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# Massachusetts Commercial Automobile Statistical Plan

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

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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. This Plan also applies to vehicle classifications or coverages for which companies may file their own rates (e.g. antique automobiles). 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 and loss 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.

# **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. UPDATES TO THE PLAN**

The Massachusetts Commercial Automobile Statistical Plan, initially published in loose-leaf form, is available for viewing or downloading from CAR's website ([www.commauto.com](http://www.commauto.com)). The current year version, as well as prior year versions of the Plan are available. Since the Commercial Statistical Plan is now available electronically, paper copies of revised pages are no longer distributed to companies. Instead, CAR will publish an Accounting and Statistical Notice to notify companies of the revised pages and companies will be directed to CAR's website for further information. The revised pages will be available on CAR's website and will be incorporated in the electronic version of the applicable Plan.

The revised 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 (★) to the left of the line containing the revision. The date in the lower right corner of the page represents the date that the revised page was approved by the Massachusetts Division of Insurance. Any special reporting instructions will be provided to companies via an Accounting and Statistical Notice published by CAR.

# **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. 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)**

### **3. 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.

### **★ 4. Reconciliation of Massachusetts Annual Statement Data**

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 an electronic copy of their NAIC Annual Statement filings to CAR on a yearly basis. Additionally, for each of the other three calendar quarters, companies must submit Massachusetts Annual Statement data via CAR's on-line Annual Statement Reconciliation System. This data must be submitted to CAR even if the company has no actual writings. On a quarterly basis, CAR reconciles a company's Massachusetts Annual Statement data 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 data is detailed in a quarterly Accounting and Statistical Notice distributed by CAR and in the Technical User Guide for CAR's Online Annual Statement Reconciliation System. Refer to the Statistical Data Quality Program Section of this Plan for additional information and potential reporting penalties associated with the Massachusetts Annual Statement process.

### **5. 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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part II - General Rules</b></p>
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**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.
4. For purposes of the Massachusetts Commercial Automobile Statistical Plan, all references to the reporting of spaces in any field will be denoted by an italicized lower case *b*. For example, in this Plan, Policy Identification Number 12345 would be denoted by 12345***bbbbbbbbbb*** (where *b* denotes a space). In this example, the symbol *b* indicates that a space would be reported by the company in every unused position of the Policy Identification Number field.
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. For those companies affiliated with a group, statistical data must be reported to CAR at the individual company number level, rather than at the group company number level.
  - c. 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.
  - d. 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.

# **Massachusetts Commercial Automobile Statistical Plan Part II - General Rules**

## **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 total 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.



# **Massachusetts Commercial Automobile Statistical Plan 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. Note also that if a property damage deductible has been offered, Property Damage Limits Code 08 may also be reported 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 or Property Damage Limits Code 08 (indicating the existence of a property damage deductible) 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
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	Exp	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	Exp	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

**Massachusetts Commercial Automobile  
Statistical Plan  
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	Exp	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	Exp	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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section A – Premiums**

**5. CANCELLATION OF PREMIUMS (Continued)**

**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	Exp	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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part III - General Reporting Requirements</b></p>
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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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part III - General Reporting Requirements</b></p>
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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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part III - General Reporting Requirements</b></p>
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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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# Massachusetts Commercial Automobile Statistical Plan 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.

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.

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**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.

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**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.

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**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 A – Liability**

**32. 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.

**33. 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.

**34. 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.

**35. 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.

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

Report spaces or zeros.

**37. 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 -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

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**Section A – Liability**

**38. PROPERTY DAMAGE PREMIUM AMOUNT (Positions 104-111)**

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

The Property Damage 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.

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

Report spaces or zeros.

**40. 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.

**41. 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.

**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.

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**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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**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.

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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 B – No-Fault**

**29. 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.

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

Report spaces or zeros.

**31. 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.

**32. Reserved for Future Use (Positions 104-114)**

Report spaces or zeros.

**33. 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.

**34. 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.

**35. 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.



<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part IV - Reporting Instructions - Premiums</b></p>
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**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.

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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part IV - Reporting Instructions - Premiums</b></p>
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**Section C – Physical Damage**

**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.

**Massachusetts Commercial Automobile  
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**Section C – Physical Damage**

**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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part IV - Reporting Instructions - Premiums</b></p>
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**Section C – Physical Damage**

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

Report the one (1) character alphanumeric code. Refer to the Coding Section for applicable codes.

★ **24. Reserved for Future Use (Positions 54 – 55)**

Report spaces or zeros.

★ **25. ORIGINAL COST NEW CODE (Positions 56-58)**

Report the three (3) digit numeric code rounded to the nearest thousand dollars. Refer to the Coding Section for examples.

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

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

**27. TERRORISM COVERAGE CODE (Position 60)**

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

**28. 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.

**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.

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**Section C – Physical Damage**

**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.

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.

**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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part IV - Reporting Instructions - Premiums</b></p>
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**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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part V - Reporting Instructions - Losses</b></p>
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**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.

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**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.



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**Section A – Liability**

**14. LIMITS IDENTIFIER CODE (Position 36)**

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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**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. Reserved For Future Use (Position 54)**

Report space or zero.

**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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**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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part V - Reporting Instructions - Losses</b></p>
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**Section A – Liability**

★ **36. Reserved for Future Use (Positions 89-90)**

Report spaces or zeros.

**37. 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.

**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. 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 policy's corresponding premium record.

Refer to the Coding Section for examples.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part V - Reporting Instructions - Losses</b></p>
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**Section A – Liability**

**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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**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.

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**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.

**Massachusetts Commercial Automobile  
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**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.



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**Section B – No-Fault**



**21. Reserved for Future Use (Positions 53-55)**

Report spaces or zeros.

**22. 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.

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

Report spaces or zeros.

**24. 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.

**25. Reserved for Future Use (Position 60)**

Report space or zero.

**26. 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.

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

Report spaces or zeros.

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**Section B – No-Fault**

**28. 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.

**29. Reserved for Future Use (Positions 81-86)**

Report spaces or zeros.

**30. 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.

**★ 31. Reserved for Future Use (Positions 89-90)**

Report spaces or zeros.

**32. 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.

**33. 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.

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**Section B – No-Fault**

**34. 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.

**35. 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.

**36. 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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**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.

