

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								
	191	334	210	623	329	561	296	186	
PART 2	PERSONAL INJURY PROTECTION								
	105	147	147	254	147	229	132	114	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	233	388	305	751	486	676	437	255
	10,000	289	481	378	931	603	838	542	316
	15,000	292	487	382	942	609	848	548	320
	25,000	295	492	387	952	616	857	554	323
	35,000	298	496	390	961	622	865	559	326
	50,000	301	501	393	969	627	872	564	329
	100,000	303	504	397	976	632	879	568	332
	250,000	307	512	402	991	641	892	576	336
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	21	47	30	74	43	67	39	21
	20/50	23	51	32	81	47	73	42	23
	25/50	34	70	44	116	65	105	59	33
	25/60	36	74	47	123	69	111	62	35
	35/80	59	116	73	199	110	180	99	58
	50/100	82	157	100	276	151	249	136	81
	100/300	142	264	167	471	255	425	230	139
	250/500	267	489	308	883	475	795	428	261

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	533	943	566	1722	951	1550	856	587
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	167	167	167	167	167	167	167	167
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	113	68	207	114	186	103	70	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	207	365	240	679	372	611	335	201	
PART 2	PERSONAL INJURY PROTECTION								
	106	156	156	269	158	242	142	114	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	273	426	327	835	505	752	455	276
	10,000	339	528	405	1035	626	932	564	342
	15,000	342	534	410	1047	633	943	571	346
	25,000	346	540	415	1059	640	954	577	350
	35,000	349	545	418	1068	646	962	582	353
	50,000	352	550	422	1077	651	970	587	356
	100,000	355	554	425	1086	657	978	592	359
	250,000	360	562	431	1101	666	992	600	364
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	22	50	36	83	45	75	41	21
	20/50	24	54	39	91	49	82	45	23
	25/50	36	75	53	129	70	116	64	34
	25/60	38	79	55	136	74	123	67	37
	35/80	63	125	86	220	120	198	109	61
	50/100	88	170	116	304	166	274	150	85
	100/300	153	287	193	517	283	466	255	148
	250/500	288	531	356	967	529	871	477	279

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	496	942	561	1770	884	1593	796	551
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	167	167	167	167	167	167	167	167
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	
60	113	67	212	106	191	96	66	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	230	382	273	772	418	695	376	217	
PART 2	PERSONAL INJURY PROTECTION								
	126	170	170	301	175	271	158	134	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	283	443	347	846	598	761	538	328
	10,000	351	549	430	1049	742	944	667	407
	15,000	355	556	435	1061	750	954	675	411
	25,000	359	562	440	1073	758	965	682	416
	35,000	362	567	444	1082	765	973	688	420
	50,000	365	571	448	1091	771	982	694	423
	100,000	368	576	451	1100	777	989	699	426
	250,000	373	584	458	1116	789	1004	710	433
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	24	52	37	92	56	83	50	23
	20/50	27	56	40	101	61	91	54	25
	25/50	39	78	56	144	84	130	76	37
	25/60	42	82	59	152	89	137	80	40
	35/80	70	130	93	248	141	223	127	66
	50/100	98	178	127	343	193	309	174	93
	100/300	169	299	214	584	326	526	293	160
	250/500	319	555	397	1094	606	985	544	301

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	587	1083	695	1981	1064	1783	958	635
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	193	193	193	193	193	193	193	193
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	130	83	238	128	214	115	76	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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 4

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	258	424	295	895	508	806	457	241	
PART 2	PERSONAL INJURY PROTECTION								
	133	178	178	341	207	307	186	144	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	286	435	324	880	560	792	504	295
	10,000	355	539	402	1091	694	982	625	366
	15,000	359	545	406	1104	702	993	632	370
	25,000	363	552	411	1116	710	1004	639	374
	35,000	366	556	414	1126	716	1013	645	377
	50,000	369	561	418	1135	722	1022	650	381
	100,000	372	566	421	1144	728	1030	655	384
	250,000	377	574	427	1161	739	1045	665	389

PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	20/50	25/50	25/60	35/80	50/100	100/300	250/500
	26	61	42	107	64	96	58	24
29	66	45	117	70	105	63	27	
43	90	62	167	98	150	89	40	
46	95	66	177	104	159	94	43	
77	148	103	287	167	258	151	72	
108	202	140	398	230	358	207	101	
188	337	234	678	390	610	352	175	
355	624	433	1269	728	1142	655	331	

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		PART 12	
	20/40	32	0	35/80	39	6		
	20/50	33	0	50/100	42	10		
	25/50	34	2	100/300	48	26		
25/60	36	2	250/500	60	95			

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	621	1129	707	2055	1102	1850	992	595
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	180	180	180	180	180	180	180	180
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	135	85	247	132	222	119	71	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	263	422	331	896	543	806	489	262	
PART 2	PERSONAL INJURY PROTECTION								
	135	179	179	336	210	302	189	147	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	303	456	358	865	582	779	524	307
	10,000	376	565	444	1073	722	966	650	381
	15,000	380	572	449	1085	730	977	657	385
	25,000	384	578	454	1097	738	988	664	389
	35,000	388	583	458	1106	744	996	670	393
	50,000	391	588	462	1116	751	1005	676	396
	100,000	394	593	465	1125	757	1013	681	399
	250,000	400	601	472	1141	768	1028	691	405
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	26	59	45	107	67	96	60	29
	20/50	29	64	49	117	73	105	65	32
	25/50	43	88	68	167	104	150	93	46
	25/60	46	93	71	177	110	159	98	49
	35/80	78	146	113	288	177	258	159	81
	50/100	110	198	154	398	244	358	219	113
	100/300	191	333	259	679	415	610	373	195
	250/500	361	617	481	1270	775	1142	697	367

