

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 1

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	173	303	190	566	299	509	269	169
PART 2	PERSONAL INJURY PROTECTION							
	95	133	154	230	130	207	117	104
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	222	385	273	735	470	662	423
	10,000	275	477	339	911	583	821	525
	25,000	281	488	346	932	596	839	536
	50,000	286	497	352	948	606	854	546
	100,000	289	501	355	956	611	861	550
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	19	43	28	68	39	61	35
	25/50	31	64	41	106	59	95	53
	35/80	54	105	67	182	100	164	90
	50/100	75	143	91	252	137	226	123
	100/300	128	240	152	429	232	386	208
	250/500	242	444	281	803	431	722	388

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO			
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO			
	PART 3		PART 12	
	20/40	37	0	50/100
	25/50	39	2	100/300
	35/80	44	8	250/500

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	382	798	480	1458	806	1312	725	378
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	125	125	125	125	125	125	125	125
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
53	112	67	204	113	184	102	53	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 2

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	188	331	218	616	338	554	304	183
PART 2	PERSONAL INJURY PROTECTION							
	96	142	159	244	144	220	130	104
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	252	405	289	817	504	735	454
	10,000	312	502	358	1013	625	911	563
	25,000	320	514	366	1036	639	932	576
	50,000	325	522	373	1054	650	948	586
	100,000	328	527	376	1062	655	956	590
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	20	46	32	75	41	68	37
	25/50	32	69	47	116	64	105	57
	35/80	57	114	77	199	109	180	98
	50/100	80	155	105	275	151	248	136
	100/300	139	261	175	469	257	423	231
	250/500	261	483	322	877	481	790	433

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO			
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO			
	PART 3		PART 12	
	20/40	37	0	50/100
	25/50	39	2	100/300
	35/80	44	8	250/500

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	378	809	482	1522	761	1370	685	395
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	122	122	122	122	122	122	122	122
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
53	113	67	213	107	192	96	55	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 3

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	199	347	236	669	362	602	326	188
PART 2	PERSONAL INJURY PROTECTION							
	109	154	160	261	152	235	137	116
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	257	415	308	825	509	743	458
	10,000	319	515	382	1023	631	921	568
	25,000	326	526	391	1046	645	942	581
	50,000	332	535	397	1064	657	958	591
	100,000	334	540	400	1073	662	966	595
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	21	48	32	80	48	72	43
	25/50	34	72	48	125	73	112	65
	35/80	61	119	80	215	122	193	109
	50/100	85	163	110	297	167	267	150
	100/300	146	273	185	507	282	456	253
	250/500	276	506	343	949	524	854	471

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33
	35/80	44	8	250/500	69	109

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	404	847	544	1550	832	1395	749	403
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	133	133	133	133	133	133	133	133
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
57	119	76	217	116	195	105	56	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 4

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	214	385	244	742	421	668	379	200
PART 2	PERSONAL INJURY PROTECTION							
	110	162	173	283	171	255	154	119
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	273	432	312	883	545	795	491
	10,000	339	536	387	1095	676	986	609
	25,000	346	548	396	1120	691	1008	623
	50,000	352	557	402	1139	703	1026	633
	100,000	355	562	406	1148	709	1034	638
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	22	55	35	89	53	80	48
	25/50	36	81	52	139	81	125	74
	35/80	64	134	85	239	138	215	125
	50/100	90	183	116	330	190	297	172
	100/300	157	306	194	563	323	506	291
	250/500	296	565	359	1053	603	948	543

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO			
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO			
	PART 3		PART 12	
	20/40	37	0	50/100
	25/50	39	2	100/300
	35/80	44	8	250/500

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	421	880	551	1601	858	1441	772	399
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	124	124	124	124	124	124	124	124
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
59	123	77	224	120	202	108	56	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 5

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	218	383	275	779	450	701	405	217
PART 2	PERSONAL INJURY PROTECTION							
	112	163	151	292	174	263	157	122
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	261	437	311	910	561	819	505
	10,000	324	542	386	1128	696	1016	626
	25,000	331	554	394	1154	711	1038	640
	50,000	337	564	401	1174	724	1057	651
	100,000	339	568	404	1183	729	1065	657
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	22	53	37	93	56	84	50
	25/50	36	79	56	145	86	131	77
	35/80	65	131	93	250	147	225	132
	50/100	92	179	127	346	203	312	182
	100/300	159	302	215	590	344	531	309
	250/500	300	559	399	1105	643	995	578

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	426	887	538	1567	932	1410	839	403
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	135	135	135	135	135	135	135	135

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300							
CLASS							
10	17	18	20	21	25	26	30
60	124	75	219	130	197	117	56
COLLISION - Waiver of Deductible Charges							
\$300 Deductible..... \$25				\$500 Deductible..... \$36			
LIMITED COLLISION							
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11							
Cost to Reduce Deductible from \$500 to \$300				All Classes..... \$16			
Cost to Reduce Deductible from \$500 to \$0				All Classes..... \$29			

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TERRITORY 6

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	238	426	271	836	514	752	463	224	
PART 2	PERSONAL INJURY PROTECTION								
	117	175	190	318	195	286	176	127	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	291	445	330	917	596	825	536	297
	10,000	361	552	409	1137	739	1023	665	368
	25,000	369	564	418	1163	756	1046	680	377
	50,000	375	574	426	1183	769	1064	691	383
	100,000	378	579	429	1192	775	1073	697	386
	PART 5	OPTIONAL BODILY INJURY TO OTHERS							
20/40		22	60	37	98	65	88	59	25
25/50		38	89	55	154	100	138	90	40
35/80		69	147	92	266	169	239	153	70
50/100		97	201	126	369	233	332	210	97
100/300		170	337	213	630	395	567	357	167
250/500		324	624	394	1181	737	1062	665	314

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33
	35/80	44	8	250/500	69	109

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	454	948	570	1615	952	1454	857	428
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	140	140	140	140	140	140	140	140
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
64	133	80	226	133	204	120	60	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 7

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	236	411	291	887	524	798	472	228
PART 2	PERSONAL INJURY PROTECTION							
	120	195	186	330	198	297	178	128
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	298	465	365	943	637	849	573
	10,000	370	577	453	1169	790	1053	711
	25,000	378	590	463	1196	808	1077	727
	50,000	384	600	471	1216	822	1095	739
	100,000	387	605	475	1226	828	1104	745
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	24	56	39	107	66	96	59
	25/50	40	84	59	167	101	150	91
	35/80	71	140	98	286	172	257	155
	50/100	99	191	135	395	237	355	213
	100/300	172	322	227	674	402	606	362
	250/500	326	598	422	1260	750	1133	675

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		
	20/40	37	0	50/100	48
	25/50	39	2	100/300	56
	35/80	44	8	250/500	69

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	457	970	614	1668	1031	1501	928	470
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	145	145	145	145	145	145	145	145
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
64	136	86	234	144	210	130	66	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 8

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	259	456	301	933	563	840	507	244
PART 2	PERSONAL INJURY PROTECTION							
	135	194	210	357	219	321	197	146
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	300	493	375	974	638	877	574
	10,000	372	611	465	1208	791	1087	712
	25,000	380	625	476	1235	809	1112	728
	50,000	387	636	484	1256	823	1131	740
	100,000	390	641	488	1266	829	1140	746
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	26	63	41	112	71	101	64
	25/50	43	94	62	175	109	157	98
	35/80	77	156	103	300	185	270	167
	50/100	109	214	140	415	255	374	230
	100/300	188	359	236	708	432	637	389
	250/500	357	665	438	1324	806	1193	726

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	491	959	676	1607	1029	1446	926	446
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	150	150	150	150	150	150	150	150

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
69	134	95	225	144	202	130	62	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 9

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	296	490	352	966	588	869	529	286
PART 2	PERSONAL INJURY PROTECTION							
	163	225	227	398	237	358	213	175
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	311	487	355	990	642	891	578
	10,000	386	604	440	1228	796	1105	717
	25,000	394	618	450	1255	814	1130	733
	50,000	401	628	458	1277	828	1149	746
	100,000	404	633	462	1287	835	1158	751
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	30	69	47	115	75	104	68
	25/50	50	103	71	180	115	162	104
	35/80	89	170	119	310	194	279	175
	50/100	125	231	163	428	267	386	241
	100/300	216	388	274	731	453	659	408
	250/500	408	717	510	1369	844	1233	761

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33
	35/80	44	8	250/500	69	109

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	466	957	642	1657	1031	1491	928	486
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	148	148	148	148	148	148	148	148
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
65	134	90	232	144	209	130	68	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 10

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	298	574	382	1029	677	926	609	293
PART 2	PERSONAL INJURY PROTECTION							
	161	254	237	418	263	376	237	177
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	291	495	357	999	647	899	582
	10,000	361	614	443	1239	802	1115	722
	25,000	369	628	453	1267	820	1140	738
	50,000	375	639	461	1289	835	1160	751
	100,000	378	644	464	1299	841	1169	757
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	30	74	54	119	86	107	77
	25/50	50	113	80	188	132	169	118
	35/80	89	191	132	326	223	293	200
	50/100	125	262	180	452	307	407	276
	100/300	217	443	303	773	521	696	468
	250/500	410	826	560	1451	971	1305	873

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		PART 3
	20/40		37		48
	25/50		39		56

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	455	981	612	1662	1060	1496	954	443
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	158	158	158	158	158	158	158	158

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
64	137	86	233	148	209	134	62	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 11

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	289	623	388	1011	680	910	612	318
PART 2	PERSONAL INJURY PROTECTION							
	162	267	236	412	269	371	242	186
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	310	525	383	1020	643	918	579
	10,000	384	651	475	1265	797	1138	718
	25,000	393	666	486	1293	815	1164	734
	50,000	400	677	494	1316	829	1184	747
	100,000	403	683	498	1326	836	1193	753
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	32	84	51	118	88	106	79
	25/50	51	126	77	186	134	167	120
	35/80	90	211	130	321	226	289	203
	50/100	125	289	178	445	311	401	279
	100/300	215	487	301	762	526	685	473
	250/500	404	904	560	1428	979	1285	881

