

COMMONWEALTH AUTOMOBILE REINSURERS  
Massachusetts Commercial Automobile

GARAGES

GARAGES SUBJECT TO THE MASSACHUSETTS COMPULSORY LAW

	Territories																			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
RATES PER PLATE																				
Coverage A-1	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	1,394	418	405	268	451	385	605	539	572	702	715
Coverage A-2	141	141	141	141	141	141	141	141	141	141	42	41	27	46	39	61	55	58	71	72
Coverage PDL	1,536	1,536	1,536	1,536	1,536	1,536	1,536	1,536	1,536	1,536	461	446	295	497	424	666	594	630	774	788
Coverage B	272	272	272	272	272	272	272	272	272	272	82	79	52	88	75	118	105	112	137	139

GARAGES MEDICAL PAYMENT TABLES

Bodily Injury <u>Liability Limits</u>	Garage Automobile Medical Payments			Garage Automobile and Other Than Covered Autos		
	Limit per Person			Limit per Person		
	<u>1,000</u>	<u>2,000</u>	<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	4.3%	5.0%	6.0%	6.1%	7.1%	8.5%
35/80	3.5%	4.1%	4.9%	5.0%	5.8%	6.9%
50/100	3.0%	3.5%	4.2%	4.2%	4.9%	5.9%
100/300	2.2%	2.6%	3.1%	3.1%	3.7%	4.4%
250/500	1.6%	1.9%	2.2%	2.3%	2.6%	3.2%
500/500	1.3%	1.5%	1.8%	1.9%	2.2%	2.6%
500/1000	1.3%	1.5%	1.8%	1.8%	2.2%	2.6%
1000/1000	1.1%	1.3%	1.6%	1.6%	1.9%	2.2%

ALL TERRITORIES

<u>Limits</u>	U-1	U-2
	Uninsured	Underinsured
20/40	3	0
20/50	4	0
25/50	5	1
35/80	6	5
50/100	7	8
100/300	8	24
250/500	9	97
500/500	10	254

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

R-145  
 C.A.R.  
 12/1/2023

**Commonwealth Automobile Reinsurers  
 Massachusetts Commercial Automobile**

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		0.553	0.733	0.942	1.010	1.075	1.264	1.455
Minimum Premium per Location		36	48	61	66	70	82	95

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**

<b><u>CSL</u></b>	<b><u>Factor</u></b>
\$50,000	1.000
\$75,000	1.198
\$80,000	1.227
\$100,000	1.325
\$200,000	1.703
\$250,000	1.826
\$300,000	1.944
\$500,000	2.285
\$750,000	2.489
\$1,000,000	2.631
\$2,000,000	2.893
\$2,500,000	2.976
\$5,000,000	3.244

The Aggregate Limit is three times the Accident Limit.