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**Section C – Physical Damage**

**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.

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**Section C – Physical Damage**

**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.

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**Section C – Physical Damage**

**21. 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.

**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) character alphanumeric 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. Reserved for Future Use (Position 54)**

Report space or zero.

**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. ORIGINAL COST NEW CODE (Positions 56-58)**

Report the three (3) digit numeric code. The Original Cost New Code on the loss record must match the Original Cost New Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding section for examples.

**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.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part V - Reporting Instructions - Losses</b></p>
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**Section C – Physical Damage**

**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 (Positions 89-90)**

Report spaces or zeros.



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**Section C – Physical Damage**

**36. 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.

**37. 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.

**38. 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.

**39. 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.

**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.

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**Liability, No-Fault, and Physical Damage**

This section applies to all records

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**TRANSACTION TYPE CODE**

<b>Premium Codes</b>			
<b>Transaction Type</b>	<b>Liability Subline 611</b>	<b>No-Fault Subline 615</b>	<b>Physical Damage Subline 618</b>
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

<b>Loss Codes</b>			
<b>Transaction Type</b>	<b>Liability Subline 611</b>	<b>No-Fault Subline 615</b>	<b>Physical Damage Subline 618</b>
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.

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**STATE CODE**

<b>State</b>	<b>Code</b>
Massachusetts	20

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**CAR IDENTIFICATION CODE**

★	<b>Description (Policy Effective Years 2006 and subsequent)</b>	<b>Code</b>
	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) or from Voluntary Agents assigned to a Servicing Carrier, with whom the carrier does not have a 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) or from Voluntary Agents assigned to a Servicing Carrier, with whom the carrier does not have a voluntary contract	5

★	<b>Description (Policy Effective Years 1995 through 2005)</b>	<b>Code</b>
	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

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**CAR IDENTIFICATION CODE (Continued)**

<b>Description (Policy Effective Years 1994 and prior)</b>	<b>Code</b>
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  
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**TYPE OF RISK CODE**

<b>Description</b>	<b>Code</b>
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  
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**ANNUAL STATEMENT LINE OF BUSINESS CODE**

<b>Description</b>	<b>Line of Business</b>	<b>Code</b>
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



**Massachusetts Commercial Automobile  
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**SUBLINE CODE**

<b>Subline</b>	<b>Code</b>
Liability	611
PIP (No-Fault)	615
Physical Damage	618

**Massachusetts Commercial Automobile  
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**CLASSIFICATION CODE**

**TRUCKS, TRACTORS, AND TRAILERS**

**ANALYSIS OF CLASSIFICATION CODING SYSTEM**

<b>Description: First Position</b>	<b>Code</b>
<b>Size</b>	
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

<b>Description: Second Position</b>	<b>Code</b>
<b>Business Use</b>	
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		
Non-Fleet Class	Local (0 – 50 Miles)	1
	Intermediate (51 – 200 Miles)	2
	Long Distance (Over 200 Miles)	3
Fleet Class	Local (0 – 50 Miles)	4
	Intermediate (51 – 200 Miles)	5
	Long Distance (Over 200 Miles)	6

<b>Description: Fourth and Fifth Positions</b>	<b>Code</b>
Secondary Class Codes	1# – 9#

<b>Description: Sixth Position</b>	<b>Code</b>
Insert Zero	0

# Massachusetts Commercial Automobile Statistical Plan 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
Light Trucks  (0-10,000 lbs. GVW)	Non-Fleet	Service	011	012	013
		Retail	021	022	023
		Commercial	031	032	033
	Fleet	Service	014	015	016
		Retail	024	025	026
		Commercial	034	035	036
					Zone Rated
Medium Trucks  (10,001-20,000 lbs GVW)	Non-Fleet	Service	211	212	213
		Retail	221	222	223
		Commercial	231	232	233
	Fleet	Service	214	215	216
		Retail	224	225	226
		Commercial	234	235	236
Heavy Trucks  (20,001-45,000 lbs GVW)	Non-Fleet	Service	311	312	313
		Retail	321	322	323
		Commercial	331	332	333
	Fleet	Service	314	315	316
		Retail	324	325	326
		Commercial	334	335	336
Extra-Heavy Trucks (Over 45,000 lbs. GVW)	Non-Fleet		401	402	403
	Fleet		404	405	406
Heavy Truck-Tractors  (0-45,000 lbs. GCW)	Non-Fleet	Service	341	342	343
		Retail	351	352	353
		Commercial	361	362	363
	Fleet	Service	344	345	346
		Retail	354	355	356
		Commercial	364	365	366
Extra-Heavy Truck-Tractors (Over 45,000 lbs. GCW)	Non-Fleet		501	502	503
	Fleet		504	505	506
Trailer Types	Non-Fleet	Semitrailers	671	672	673
		Trailers	681	682	683
		Service or Utility Trailers	691	692	693
	Fleet	Semitrailers	674	675	676
		Trailers	684	685	686
		Service or Utility Trailers	694	695	696

**Massachusetts Commercial Automobile  
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**CLASSIFICATION CODE**

**TRUCKS, TRACTORS, AND TRAILERS**

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

<b>Manufacturers:</b> Automobiles used to transport raw materials and finished or unfinished goods manufactured, processed or constructed by the insured, except food manufacturers.		
<b>Description</b>	<b>Definition</b>	<b>Code</b>
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

<b>Truckers:</b> Automobiles used to haul or transport goods, materials or commodities for another, other than automobiles used in moving operations.		
<b>Description</b>	<b>Definition</b>	<b>Code</b>
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

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**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.

<b>Description</b>	<b>Code</b>
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.

<b>Description</b>	<b>Code</b>
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.

<b>Description</b>	<b>Code</b>
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.