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		PART 3
	20/40	37	0	50/100	48
	25/50	39	2	100/300	56

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	517	1096	670	1618	1075	1456	968	473
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	162	162	162	162	162	162	162	162

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
72	153	94	227	151	204	136	66	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 12

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	312	594	412	1014	730	913	657	303
PART 2	PERSONAL INJURY PROTECTION							
	162	253	246	398	281	358	253	175
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	343	535	391	1045	688	941	619
	10,000	425	663	485	1296	853	1167	768
	25,000	435	678	496	1325	872	1193	785
	50,000	442	690	504	1348	888	1214	799
	100,000	446	696	508	1359	894	1223	805
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	31	81	56	118	91	106	82
	25/50	52	122	84	186	140	167	126
	35/80	93	203	140	322	239	289	215
	50/100	130	277	192	446	329	402	296
	100/300	227	466	323	763	559	687	503
	250/500	429	864	599	1431	1043	1288	939

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		PART 3
	20/40	37	0	50/100	48
	25/50	39	2	100/300	56

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	573	1127	702	1626	1178	1463	1060	572
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	174	174	174	174	174	174	174	174
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
80	158	98	228	165	205	148	80	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 13

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	353	647	444	1015	736	914	662	345
PART 2	PERSONAL INJURY PROTECTION							
	189	291	255	408	292	367	263	204
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	332	534	377	1013	667	912	600
	10,000	412	662	467	1256	827	1131	744
	25,000	421	677	478	1284	846	1156	761
	50,000	428	689	486	1307	860	1176	774
	100,000	432	694	490	1317	867	1186	780
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	35	90	60	118	94	106	85
	25/50	58	134	90	186	144	167	130
	35/80	105	223	151	322	243	290	219
	50/100	148	304	206	447	335	402	302
	100/300	256	510	347	764	567	687	511
	250/500	485	945	645	1432	1057	1289	952

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	549	986	747	1637	1145	1473	1031	523
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	195	195	195	195	195	195	195	195

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
77	138	105	229	160	206	144	73	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 14

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	396	677	497	997	759	897	683	397
PART 2	PERSONAL INJURY PROTECTION							
	216	325	271	408	315	367	284	233
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	375	578	432	1048	712	943	641
	10,000	465	717	536	1300	883	1169	795
	25,000	476	733	548	1329	903	1196	813
	50,000	484	746	557	1352	918	1216	827
	100,000	488	751	562	1362	926	1226	833
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	41	95	66	119	96	107	86
	25/50	67	141	100	186	147	167	132
	35/80	120	234	167	320	250	288	224
	50/100	168	319	229	443	344	398	309
	100/300	290	535	387	755	583	679	524
	250/500	548	991	719	1414	1088	1272	978

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	609	1132	855	1599	1241	1439	1117	603
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	195	195	195	195	195	195	195	195

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
85	158	120	224	174	201	156	84	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 15

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	470	754	521	1025	821	923	739	451
PART 2	PERSONAL INJURY PROTECTION							
	245	346	276	408	335	367	302	252
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	383	654	438	1064	769	958	692
	10,000	475	811	543	1319	954	1188	858
	25,000	486	829	555	1349	975	1215	877
	50,000	494	844	565	1373	992	1236	893
	100,000	498	850	569	1383	1000	1245	900
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	51	104	70	121	104	109	94
	25/50	82	155	105	190	160	171	144
	35/80	145	258	176	327	271	295	244
	50/100	202	353	241	453	372	408	336
	100/300	348	593	407	774	631	697	569
	250/500	655	1099	756	1450	1177	1306	1060

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	765	1249	876	1596	1297	1436	1167	685
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	242	242	242	242	242	242	242	242

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
107	175	123	223	182	201	163	96	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 16

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	407	769	680	1003	794	903	715	405
PART 2	PERSONAL INJURY PROTECTION							
	242	352	323	399	356	359	320	246
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	353	624	455	1042	690	938	621
	10,000	438	774	564	1292	856	1163	770
	25,000	448	791	577	1321	875	1189	787
	50,000	455	805	587	1344	890	1210	801
	100,000	459	811	592	1355	897	1219	807
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	56	100	84	117	103	105	93
	25/50	84	152	130	184	157	165	141
	35/80	139	256	222	319	264	286	238
	50/100	190	352	306	442	363	397	327
	100/300	320	595	519	755	614	680	554
	250/500	593	1108	970	1416	1144	1274	1030

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	642	1151	766	1555	1103	1400	993	649
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	374	374	374	374	374	374	374	374
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
90	161	107	218	154	196	139	91	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 17

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	310	597	377	989	604	890	544	311
PART 2	PERSONAL INJURY PROTECTION							
	173	254	233	403	277	363	249	191
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	325	578	389	1044	626	940	563
	10,000	403	717	482	1295	776	1166	698
	25,000	412	733	493	1324	794	1192	714
	50,000	419	746	502	1347	808	1213	726
	100,000	423	751	506	1357	814	1222	732
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	31	78	49	118	76	106	68
	25/50	51	119	75	184	117	166	105
	35/80	92	200	126	317	198	285	178
	50/100	130	274	173	439	273	395	245
	100/300	225	463	292	749	464	674	417
	250/500	427	861	543	1402	865	1261	778

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		PART 3
	20/40	37	0	50/100	48
	25/50	39	2	100/300	56

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	512	1080	709	1585	1024	1427	922	493
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	145	145	145	145	145	145	145	145

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
72	151	99	222	143	200	129	69	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 18

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	324	781	440	1045	752	941	677	357
PART 2	PERSONAL INJURY PROTECTION							
	192	342	247	413	319	372	287	228
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	340	649	412	1066	692	959	623
	10,000	422	805	511	1322	858	1189	773
	25,000	431	823	522	1352	877	1216	790
	50,000	439	837	531	1375	893	1237	804
	100,000	442	844	536	1386	900	1247	810
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	40	104	59	124	98	112	88
	25/50	62	157	89	194	149	175	134
	35/80	106	263	149	334	251	302	226
	50/100	146	361	204	463	345	417	310
	100/300	247	608	343	790	583	712	524
	250/500	462	1131	638	1480	1084	1333	975

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	626	1197	797	1602	1159	1442	1043	643
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	272	272	272	272	272	272	272	272
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
88	168	112	224	162	202	146	90	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 19

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	383	742	509	998	764	898	688	413
PART 2	PERSONAL INJURY PROTECTION							
	208	343	271	399	314	359	283	242
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	353	639	444	1035	667	932	600
	10,000	438	792	551	1283	827	1156	744
	25,000	448	810	563	1312	846	1182	761
	50,000	455	824	573	1335	860	1202	774
	100,000	459	831	577	1346	867	1212	780
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	44	101	66	122	101	110	91
	25/50	70	152	101	189	153	170	138
	35/80	121	253	170	324	257	291	231
	50/100	168	345	233	447	352	402	317
	100/300	287	582	394	760	594	685	535
	250/500	539	1079	733	1421	1104	1279	995

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	648	1216	875	1555	1251	1400	1126	646
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	299	299	299	299	299	299	299	299
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
91	170	123	218	175	196	158	90	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 20

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	355	757	479	1065	785	959	707	404
PART 2	PERSONAL INJURY PROTECTION							
	212	349	261	409	349	368	314	242
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	328	637	399	1060	695	954	626
	10,000	407	790	495	1314	862	1183	776
	25,000	416	808	506	1344	881	1210	794
	50,000	423	822	515	1367	897	1231	808
	100,000	426	828	519	1378	904	1240	814
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	44	104	66	124	99	112	89
	25/50	68	156	99	195	152	176	137
	35/80	116	259	164	338	258	305	232
	50/100	160	354	224	469	355	423	320
	100/300	271	595	377	802	603	722	543
	250/500	507	1103	698	1503	1124	1354	1012

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	693	1215	880	1580	1246	1422	1121	673
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	270	270	270	270	270	270	270	270
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
97	170	123	221	174	199	157	94	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 21

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	447	808	670	1035	850	932	765	621
PART 2	PERSONAL INJURY PROTECTION							
	249	349	312	400	357	360	321	300
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	386	702	451	1075	756	968	680
	10,000	479	870	559	1333	937	1200	843
	25,000	489	890	572	1363	959	1227	862
	50,000	498	906	582	1387	975	1249	877
	100,000	502	913	586	1398	983	1258	884
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	61	107	90	124	113	112	102
	25/50	91	162	136	194	171	175	154
	35/80	152	272	227	333	286	300	258
	50/100	208	372	310	460	392	415	353
	100/300	351	629	523	785	662	707	596
	250/500	650	1168	972	1468	1230	1323	1108

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		PART 3
	20/40	37	0	50/100	48
	25/50	39	2	100/300	56

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	722	1236	1011	1651	1366	1486	1229	837
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	368	368	368	368	368	368	368	368
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
101	173	142	231	191	208	172	117	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 22

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	440	808	652	1038	835	934	752	583
PART 2	PERSONAL INJURY PROTECTION							
	247	349	310	402	355	362	320	293
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	474	748	559	1072	812	965	731
	10,000	588	928	693	1329	1007	1197	906
	25,000	601	948	709	1359	1030	1224	927
	50,000	611	965	721	1383	1047	1245	943
	100,000	616	972	727	1394	1056	1255	950
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	61	109	89	124	111	112	100
	25/50	91	164	133	194	168	175	151
	35/80	151	274	222	333	281	300	253
	50/100	206	375	304	461	385	415	347
	100/300	347	632	511	786	650	708	586
	250/500	642	1173	949	1472	1208	1325	1088

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	800	1225	1003	1553	1369	1398	1232	1040
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	415	415	415	415	415	415	415	415
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
112	172	140	217	192	196	172	146	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 23