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	594	1039	629	1834	1092	1651	983	562
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	196	196	196	196	196	196	196	196
	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	
71	125	75	220	131	198	118	67	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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 6

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	287	492	327	1008	620	907	558	271	
PART 2	PERSONAL INJURY PROTECTION								
	142	202	202	384	235	346	212	153	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	303	444	355	931	619	838	557	324
	10,000	376	551	440	1154	768	1039	691	402
	15,000	380	557	445	1167	776	1051	698	406
	25,000	384	563	450	1181	785	1063	706	411
	35,000	388	568	454	1191	792	1072	712	414
	50,000	391	573	458	1201	799	1081	719	418
	100,000	394	577	462	1210	805	1089	724	421
	250,000	400	586	468	1228	816	1105	735	427
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	26	69	45	119	79	107	71	30
	20/50	29	75	49	130	86	117	77	33
	25/50	45	103	67	187	121	168	109	48
	25/60	48	108	71	198	128	178	115	51
	35/80	82	170	112	322	205	290	184	84
	50/100	117	232	153	446	282	401	253	117
	100/300	204	389	257	761	477	685	430	202
	250/500	389	720	477	1426	890	1283	801	379

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	637	1179	709	2009	1184	1808	1066	613
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	202	202	202	202	202	202	202	202
	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	
76	141	85	241	142	217	128	74	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	273	453	336	1024	604	922	544	263	
PART 2	PERSONAL INJURY PROTECTION								
	138	215	215	381	229	343	206	148	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	338	518	425	961	663	865	597	354
	10,000	419	642	527	1192	822	1073	740	439
	15,000	424	650	533	1205	831	1085	749	444
	25,000	429	657	539	1219	841	1097	757	449
	35,000	432	663	544	1229	848	1106	764	453
	50,000	436	668	548	1240	855	1116	770	457
	100,000	439	673	553	1249	862	1125	776	460
	250,000	446	683	561	1268	874	1141	787	467
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	27	62	45	124	77	112	69	26
	20/50	30	67	49	135	84	122	75	29
	25/50	45	93	68	193	118	174	106	43
	25/60	48	98	72	204	125	184	112	46
	35/80	81	155	114	331	200	298	179	78
	50/100	114	211	155	457	274	412	247	110
	100/300	198	356	262	778	465	701	418	191
	250/500	375	659	487	1456	867	1311	780	361

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	686	1233	781	2121	1310	1909	1179	707
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	209	209	209	209	209	209	209	209
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	
82	148	94	255	157	229	141	85	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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 8

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	313	502	363	1073	679	966	611	295	
PART 2	PERSONAL INJURY PROTECTION								
	163	214	214	411	264	370	238	176	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	322	499	405	925	669	833	602	330
	10,000	399	619	502	1147	830	1033	746	409
	15,000	404	626	508	1160	839	1045	755	414
	25,000	408	633	514	1173	848	1056	763	418
	35,000	412	638	518	1183	856	1065	770	422
	50,000	415	644	522	1193	863	1075	777	426
	100,000	419	649	527	1203	870	1083	783	429
	250,000	425	658	534	1220	882	1099	794	435
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	31	69	49	129	86	116	77	30
	20/50	34	75	53	141	94	127	84	33
	25/50	52	103	74	201	132	181	118	50
	25/60	55	109	78	213	140	192	125	53
	35/80	93	172	123	345	224	311	201	89
	50/100	131	235	168	478	308	430	277	124
	100/300	227	394	284	814	522	733	469	215
	250/500	430	731	527	1523	973	1371	875	407

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	697	1252	884	2097	1344	1887	1210	633
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	217	217	217	217	217	217	217	217
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	150	106	252	161	226	145	76	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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 9

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	357	565	425	1165	709	1049	638	345	
PART 2	PERSONAL INJURY PROTECTION								
	196	260	260	480	286	432	257	211	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	348	499	410	999	671	899	604	361
	10,000	432	619	508	1239	832	1115	749	448
	15,000	436	626	514	1253	841	1127	757	453
	25,000	441	633	520	1267	851	1140	766	458
	35,000	445	638	524	1278	858	1150	773	462
	50,000	449	644	529	1289	866	1160	779	466
	100,000	452	649	533	1299	872	1169	785	469
	250,000	459	658	541	1318	885	1186	797	476
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	37	80	57	138	90	124	81	37
	20/50	41	86	62	151	98	136	88	41
	25/50	61	119	86	216	138	194	124	60
	25/60	65	125	91	229	146	206	131	64
	35/80	108	196	144	373	234	335	210	106
	50/100	151	267	197	516	322	464	290	148
	100/300	262	448	332	881	545	793	491	255
	250/500	494	828	616	1649	1017	1485	915	480

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	658	1133	761	1962	1220	1766	1098	700
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	204	204	204	204	204	204	204	204
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	
79	136	91	235	146	212	132	84	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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 10

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	344	633	441	1188	782	1069	704	338	
PART 2	PERSONAL INJURY PROTECTION								
	186	280	274	483	303	435	273	205	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	314	493	402	996	711	896	640	311
	10,000	389	611	498	1235	882	1111	794	386
	15,000	394	618	504	1249	892	1124	803	390
	25,000	398	625	510	1263	902	1136	812	394
	35,000	402	631	514	1274	909	1146	819	398
	50,000	405	636	519	1285	917	1156	826	401
	100,000	408	641	523	1295	924	1165	832	404
	250,000	414	650	530	1314	938	1182	844	410
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	35	82	62	137	100	123	90	34
	20/50	39	89	67	150	109	135	98	38
	25/50	58	125	92	217	153	195	138	56
	25/60	62	132	97	230	162	206	146	60
	35/80	103	211	153	376	259	338	233	101
	50/100	145	289	208	521	356	469	320	142
	100/300	251	490	349	892	603	802	543	246
	250/500	475	911	645	1674	1123	1506	1011	466