<b>Description</b>	<b>Code</b>
Individually Owned or Family Corporation (Hauling Other Than Livestock)	610
Livestock Hauling	620
All Other Farmers Not Otherwise Classified	690

**Massachusetts Commercial Automobile  
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**CLASSIFICATION CODE**

**TRUCKS, TRACTORS, AND TRAILERS**

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

<b>Dump and Transit Mix Trucks and Trailers</b> (Use these factors and codes only when no other secondary classification applies.)	
<b>Description</b>	<b>Code</b>
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

<b>Contractors (Other Than Dump Trucks)</b>	
<b>Description</b>	<b>Code</b>
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

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

**Massachusetts Commercial Automobile  
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**CLASSIFICATION CODE**

**PRIVATE PASSENGER TYPES**

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

# Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

## CLASSIFICATION CODE

### 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
<b>Other Buses (except fourth position – see chart below)</b>			<b>Zone Rated</b>
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	--

<b>School and Church Buses (except fourth position – see chart below)</b>			
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

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

<b>Limousines and Car Service</b>			
Limousine	428900	429900	420900
Car Service	438900	439900	430900

<b>Description: Fourth Position (School and Church Buses and Other Buses Excluding Zone Rated)</b>	
<b>Seating Capacity</b>	<b>Code</b>
1 to 8	1
9 to 20	2
21 to 60	3
Over 60	4



<b>Fourth Position (Other Buses – Zone Rated Only)</b>	
<b>Description</b>	<b>Code</b>
Other Buses – Zone Rated	9



# Massachusetts Commercial Automobile Statistical Plan 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
<b>Other Buses (except fourth position – see chart below)</b>			<b>Zone Rated</b>
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	--

<b>School and Church Buses (except fourth position – see chart below)</b>			
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

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

<b>Limousines and Car Service</b>			
Limousine	425900	426900	427900
Car Service	435900	436900	437900

<b>Description: Fourth Position (School and Church Buses and Other Buses Excluding Zone Rated)</b>	
<b>Seating Capacity</b>	<b>Code</b>
1 to 8	1
9 to 20	2
21 to 60	3
Over 60	4



<b>Fourth Position (Other Buses – Zone Rated Only)</b>	
<b>Description</b>	<b>Code</b>
Other Buses – Zone Rated	9

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

**CLASSIFICATION CODE**

**PUBLIC TRANSPORTATION**

**MISCELLANEOUS**

★	<b>Description</b>	<b>Code</b>
	Transportation of Migrant Workers	
	Passenger Hazard Included	592600
	Passenger Hazard Excluded	592700

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

**CLASSIFICATION CODE**

**VAN POOLS**

**FLEET AND NON-FLEET**

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

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

**CLASSIFICATION CODE**

**SPECIAL TYPES**

Description	Definition	Code	
		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 Concerns	Trucks	721100	721100
	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			
Vehicles Subject to the Compulsory Law	Capable of moving on own power	793400	793400
	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-Contractor		070700	--
Transporters		070600	--
Trailers and Semitrailers	Used as Showrooms or Salesrooms	045200	045200
Trailer Plate – Boat Dealers		045600	--
All Other Types not described above		704000	704000

★

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

**CLASSIFICATION CODE**

**★ SPECIAL TYPES (Continued)**

- As of January 1, 2004, changes in the Garage Policy resulted in the Garage Policy Forms being available for Dealer Operations only. Since a company may elect not to adopt the modified Garage Policy, Repair Shops, Service Stations and Storage Garages and Public Parking Places classification codes are now listed in both the Garage and Special Types Classification Code tables, with the same classification codes. Note that if a company has elected not to adopt the modified Garage Policy, the Repair Shops, Service Stations and Storage Garages and Public Parking Places will continue to be written on a Garage Policy. If the modifications have been adopted, these classes should be classified as Special Types and written on the Business Auto Coverage Form.
- Those companies that have elected to adopt the revised Garage Policy writing program may report their statistical data using the revised reporting requirements on an optional basis for policies effective January 1, 2004 – June 30, 2004 and on a mandatory basis for policies effective July 1, 2004 and subsequent.

<b>Description</b>	<b>Liability and Physical Damage</b>	
	<b>Unlimited Customer Coverage</b>	<b>Liability Exposure Basis</b>
Repair Shops – Risks primarily engaged in the repair of automobiles, including body, fender, radiator, ignition service and paint shops	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	781100	plate
Storage Garages and Public Parking Places – Risks primarily engaged in the storing or parking of automobiles	781300	plate

**Massachusetts Commercial Automobile  
Statistical Plan  
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	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

# Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

## CLASSIFICATION CODE

### GARAGES

#### RISKS SUBJECT TO THE MASSACHUSETTS COMPULSORY LAW

- ★ • Garages, Garage Dealers, Service Stations, Repair Shops and Parking Facilities
- ★ • As of January 1, 2004, changes in the Garage Policy resulted in the Garage Policy Forms being available for Dealer Operations only. Since a company may elect not to adopt the modified Garage Policy, Repair Shops, Service Stations and Storage Garages and Public Parking Places classification codes are now listed in both the Garage and Special Types Classification Code tables, with the same classification codes. Note that if a company has elected not to adopt the modified Garage Policy, the Repair Shops, Service Stations and Storage Garages and Public Parking Places will continue to be written on a Garage Policy. If the modifications have been adopted, these classes should be classified as Special Types and written on the Business Auto Coverage Form.
- ★ • Those companies that have elected to adopt the revised Garage Policy writing program may report their statistical data using the revised reporting requirements on an optional basis for policies effective January 1, 2004 – June 30, 2004 and on a mandatory basis for policies effective July 1, 2004 and subsequent.
- ★ • Note that CAR has adopted the revised Garage Policy as of July 1, 2004. Therefore, as of this date, the Repair Shops, Service Stations and Storage Garages and Public Parking Places classifications listed on a Limited Customer Coverage Basis (780800, 781000 and 781200) will no longer be available for ceded policies.

Description	Liability and Physical Damage		
	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

**Massachusetts Commercial Automobile  
Statistical Plan  
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
- ★ • The following classifications are only applicable if a company has not adopted the revised Garage Policy writing program which became available January 1, 2004 and subsequent. Under this program, Repair Shops, Service Stations, Storage Garages and Public Parking Places do not qualify for the Garage Policy Form and the classification codes listed below are no longer classified as Garage classifications.
- ★ • Note that CAR has adopted the revised Garage Policy as of July 1, 2004. Therefore, as of this date, the classifications listed below will no longer be available for ceded policies.