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	336	724	506	1019	750	917	675	340
PART 2	PERSONAL INJURY PROTECTION							
	190	329	270	405	311	365	280	214
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	310	653	421	1059	700	953	630
	10,000	384	810	522	1313	868	1182	781
	25,000	393	828	534	1343	888	1208	799
	50,000	400	842	543	1366	903	1229	813
	100,000	403	849	547	1377	910	1239	819
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	33	104	65	118	94	106	85
	25/50	55	154	99	186	145	167	131
	35/80	99	253	168	323	246	290	222
	50/100	140	344	231	448	339	403	305
	100/300	243	576	390	766	575	689	518
	250/500	461	1064	727	1437	1073	1293	967

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33
	35/80	44	8	250/500	69	109

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	552	1183	940	1598	1249	1438	1124	621
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	261	261	261	261	261	261	261	261
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
77	166	132	224	175	201	157	87	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 24

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	330	628	405	994	653	895	588	325
PART 2	PERSONAL INJURY PROTECTION							
	182	292	245	407	270	366	243	201
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	358	653	432	1063	672	957	605
	10,000	444	810	536	1318	833	1187	750
	25,000	454	828	548	1348	852	1213	767
	50,000	462	842	557	1371	867	1235	780
	100,000	465	849	562	1382	874	1244	787
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	34	81	54	118	81	106	73
	25/50	56	124	82	185	125	166	113
	35/80	100	209	137	318	213	286	192
	50/100	140	287	187	440	294	396	265
	100/300	241	485	316	752	499	677	450
	250/500	456	903	586	1408	932	1267	840

PART 6	MEDICAL PAYMENTS					
	5,000		10,000		15,000	
	58		76		98	

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40		37		0	
	25/50		39		2	

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	604	1178	857	1596	1209	1436	1088	581
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	195	195	195	195	195	195	195	195

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
85	165	120	223	169	201	152	81	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 25

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	327	710	439	996	752	896	677	367
PART 2	PERSONAL INJURY PROTECTION							
	179	301	250	408	313	367	282	210
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	341	708	448	1065	765	959	689
	10,000	423	878	556	1321	949	1189	854
	25,000	432	898	568	1350	970	1216	874
	50,000	440	913	578	1374	987	1237	889
	100,000	443	920	582	1385	995	1247	896
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	39	103	61	117	98	105	88
	25/50	61	152	91	184	149	165	134
	35/80	105	249	151	317	251	285	226
	50/100	145	339	206	440	345	395	310
	100/300	248	566	346	751	583	676	524
	250/500	464	1046	641	1408	1084	1266	975

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33
	35/80	44	8	250/500	69	109

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	637	1242	939	1620	1299	1458	1169	647
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	297	297	297	297	297	297	297	297
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
89	174	131	227	182	204	164	91	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 26

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	402	771	561	972	801	875	721	376
PART 2	PERSONAL INJURY PROTECTION							
	221	352	283	399	325	359	293	237
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	408	725	512	1041	793	937	714
	10,000	506	899	635	1291	983	1162	885
	25,000	517	919	649	1320	1006	1188	905
	50,000	526	935	660	1343	1023	1209	921
	100,000	530	943	666	1353	1031	1218	928
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	45	100	71	115	103	104	93
	25/50	72	152	109	180	157	163	142
	35/80	125	257	185	311	266	280	240
	50/100	175	353	254	430	365	388	329
	100/300	300	596	431	735	618	662	557
	250/500	564	1110	804	1376	1152	1240	1037

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	790	1237	1027	1555	1350	1400	1215	868
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	337	337	337	337	337	337	337	337

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
111	173	144	218	189	196	170	122	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 27

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	151	277	168	509	253	458	228	155
PART 2	PERSONAL INJURY PROTECTION							
	79	117	128	198	114	178	103	92
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	225	367	266	717	417	645	375
	10,000	279	455	330	889	517	800	465
	25,000	285	465	337	909	529	818	476
	50,000	290	473	343	925	538	832	484
	100,000	293	477	346	932	542	839	488
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	16	38	22	60	33	54	30
	25/50	26	57	33	94	50	85	45
	35/80	46	95	56	162	84	146	76
	50/100	64	129	77	225	116	202	105
	100/300	111	218	130	384	196	346	177
	250/500	210	403	242	720	365	648	329

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33
	35/80	44	8	250/500	69	109

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	362	760	465	1362	747	1226	672	361
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	118	118	118	118	118	118	118	118
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
51	106	65	191	105	172	94	51	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 40

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	377	687	479	1035	717	932	645	385
PART 2	PERSONAL INJURY PROTECTION							
	234	326	257	409	334	368	301	238
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	307	558	381	1013	637	912	573
	10,000	381	692	472	1256	790	1131	711
	25,000	389	708	483	1284	808	1156	727
	50,000	396	720	491	1307	822	1176	739
	100,000	399	725	495	1317	828	1186	745
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	36	93	63	122	94	110	85
	25/50	61	140	96	191	143	173	129
	35/80	110	233	161	330	240	298	216
	50/100	156	319	220	458	329	412	297
	100/300	271	538	372	781	556	704	501
	250/500	515	998	692	1464	1035	1319	932

PART 6	MEDICAL PAYMENTS					
	5,000		10,000		15,000	
	58		76		98	

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40		37		0	
	25/50		39		2	

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	536	1070	759	1613	1160	1452	1044	547
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	187	187	187	187	187	187	187	187

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
75	150	106	226	162	203	146	77	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 41

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	380	683	499	1011	758	910	682	390
PART 2	PERSONAL INJURY PROTECTION							
	209	326	271	412	318	371	286	233
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	313	543	395	1013	677	912	609
	10,000	388	673	490	1256	839	1131	755
	25,000	397	689	501	1284	858	1156	772
	50,000	404	700	510	1307	873	1176	786
	100,000	407	706	514	1317	880	1186	792
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	36	94	68	119	94	107	85
	25/50	61	141	102	187	145	168	131
	35/80	111	234	170	322	247	290	223
	50/100	157	319	232	447	341	402	307
	100/300	273	537	391	763	580	687	522
	250/500	519	995	726	1430	1082	1287	975

PART 6	MEDICAL PAYMENTS					
	5,000		10,000		15,000	
	58		76		98	

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40		37		0	
	25/50		39		2	

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	500	1063	768	1569	1175	1412	1058	520
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	181	181	181	181	181	181	181	181

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
70	149	108	220	165	198	148	73	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 42

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	495	799	571	1061	867	955	780	502
PART 2	PERSONAL INJURY PROTECTION							
	261	347	283	409	362	368	326	262
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	324	586	429	1039	735	935	662
	10,000	402	727	532	1288	911	1159	821
	25,000	411	743	544	1317	932	1186	839
	50,000	418	756	553	1340	948	1206	854
	100,000	421	762	558	1351	956	1216	861
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	51	110	74	124	110	112	99
	25/50	84	165	113	195	169	176	152
	35/80	149	274	190	337	286	304	257
	50/100	209	374	261	468	393	421	354
	100/300	362	628	442	799	667	720	600
	250/500	684	1164	822	1499	1243	1350	1119

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	37	0	50/100	48	14
	25/50	39	2	100/300	56	33

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	599	1138	875	1615	1253	1454	1128	614
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	220	220	220	220	220	220	220	220

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
84	159	123	226	175	204	158	86	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 43

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	432	743	526	1027	818	924	736	452
PART 2	PERSONAL INJURY PROTECTION							
	226	343	278	409	341	368	307	257
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	390	620	460	1070	792	963	713
	10,000	484	769	570	1327	982	1194	884
	25,000	495	786	583	1357	1004	1221	904
	50,000	503	800	593	1380	1022	1242	920
	100,000	507	806	598	1391	1030	1252	927
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	46	103	71	121	105	109	95
	25/50	75	154	107	190	160	171	145
	35/80	132	255	178	328	271	295	245
	50/100	185	348	244	454	373	409	336
	100/300	318	585	411	775	631	698	569
	250/500	600	1084	764	1453	1176	1307	1059

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		PART 3
	20/40		37		48
	25/50		39		56

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	643	1171	876	1591	1303	1432	1173	628
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	230	230	230	230	230	230	230	230
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
90	164	123	223	182	200	164	88	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 44

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	391	783	688	989	803	890	723	385
PART 2	PERSONAL INJURY PROTECTION							
	212	354	326	405	320	365	288	236
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	296	591	413	1011	690	910	621
	10,000	367	733	512	1254	856	1128	770
	25,000	375	749	524	1282	875	1154	787
	50,000	382	762	533	1304	890	1174	801
	100,000	385	768	537	1314	897	1183	807
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	50	103	85	115	104	104	94
	25/50	76	156	131	181	158	164	143
	35/80	129	262	224	314	267	283	241
	50/100	178	360	309	435	367	392	331
	100/300	301	608	526	744	621	671	560
	250/500	562	1131	982	1396	1156	1257	1042

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		PART 3
	20/40	37	0	50/100	48
	25/50	39	2	100/300	56

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	565	1137	771	1596	1103	1436	993	543
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	360	360	360	360	360	360	360	360

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
79	159	108	223	154	201	139	76	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 45

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	461	751	551	1060	863	954	777	465
PART 2	PERSONAL INJURY PROTECTION							
	251	339	276	409	362	368	326	257
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	367	602	419	1102	763	992	687
	10,000	455	746	520	1366	946	1230	852
	25,000	465	763	531	1397	967	1258	871
	50,000	473	777	541	1422	984	1280	886
	100,000	477	783	545	1433	992	1290	893
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	48	106	77	125	113	113	102
	25/50	79	157	115	196	172	177	155
	35/80	140	260	190	338	289	305	260
	50/100	196	355	259	469	396	422	357
	100/300	338	594	435	800	669	721	603
	250/500	638	1100	805	1500	1245	1351	1122

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	76	98	104	116

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO				
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO				
	PART 3		PART 12		PART 3
	20/40	37	0	50/100	48
	25/50	39	2	100/300	56

