#### COMMONWEALTH AUTOMOBILE REINSURERS Massachusetts Commercial Automobile

#### GARAGES

							GARA	GES SUBJ	IECT TO T	HE MASSA	CHUSETT	S COMPUL	SORY LAW							
	Territories																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
RATES PER PLAT	ΓE																			
Coverage A-1	1092	1092	1092	1092	1092	1092	1092	1092	1092	1092	292	355	334	444	382	418	532	544	648	599
Coverage A-2	131	131	131	131	131	131	131	131	131	131	44	51	49	61	54	58	70	71	83	77
Coverage PDL	1109	1109	1109	1109	1109	1109	1109	1109	1109	1109	294	359	337	450	387	422	539	550	657	607
Coverage B	148	148	148	148	148	148	148	148	148	148	39	48	45	60	52	56	72	73	88	81

	GARAGES	MEDICAL	PAYMENT TABL	ES				
				Garage	Automobile	and		
	Garage Auton	nobile Medic	al Payments	Other Tha	n Covered	Autos		
Bodily Injury	Limi	Limit per Person			Limit per Person			
Liability Limits	<u>1,000</u>	2,000	<u>5,000</u>	<u>1,000</u>	<u>2,000</u>	<u>5,000</u>		
20/40	5.1%	5.9%	7.1%	7.2%	8.4%	10.0%		
25/50	4.5%	5.2%	6.3%	6.4%	7.4%	8.8%		
35/80	4.0%	4.6%	5.5%	5.6%	6.4%	7.7%		
50/100	3.5%	4.1%	4.9%	5.0%	5.8%	6.9%		
100/300	2.9%	3.3%	4.0%	4.1%	4.7%	5.6%		
250/500	2.3%	2.6%	3.2%	3.2%	3.8%	4.5%		
500/500	2.0%	2.3%	2.8%	2.8%	3.3%	3.9%		
500/1000	2.0%	2.3%	2.8%	2.8%	3.3%	3.9%		
1000/1000	1.8%	2.0%	2.4%	2.5%	2.9%	3.4%		

ALL TERRITORIES							
	U-1	U-2					
Limits	<u>Uninsured</u>	Underinsured					
20/40	6	0					
20/50	7	0					
25/50	8	2					
35/80	9	6					
50/100	10	11					
100/300	11	29					
250/500	12	105					
500/500	16	267					

The foregoing tables are based on Table 4 increased limits factors. For other limits, the policy factor for medical payments shall be determined as follows:

Medical Payments Percentage for Basic Bodily Injury Limits / Table Percentage for Increased Limits

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# Commercial Automobile Rates Garages Subject to the Massachusetts Compulsory Law

### Garage Operations - Other Than Covered Autos

## **Liability Rates**

Combined Single Limit of Liability (in 000's) - Rate is per \$100 of Payroll

	50	100	200	250	300	500	1000
All Territories	0.417	0.503	0.598	0.628	0.653	0.720	0.816
Minimum Premium per Location		34	40	42	44	48	55

These rates reflect an aggregate limit, applicable to other than auto losses, of three times the otherwise applicable per accident liability limit.

For aggregate limits other than three times the per accident limit, multiply the rates by the following factors:

1 x	Accident Limit	0.950
2 x	Accident Limit	0.980
5 x	Accident Limit	1.030
7 x	Accident Limit	1.050

### **Increased Limit Factors**

<u>CSL</u>	<b>Factor</b>
\$50,000	1.000
\$75,000	1.123
\$80,000	1.141
\$100,000	1.206
\$200,000	1.434
\$250,000	1.507
\$300,000	1.565
\$500,000	1.727
\$750,000	1.861
\$1,000,000	1.956
\$2,000,000	2.151
\$2,500,000	2.212
\$5,000,000	2.412

The Aggregate Limit is three times the Accident Limit.