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	721	1255	783	2126	1355	1913	1220	703
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	
87	151	94	255	163	230	146	84	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	348	751	468	1211	820	1090	738	384	
PART 2	PERSONAL INJURY PROTECTION								
	195	322	284	494	324	445	292	224	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	352	558	420	1033	678	930	610	350
	10,000	436	692	521	1281	841	1153	756	434
	15,000	441	700	527	1295	850	1166	765	439
	25,000	446	708	533	1310	860	1179	773	444
	35,000	450	714	537	1321	867	1189	780	448
	50,000	454	720	542	1333	875	1200	787	452
	100,000	458	725	546	1343	881	1209	793	455
	250,000	464	736	554	1363	894	1227	805	462
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	39	102	62	143	106	129	95	41
	20/50	43	111	67	157	115	141	103	45
	25/50	62	153	94	224	162	202	145	67
	25/60	66	162	99	238	171	214	153	71
	35/80	109	256	157	387	273	348	245	118
	50/100	151	349	216	536	375	483	337	164
	100/300	260	588	364	915	634	824	570	283
	250/500	488	1091	677	1714	1180	1543	1061	534

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	647	1239	758	1830	1216	1647	1094	644
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	235	235	235	235	235	235	235	235
	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	
78	149	91	220	146	198	131	77	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	377	655	497	1201	881	1081	793	365	
PART 2	PERSONAL INJURY PROTECTION								
	195	279	279	472	339	425	305	211	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	363	560	410	1079	739	971	665	422
	10,000	450	694	508	1338	916	1204	825	523
	15,000	455	702	514	1353	927	1218	834	529
	25,000	460	710	520	1368	937	1231	843	535
	35,000	464	716	524	1380	945	1242	851	540
	50,000	468	722	529	1392	953	1253	858	544
	100,000	472	728	533	1403	961	1262	865	549
	250,000	479	739	541	1423	975	1281	877	557
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	38	89	67	143	110	129	99	42
	20/50	42	96	73	156	120	141	108	46
	25/50	63	134	101	224	169	202	153	66
	25/60	67	141	106	237	179	214	161	70
	35/80	113	223	169	385	288	347	260	115
	50/100	158	305	231	533	397	480	358	160
	100/300	275	513	388	909	675	819	607	274
	250/500	519	952	721	1702	1260	1533	1134	514

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	734	1336	833	1928	1397	1735	1257	752
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	252	252	252	252	252	252	252	252
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	160	100	231	168	208	151	90	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	407	712	512	1172	850	1055	765	399	
PART 2	PERSONAL INJURY PROTECTION								
	218	321	295	471	337	424	303	235	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	370	544	423	1046	715	941	644	381
	10,000	459	675	525	1297	887	1167	799	472
	15,000	464	682	530	1312	897	1180	808	478
	25,000	469	690	536	1326	907	1193	817	483
	35,000	473	696	541	1338	914	1204	824	487
	50,000	477	702	546	1349	922	1214	831	491
	100,000	481	707	550	1360	930	1223	837	495
	250,000	488	718	558	1380	943	1241	849	503
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	41	100	69	136	108	122	97	42
	20/50	45	108	75	149	118	134	106	46
	25/50	68	149	104	214	165	193	149	68
	25/60	72	157	110	228	175	204	157	73
	35/80	122	246	174	371	280	334	252	121
	50/100	171	335	237	515	386	463	347	170
	100/300	296	563	400	882	654	793	588	293
	250/500	561	1042	743	1653	1219	1487	1097	554

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	797	1255	951	2085	1459	1877	1313	784
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	283	283	283	283	283	283	283	283
	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	
96	151	114	250	175	225	158	94	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	477	817	596	1091	877	982	789	479	
PART 2	PERSONAL INJURY PROTECTION								
	260	392	325	446	364	401	328	281	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	430	604	521	1214	812	1093	731	428
	10,000	533	749	646	1505	1007	1355	906	531
	15,000	539	757	653	1522	1018	1371	917	537
	25,000	545	766	661	1539	1030	1386	927	543
	35,000	550	773	666	1553	1039	1398	935	547
	50,000	555	779	672	1566	1047	1410	943	552
	100,000	559	785	677	1578	1056	1421	950	556
	250,000	567	797	687	1601	1071	1442	964	565
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	49	114	80	144	115	130	104	49
	20/50	54	123	87	156	125	141	113	54
	25/50	81	170	121	218	175	197	158	81
	25/60	86	179	127	230	184	208	167	86
	35/80	144	282	202	366	294	330	265	144
	50/100	202	384	276	502	403	452	363	202
	100/300	349	645	465	848	680	764	613	350
	250/500	659	1194	864	1577	1266	1420	1140	661

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	957	1583	1197	2237	1736	2013	1562	946
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	269	269	269	269	269	269	269	269
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	
115	190	144	268	208	242	187	114	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	517	859	573	1092	903	983	813	496	
PART 2	PERSONAL INJURY PROTECTION								
	270	395	304	435	369	392	332	277	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	406	669	449	1143	772	1029	695	418
	10,000	503	830	557	1417	957	1276	862	518
	15,000	509	839	563	1433	968	1290	872	524
	25,000	515	848	569	1449	979	1305	881	530
	35,000	519	856	574	1462	987	1316	889	535
	50,000	524	863	579	1474	996	1327	897	539
	100,000	528	870	584	1486	1004	1338	904	543
	250,000	536	882	592	1508	1018	1357	917	551
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	56	120	77	133	114	120	103	54
	20/50	62	130	84	145	124	131	112	60
	25/50	90	179	116	207	175	186	158	87
	25/60	96	189	123	219	185	197	167	93
	35/80	159	296	194	354	297	319	268	153
	50/100	222	404	266	488	409	440	369	214
	100/300	383	678	448	831	694	749	625	368
	250/500	721	1256	831	1554	1294	1399	1166	692

