMBER		133		
34			96					97	134	
35	PRE-INSURANCE INSP. ID CODE		97	⑤				135		
36			98					99	136	
37	Reserved for Future Use		99	COMPANY USE				137		
38			100			101	138			
39	ZONE RATING CODE					139				
40						140				
41	Reserved for Future Use					141				
42					142					
43	Reserved for Future Use				143					
44					144					
45	Reserved for Future Use				145					
46					146					
47	Reserved for Future Use				147					
48					148					
49	Reserved for Future Use				149					
50					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.

# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## PHYSICAL DAMAGE LOSS

1	COMPANY OR GROUP NUMBER CODE		
2			
3			
4	TRANSACTION TYPE CODE		
5			
6	ACCOUNTING	Month	
7	DATE	Year	
8	POLICY	Month	
9	EFFECTIVE	Year	
10	DATE	Year	
11	ACCIDENT DATE		
12			Month
13			Day
14			Day
15	Year		
16	Reserved for Future Use		
17	STATE CODE		
18			
19	PREMIUM TOWN CODE		
20			
21			
22	CAR IDENTIFICATION CODE		
23	TYPE OF RISK CODE		
24	ANNUAL STATEMENT LINE OF BUSINESS CODE		
25			
26			
27	SUBLINE CODE		
28			
29			
30	CLASSIFICATION CODE		
31			
32			
33			
34			
35			
36	Reserved for Future Use		
37	COVERAGE CODE		
38			
39			
40	ACCIDENT TOWN CODE		
41			
42			
43	Reserved for Future Use ④		
44			
45	SYMBOL CODE ④ ⑥		
46			
47	INTENSIFIED APPRAISAL ID CODE ①		
48	Reserved for Future Use		
49	ZONE RATING CODE		
50			

51	ZONE RATING CODE (Continued)	
52	AGE CODE ⑥	
53	ANTI-THEFT DEVICE DISC. CODE	
54	Reserved for Future Use ⑧	
55	PARTIAL/TOTAL LOSS INDICATOR	
56	Reserved for Future Use	
57		
58		
59	RATING IDENTIFICATION CODE	
60	Reserved for Future Use	
61	PRODUCER CODE  ②	
62		
63		
64		
65		
66	Reserved for Future Use	
67		
68		
69		
70		
71	ZIP CODE  ⑤	
72		
73		
74		
75		
76		
77		
78	Reserved for Future Use	
79		
80		
81	CATASTROPHE CODE	
82		
83		
84		
85	TYPE OF LOSS CODE	
86		
87	Reserved for Future Use ⑨	
88		
89		
90	LOSS AMOUNT	
91		
92		
93		
94		
95		
96		
97	CLAIM IDENTIFICATION NUMBER	
98		
99		
100		

101	CLAIM IDENTIFICATION NUMBER (Continued)	
102		
103		
104		
105		
106		
107		
108		
109	POLICY IDENTIFICATION NUMBER	
110		
111		
112		
113		
114		
115		
116		
117		
118		
119	VEHICLE IDENTIFICATION NUMBER  ⑤	
120		
121		
122		
123		
124		
125		
126		
127		
128		
129	COMPANY USE	
130		
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132		
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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 Index

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**Massachusetts Commercial Automobile  
Statistical Plan  
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. For information regarding the exposure reporting basis for each commercial classification code, refer to the Exposure Basis table.

<b>Fields Common to All Records</b>
Accounting Date
Annual Statement Line of Business Code
CAR Identification 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

<b>Fields Common to Premium Records Only</b>
All Other Rating Modification Factor Code
Experience Rating Modification Factor Code
Policy Expiration Date
Premium Amounts
★ Terrorism Coverage Code
Transaction Effective Date

<b>Fields Common to Loss Records Only</b>
Accident Date
Catastrophe Code (Physical Damage)
Claim Identification Number
Loss Amount
Reporting Date (Liability)
Type of Claimant Code (No-Fault)
Type of Loss Code

# Massachusetts Commercial Automobile Statistical Plan

## Appendix A - Classification and Coverage Code Decision Tables

### CLASSIFICATION CODE DECISION TABLE

- ★ Reporting of Anti-Theft Device Discount Code for the Commercial Motorcycle classifications is optional for policies effective 1/1/2003 – 12/31/2003 and mandatory for policies effective 1/1/2004 and subsequent.