Description	Code	
	Liability	Physical Damage
Repair Shops, Storage Garages, Service Stations and Public Parking Places	075000	075000
All Other Risks Not Subject to the Massachusetts Compulsory Law <ul style="list-style-type: none"><li>• As written in accordance with the garage section of the Massachusetts Commercial Automobile Insurance Manual</li></ul>	707000	707000



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

**CLASSIFICATION CODE**

**NON-OWNED AUTOMOBILES**

Description	Code	
	Liability	Physical Damage
<b>Non-Ownership Liability</b> (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	--
<b>Non-Ownership Liability</b> (Exposure Basis: Volunteer Months)		
Volunteers (Social Service Agency Risks Only)	667000	--
Individual Liability of Volunteers (Social Service Agency Risks Only)	667200	--
<b>Hired Automobiles</b> (Exposure Basis: Cost of Hire)		
Private Passenger and Commercial Vehicles (excluding Truckers)	661100	661100
Truckers	661300	661300
★ Truckers – Without Hold Harmless Agreements (Voluntary Business Only)	662600	662600
★ Truckers – With Hold Harmless Agreements (Voluntary Business Only)	662800	662800
Public Transportation Automobiles	500000	500000
On a Minimum or an "If Any" Premium Basis	661900	--
<b>Other Non-Owned Automobiles</b>		
Drive Other Car Coverage	902000	902000
Partnership as the Named Insured – Non-Ownership Liability	700000	--
All Other	700000	700000

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

**CLASSIFICATION CODE**

**SPECIAL RATING AND ADJUSTMENT**

Description	Code	
	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
<b>Gross Receipts and Mileage</b>		
Gross Receipts		
Buses	059900	059900
Commercial	089900	089900
Mileage		
Buses	059900	059900
Commercial	089800	089800

# Massachusetts Commercial Automobile Statistical Plan 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	40	240	940
Mountain	41	241	941
Midwest	42	242	942
Southwest	43	243	943
North Central	44	244	944
Mid East	45	245	945
Gulf	46	246	946
South East	47	247	947
Eastern	48	248	948
New England	49	249	949

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

**AGE CODE**

The Age Code applies to the following classifications:

- Publics
- Private Passenger Types
- Trucks, Tractors and Trailers
- Van Pools
- ★ • Special Types (refer to Appendix A – Classification Code Decision Table for applicable classifications)

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

**Massachusetts Commercial Automobile  
Statistical Plan  
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**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

<b>Description</b>	<b>Code</b>
Voluntary	0
Ceded Commercial <ul style="list-style-type: none"><li>• Fleet CAR Rated Risk</li><li>• Trucks, Tractors and Trailers – Fleet</li><li>• Private Passenger Types – Fleet</li></ul>	2
Ceded All Other Commercial	3

★ For Policy Effective Years 1991 through 2002:

<b>Description</b>	<b>Code</b>
Voluntary	0
Ceded Commercial – CAR Rate Used	2
Ceded Commercial – CAR Rate Not Used <ul style="list-style-type: none"><li>• Non-Fleet Private Passenger Types Only (Class Code 739100)</li></ul>	3

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

**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

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

**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  
Statistical Plan  
Part VI - Coding Section**

**RATING IDENTIFICATION CODE**

Description	Code
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





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

**TERRORISM COVERAGE CODE**

Terrorism Coverage Code may be optionally reported for policies effective July 1, 2006 – December 31, 2006. It is mandatory to report Terrorism Coverage Code for policies effective January 1, 2007 and subsequent.

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.

Description	Code
Underlying Policy Record	
★ Exclusion for Terrorism for coverage in excess of the minimum statutory policy limits as provided in the Commercial Automobile Policy	A
★ Terrorism Coverage Provided on the Underlying Policy (total policy limit) at No Additional Charge	
• Coverage only for terrorism events resulting in up to \$25 million in property damage	B
• All Other Terrorism Coverage	C
Terrorism Coverage Provided on the Underlying Policy at an Additional Charge (Separate premium record for developed terrorism coverage premium must also be reported – see below)	H
Terrorism Coverage Record	
Report separately developed premium for terrorism coverage	T

**Massachusetts Commercial Automobile  
Statistical Plan  
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*)
- ★ • 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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Part VI - Coding Section**

**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 Statistical Plan 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 Earnings	Rounded to the Nearest Hundred	Units of One 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 of Employee Basis			
Employees	Months	Result (Employees x Months)	Code
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	
Expiring Month	Jan 1 to Jan 15	0													
	Jan 16 to Feb 15	1	0												
	Feb 16 to Mar 15	2	1	0											
	Mar 16 to Apr 15	3	2	1	0										
	Apr 16 to May 15	4	3	2	1	0									
	May 16 to Jun 15	5	4	3	2	1	0								
	Jun 16 to Jul 15	6	5	4	3	2	1	0							
	Jul 16 to Aug 15	7	6	5	4	3	2	1	0						
	Aug 16 to Sep 15	8	7	6	5	4	3	2	1	0					
	Sep 16 to Oct 15	9	8	7	6	5	4	3	2	1	0				
	Oct 16 to Nov 15	10	9	8	7	6	5	4	3	2	1	0			
	Nov 16 to Dec 15	11	10	9	8	7	6	5	4	3	2	1	0		
Following Year	Jan 16 to Feb 15	12	11	10	9	8	7	6	5	4	3	2	1	0	
	Feb 16 to Mar 15	13	12	11	10	9	8	7	6	5	4	3	2	1	
	Mar 16 to Apr 15	14	13	12	11	10	9	8	7	6	5	4	3	2	
	Apr 16 to May 15	15	14	13	12	11	10	9	8	7	6	5	4	3	
	May 16 to Jun 15	16	15	14	13	12	11	10	9	8	7	6	5	4	
	Jun 16 to Jul 15	17	16	15	14	13	12	11	10	9	8	7	6	5	
	Jul 16 to Aug 15	18	17	16	15	14	13	12	11	10	9	8	7	6	
	Aug 16 to Sep 15	19	18	17	16	15	14	13	12	11	10	9	8	7	
	Sep 16 to Oct 15	20	19	18	17	16	15	14	13	12	11	10	9	8	
	Oct 16 to Nov 15	21	20	19	18	17	16	15	14	13	12	11	10	9	
	Nov 16 to Dec 15	22	21	20	19	18	17	16	15	14	13	12	11	10	
	Dec 16 to Jan 15	23	22	21	20	19	18	17	16	15	14	13	12	11	
2nd Following Year	Jan 16 to Feb 15	24	23	22	21	20	19	18	17	16	15	14	13	12	
	Feb 16 to Mar 15		24												
	Mar 16 to Apr 15			24											
	Apr 16 to May 15				24										
	May 16 to Jun 15					24									
	Jun 16 to Jul 15						24								
	Jul 16 to Aug 15							24							
	Aug 16 to Sep 15								24						
	Sep 16 to Oct 15									24					
	Oct 16 to Nov 15										24				
	Nov 16 to Dec 15											24			
	Dec 16 to Jan 15												24		

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  
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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  
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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)	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.