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	670	1156	881	1598	1297	1438	1167	686
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	232	232	232	232	232	232	232	232

Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2

For Model Year/Vehicle Rating Group Relativities, refer to the Rate Pages R-35 and R-36

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
94	162	123	224	182	201	163	96	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 8% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

Class 15 is 75 percent of Class 10 final rates for all coverages.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

Model Year/VRG Relativities

COLLISION

	Model Year															
VRG	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997 & Prior
11	0.763	0.720	0.679	0.641	0.605	0.570	0.538	0.503	0.469	0.438	0.410	0.383	0.358	0.334	0.312	0.292
12	0.788	0.743	0.701	0.661	0.624	0.588	0.555	0.519	0.484	0.452	0.423	0.395	0.369	0.345	0.322	0.302
13	0.813	0.767	0.723	0.683	0.644	0.607	0.573	0.535	0.500	0.467	0.436	0.408	0.381	0.356	0.333	0.311
14	0.841	0.793	0.748	0.706	0.666	0.628	0.592	0.554	0.517	0.483	0.451	0.422	0.394	0.368	0.344	0.322
15	0.868	0.819	0.772	0.729	0.688	0.649	0.612	0.572	0.534	0.499	0.466	0.436	0.407	0.380	0.355	0.333
16	0.896	0.845	0.797	0.752	0.710	0.669	0.631	0.590	0.551	0.515	0.481	0.450	0.420	0.392	0.367	0.343
17	0.925	0.873	0.823	0.777	0.733	0.691	0.652	0.609	0.569	0.532	0.497	0.464	0.434	0.405	0.379	0.354
18	0.957	0.903	0.852	0.804	0.759	0.715	0.675	0.630	0.589	0.550	0.514	0.480	0.449	0.419	0.392	0.367
19	0.991	0.935	0.882	0.832	0.785	0.741	0.698	0.653	0.610	0.569	0.532	0.497	0.465	0.434	0.406	0.380
20	1.024	0.966	0.911	0.860	0.811	0.765	0.722	0.674	0.630	0.588	0.550	0.514	0.480	0.448	0.419	0.392
21	1.060	1.000	0.943	0.890	0.840	0.792	0.747	0.698	0.652	0.609	0.569	0.532	0.497	0.464	0.434	0.406
22	1.096	1.034	0.975	0.920	0.869	0.819	0.772	0.722	0.674	0.630	0.588	0.550	0.514	0.480	0.449	0.420
23	1.133	1.069	1.008	0.951	0.898	0.847	0.799	0.746	0.697	0.651	0.608	0.569	0.531	0.496	0.464	0.434
24	1.172	1.106	1.043	0.984	0.929	0.876	0.826	0.772	0.721	0.674	0.629	0.588	0.550	0.513	0.480	0.449
25	1.212	1.143	1.078	1.017	0.960	0.905	0.854	0.798	0.745	0.696	0.650	0.608	0.568	0.530	0.496	0.464
26	1.252	1.181	1.114	1.051	0.992	0.935	0.882	0.824	0.770	0.719	0.672	0.628	0.587	0.548	0.513	0.479
27	1.295	1.222	1.152	1.088	1.026	0.968	0.913	0.853	0.797	0.744	0.695	0.650	0.607	0.567	0.530	0.496
28	1.340	1.264	1.192	1.125	1.062	1.001	0.944	0.882	0.824	0.770	0.719	0.672	0.628	0.586	0.549	0.513
29	1.383	1.305	1.231	1.161	1.096	1.034	0.975	0.911	0.851	0.795	0.743	0.694	0.649	0.606	0.566	0.530
30	1.428	1.347	1.270	1.199	1.131	1.067	1.006	0.940	0.878	0.820	0.766	0.717	0.669	0.625	0.585	0.547
31	1.479	1.395	1.315	1.242	1.172	1.105	1.042	0.974	0.910	0.850	0.794	0.742	0.693	0.647	0.605	0.566
32	1.525	1.439	1.357	1.281	1.209	1.140	1.075	1.004	0.938	0.876	0.819	0.766	0.715	0.668	0.625	0.584
33	1.576	1.487	1.402	1.323	1.249	1.178	1.111	1.038	0.970	0.906	0.846	0.791	0.739	0.690	0.645	0.604
34	1.628	1.536	1.448	1.367	1.290	1.217	1.147	1.072	1.001	0.935	0.874	0.817	0.763	0.713	0.667	0.624
35	1.681	1.586	1.496	1.412	1.332	1.256	1.185	1.107	1.034	0.966	0.902	0.844	0.788	0.736	0.688	0.644
36	1.739	1.641	1.547	1.460	1.378	1.300	1.226	1.145	1.070	0.999	0.934	0.873	0.816	0.761	0.712	0.666
37	1.800	1.698	1.601	1.511	1.426	1.345	1.268	1.185	1.107	1.034	0.966	0.903	0.844	0.788	0.737	0.689
38	1.861	1.756	1.656	1.563	1.475	1.391	1.312	1.226	1.145	1.069	0.999	0.934	0.873	0.815	0.762	0.713
39	1.925	1.816	1.712	1.616	1.525	1.438	1.357	1.268	1.184	1.106	1.033	0.966	0.903	0.843	0.788	0.737
40	1.992	1.879	1.772	1.672	1.578	1.488	1.404	1.312	1.225	1.144	1.069	1.000	0.934	0.872	0.815	0.763
41	2.056	1.940	1.829	1.727	1.630	1.536	1.449	1.354	1.265	1.181	1.104	1.032	0.964	0.900	0.842	0.788
42	2.124	2.004	1.890	1.784	1.683	1.587	1.497	1.399	1.307	1.220	1.140	1.066	0.996	0.930	0.870	0.814
43	2.197	2.073	1.955	1.845	1.741	1.642	1.549	1.447	1.352	1.262	1.180	1.103	1.030	0.962	0.900	0.842
44	2.273	2.144	2.022	1.908	1.801	1.698	1.602	1.497	1.398	1.306	1.220	1.141	1.066	0.995	0.930	0.870
45	2.352	2.219	2.093	1.975	1.864	1.757	1.658	1.549	1.447	1.351	1.263	1.181	1.103	1.030	0.963	0.901
46	2.435	2.297	2.166	2.044	1.929	1.819	1.716	1.603	1.498	1.399	1.307	1.222	1.142	1.066	0.997	0.933
47	2.516	2.374	2.239	2.113	1.994	1.880	1.773	1.657	1.548	1.446	1.351	1.263	1.180	1.102	1.030	0.964
48	2.603	2.456	2.316	2.186	2.063	1.945	1.835	1.714	1.601	1.496	1.397	1.307	1.221	1.140	1.066	0.997
49	2.688	2.536	2.391	2.257	2.130	2.009	1.894	1.770	1.653	1.544	1.443	1.349	1.260	1.177	1.101	1.030
50	2.776	2.619	2.470	2.331	2.200	2.074	1.956	1.828	1.708	1.595	1.490	1.393	1.302	1.215	1.137	1.063