Vehicle Type		Accident Town Code	Age Code	Aggregate Limits ID Code	★ Anti-Theft Device Disc Code	Exposure	Intensified Appraisal ID	Limits Code (Liability)	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
		<b>Trucks, Tractors, and Trailers</b>	<b>Zone Rated</b>	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y
	<b>Not Zone Rated</b>	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
<b>Priv.Pass.Types</b>	<b>Fleet and Non-Fleet</b>	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
<b>Public Transportation</b>	<b>Zone Rated</b>	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y
	<b>Not Zone Rated</b>	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N
<b>Van Pools</b>	<b>Fleet and Non-Fleet</b>	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N
<b>Special Types</b>	<b>7214,7908,7911,7915,7922</b>	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N
	<b>9620</b>	Y	N	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N
	<b>7926,7927</b>	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N
	<b>0456,0706,0707,7040,7219,7924,7925,7953,7964,9460</b>	Y	N	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N
	<b>7213,7216,7934,7939,7965,7906,7907,0452</b>	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	N
	<b>Other Spec.Types</b>	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	N
<b>Commercial Motorcycles</b>		Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	N
<b>Garages*</b>	<b>Subj. to Comp. Law</b>	Y	N	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N
	<b>Not Subj (0750)</b>	Y	N	Y	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N
	<b>Not Subj (7070)</b>	Y	N	Y	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N
	<b>Premises (0704,0705)</b>	Y	N	Y	N	Y	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	N
<b>Non-Owned Automobiles</b>	<b>6619,7000</b>	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N
	<b>6611,6613,6626,6628,5000</b>	N	N	N	N	Y	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N
	<b>9020</b>	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
	<b>Other Non-Owned</b>	N	N	N	N	Y	N	Y	Y	N	N	N	N	N	Y	N	N	N	N
<b>Special Rating &amp; Adjustment</b>	<b>0599,0898,0899</b>	N	N	N	N	Y	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N
	<b>8000,9932,9980,9990</b>	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N
	<b>9981,9982,9985,9987 9989</b>	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N

\* For all Garage Classifications, Exposure is not required for physical damage coverages.



# Massachusetts Commercial Automobile Statistical Plan

## Appendix A - Classification and Coverage Code Decision Tables

### COVERAGE CODE DECISION TABLE

- For all shaded areas, refer to the Classification Code Decision Table
- Applicable to Physical Damage records

Other Than Collision														
Coverage Code	Accident Town Code	Age Code	Anti-Theft Device Disc. Code	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
★ 005,065,105,165,265,365,465,565			N	Y										
060,063		N		Y										
050-054,059	N	N	N	Y	N	N	N	N	N	N	N	N	N	N
080,081,082	N	N	N	N	N	N	N	N	N	N	N	N	N	N
083,087	N	N	N	N	N	N	N	N	N	N	N	N	N	N
084	N	N	N	Y	N	N	N	N	N		N	N	N	N
089	N	N	N	Y	N	N	N	N	N		N	N	N	N
202-204,211-217		N	N	Y	N	N	N	N		Y	N	N		N
★ All Other OTC Coverages				Y										

Collision														
Coverage Code	Accident Town Code	Age Code	Anti-Theft Device Discount	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	Y										
090,091,093,094	N	N	N	Y	N	N	N	N	N	N	N	N	N	N
041,092,095		N	N	Y										
099	N	N	N	Y	N	N	N	N	N		N	N	N	N
311-313,317,477,478		N	N	Y	N	N	N	N		Y	N	N		N