**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><i>bbbbbb</i></b>
123456789	123456789 <b><i>bbbbbbb</i></b>
ABCDEF1234567890	ABCDEF1234567890



**Massachusetts Commercial Automobile  
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**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  
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**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 (970000000000000000)

Examples:

<b>Vehicle Identification Number</b>	<b>Code Reported</b>
1FABP28A6FF143890	1FABP28A6FF143890
1C3BH41J6MN109186	1C3BH41J6MN109186
ZC2FP1101KB202230	ZC2FP1101KB202230
GV5VK3212B	GV5VK3212Bbbbbbbb
MA12345	MA12345bbbbbbbbbb

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

**Liability Only**

This section applies to liability records only

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

**LIMITS IDENTIFIER CODE**

<b>Description</b>	<b>Code</b>
Combined Single Limit Liability policies <ul style="list-style-type: none"><li>• Separate premiums for Bodily Injury and Property Damage *</li></ul>	2
Split Limit Liability policies <ul style="list-style-type: none"><li>• Separate premiums for Bodily Injury and Property Damage</li></ul>	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.

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

**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

<b>Aggregate Limits</b>	<b>Code</b>
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

# Massachusetts Commercial Automobile Statistical Plan Part VI - Coding Section

## LIABILITY LIMITS CODE

BODILY INJURY		
Limits of Liability		Code
Per Claim	Per Accident	
\$ 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	500,000	15 #
500,000	1,000,000	10
1,000,000	1,000,000	14
All Other Limits Not Above		49
No Bodily Injury		00

UNINSURED MOTORIST		
Limits of Liability		Code
Per Claim	Per Accident	
\$ 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	500,000	15 #
500,000	1,000,000	10 ***
1,000,000	1,000,000	14 ***
All Other Limits Not Above		49
No Uninsured 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
250,000	11
500,000	10
750,000	12 ***
1,000,000	13 ***
Property Damage Deductible	08
All Other Limits Not Above	09
No Property Damage	00

MEDICAL PAYMENTS	
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 ***
All Other Limits Not Above	49 ****
No Medical Payments	00

UNDERINSURED MOTORIST		
Limits of Liability		Code
Per Claim	Per Accident	
\$ 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	500,000	15 #
500,000	1,000,000	10 ***
1,000,000	1,000,000	14 ***
All Other Limits Not Above		49
No Underinsured Auto		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.

\*\*\* This limit is available for voluntary business only.

\*\*\*\* Optional for policies effective 1/1/05 – 12/31/05 and mandatory for policies effective 1/1/06 and subsequent.

★ # Mandatory for policies effective January 1, 2008 and subsequent.

**Massachusetts Commercial Automobile  
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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.

<b>COMBINED SINGLE LIMIT</b>	
<b>Limits of Liability Per Occurrence</b>	<b>Code</b>
\$ 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

**Massachusetts Commercial Automobile  
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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  
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**TYPE OF LOSS CODE - LIABILITY**

<b>Description</b>	<b>Code</b>
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 Acts of Terrorism <ul style="list-style-type: none"> <li>• Includes Bodily Injury Caused by an Uninsured Automobile, Bodily Injury Caused by an Underinsured Automobile and Medical Payments</li> </ul>	97
★ Property Damage Loss Due to Acts of Terrorism	98

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

**No-Fault Only**

This section applies to no-fault records only

**Massachusetts Commercial Automobile  
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**PIP COVERAGE CODE**

Description	Code
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 Acts of Terrorism	97

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

**Physical Damage Only**

This section applies to physical damage records only

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

**OTHER THAN COLLISION COVERAGE CODE**

★ The \$100 Towing and Labor Costs Coverage codes are optional for policies effective 9/4/2002 – 12/31/2002 and mandatory for policies effective 1/1/2003 and subsequent.

<b>OTC Coverage with Full Glass Coverage</b>				
<b>Description</b>	<b>Code</b>			
	<b>Towing and Labor Cost Coverage</b>			
	<b>\$25 Included</b>	<b>\$50 Included</b>	<b>★ \$100 Included</b>	<b>Excluded</b>
Comprehensive Coverage				
• \$ 300 Deductible	034	234	434	035
• \$ 500 Deductible	036	236	436	037
• \$1,000 Deductible	038	238	438	039
• \$2,000 Deductible	022	222	422	023
• All Other Deductibles with Full Glass Coverage	064	264	464	004
Fire only Coverage	065	265	465	005
Fire and Theft Coverage	066	266	466	006
Fire, Theft and Combined Additional Coverage with MMV or Dealers Supplemental Coverage with MMV	068	268	468	008
Fire, Theft and Combined Additional Coverage without MMV or Dealers Supplemental Coverage without MMV	069	269	469	009
Stated Amount	060			
Agreed Amount	063			

<b>OTC Coverage with Optional \$100 Glass Deductible</b>				
<b>Description</b>	<b>Code</b>			
	<b>Towing and Labor Cost Coverage</b>			
	<b>\$25 Included</b>	<b>\$50 Included</b>	<b>★ \$100 Included</b>	<b>Excluded</b>
Comprehensive Coverage				
• \$ 300 Deductible	134	334	534	135
• \$ 500 Deductible	136	336	536	137
• \$1,000 Deductible	138	338	538	139
• \$2,000 Deductible	122	322	522	123
• All Other Deductibles with Optional Glass Deductible	164	364	564	104
Fire only Coverage	165	365	565	105
Fire and Theft Coverage	166	366	566	106
Fire, Theft and Combined Additional Coverage with MMV or Dealers Supplemental Coverage with MMV	168	368	568	108
Fire, Theft and Combined Additional Coverage without MMV or Dealers Supplemental Coverage without MMV	169	369	569	109