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

Model Year/VRG Relativities

COMPREHENSIVE

	Model Year															
VRG	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997 & Prior
11	0.641	0.625	0.610	0.595	0.581	0.566	0.550	0.534	0.518	0.503	0.489	0.474	0.461	0.448	0.434	0.422
12	0.671	0.655	0.639	0.624	0.608	0.593	0.576	0.559	0.543	0.527	0.512	0.497	0.483	0.469	0.455	0.442
13	0.702	0.685	0.669	0.652	0.636	0.621	0.603	0.585	0.568	0.551	0.536	0.520	0.505	0.490	0.476	0.462
14	0.737	0.719	0.702	0.684	0.668	0.651	0.633	0.614	0.596	0.579	0.562	0.546	0.530	0.515	0.500	0.485
15	0.772	0.753	0.735	0.717	0.700	0.682	0.663	0.643	0.624	0.606	0.589	0.572	0.555	0.539	0.523	0.508
16	0.810	0.790	0.771	0.752	0.734	0.716	0.695	0.675	0.655	0.636	0.618	0.600	0.582	0.566	0.549	0.533
17	0.849	0.828	0.808	0.788	0.769	0.750	0.729	0.707	0.686	0.667	0.647	0.628	0.610	0.593	0.575	0.559
18	0.890	0.868	0.847	0.826	0.806	0.786	0.764	0.741	0.720	0.699	0.679	0.659	0.640	0.621	0.603	0.586
19	0.934	0.911	0.889	0.867	0.846	0.825	0.802	0.778	0.755	0.733	0.712	0.691	0.671	0.652	0.633	0.615
20	0.978	0.954	0.931	0.908	0.886	0.864	0.840	0.815	0.791	0.768	0.746	0.724	0.703	0.683	0.663	0.644
21	1.025	1.000	0.976	0.952	0.929	0.906	0.880	0.854	0.829	0.805	0.782	0.759	0.737	0.716	0.695	0.675
22	1.074	1.048	1.023	0.998	0.974	0.949	0.922	0.895	0.869	0.844	0.820	0.795	0.772	0.750	0.728	0.707
23	1.126	1.099	1.073	1.046	1.021	0.996	0.967	0.939	0.911	0.885	0.859	0.834	0.810	0.787	0.764	0.742
24	1.181	1.152	1.124	1.097	1.070	1.044	1.014	0.984	0.955	0.927	0.901	0.874	0.849	0.825	0.801	0.778
25	1.238	1.208	1.179	1.150	1.122	1.094	1.063	1.032	1.001	0.972	0.945	0.917	0.890	0.865	0.840	0.815
26	1.298	1.266	1.236	1.205	1.176	1.147	1.114	1.081	1.050	1.019	0.990	0.961	0.933	0.906	0.880	0.855
27	1.360	1.327	1.295	1.263	1.233	1.202	1.168	1.133	1.100	1.068	1.038	1.007	0.978	0.950	0.922	0.896
28	1.427	1.392	1.359	1.325	1.293	1.261	1.225	1.189	1.154	1.121	1.089	1.057	1.026	0.997	0.967	0.940
29	1.495	1.459	1.424	1.389	1.355	1.322	1.284	1.246	1.210	1.174	1.141	1.107	1.075	1.045	1.014	0.985
30	1.568	1.530	1.493	1.457	1.421	1.386	1.346	1.307	1.268	1.232	1.196	1.161	1.128	1.095	1.063	1.033
31	1.644	1.604	1.566	1.527	1.490	1.453	1.412	1.370	1.330	1.291	1.254	1.217	1.182	1.148	1.115	1.083
32	1.723	1.681	1.641	1.600	1.562	1.523	1.479	1.436	1.394	1.353	1.315	1.276	1.239	1.204	1.168	1.135
33	1.806	1.762	1.720	1.677	1.637	1.596	1.551	1.505	1.461	1.418	1.378	1.337	1.299	1.262	1.225	1.189
34	1.894	1.848	1.804	1.759	1.717	1.674	1.626	1.578	1.532	1.488	1.445	1.403	1.362	1.323	1.284	1.247
35	1.985	1.937	1.891	1.844	1.799	1.755	1.705	1.654	1.606	1.559	1.515	1.470	1.428	1.387	1.346	1.307
36	2.081	2.030	1.981	1.933	1.886	1.839	1.786	1.734	1.683	1.634	1.587	1.541	1.496	1.453	1.411	1.370
37	2.182	2.129	2.078	2.027	1.978	1.929	1.874	1.818	1.765	1.714	1.665	1.616	1.569	1.524	1.480	1.437
38	2.287	2.231	2.177	2.124	2.073	2.021	1.963	1.905	1.849	1.796	1.745	1.693	1.644	1.597	1.551	1.506
39	2.397	2.339	2.283	2.227	2.173	2.119	2.058	1.998	1.939	1.883	1.829	1.775	1.724	1.675	1.626	1.579
40	2.513	2.452	2.393	2.334	2.278	2.222	2.158	2.094	2.033	1.974	1.917	1.861	1.807	1.756	1.704	1.655
41	2.635	2.571	2.509	2.448	2.388	2.329	2.262	2.196	2.131	2.070	2.011	1.951	1.895	1.841	1.787	1.735
42	2.762	2.695	2.630	2.566	2.504	2.442	2.372	2.302	2.234	2.169	2.107	2.046	1.986	1.930	1.873	1.819
43	2.896	2.825	2.757	2.689	2.624	2.559	2.486	2.413	2.342	2.274	2.209	2.144	2.082	2.023	1.963	1.907
44	3.036	2.962	2.891	2.820	2.752	2.684	2.607	2.530	2.455	2.384	2.316	2.248	2.183	2.121	2.059	1.999
45	3.183	3.105	3.030	2.956	2.885	2.813	2.732	2.652	2.574	2.500	2.428	2.357	2.288	2.223	2.158	2.096
46	3.336	3.255	3.177	3.099	3.024	2.949	2.864	2.780	2.698	2.620	2.545	2.471	2.399	2.331	2.262	2.197
47	3.497	3.412	3.330	3.248	3.170	3.091	3.003	2.914	2.829	2.747	2.668	2.590	2.515	2.443	2.371	2.303
48	3.666	3.577	3.491	3.405	3.323	3.241	3.148	3.055	2.965	2.879	2.797	2.715	2.636	2.561	2.486	2.414
49	3.844	3.750	3.660	3.570	3.484	3.398	3.300	3.203	3.109	3.019	2.933	2.846	2.764	2.685	2.606	2.531
50	4.030	3.932	3.838	3.743	3.653	3.562	3.460	3.358	3.260	3.165	3.075	2.984	2.898	2.815	2.733	2.654

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

VRG ASSIGNMENT BY PRICE LIST (RULE 22)

RULE 22	COLLISION				COMPREHENSIVE	
	Vans/Wagons/Pickups		All Other Vehicles		All Vehicles	
	VRG	Base List Price	VRG	Base List Price	VRG	Base List Price
	11	\$0 - \$10,000	11	\$0 - \$7,000	11	\$0 - \$8,000
	12	\$10,001 - \$11,000	12	\$7,001 - \$7,500	12	\$8,001 - \$9,500
	13	\$11,001 - \$12,000	13	\$7,501 - \$8,000	13	\$9,501 - \$11,000
	14	\$12,001 - \$13,000	14	\$8,001 - \$8,500	14	\$11,001 - \$12,500
	15	\$13,001 - \$14,000	15	\$8,501 - \$9,000	15	\$12,501 - \$14,000
	16	\$14,001 - \$15,000	16	\$9,001 - \$9,500	16	\$14,001 - \$15,500
	17	\$15,001 - \$17,500	17	\$9,501 - \$10,000	17	\$15,501 - \$17,000
	18	\$17,501 - \$20,000	18	\$10,001 - \$10,500	18	\$17,001 - \$18,500
	19	\$20,001 - \$22,500	19	\$10,501 - \$11,000	19	\$18,501 - \$20,000
	20	\$22,501 - \$25,000	20	\$11,001 - \$11,500	20	\$20,001 - \$21,500
	21	\$25,001 - \$27,500	21	\$11,501 - \$12,000	21	\$21,501 - \$23,000
	22	\$27,501 - \$30,000	22	\$12,001 - \$13,000	22	\$23,001 - \$24,500
	23	\$30,001 - \$33,500	23	\$13,001 - \$14,000	23	\$24,501 - \$26,000
	24	\$33,501 - \$37,000	24	\$14,001 - \$15,000	24	\$26,001 - \$27,500
	25	\$37,001 - \$40,500	25	\$15,001 - \$17,500	25	\$27,501 - \$29,000
	26	\$40,501 - \$44,000	26	\$17,501 - \$20,000	26	\$29,001 - \$30,500
	27	\$44,001 - \$47,500	27	\$20,001 - \$22,500	27	\$30,501 - \$32,000
	28	\$47,501 - \$51,000	28	\$22,501 - \$25,000	28	\$32,001 - \$33,500
	29	\$51,001 - \$54,500	29	\$25,001 - \$27,500	29	\$33,501 - \$35,000
	30	\$54,501 - \$58,000	30	\$27,501 - \$30,000	30	\$35,001 - \$36,500
	31	\$58,001 - \$61,500	31	\$30,001 - \$32,500	31	\$36,501 - \$38,000
	32	\$61,501 - \$65,000	32	\$32,501 - \$36,000	32	\$38,001 - \$39,500
	33	\$65,001 - \$68,500	33	\$36,001 - \$39,500	33	\$39,501 - \$41,000
	34	\$68,501 - \$72,000	34	\$39,501 - \$43,000	34	\$41,001 - \$43,000
	35	\$72,001 - \$75,500	35	\$43,001 - \$46,500	35	\$43,001 - \$45,000
	36	\$75,501 - \$79,000	36	\$46,501 - \$50,000	36	\$45,001 - \$47,000
	37	\$79,001 - \$82,500	37	\$50,001 - \$53,500	37	\$47,001 - \$49,000
	38	\$82,501 - \$86,000	38	\$53,501 - \$57,000	38	\$49,001 - \$51,000
	39	\$86,001 - \$89,500	39	\$57,001 - \$60,500	39	\$51,001 - \$53,000
	40	\$89,501 - \$93,000	40	\$60,501 - \$64,000	40	\$53,001 - \$55,000
	41	\$93,001 - \$96,500	41	\$64,001 - \$67,500	41	\$55,001 - \$57,000
	42	\$96,501 - \$100,000	42	\$67,501 - \$71,000	42	\$57,001 - \$59,000
	43	\$100,001 - \$103,500	43	\$71,001 - \$74,500	43	\$59,001 - \$61,000
	44	\$103,501 - \$107,000	44	\$74,501 - \$78,000	44	\$61,001 - \$63,000
	45	\$107,001 - \$110,500	45	\$78,001 - \$81,500	45	\$63,001 - \$65,000
	46	\$110,501 - \$114,000	46	\$81,501 - \$85,000	46	\$65,001 - \$67,000
	47	\$114,001 - \$118,000	47	\$85,001 - \$88,500	47	\$67,001 - \$69,000
	48	\$118,001 - \$122,000	48	\$88,501 - \$92,000	48	\$69,001 - \$71,000
	49	\$122,001 - \$126,000	49	\$92,001 - \$95,500	49	\$71,001 - \$73,000
	50	\$126,001 - \$130,000	50	\$95,501 - \$99,000	50	\$73,001 - \$75,000
VRG 50	Factor 0.020	Maximum Price \$130,000	Factor 0.015	Maximum Price \$99,000	Factor 0.030	Maximum Price \$75,000