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1160	2000	1403	2555	2077	2300	1869	1039
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	350	350	350	350	350	350	350	350
	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	
139	240	168	307	249	276	224	125	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	491	927	820	1146	955	1031	860	489	
PART 2	PERSONAL INJURY PROTECTION								
	292	425	389	456	428	410	385	297	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	403	657	456	1140	725	1026	653	457
	10,000	500	815	565	1414	899	1272	810	567
	15,000	505	824	572	1430	909	1287	819	573
	25,000	511	833	578	1446	919	1301	828	579
	35,000	515	840	583	1458	927	1312	835	585
	50,000	520	848	588	1471	935	1324	842	590
	100,000	524	854	593	1482	943	1334	849	594
	250,000	532	867	601	1504	956	1353	861	603
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	67	121	102	142	124	128	112	70
	20/50	73	131	111	155	135	140	122	76
	25/50	100	184	157	219	189	198	170	104
	25/60	106	194	167	232	200	209	180	109
	35/80	167	310	268	374	318	337	287	171
	50/100	229	425	369	516	437	464	394	232
	100/300	385	718	628	876	739	789	666	389
	250/500	714	1337	1172	1636	1376	1472	1240	718

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	965	1752	1167	2367	1679	2130	1511	1038
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	480	480	480	480	480	480	480	480
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$5								

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	
116	210	140	284	201	256	181	125	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	375	687	455	1129	729	1016	656	393	
PART 2	PERSONAL INJURY PROTECTION								
	209	292	281	459	335	413	302	242	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	366	563	490	1138	696	1024	626	398
	10,000	454	698	608	1411	863	1270	776	494
	15,000	459	706	614	1427	873	1284	785	499
	25,000	464	714	621	1443	883	1298	794	505
	35,000	468	720	627	1456	890	1310	801	509
	50,000	472	726	632	1468	898	1321	808	513
	100,000	476	732	637	1479	905	1331	814	517
	250,000	483	743	646	1501	918	1351	826	525
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	38	90	59	143	91	129	82	40
	20/50	42	98	64	156	99	140	89	44
	25/50	63	137	90	219	140	198	126	66
	25/60	67	144	95	232	148	209	134	70
	35/80	112	230	152	372	239	335	215	118
	50/100	158	315	208	512	329	461	296	166
	100/300	273	533	352	868	558	782	503	287
	250/500	517	991	655	1619	1042	1457	938	542

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	820	1573	1034	2309	1492	2078	1343	789
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	209	209	209	209	209	209	209	209
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	
98	189	124	277	179	249	161	95	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	417	898	565	1271	958	1144	862	459	
PART 2	PERSONAL INJURY PROTECTION								
	247	393	317	501	406	451	365	293	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	401	617	482	1192	793	1073	714	449
	10,000	497	765	598	1478	983	1331	885	557
	15,000	503	774	604	1495	994	1346	895	563
	25,000	508	782	611	1511	1006	1361	905	569
	35,000	513	789	616	1525	1014	1372	913	574
	50,000	517	796	622	1538	1023	1384	921	579
	100,000	521	802	627	1550	1031	1395	928	584
	250,000	529	814	636	1572	1046	1415	942	592
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	51	120	76	158	126	142	113	57
	20/50	56	130	82	172	137	155	123	62
	25/50	79	181	114	244	191	219	172	88
	25/60	84	191	121	258	202	232	181	93
	35/80	135	303	191	415	321	373	289	150
	50/100	187	415	262	572	440	515	396	207
	100/300	318	700	441	973	744	875	669	351
	250/500	594	1301	820	1816	1383	1634	1244	656

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	832	1473	981	1972	1426	1775	1283	900
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	369	369	369	369	369	369	369	369
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	
100	177	118	237	171	213	154	108	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	462	853	614	1183	890	1065	801	498	
PART 2	PERSONAL INJURY PROTECTION								
	251	394	327	474	365	427	329	292	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	366	607	484	1072	750	965	675	370
	10,000	454	753	600	1329	930	1197	837	459
	15,000	459	761	607	1344	941	1210	846	464
	25,000	464	770	614	1359	951	1224	856	469
	35,000	468	776	619	1371	959	1234	863	473
	50,000	472	783	624	1383	968	1245	871	477
	100,000	476	789	629	1394	975	1255	878	481
	250,000	483	801	638	1414	989	1273	890	488
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	54	116	80	147	122	132	110	59
	20/50	59	126	87	160	132	144	119	65
	25/50	85	174	122	227	183	204	165	92
	25/60	90	184	129	240	193	216	174	98
	35/80	147	290	205	386	304	347	274	159
	50/100	204	397	281	533	415	479	374	221
	100/300	348	668	476	905	699	814	629	376
	250/500	653	1240	885	1690	1296	1521	1167	705