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

**OTHER THAN COLLISION COVERAGE CODE (Continued)**

**MISCELLANEOUS COVERAGES**

<b>Description</b>	<b>Code</b>
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 998000)	052
Dealers Wholesale Floor Plan (Class Code 998000)	054
Composite Rated Risks (Class Code 999000)	059
★ Towing and Labor Cost – \$100 per disablement <ul style="list-style-type: none"> <li>No other Comprehensive coverage afforded</li> <li>Optional for policies effective 9/4/2002 – 12/31/2002. Mandatory for policies effective 1/1/2003 and subsequent.</li> </ul>	080
Towing and Labor Cost – \$25 per disablement <ul style="list-style-type: none"> <li>No other Comprehensive coverage afforded</li> </ul>	081
Towing and Labor Cost – \$50 per disablement <ul style="list-style-type: none"> <li>No other Comprehensive coverage afforded</li> </ul>	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, with applicable class and coverage)	089
All Other Coverages – excluding Collision	089

**Massachusetts Commercial Automobile  
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**OTHER THAN COLLISION COVERAGE CODE (Continued)**

**GARAGE COVERAGE**

<b>Garage Dealers - Comprehensive Coverage</b>	<b>Code</b>
\$ 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

<b>Garagekeepers - Comprehensive Coverage</b>	<b>Code</b>
Legal Liability Basis	211
Direct Coverage – Primary	212
Direct Coverage – Excess	213

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

<b>★ Garagekeepers - Miscellaneous Coverages</b>	<b>Code</b>
Sound Receiving and Transmitting Equipment	217



**Massachusetts Commercial Automobile  
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**COLLISION COVERAGE CODE**

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

<b>Collision Coverage With Waiver of Deductible</b>		
<b>Description</b>	<b>Code</b>	<b>Type of Loss Code</b>
\$ 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

<b>Limited Collision Coverage</b>		
<b>Description</b>	<b>Code</b>	<b>Type of Loss Code</b>
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

**Massachusetts Commercial Automobile  
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**COLLISION COVERAGE CODE (Continued)**

**MISCELLANEOUS COVERAGES**

<b>Description</b>	<b>Code</b>
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**

<b>Garagekeepers - Collision Coverage</b>	<b>Code</b>
Legal Liability Basis	311
Direct Coverage – Primary	312
Direct Coverage – Excess	313

<b>Garage Dealers - Drive-Away Collision Coverage</b>	<b>Code</b>
\$300 Deductible	477
★ \$500 Deductible	478
All Other	099

★	<b>Garagekeepers – Miscellaneous Coverages</b>	<b>Code</b>
	Sound Receiving and Transmitting Equipment	317

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

**SYMBOL CODE**

**ORIGINAL COST NEW of COMMERCIAL VEHICLES**

★ The Symbol Code (Original Cost New) applies to the following classifications:

- Trucks, Tractors, and Trailers
- Private Passenger Types
- Publics
- Van Pools
- Special Types (refer to Appendix A – Classification Code Decision Table for applicable classifications)

★ For those vehicles with Original Cost New valued at \$90,001 and over (Symbol Code 12), companies are required to report the vehicle's Original Cost New in the Original Cost New Code field of the physical damage premium and loss record layouts.

<b>Cost New</b>	<b>Code</b>
\$ 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

# Massachusetts Commercial Automobile Statistical Plan 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	Value	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	9,999 or Over	99
3,200	32	6,600	66		
3,300	33	6,700	67		
3,400	34	6,800	68		

Examples:

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

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

**PRE-INSURANCE INSPECTION IDENTIFICATION CODE**

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

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

**INTENSIFIED APPRAISAL IDENTIFICATION CODE**

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

<b>Description</b>	<b>Claims &lt;= \$4,000</b>	<b>Claims &gt; \$4,000</b>
Eligible for Intensified Appraisal and Appraised	3	5
Eligible for Intensified Appraisal and Not Appraised	4	6
Not Eligible	9	8

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

**★ ORIGINAL COST NEW CODE**

- Applies to vehicles with Original Cost New valued at \$90,001 and over, and reported with Symbol Code 12
- Report the vehicle's Original Cost New rounded to the nearest \$1,000

Examples:

<b>Original Cost New</b>	<b>Code</b>
\$90,001	090
\$125,650	126
\$502,230	502

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

**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
- ★ • Reporting Anti-Theft Discount Codes which pertain to a Category V anti-theft device or a Category V device in combination with another device is optional for policies effective January 1, 2004 through June 30, 2004 and mandatory for policies effective January 1, 2004 and subsequent.

	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
★	Category V Applies	8
★	Category V plus Category I Apply	9
★	Category V plus Category II Apply	A
★	Category V plus Category III Apply	B



**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 Acts of Terrorism	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 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. For those companies affiliated with a group, data must be reported at the individual company number level, rather than at the group level, as described in Part II – General Rules of the Plan. 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 or company group 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. 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. 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 calendar year 2009 Statutory Page 14 for Massachusetts indicates that a company has exceeded the reporting thresholds. This company will be instructed to begin reporting to CAR no later than the December 2011 submission.

<p style="text-align: center;"><b>Massachusetts Commercial Automobile Statistical Plan Part VII - Statistical Data Quality Program</b></p>
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**Section A - Statistical Data Quality Components**

**1. STATISTICAL SUBMISSIONS (Continued)**

**b. Low Volume Company**

★ A company or company group 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 its Statutory Page 14 for Massachusetts 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.

**c. 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.

**d. 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.

# **Massachusetts Commercial Automobile Statistical Plan Part VII - Statistical Data Quality Program**

## **Section A - Statistical Data Quality Components**

### **1. STATISTICAL SUBMISSIONS (Continued)**

#### **e. 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. Additionally, for those companies affiliated with a group, statistical data must be reported at the individual company number level or the shipment will be considered incomplete and unacceptable.

★ A record is considered to be a statistical error record when it has one or more statistical errors. A record is considered to be a verification only error record when it has no statistical errors, but has one or more verification errors. Refer to CAR's Statistical Edit Package for a description of these errors. 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 Section of the Statistical Data Quality Program for specific penalty information.