STATED AMOUNT DIVISORS

COLLISION				COMPREHENSIVE	
Vans/Wagons/Pickups		All Other Vehicles		All Vehicles	
<u>VRG</u>	<u>Divisor</u>	<u>VRG</u>	<u>Divisor</u>	<u>VRG</u>	<u>Divisor</u>
11	\$5,000	11	\$3,500	11	\$4,000
12	\$10,500	12	\$7,250	12	\$8,750
13	\$11,500	13	\$7,750	13	\$10,250
14	\$12,500	14	\$8,250	14	\$11,750
15	\$13,500	15	\$8,750	15	\$13,250
16	\$14,500	16	\$9,250	16	\$14,750
17	\$16,250	17	\$9,750	17	\$16,250
18	\$18,750	18	\$10,250	18	\$17,750
19	\$21,250	19	\$10,750	19	\$19,250
20	\$23,750	20	\$11,250	20	\$20,750
21	\$26,250	21	\$11,750	21	\$22,250
22	\$28,750	22	\$12,500	22	\$23,750
23	\$31,750	23	\$13,500	23	\$25,250
24	\$35,250	24	\$14,500	24	\$26,750
25	\$38,750	25	\$16,250	25	\$28,250
26	\$42,250	26	\$18,750	26	\$29,750
27	\$45,750	27	\$21,250	27	\$31,250
28	\$49,250	28	\$23,750	28	\$32,750
29	\$52,750	29	\$26,250	29	\$34,250
30	\$56,250	30	\$28,750	30	\$35,750
31	\$59,750	31	\$31,250	31	\$37,250
32	\$63,250	32	\$34,250	32	\$38,750
33	\$66,750	33	\$37,750	33	\$40,250
34	\$70,250	34	\$41,250	34	\$42,000
35	\$73,750	35	\$44,750	35	\$44,000
36	\$77,250	36	\$48,250	36	\$46,000
37	\$80,750	37	\$51,750	37	\$48,000
38	\$84,250	38	\$55,250	38	\$50,000
39	\$87,750	39	\$58,750	39	\$52,000
40	\$91,250	40	\$62,250	40	\$54,000
41	\$94,750	41	\$65,750	41	\$56,000
42	\$98,250	42	\$69,250	42	\$58,000
43	\$101,750	43	\$72,750	43	\$60,000
44	\$105,250	44	\$76,250	44	\$62,000
45	\$108,750	45	\$79,750	45	\$64,000
46	\$112,250	46	\$83,250	46	\$66,000
47	\$116,000	47	\$86,750	47	\$68,000
48	\$120,000	48	\$90,250	48	\$70,000
49	\$124,000	49	\$93,750	49	\$72,000
50	\$128,000	50	\$97,250	50	\$74,000

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT COMPREHENSIVE \$500 DEDUCTIBLE RATES PER \$100

Territory VRG	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
11	2.00	1.96	2.13	1.99	2.16	2.24	2.32	2.40	2.37	2.53	2.60	2.79	3.12	3.12	3.88	5.99	2.32
12	0.96	0.94	1.02	0.95	1.04	1.07	1.11	1.15	1.13	1.21	1.24	1.33	1.50	1.50	1.86	2.87	1.11
13	0.86	0.84	0.91	0.85	0.92	0.96	0.99	1.03	1.01	1.08	1.11	1.19	1.34	1.34	1.66	2.56	0.99
14	0.78	0.77	0.83	0.78	0.85	0.88	0.91	0.94	0.93	0.99	1.02	1.09	1.22	1.22	1.52	2.35	0.91
15	0.73	0.71	0.77	0.72	0.79	0.82	0.84	0.87	0.86	0.92	0.94	1.01	1.14	1.14	1.41	2.18	0.84
16	0.69	0.67	0.73	0.68	0.74	0.77	0.80	0.82	0.81	0.87	0.89	0.96	1.07	1.07	1.33	2.05	0.80
17	0.65	0.64	0.69	0.65	0.71	0.73	0.76	0.78	0.77	0.83	0.85	0.91	1.02	1.02	1.26	1.95	0.76
18	0.63	0.61	0.67	0.62	0.68	0.70	0.73	0.75	0.74	0.79	0.81	0.87	0.98	0.98	1.21	1.88	0.73
19	0.61	0.59	0.65	0.60	0.66	0.68	0.70	0.73	0.72	0.77	0.79	0.84	0.95	0.95	1.17	1.81	0.70
20	0.59	0.58	0.63	0.58	0.64	0.66	0.68	0.71	0.70	0.74	0.76	0.82	0.92	0.92	1.14	1.76	0.68
21	0.58	0.56	0.61	0.57	0.62	0.64	0.67	0.69	0.68	0.73	0.75	0.80	0.90	0.90	1.11	1.72	0.67
22	0.57	0.55	0.60	0.56	0.61	0.63	0.66	0.68	0.67	0.71	0.73	0.79	0.88	0.88	1.09	1.69	0.66
23	0.56	0.54	0.59	0.55	0.60	0.62	0.65	0.67	0.66	0.70	0.72	0.78	0.87	0.87	1.08	1.67	0.65
24	0.55	0.54	0.59	0.55	0.60	0.62	0.64	0.66	0.65	0.70	0.72	0.77	0.86	0.86	1.07	1.65	0.64
25	0.55	0.53	0.58	0.54	0.59	0.61	0.64	0.66	0.65	0.69	0.71	0.76	0.85	0.85	1.06	1.64	0.64
26	0.55	0.53	0.58	0.54	0.59	0.61	0.63	0.65	0.65	0.69	0.71	0.76	0.85	0.85	1.06	1.63	0.63
27	0.54	0.53	0.58	0.54	0.59	0.61	0.63	0.65	0.64	0.69	0.71	0.76	0.85	0.85	1.05	1.63	0.63
28	0.54	0.53	0.58	0.54	0.59	0.61	0.63	0.65	0.64	0.69	0.71	0.76	0.85	0.85	1.05	1.63	0.63
29	0.55	0.53	0.58	0.54	0.59	0.61	0.63	0.65	0.65	0.69	0.71	0.76	0.85	0.85	1.06	1.63	0.63
30	0.55	0.54	0.58	0.54	0.59	0.61	0.64	0.66	0.65	0.69	0.71	0.76	0.86	0.86	1.06	1.64	0.64
31	0.55	0.54	0.59	0.55	0.60	0.62	0.64	0.66	0.65	0.70	0.71	0.77	0.86	0.86	1.07	1.65	0.64
32	0.56	0.54	0.59	0.55	0.60	0.62	0.64	0.67	0.66	0.70	0.72	0.77	0.87	0.87	1.08	1.66	0.64
33	0.56	0.55	0.60	0.56	0.61	0.63	0.65	0.67	0.66	0.71	0.73	0.78	0.87	0.87	1.09	1.68	0.65
34	0.56	0.55	0.60	0.56	0.61	0.63	0.65	0.68	0.67	0.71	0.73	0.78	0.88	0.88	1.09	1.69	0.65
35	0.56	0.55	0.60	0.56	0.61	0.63	0.65	0.68	0.67	0.71	0.73	0.78	0.88	0.88	1.09	1.69	0.65
36	0.57	0.55	0.60	0.56	0.61	0.63	0.66	0.68	0.67	0.71	0.73	0.79	0.88	0.88	1.09	1.69	0.66
37	0.57	0.55	0.60	0.56	0.61	0.64	0.66	0.68	0.67	0.72	0.74	0.79	0.89	0.89	1.10	1.70	0.66
38	0.57	0.56	0.61	0.57	0.62	0.64	0.66	0.69	0.68	0.72	0.74	0.80	0.89	0.89	1.11	1.71	0.66
39	0.58	0.56	0.61	0.57	0.62	0.65	0.67	0.69	0.68	0.73	0.75	0.80	0.90	0.90	1.12	1.72	0.67
40	0.58	0.57	0.62	0.58	0.63	0.65	0.67	0.70	0.69	0.74	0.75	0.81	0.91	0.91	1.13	1.74	0.67
41	0.59	0.57	0.63	0.58	0.64	0.66	0.68	0.71	0.70	0.74	0.76	0.82	0.92	0.92	1.14	1.76	0.68
42	0.60	0.58	0.63	0.59	0.64	0.67	0.69	0.71	0.70	0.75	0.77	0.83	0.93	0.93	1.15	1.78	0.69
43	0.60	0.59	0.64	0.60	0.65	0.68	0.70	0.72	0.71	0.76	0.78	0.84	0.94	0.94	1.17	1.81	0.70
44	0.61	0.60	0.65	0.61	0.66	0.69	0.71	0.73	0.72	0.77	0.79	0.85	0.95	0.95	1.19	1.83	0.71
45	0.62	0.61	0.66	0.62	0.67	0.70	0.72	0.75	0.74	0.79	0.81	0.87	0.97	0.97	1.20	1.86	0.72
46	0.63	0.62	0.67	0.63	0.68	0.71	0.73	0.76	0.75	0.80	0.82	0.88	0.99	0.99	1.22	1.89	0.73
47	0.64	0.63	0.68	0.64	0.69	0.72	0.75	0.77	0.76	0.81	0.83	0.89	1.00	1.00	1.24	1.92	0.75
48	0.65	0.64	0.70	0.65	0.71	0.73	0.76	0.79	0.78	0.83	0.85	0.91	1.02	1.02	1.27	1.96	0.76
49	0.67	0.65	0.71	0.66	0.72	0.75	0.77	0.80	0.79	0.84	0.86	0.93	1.04	1.04	1.29	2.00	0.77
50	0.68	0.66	0.72	0.68	0.74	0.76	0.79	0.82	0.81	0.86	0.88	0.95	1.06	1.06	1.32	2.04	0.79

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT COMPREHENSIVE \$500 DEDUCTIBLE RATES PER \$100