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	839	1490	1072	1905	1532	1715	1379	836
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	384	384	384	384	384	384	384	384
	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	179	129	229	184	206	165	100	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	456	973	615	1222	972	1100	875	543	
PART 2	PERSONAL INJURY PROTECTION								
	272	448	335	469	431	422	388	324	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	380	676	424	1144	829	1030	746	506
	10,000	471	838	526	1419	1028	1277	925	627
	15,000	477	848	532	1435	1040	1292	935	635
	25,000	482	857	538	1451	1051	1306	946	642
	35,000	486	865	542	1463	1060	1317	954	647
	50,000	490	872	547	1476	1069	1329	962	653
	100,000	494	879	551	1487	1078	1339	970	658
	250,000	501	892	559	1509	1093	1359	984	667
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	57	134	85	150	127	135	114	70
	20/50	62	145	92	164	138	147	124	76
	25/50	88	200	127	232	193	209	173	107
	25/60	93	211	134	246	204	221	183	113
	35/80	149	333	211	397	325	357	292	180
	50/100	206	455	288	548	446	493	401	248
	100/300	349	765	484	932	753	839	678	419
	250/500	652	1418	897	1742	1402	1568	1261	781

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	855	1530	1109	1989	1569	1790	1412	1078
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	340	340	340	340	340	340	340	340
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	
103	184	133	239	188	215	169	129	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	572	1037	833	1089	1035	980	932	714	
PART 2	PERSONAL INJURY PROTECTION								
	318	448	388	421	434	379	391	345	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	476	757	571	1300	910	1170	819	397
	10,000	590	939	708	1612	1128	1451	1016	492
	15,000	597	949	716	1630	1141	1467	1027	498
	25,000	604	960	724	1648	1154	1484	1038	503
	35,000	609	968	730	1663	1164	1496	1048	508
	50,000	614	977	737	1677	1174	1509	1057	512
	100,000	619	984	742	1690	1183	1521	1065	516
	250,000	628	998	753	1715	1200	1543	1080	524
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	78	137	116	150	145	135	131	89
	20/50	85	149	125	162	157	146	142	97
	25/50	117	207	173	224	216	202	195	137
	25/60	124	219	182	237	228	213	205	145
	35/80	195	348	287	373	357	336	322	234
	50/100	267	477	391	509	487	458	439	322
	100/300	449	806	657	856	818	771	737	547
	250/500	832	1499	1217	1587	1514	1428	1364	1020

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1063	1839	1504	2458	2033	2212	1830	1232
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	405	405	405	405	405	405	405	405
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	
128	221	180	295	244	265	220	148	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	565	1037	750	1073	965	966	869	670	
PART 2	PERSONAL INJURY PROTECTION								
	317	448	357	415	410	374	369	337	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	503	794	540	1324	903	1192	813	442
	10,000	624	985	670	1642	1120	1478	1008	548
	15,000	631	996	677	1660	1132	1495	1020	554
	25,000	638	1007	685	1679	1145	1511	1031	560
	35,000	643	1016	691	1693	1155	1525	1040	565
	50,000	649	1024	697	1708	1165	1538	1049	570
	100,000	654	1032	702	1721	1174	1550	1057	575
	250,000	663	1047	712	1746	1191	1572	1072	583
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	78	140	102	150	134	135	121	83
	20/50	84	152	111	162	145	146	131	91
	25/50	117	211	153	223	200	201	180	128
	25/60	123	222	162	236	211	212	190	136
	35/80	194	352	255	370	332	333	299	219
	50/100	264	481	349	505	453	454	408	301
	100/300	445	811	588	847	760	763	685	512
	250/500	824	1505	1090	1569	1409	1412	1269	956

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1011	1732	1418	2195	1936	1976	1742	1313
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	426	426	426	426	426	426	426	426
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	
121	208	170	263	232	237	209	158	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	431	833	582	1266	863	1139	777	437	
PART 2	PERSONAL INJURY PROTECTION								
	245	378	311	504	358	454	322	275	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	374	620	400	1165	672	1049	605	434
	10,000	464	769	496	1445	833	1301	750	538
	15,000	469	777	502	1461	843	1315	759	544
	25,000	474	786	507	1477	852	1330	767	550
	35,000	478	793	512	1490	859	1342	774	555
	50,000	482	800	516	1503	867	1353	780	560
	100,000	486	806	520	1515	874	1364	787	564
	250,000	493	818	528	1537	886	1384	798	572
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	42	120	75	151	108	136	97	48
	20/50	47	130	82	165	118	149	106	53
	25/50	70	177	114	236	166	213	149	77
	25/60	75	187	121	250	176	225	158	82
	35/80	127	292	193	406	283	366	254	135
	50/100	179	396	266	562	390	506	350	189
	100/300	312	663	449	959	661	863	595	324
	250/500	591	1225	837	1795	1234	1615	1111	611

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	810	1481	1177	2001	1564	1801	1408	911
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	346	346	346	346	346	346	346	346
	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	178	141	240	188	216	169	109	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	399	757	489	1129	768	1016	691	392	
PART 2	PERSONAL INJURY PROTECTION								
	219	352	296	463	318	417	286	242	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	391	686	516	1169	766	1052	689	386
	10,000	485	851	640	1450	950	1304	854	479
	15,000	490	860	647	1466	961	1319	864	484
	25,000	496	870	654	1482	971	1334	874	489
	35,000	500	877	660	1495	980	1346	881	494
	50,000	504	885	666	1508	988	1357	889	498
	100,000	508	892	671	1520	996	1368	896	502
	250,000	516	905	681	1542	1010	1388	909	509
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	41	98	65	143	98	129	88	41
	20/50	45	107	71	156	107	140	96	45
	25/50	67	149	98	219	150	198	135	67
	25/60	72	158	104	232	159	209	143	71
	35/80	120	252	165	372	254	335	228	119
	50/100	169	346	226	512	349	461	314	167
	100/300	292	585	381	868	592	782	532	288
	250/500	551	1090	708	1619	1103	1457	992	543