#### **f. 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.

# Massachusetts Commercial Automobile Statistical Plan Part VII - Statistical Data Quality Program

## Section A – Statistical Data Quality Components

### 1. STATISTICAL SUBMISSIONS (Continued)

#### f. 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



On a weekly basis, CAR updates its On-Line Telecommunications System, provides companies with statistical error files and establishes a due date for the necessary corrections to be completed. The established due date for the completion of on-line corrections is approximately 60 calendar days from the date the listings are 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 file 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 within the error file to the 5% tolerance by the due date, the errors will be re-listed on-line with a new due date. The company is required to make additional corrections to the error file until the 5% tolerance has been met.

Companies that are provided with statistical error files for several accounting months at the same time will be provided with additional time to correct these errors as long as 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' files were provided at the same time, the volume of error records and any extenuating circumstances that may affect the timely correction of data.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VII - Statistical Data Quality Program**

**Section A - Statistical Data Quality Components**

**2. STATISTICAL ERRORS (Continued)**

**c. Low Volume**



A statistical error file is considered low volume if both the total number of error records contained within the file and the total exposures, premiums or losses in error fall within the ranges indicated below. Statistical error files 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.

<b>Statistical Error Tolerance Levels</b>		
<b>Commercial</b>	<b>Total Numbers Of Error Records</b>	<b>Total Premium or Loss Dollars In Error</b>
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.

**Massachusetts Commercial Automobile  
Statistical Plan  
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

★

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# **Massachusetts Commercial Automobile Statistical Plan**

## **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 \$12,500 Statistical Data Quality Penalty the first calendar year. If non-compliance continues, a \$30,000 penalty will be assessed after the second calendar year, and a \$60,000 penalty will be assessed each calendar year thereafter until statistical data reporting begins. Although the determination of whether a company exceeds the established thresholds is based upon the writing of the entire group, this penalty will be assessed on an individual company basis. It will be applied to each company within the identified group, regardless of whether the company on an individual basis has exceeded the reporting thresholds. In addition, the Division of Insurance will be notified of the company's non-compliance.

Example: The calendar year 2009 Statutory Page 14 for Massachusetts indicates that a company has exceeded the reporting thresholds. The company must begin reporting to CAR no later than the December 2011 submission. If a submission is not reported to CAR on or before this deadline, the company will be assessed a \$12,500 Statistical Data Quality Penalty. If the company again fails to report by the December 2012 submission, the company will be assessed a \$30,000 penalty. If the company fails to report by December 2013 submission, the company will be assessed a \$60,000 penalty, and the Division of Insurance will be notified of the company's non-compliance.



**Massachusetts Commercial Automobile  
Statistical Plan  
Part VII - Statistical Data Quality Program**

**Section B - Statistical Data Quality Penalties**

**1. STATISTICAL SUBMISSION (Continued)**

**b. Low Volume Company**

★ Low volume companies have a maximum penalty amount of \$1,500 for any one submission. Accordingly, companies reporting on a quarterly basis will never be assessed more than \$6,000 in a calendar year, and companies reporting on a monthly basis will never be assessed more than \$18,000 in a calendar year.

**c. 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 \$3,000 for a particular range of shipment receipt dates as shown in the chart below. An additional \$3,000 penalty is incurred for each additional calendar month that passes until the shipment is received. Since each company that is affiliated with a group is required to report their statistical data on an individual company basis, these penalties are also assessed on an individual company basis. For the shipment in the example below, a penalty of 3,000/month would be added to the \$3,000 amount previously accrued on the shipment since the displayed receipt date had passed.

<b>Receipt Date at CAR of Last Acceptable Portion</b>	<b>Penalty Amount</b>
After the shipment due date, but before the end of the month in which the shipment due date occurs	\$ 500
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	\$ 1,250
After the due date of the next accounting month's shipment, but before the end of the month in which this due date occurs	\$ 3,000
Each additional calendar month	\$3,000/month

**Example: January Monthly Accounting Shipment Due 3/15**

<b>Receipt Date of Shipment</b>	<b>Calculation of Penalty</b>	<b>Penalty Dollars</b>
3/16 – 3/31	\$ 500	\$ 500
4/1 – 4/15	\$ 1,250	\$ 1,250
4/16 – 4/30	\$ 3,000	\$ 3,000
5/1	\$3,000 + \$ 3,000	\$ 6,000
6/1	\$ 6,000 + \$ 3,000	\$ 9,000

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VII - Statistical Data Quality Program**

**Section B - Statistical Data Quality Penalties**

**2. STATISTICAL ERRORS**

This section details the Statistical Data Quality Penalty amounts that companies will be assessed if an insufficient volume of statistical error corrections are applied.

<b>Statistical Error Files Meeting the Following Criteria</b>	<b>Penalty Amount</b>
The initial due date has expired and the error percentage has not been reduced to less than or equal to 5%	\$ 150
The error file 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%	\$ 600
Each additional re-listing with error percentages not less than or equal to 5%	\$1,250

<b>Example: Statistical Error Percentage Not Reduced To Less Than or Equal to 5%: Error Corrections Due 4/30</b>		
<b>Due Date</b>	<b>Calculation of Penalty</b>	<b>Penalty Dollars</b>
4/30	\$150	\$ 150
6/30	\$ 600	\$ 600
8/30	\$ 1,250	\$ 1,250
10/30	\$ 1,250 + \$ 1,250	\$ 2,500

**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 \$3,000. Additionally, a penalty of \$3,000 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 \$3,000 will be assessed. However, the \$3,000 per month penalty for each subsequent month will not be assessed in this situation.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VII - Statistical Data Quality Program**

**Section B - Statistical Data Quality Penalties**

★ 4. **MASSACHUSETTS ANNUAL STATEMENT AND QUARTERLY STATUTORY  
PAGE 14 FOR MASSACHUSETTS**

A Statistical Data Quality Penalty of \$100 per CAR business day will be assessed for the late submission of Fourth Quarter NAIC Annual Statement filings and corresponding copy of the Massachusetts Annual Statement. Also, a Statistical Data Quality Penalty of \$100 per CAR business day will be assessed for a late Fourth Quarter Massachusetts Annual Statement Reconciliation response until CAR receives the response.