Territory VRG	18	19	20	21	22	23	24	25	26	27	40	41	42	43	44	45
11	4.36	4.79	4.33	5.90	6.65	4.18	3.12	4.76	5.40	1.89	3.00	2.90	3.53	3.69	5.77	3.72
12	2.09	2.29	2.07	2.82	3.18	2.00	1.50	2.28	2.58	0.90	1.43	1.39	1.69	1.76	2.76	1.78
13	1.86	2.05	1.85	2.52	2.84	1.79	1.34	2.03	2.31	0.81	1.28	1.24	1.51	1.58	2.47	1.59
14	1.71	1.88	1.69	2.31	2.60	1.64	1.22	1.86	2.11	0.74	1.17	1.14	1.38	1.44	2.26	1.46
15	1.58	1.74	1.57	2.14	2.42	1.52	1.14	1.73	1.96	0.69	1.09	1.05	1.28	1.34	2.10	1.35
16	1.49	1.64	1.48	2.02	2.28	1.43	1.07	1.63	1.85	0.65	1.03	0.99	1.21	1.26	1.98	1.27
17	1.42	1.56	1.41	1.92	2.17	1.36	1.02	1.55	1.76	0.62	0.98	0.95	1.15	1.20	1.88	1.21
18	1.36	1.50	1.35	1.85	2.08	1.31	0.98	1.49	1.69	0.59	0.94	0.91	1.10	1.15	1.81	1.16
19	1.32	1.45	1.31	1.79	2.01	1.27	0.95	1.44	1.64	0.57	0.91	0.88	1.07	1.12	1.75	1.13
20	1.28	1.41	1.27	1.73	1.96	1.23	0.92	1.40	1.59	0.56	0.88	0.85	1.04	1.08	1.70	1.09
21	1.25	1.38	1.24	1.70	1.91	1.20	0.90	1.37	1.55	0.54	0.86	0.83	1.01	1.06	1.66	1.07
22	1.23	1.35	1.22	1.66	1.88	1.18	0.88	1.34	1.52	0.53	0.85	0.82	0.99	1.04	1.63	1.05
23	1.21	1.33	1.20	1.64	1.85	1.16	0.87	1.32	1.50	0.53	0.83	0.81	0.98	1.03	1.61	1.03
24	1.20	1.32	1.19	1.62	1.83	1.15	0.86	1.31	1.49	0.52	0.83	0.80	0.97	1.02	1.59	1.02
25	1.19	1.31	1.18	1.61	1.82	1.14	0.85	1.30	1.48	0.52	0.82	0.79	0.96	1.01	1.58	1.02
26	1.19	1.30	1.18	1.61	1.81	1.14	0.85	1.30	1.47	0.51	0.82	0.79	0.96	1.00	1.57	1.01
27	1.18	1.30	1.18	1.60	1.81	1.14	0.85	1.29	1.47	0.51	0.81	0.79	0.96	1.00	1.57	1.01
28	1.19	1.30	1.18	1.60	1.81	1.14	0.85	1.29	1.47	0.51	0.81	0.79	0.96	1.00	1.57	1.01
29	1.19	1.31	1.18	1.61	1.81	1.14	0.85	1.30	1.47	0.52	0.82	0.79	0.96	1.00	1.57	1.01
30	1.19	1.31	1.18	1.61	1.82	1.14	0.86	1.30	1.48	0.52	0.82	0.79	0.96	1.01	1.58	1.02
31	1.20	1.32	1.19	1.62	1.83	1.15	0.86	1.31	1.49	0.52	0.83	0.80	0.97	1.02	1.59	1.02
32	1.21	1.33	1.20	1.64	1.85	1.16	0.87	1.32	1.50	0.52	0.83	0.80	0.98	1.02	1.60	1.03
33	1.22	1.34	1.21	1.65	1.86	1.17	0.87	1.33	1.51	0.53	0.84	0.81	0.99	1.03	1.62	1.04
34	1.23	1.35	1.22	1.66	1.87	1.18	0.88	1.34	1.52	0.53	0.84	0.82	0.99	1.04	1.62	1.05
35	1.23	1.35	1.22	1.66	1.87	1.18	0.88	1.34	1.52	0.53	0.84	0.82	0.99	1.04	1.62	1.05
36	1.23	1.35	1.22	1.66	1.88	1.18	0.88	1.34	1.52	0.53	0.85	0.82	1.00	1.04	1.63	1.05
37	1.24	1.36	1.23	1.67	1.89	1.19	0.89	1.35	1.53	0.54	0.85	0.82	1.00	1.05	1.64	1.05
38	1.24	1.37	1.23	1.68	1.90	1.19	0.89	1.36	1.54	0.54	0.86	0.83	1.01	1.05	1.65	1.06
39	1.25	1.38	1.24	1.70	1.91	1.20	0.90	1.37	1.55	0.54	0.86	0.83	1.01	1.06	1.66	1.07
40	1.27	1.39	1.26	1.71	1.93	1.21	0.91	1.38	1.57	0.55	0.87	0.84	1.02	1.07	1.68	1.08
41	1.28	1.41	1.27	1.73	1.95	1.23	0.92	1.40	1.59	0.56	0.88	0.85	1.04	1.08	1.69	1.09
42	1.30	1.42	1.29	1.75	1.98	1.24	0.93	1.41	1.60	0.56	0.89	0.86	1.05	1.10	1.71	1.10
43	1.31	1.44	1.30	1.78	2.00	1.26	0.94	1.43	1.63	0.57	0.90	0.87	1.06	1.11	1.74	1.12
44	1.33	1.46	1.32	1.80	2.03	1.28	0.95	1.45	1.65	0.58	0.92	0.89	1.08	1.13	1.76	1.14
45	1.35	1.49	1.34	1.83	2.06	1.30	0.97	1.48	1.68	0.59	0.93	0.90	1.09	1.14	1.79	1.15
46	1.37	1.51	1.36	1.86	2.10	1.32	0.99	1.50	1.70	0.60	0.95	0.91	1.11	1.16	1.82	1.17
47	1.40	1.54	1.39	1.89	2.13	1.34	1.00	1.53	1.73	0.61	0.96	0.93	1.13	1.18	1.85	1.19
48	1.42	1.57	1.41	1.93	2.17	1.37	1.02	1.56	1.76	0.62	0.98	0.95	1.15	1.20	1.89	1.22
49	1.45	1.60	1.44	1.96	2.22	1.39	1.04	1.59	1.80	0.63	1.00	0.97	1.17	1.23	1.92	1.24
50	1.48	1.63	1.47	2.00	2.26	1.42	1.06	1.62	1.84	0.64	1.02	0.99	1.20	1.25	1.96	1.26

STATED AMOUNT FIRE \$500 DEDUCTIBLE RATES PER \$100

<u>VRG</u>	<u>All Territories</u>
11	0.30
12	0.14
13	0.13
14	0.12
15	0.11
16	0.10
17	0.10
18	0.09
19	0.09
20	0.09
21	0.08
22	0.08
23	0.08
24	0.08
25	0.08
26	0.08
27	0.08
28	0.08
29	0.08
30	0.08
31	0.08
32	0.08
33	0.08
34	0.08
35	0.08
36	0.08
37	0.08
38	0.08
39	0.09
40	0.09
41	0.09
42	0.09
43	0.09
44	0.09
45	0.09
46	0.09
47	0.09
48	0.10
49	0.10
50	0.10

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT THEFT \$500 DEDUCTIBLE RATES PER \$100

Territory VRG	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
11	1.11	1.07	1.20	1.10	1.22	1.27	1.33	1.39	1.36	1.48	1.52	1.66	1.89	1.89	2.42	3.90	1.33
12	0.53	0.51	0.57	0.52	0.58	0.61	0.64	0.66	0.65	0.71	0.73	0.79	0.91	0.91	1.16	1.87	0.64
13	0.47	0.46	0.51	0.47	0.52	0.54	0.57	0.59	0.58	0.63	0.65	0.71	0.81	0.81	1.03	1.67	0.57
14	0.43	0.42	0.47	0.43	0.48	0.50	0.52	0.54	0.53	0.58	0.60	0.65	0.74	0.74	0.95	1.53	0.52
15	0.40	0.39	0.44	0.40	0.44	0.46	0.48	0.50	0.50	0.54	0.55	0.60	0.69	0.69	0.88	1.42	0.48
16	0.38	0.37	0.41	0.38	0.42	0.44	0.46	0.48	0.47	0.51	0.52	0.57	0.65	0.65	0.83	1.34	0.46
17	0.36	0.35	0.39	0.36	0.40	0.42	0.43	0.45	0.44	0.48	0.50	0.54	0.62	0.62	0.79	1.27	0.43
18	0.35	0.34	0.37	0.34	0.38	0.40	0.42	0.43	0.43	0.46	0.48	0.52	0.59	0.59	0.76	1.22	0.42
19	0.34	0.32	0.36	0.33	0.37	0.39	0.40	0.42	0.41	0.45	0.46	0.50	0.57	0.57	0.73	1.18	0.40
20	0.33	0.32	0.35	0.32	0.36	0.37	0.39	0.41	0.40	0.43	0.45	0.49	0.56	0.56	0.71	1.15	0.39
21	0.32	0.31	0.34	0.31	0.35	0.37	0.38	0.40	0.39	0.42	0.44	0.48	0.54	0.54	0.70	1.12	0.38
22	0.31	0.30	0.34	0.31	0.34	0.36	0.38	0.39	0.39	0.42	0.43	0.47	0.53	0.53	0.68	1.10	0.38
23	0.31	0.30	0.33	0.30	0.34	0.35	0.37	0.39	0.38	0.41	0.42	0.46	0.53	0.53	0.67	1.09	0.37
24	0.30	0.30	0.33	0.30	0.34	0.35	0.37	0.38	0.38	0.41	0.42	0.46	0.52	0.52	0.67	1.07	0.37
25	0.30	0.29	0.33	0.30	0.33	0.35	0.36	0.38	0.37	0.40	0.42	0.45	0.52	0.52	0.66	1.07	0.36
26	0.30	0.29	0.33	0.30	0.33	0.35	0.36	0.38	0.37	0.40	0.41	0.45	0.52	0.52	0.66	1.06	0.36
27	0.30	0.29	0.32	0.30	0.33	0.35	0.36	0.38	0.37	0.40	0.41	0.45	0.51	0.51	0.66	1.06	0.36
28	0.30	0.29	0.33	0.30	0.33	0.35	0.36	0.38	0.37	0.40	0.41	0.45	0.51	0.51	0.66	1.06	0.36
29	0.30	0.29	0.33	0.30	0.33	0.35	0.36	0.38	0.37	0.40	0.41	0.45	0.52	0.52	0.66	1.06	0.36
30	0.30	0.29	0.33	0.30	0.33	0.35	0.36	0.38	0.37	0.40	0.42	0.45	0.52	0.52	0.66	1.07	0.36
31	0.30	0.30	0.33	0.30	0.34	0.35	0.37	0.38	0.38	0.41	0.42	0.46	0.52	0.52	0.67	1.07	0.37
32	0.31	0.30	0.33	0.30	0.34	0.35	0.37	0.38	0.38	0.41	0.42	0.46	0.52	0.52	0.67	1.08	0.37
33	0.31	0.30	0.33	0.31	0.34	0.36	0.37	0.39	0.38	0.41	0.43	0.46	0.53	0.53	0.68	1.09	0.37
34	0.31	0.30	0.34	0.31	0.34	0.36	0.37	0.39	0.38	0.42	0.43	0.47	0.53	0.53	0.68	1.10	0.37
35	0.31	0.30	0.34	0.31	0.34	0.36	0.37	0.39	0.38	0.42	0.43	0.47	0.53	0.53	0.68	1.10	0.37
36	0.31	0.30	0.34	0.31	0.34	0.36	0.38	0.39	0.39	0.42	0.43	0.47	0.53	0.53	0.68	1.10	0.38
37	0.31	0.30	0.34	0.31	0.35	0.36	0.38	0.39	0.39	0.42	0.43	0.47	0.54	0.54	0.69	1.11	0.38
38	0.32	0.31	0.34	0.31	0.35	0.36	0.38	0.40	0.39	0.42	0.43	0.47	0.54	0.54	0.69	1.11	0.38
39	0.32	0.31	0.34	0.32	0.35	0.37	0.38	0.40	0.39	0.42	0.44	0.48	0.54	0.54	0.70	1.12	0.38
40	0.32	0.31	0.35	0.32	0.35	0.37	0.39	0.40	0.40	0.43	0.44	0.48	0.55	0.55	0.70	1.13	0.39
41	0.32	0.32	0.35	0.32	0.36	0.37	0.39	0.41	0.40	0.43	0.45	0.49	0.56	0.56	0.71	1.15	0.39
42	0.33	0.32	0.36	0.33	0.36	0.38	0.40	0.41	0.41	0.44	0.45	0.49	0.56	0.56	0.72	1.16	0.40
43	0.33	0.32	0.36	0.33	0.37	0.38	0.40	0.42	0.41	0.44	0.46	0.50	0.57	0.57	0.73	1.17	0.40
44	0.34	0.33	0.37	0.33	0.37	0.39	0.41	0.42	0.42	0.45	0.46	0.51	0.58	0.58	0.74	1.19	0.41
45	0.34	0.33	0.37	0.34	0.38	0.40	0.41	0.43	0.42	0.46	0.47	0.51	0.59	0.59	0.75	1.21	0.41
46	0.35	0.34	0.38	0.35	0.38	0.40	0.42	0.44	0.43	0.47	0.48	0.52	0.60	0.60	0.76	1.23	0.42
47	0.36	0.34	0.38	0.35	0.39	0.41	0.43	0.45	0.44	0.47	0.49	0.53	0.61	0.61	0.78	1.25	0.43
48	0.36	0.35	0.39	0.36	0.40	0.42	0.43	0.45	0.45	0.48	0.50	0.54	0.62	0.62	0.79	1.27	0.43
49	0.37	0.36	0.40	0.36	0.41	0.42	0.44	0.46	0.45	0.49	0.51	0.55	0.63	0.63	0.81	1.30	0.44
50	0.38	0.36	0.41	0.37	0.41	0.43	0.45	0.47	0.46	0.50	0.52	0.56	0.64	0.64	0.82	1.33	0.45