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	803	1498	1090	2028	1537	1825	1383	809
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	251	251	251	251	251	251	251	251
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	
96	180	131	243	184	219	166	97	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	394	857	505	1135	823	1022	741	443	
PART 2	PERSONAL INJURY PROTECTION								
	216	363	288	465	343	419	309	254	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	394	717	471	1167	835	1050	752	476
	10,000	489	889	584	1447	1035	1302	932	590
	15,000	494	899	591	1463	1047	1317	943	597
	25,000	500	909	597	1480	1059	1331	954	604
	35,000	504	917	602	1493	1068	1343	962	609
	50,000	508	925	608	1505	1077	1355	970	614
	100,000	512	932	612	1517	1086	1365	978	619
	250,000	520	946	621	1539	1101	1385	992	628
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	47	124	70	142	113	128	102	50
	20/50	51	134	76	155	122	140	110	55
	25/50	73	183	105	219	169	197	153	80
	25/60	78	193	110	231	179	209	161	85
	35/80	126	301	174	372	281	335	254	139
	50/100	175	408	237	512	384	462	346	193
	100/300	298	683	398	870	647	784	583	331
	250/500	559	1262	737	1623	1199	1462	1080	622

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	851	1550	1172	2022	1620	1820	1458	890
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	382	382	382	382	382	382	382	382
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	
102	186	141	243	194	218	175	107	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	485	887	677	1063	965	957	869	453	
PART 2	PERSONAL INJURY PROTECTION								
	266	405	341	437	391	393	352	286	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	437	689	521	1210	833	1089	750	442
	10,000	542	854	646	1500	1033	1350	930	548
	15,000	548	864	653	1517	1045	1366	941	554
	25,000	554	874	661	1534	1056	1381	951	560
	35,000	559	881	666	1548	1065	1393	959	565
	50,000	564	889	672	1561	1075	1405	968	570
	100,000	568	896	677	1573	1083	1416	975	575
	250,000	576	909	687	1596	1099	1436	989	583
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	55	115	86	139	124	125	112	56
	20/50	60	125	94	151	135	136	122	61
	25/50	87	175	132	211	189	190	171	87
	25/60	93	185	139	223	200	201	181	92
	35/80	152	295	223	355	320	320	289	148
	50/100	212	406	307	488	440	439	396	204
	100/300	363	686	521	824	745	742	671	346
	250/500	681	1277	971	1533	1387	1380	1250	646

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1237	1949	1618	2448	2125	2203	1913	1358
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	453	453	453	453	453	453	453	453
	Additional Charge to Reduce Deductible From \$500 to \$300 -- \$5							

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	
148	234	194	294	255	264	230	163	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	183	305	202	614	305	553	275	187	
PART 2	PERSONAL INJURY PROTECTION								
	95	129	129	239	137	215	123	111	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	249	381	299	747	478	672	430	244
	10,000	309	472	371	926	593	833	533	303
	15,000	312	478	375	937	599	843	539	306
	25,000	316	483	379	947	606	852	545	309
	35,000	318	487	382	955	611	859	550	312
	50,000	321	491	386	964	617	867	555	315
	100,000	324	495	389	971	621	874	559	317
	250,000	328	503	394	985	630	886	567	322
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	19	42	26	72	40	65	36	21
	20/50	21	45	28	79	43	71	39	23
	25/50	31	63	40	113	61	102	55	33
	25/60	33	66	42	120	64	108	58	36
	35/80	55	104	67	195	102	176	92	58
	50/100	78	143	92	271	140	244	126	81
	100/300	134	240	156	463	237	417	213	140
	250/500	253	445	290	868	440	782	397	262

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	535	985	604	1766	968	1589	871	578
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	169	169	169	169	169	169	169	169
	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	118	72	212	116	191	105	69	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	455	790	578	1248	865	1123	779	443	
PART 2	PERSONAL INJURY PROTECTION								
	282	375	311	493	403	444	363	274	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	306	530	381	1009	635	908	572	327
	10,000	379	657	472	1251	787	1126	709	405
	15,000	384	665	478	1265	796	1139	717	410
	25,000	388	672	483	1279	805	1151	725	415
	35,000	391	678	487	1291	812	1161	732	418
	50,000	395	684	491	1302	819	1171	738	422
	100,000	398	689	495	1312	826	1180	744	425
	250,000	404	699	503	1331	838	1198	754	431
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	43	107	76	147	113	132	102	45
	20/50	48	116	83	161	123	145	111	50
	25/50	73	161	115	231	172	207	155	74
	25/60	78	170	122	245	181	220	164	79
	35/80	133	268	194	398	289	358	261	133
	50/100	187	367	266	552	397	496	357	187
	100/300	327	618	449	942	670	847	604	323
	250/500	621	1148	835	1765	1247	1588	1124	611

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	679	1210	858	1825	1312	1643	1181	693
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	
81	145	103	219	157	197	142	83	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	437	717	574	1163	872	1047	785	449	
PART 2	PERSONAL INJURY PROTECTION								
	240	342	312	474	366	427	329	268	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	304	516	375	962	643	866	579	397
	10,000	377	640	465	1193	797	1074	718	492
	15,000	381	647	470	1206	806	1086	726	498
	25,000	385	654	476	1220	815	1098	734	503
	35,000	389	660	480	1230	822	1108	741	508
	50,000	392	666	484	1241	829	1117	747	512
	100,000	395	671	488	1251	836	1126	753	516
	250,000	401	681	495	1269	848	1142	764	524
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	41	99	78	137	108	123	97	47
	20/50	46	107	85	150	118	135	106	52
	25/50	70	148	117	215	167	193	150	77
	25/60	74	156	124	228	177	205	159	82
	35/80	127	246	195	371	284	334	256	136
	50/100	180	336	267	514	392	462	353	191
	100/300	313	564	450	878	667	790	600	330
	250/500	595	1046	834	1645	1245	1480	1120	622