★ A Statistical Data Quality Penalty of \$100 per CAR business day will be assessed for the late submission of quarterly Statutory Page 14 data for Massachusetts. Also, a Statistical Data Quality Penalty of \$100 per CAR business day will be assessed for a late response to the reconciliation of the quarterly Statutory Page 14 for Massachusetts until CAR receives the response.

Since each company that is affiliated with a group is required to report its statistical data on an individual company number level and is required to report separate Massachusetts Annual Statement data and quarterly Statutory Page 14 for Massachusetts data, the Annual Statement penalties will also be assessed on an individual company basis.

5. **DISPUTED PENALTY FEES**

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.

# 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
⑪	2012 and subsequent Optional 7/1/2011-12/31/2011	Original Cost New Code	618	56 - 58



\* 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	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	TRANSACTION	Month
12	EFFECTIVE	Year
13	DATE	Year
14	POLICY	Month
15	EXPIRATION	Year
16	DATE	Year
17	STATE CODE	
18		
19	PREMIUM TOWN	
20	CODE	
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEMENT	
25	LINE OF BUSINESS CODE	
26		
27	SUBLINE CODE	
28		
29		
30	CLASSIFICATION CODE	
31		
32		
33		
34		
35	LIMITS IDENTIFIER CODE	
36		
37	BODILY INJURY	
38	LIMITS CODE	
39	PROPERTY DAMAGE	
40	LIMIT CODE	
41	MEDICAL PAYMENTS	
42	LIMIT CODE	
43	UNINSURED MOTORIST	
44	LIMITS CODE	
45	UNDERINSURED MOTORIST	
46	LIMITS CODE	
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	
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	Reserved for Future Use
67	
68	
69	
70	
71	ZIP CODE ⑤
72	
73	
74	
75	
76	
77	
78	EXPOSURE
79	
80	
81	
82	
83	EXPERIENCE RATING MODIFICATION FACTOR CODE
84	
85	ALL OTHER RATING MODIFICATION FACTOR CODE
86	
87	Reserved for Future Use
88	
89	BODILY INJURY PREMIUM
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

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

## LIABILITY 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	Month
12		Day
13		Day
14		Year
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	LIMITS IDENTIFIER CODE	
36	LIABILITY LIMITS CODE	
37		
38		
39	Reserved for Future Use	
40	ACCIDENT TOWN CODE	
41		
42		
43	Reserved for Future Use	
44		
45		
46		
47		
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		
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		
79		
80	Reserved for Future Use	
81		
82	REPORTING DATE	Month
83		Year
84		Year
85	Reserved for Future Use	
86		
87	TYPE OF LOSS CODE	
88		
89	Reserved for Future Use ⑨	
90		
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	
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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

## NO-FAULT PREMIUM

1	COMPANY OR GROUP NUMBER CODE		51	ZONE RATING CODE (Continued)		101	PIP (NO-FAULT) PREMIUM (Continued)	
2			52	AGE CODE ⑥		102		
3			53	Reserved for Future Use ⑧		103		
4	TRANSACTION TYPE CODE		54			104	Reserved for Future Use	
5			55			105		
6	ACCOUNTING DATE	Month	56	PASSIVE RESTRAINT DISC. CODE		106		
7		Year	57	Reserved for Future Use		107		
8	POLICY EFFECTIVE DATE	Month	58			108		
9		Year	59	RATING IDENTIFICATION CODE		109		
10			60	★ Terrorism Coverage Code ⑩		110		
11	TRANSACTION EFFECTIVE DATE	Month	61	PRODUCER CODE ②		111	POLICY IDENTIFICATION NUMBER	
12		Year	62			112		
13			63			113		
14	POLICY EXPIRATION DATE	Month	64			114		
15		Year	65			115		
16			66			116		
17	STATE CODE		67	Reserved for Future Use		117		
18			68			118		
19	PREMIUM TOWN CODE		69			119		
20			70			120		
21			71			121		
22	CAR IDENTIFICATION CODE		72	ZIP CODE ⑤		122		
23	TYPE OF RISK CODE		73			123		
24	ANNUAL STATEMENT LINE OF BUSINESS CODE		74			124		
25			75			125		
26			76			126		
27	SUBLINE CODE		77			127		
28			78			128		
29			79			129		
30	CLASSIFICATION CODE		80	EXPOSURE		130	VEHICLE IDENTIFICATION NUMBER ⑤	
31			81			131		
32			82			132		
33			83			133		
34			84			134		
35			85			135		
36	Reserved for Future Use		86			136		
37	PIP COVERAGE CODE		87			137		
38	Reserved for Future Use		88	EXPERIENCE RATING MODIFICATION FACTOR CODE		138		
39			89	ALL OTHER RATING MODIFICATION FACTOR CODE		139		
40			90			140		
41			91			141		
42			92	Reserved for Future Use		142		
43			93			143		
44			94			144		
45			95	PIP (NO-FAULT) PREMIUM		145		
46			96			146		
47			97			147		
48			98			148	COMPANY USE	
49	ZONE RATING CODE		99			149		
50			100			150		

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

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	Month
12		Day
13		Day
14		Year
15	Year	
16	Reserved for Future Use	
17	STATE CODE	
18		
19	PREMIUM TOWN	
20	CODE	
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		
46	SYMBOL CODE ④ ⑥	
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	★
57	ORIGINAL COST NEW CODE ⑪
58	
59	
60	RATING IDENTIFICATION CODE
61	Reserved for Future Use
62	PRODUCER CODE
63	
64	
65	
66	
67	Reserved for Future Use
68	
69	
70	
71	
72	ZIP CODE
73	
74	
75	
76	
77	
78	
79	
80	Reserved for Future Use
81	
82	
83	
84	
85	CATASTROPHE CODE
86	TYPE OF LOSS CODE
87	
88	
89	Reserved for Future Use ⑨
90	
91	
92	LOSS AMOUNT
93	
94	
95	
96	
97	
98	
99	
100	CLAIM IDENTIFICATION NUMBER

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	
120	
121	VEHICLE IDENTIFICATION NUMBER ⑤
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	COMPANY USE
134	
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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.

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