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

STATED AMOUNT THEFT \$500 DEDUCTIBLE RATES PER \$100

Territory VRG	18	19	20	21	22	23	24	25	26	27	40	41	42	43	44	45
11	2.76	3.06	2.73	3.83	4.36	2.63	1.89	3.04	3.48	1.03	1.80	1.73	2.17	2.28	3.74	2.31
12	1.32	1.46	1.31	1.83	2.09	1.26	0.91	1.45	1.67	0.49	0.86	0.83	1.04	1.09	1.79	1.10
13	1.18	1.31	1.17	1.64	1.86	1.12	0.81	1.30	1.49	0.44	0.77	0.74	0.93	0.98	1.60	0.99
14	1.08	1.20	1.07	1.50	1.71	1.03	0.74	1.19	1.36	0.40	0.71	0.68	0.85	0.89	1.46	0.90
15	1.00	1.11	0.99	1.39	1.59	0.96	0.69	1.10	1.27	0.37	0.66	0.63	0.79	0.83	1.36	0.84
16	0.94	1.05	0.94	1.31	1.49	0.90	0.65	1.04	1.19	0.35	0.62	0.59	0.74	0.78	1.28	0.79
17	0.90	1.00	0.89	1.25	1.42	0.86	0.62	0.99	1.14	0.34	0.59	0.57	0.71	0.74	1.22	0.75
18	0.86	0.96	0.86	1.20	1.36	0.82	0.59	0.95	1.09	0.32	0.56	0.54	0.68	0.71	1.17	0.72
19	0.83	0.93	0.83	1.16	1.32	0.80	0.57	0.92	1.06	0.31	0.55	0.53	0.66	0.69	1.13	0.70
20	0.81	0.90	0.80	1.13	1.28	0.77	0.56	0.89	1.02	0.30	0.53	0.51	0.64	0.67	1.10	0.68
21	0.79	0.88	0.79	1.10	1.25	0.76	0.54	0.87	1.00	0.30	0.52	0.50	0.62	0.66	1.08	0.66
22	0.78	0.86	0.77	1.08	1.23	0.74	0.53	0.86	0.98	0.29	0.51	0.49	0.61	0.64	1.06	0.65
23	0.77	0.85	0.76	1.07	1.21	0.73	0.53	0.84	0.97	0.29	0.50	0.48	0.60	0.64	1.04	0.64
24	0.76	0.84	0.75	1.06	1.20	0.73	0.52	0.84	0.96	0.28	0.50	0.48	0.60	0.63	1.03	0.64
25	0.75	0.84	0.75	1.05	1.19	0.72	0.52	0.83	0.95	0.28	0.49	0.47	0.59	0.62	1.02	0.63
26	0.75	0.83	0.74	1.04	1.19	0.72	0.52	0.83	0.95	0.28	0.49	0.47	0.59	0.62	1.02	0.63
27	0.75	0.83	0.74	1.04	1.18	0.71	0.51	0.82	0.95	0.28	0.49	0.47	0.59	0.62	1.02	0.63
28	0.75	0.83	0.74	1.04	1.19	0.72	0.51	0.83	0.95	0.28	0.49	0.47	0.59	0.62	1.02	0.63
29	0.75	0.83	0.74	1.04	1.19	0.72	0.52	0.83	0.95	0.28	0.49	0.47	0.59	0.62	1.02	0.63
30	0.75	0.84	0.75	1.05	1.19	0.72	0.52	0.83	0.95	0.28	0.49	0.47	0.59	0.63	1.02	0.63
31	0.76	0.84	0.75	1.06	1.20	0.72	0.52	0.84	0.96	0.28	0.50	0.48	0.60	0.63	1.03	0.64
32	0.76	0.85	0.76	1.06	1.21	0.73	0.52	0.84	0.97	0.29	0.50	0.48	0.60	0.63	1.04	0.64
33	0.77	0.86	0.77	1.07	1.22	0.74	0.53	0.85	0.98	0.29	0.50	0.49	0.61	0.64	1.05	0.65
34	0.78	0.86	0.77	1.08	1.23	0.74	0.53	0.85	0.98	0.29	0.51	0.49	0.61	0.64	1.05	0.65
35	0.78	0.86	0.77	1.08	1.23	0.74	0.53	0.85	0.98	0.29	0.51	0.49	0.61	0.64	1.05	0.65
36	0.78	0.86	0.77	1.08	1.23	0.74	0.53	0.86	0.98	0.29	0.51	0.49	0.61	0.64	1.06	0.65
37	0.78	0.87	0.78	1.09	1.24	0.75	0.54	0.86	0.99	0.29	0.51	0.49	0.62	0.65	1.06	0.65
38	0.79	0.87	0.78	1.09	1.24	0.75	0.54	0.87	0.99	0.29	0.51	0.50	0.62	0.65	1.07	0.66
39	0.79	0.88	0.79	1.10	1.25	0.76	0.54	0.87	1.00	0.30	0.52	0.50	0.62	0.66	1.08	0.66
40	0.80	0.89	0.79	1.11	1.27	0.76	0.55	0.88	1.01	0.30	0.52	0.50	0.63	0.66	1.09	0.67
41	0.81	0.90	0.80	1.13	1.28	0.77	0.56	0.89	1.02	0.30	0.53	0.51	0.64	0.67	1.10	0.68
42	0.82	0.91	0.81	1.14	1.30	0.78	0.56	0.90	1.04	0.31	0.54	0.52	0.65	0.68	1.11	0.69
43	0.83	0.92	0.82	1.15	1.31	0.79	0.57	0.91	1.05	0.31	0.54	0.52	0.65	0.69	1.13	0.69
44	0.84	0.93	0.84	1.17	1.33	0.80	0.58	0.93	1.06	0.31	0.55	0.53	0.66	0.70	1.14	0.70
45	0.86	0.95	0.85	1.19	1.35	0.82	0.59	0.94	1.08	0.32	0.56	0.54	0.67	0.71	1.16	0.72
46	0.87	0.96	0.86	1.21	1.38	0.83	0.60	0.96	1.10	0.32	0.57	0.55	0.69	0.72	1.18	0.73
47	0.88	0.98	0.88	1.23	1.40	0.84	0.61	0.97	1.12	0.33	0.58	0.56	0.70	0.73	1.20	0.74
48	0.90	1.00	0.89	1.25	1.42	0.86	0.62	0.99	1.14	0.34	0.59	0.57	0.71	0.75	1.22	0.75
49	0.92	1.02	0.91	1.28	1.45	0.88	0.63	1.01	1.16	0.34	0.60	0.58	0.72	0.76	1.25	0.77
50	0.94	1.04	0.93	1.30	1.48	0.89	0.64	1.03	1.18	0.35	0.61	0.59	0.74	0.78	1.27	0.78