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	615	1202	869	1775	1329	1598	1196	641
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	
74	144	104	213	159	192	144	77	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	597	964	689	1280	1046	1152	941	577	
PART 2	PERSONAL INJURY PROTECTION								
	315	419	341	492	436	443	392	301	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	335	584	428	1036	732	932	659	353
	10,000	415	724	531	1285	908	1156	817	438
	15,000	420	732	537	1299	918	1169	826	443
	25,000	425	741	543	1314	928	1182	836	448
	35,000	428	747	547	1325	936	1192	843	451
	50,000	432	753	552	1336	944	1202	850	455
	100,000	436	759	556	1347	952	1212	857	459
	250,000	442	770	565	1366	966	1229	869	466
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	62	133	89	150	133	135	120	61
	20/50	69	144	97	164	145	148	131	67
	25/50	102	199	136	236	204	212	184	99
	25/60	108	210	143	250	216	225	194	106
	35/80	181	330	229	407	345	367	311	176
	50/100	253	451	315	565	475	508	428	246
	100/300	438	758	532	965	805	869	725	425
	250/500	826	1406	991	1809	1501	1628	1351	801

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	699	1287	990	1827	1417	1644	1275	758
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	
84	154	119	219	170	197	153	91	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	509	892	635	1166	959	1049	863	546	
PART 2	PERSONAL INJURY PROTECTION								
	265	411	336	464	400	418	360	311	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	475	665	527	1177	865	1059	779	445
	10,000	589	825	653	1459	1073	1313	966	552
	15,000	596	834	661	1476	1085	1328	977	558
	25,000	602	843	668	1492	1097	1343	988	564
	35,000	608	851	674	1505	1106	1354	996	569
	50,000	613	858	680	1518	1116	1366	1005	574
	100,000	618	865	685	1530	1125	1377	1013	579
	250,000	627	877	695	1552	1141	1397	1028	587
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	56	124	86	146	127	131	114	58
	20/50	62	134	93	159	138	143	124	64
	25/50	90	185	129	225	192	202	173	94
	25/60	96	195	136	238	203	214	182	100
	35/80	158	307	216	382	322	343	290	167
	50/100	220	419	295	526	442	473	397	233
	100/300	378	703	497	894	746	804	671	402
	250/500	711	1303	922	1668	1387	1500	1247	759

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	789	1398	1046	1899	1556	1709	1400	770
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	325	325	325	325	325	325	325	325
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	
95	168	126	228	187	205	168	92	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	431	822	722	1089	884	980	796	424	
PART 2	PERSONAL INJURY PROTECTION								
	234	372	342	446	359	401	323	260	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	319	561	409	1007	736	906	662	321
	10,000	396	696	507	1249	913	1123	821	398
	15,000	400	703	513	1263	923	1136	830	403
	25,000	404	711	519	1277	933	1149	839	407
	35,000	408	718	523	1288	941	1159	847	411
	50,000	412	724	528	1299	949	1169	854	414
	100,000	415	729	532	1309	957	1178	861	417
	250,000	421	740	539	1328	971	1195	873	423
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	56	108	89	127	114	114	103	62
	20/50	61	117	97	139	124	125	112	67
	25/50	85	164	138	200	174	180	157	91
	25/60	90	173	146	212	184	191	166	96
	35/80	144	275	235	346	294	311	265	149
	50/100	197	378	324	480	403	431	364	203
	100/300	334	638	551	820	683	738	615	339
	250/500	621	1187	1030	1538	1272	1383	1146	626

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	684	1286	872	1805	1248	1625	1123	658
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	369	369	369	369	369	369	369	369
	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	
82	154	105	217	150	195	135	79	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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								
	592	965	708	1133	1072	1020	965	597	
PART 2	PERSONAL INJURY PROTECTION								
	323	436	354	437	450	393	405	331	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	434	639	487	1304	886	1174	797	466
	10,000	538	792	604	1617	1099	1456	988	578
	15,000	544	801	611	1635	1111	1472	999	584
	25,000	550	810	618	1653	1123	1489	1011	591
	35,000	555	817	623	1668	1133	1502	1019	596
	50,000	560	824	628	1682	1143	1514	1028	601
	100,000	564	831	633	1695	1152	1526	1036	606
	250,000	572	843	642	1720	1169	1549	1051	615
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	61	136	99	151	145	136	131	66
	20/50	68	147	107	164	157	148	142	73
	25/50	100	202	147	228	218	205	197	106
	25/60	107	213	155	241	230	217	208	112
	35/80	179	334	244	382	364	344	328	185
	50/100	250	455	333	523	498	471	449	258
	100/300	433	764	559	883	839	795	756	444
	250/500	818	1413	1035	1640	1557	1477	1402	835

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	58	86	114	119	135

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		PART 12	
	20/40	32	0		35/80	39	6	
	20/50	33	0		50/100	42	10	
	25/50	34	2		100/300	48	26	
25/60	36	2		250/500	60	95		

Higher limits for Parts 3, 5 and 12 may be provided at the option of the insurer. (RULE 3)

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	858	1428	1088	1974	1601	1777	1441	993
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	
103	171	131	237	192	213	173	119	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% 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

VRG	Model Year															
	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999 & 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

For the calculation of Rate Relativities for VRG 50, refer to Rule 22 E.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

Model Year/VRG Relativities

COMPREHENSIVE

VRG	Model Year															1999 & Prior
	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	
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

For the calculation of Rate Relativities for VRG 50, refer to Rule 22 E.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

VRG ASSIGNMENT BY PRICE LIST (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

For VRG 50 relativities:

- 1) Subtract the Maximum Price above from the Base List Price and divide by \$1000.
- 2) Multiply the amount in Step 1 by the factor above.
- 3) The adjusted VRG relativity is determined by adding the amount from Step 2 to the unadjusted VRG 50 rate relativity.

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	2.68	2.68	3.09	2.88	3.14	3.24	3.35	3.48	3.27	3.69	3.77	4.04	4.54	4.31	5.61	7.69	3.35
12	1.28	1.28	1.48	1.38	1.50	1.55	1.60	1.66	1.56	1.76	1.80	1.93	2.17	2.06	2.68	3.68	1.60
13	1.14	1.14	1.32	1.23	1.34	1.38	1.43	1.49	1.40	1.58	1.61	1.73	1.94	1.84	2.40	3.29	1.43
14	1.05	1.05	1.21	1.13	1.23	1.27	1.31	1.36	1.28	1.44	1.47	1.58	1.78	1.69	2.20	3.01	1.31
15	0.97	0.97	1.12	1.05	1.14	1.18	1.22	1.26	1.19	1.34	1.37	1.47	1.65	1.57	2.04	2.80	1.22
16	0.92	0.92	1.06	0.99	1.08	1.11	1.15	1.19	1.12	1.26	1.29	1.38	1.55	1.48	1.92	2.64	1.15
17	0.87	0.87	1.01	0.94	1.02	1.06	1.09	1.13	1.07	1.20	1.23	1.32	1.48	1.41	1.83	2.51	1.09
18	0.84	0.84	0.97	0.90	0.98	1.01	1.05	1.09	1.02	1.15	1.18	1.26	1.42	1.35	1.75	2.41	1.05
19	0.81	0.81	0.94	0.87	0.95	0.98	1.01	1.05	0.99	1.12	1.14	1.22	1.37	1.31	1.70	2.33	1.01
20	0.79	0.79	0.91	0.85	0.92	0.95	0.99	1.02	0.96	1.08	1.11	1.19	1.33	1.27	1.65	2.26	0.99
21	0.77	0.77	0.89	0.83	0.90	0.93	0.96	1.00	0.94	1.06	1.08	1.16	1.30	1.24	1.61	2.21	0.96
22	0.76	0.76	0.87	0.81	0.89	0.91	0.95	0.98	0.92	1.04	1.06	1.14	1.28	1.22	1.58	2.17	0.95
23	0.74	0.74	0.86	0.80	0.87	0.90	0.93	0.97	0.91	1.03	1.05	1.12	1.26	1.20	1.56	2.14	0.93
24	0.74	0.74	0.85	0.79	0.87	0.89	0.92	0.96	0.90	1.02	1.04	1.11	1.25	1.19	1.55	2.12	0.92
25	0.73	0.73	0.85	0.79	0.86	0.89	0.92	0.95	0.89	1.01	1.03	1.10	1.24	1.18	1.53	2.10	0.92
26	0.73	0.73	0.84	0.79	0.86	0.88	0.91	0.95	0.89	1.00	1.03	1.10	1.23	1.17	1.53	2.09	0.91
27	0.73	0.73	0.84	0.78	0.85	0.88	0.91	0.94	0.89	1.00	1.02	1.10	1.23	1.17	1.52	2.09	0.91
28	0.73	0.73	0.84	0.78	0.85	0.88	0.91	0.95	0.89	1.00	1.02	1.10	1.23	1.17	1.53	2.09	0.91
29	0.73	0.73	0.84	0.79	0.86	0.88	0.91	0.95	0.89	1.00	1.03	1.10	1.24	1.17	1.53	2.10	0.91
30	0.73	0.73	0.85	0.79	0.86	0.89	0.92	0.95	0.89	1.01	1.03	1.11	1.24	1.18	1.54	2.11	0.92
31	0.74	0.74	0.85	0.79	0.87	0.89	0.92	0.96	0.90	1.02	1.04	1.11	1.25	1.19	1.54	2.12	0.92
32	0.74	0.74	0.86	0.80	0.87	0.90	0.93	0.96	0.91	1.02	1.04	1.12	1.26	1.20	1.56	2.13	0.93
33	0.75	0.75	0.87	0.81	0.88	0.91	0.94	0.97	0.92	1.03	1.05	1.13	1.27	1.21	1.57	2.15	0.94
34	0.75	0.75	0.87	0.81	0.88	0.91	0.94	0.98	0.92	1.04	1.06	1.14	1.28	1.21	1.58	2.16	0.94
35	0.75	0.75	0.87	0.81	0.88	0.91	0.94	0.98	0.92	1.04	1.06	1.14	1.28	1.21	1.58	2.17	0.94
36	0.76	0.76	0.87	0.81	0.89	0.91	0.95	0.98	0.92	1.04	1.06	1.14	1.28	1.22	1.58	2.17	0.95
37	0.76	0.76	0.88	0.82	0.89	0.92	0.95	0.99	0.93	1.05	1.07	1.15	1.29	1.22	1.59	2.18	0.95
38	0.76	0.76	0.88	0.82	0.90	0.92	0.96	0.99	0.93	1.05	1.07	1.15	1.29	1.23	1.60	2.20	0.96
39	0.77	0.77	0.89	0.83	0.90	0.93	0.96	1.00	0.94	1.06	1.08	1.16	1.30	1.24	1.61	2.21	0.96
40	0.78	0.78	0.90	0.84	0.91	0.94	0.97	1.01	0.95	1.07	1.09	1.17	1.32	1.25	1.63	2.23	0.97
41	0.79	0.79	0.91	0.85	0.92	0.95	0.98	1.02	0.96	1.08	1.11	1.19	1.33	1.27	1.65	2.26	0.98
42	0.80	0.80	0.92	0.86	0.93	0.96	1.00	1.03	0.97	1.10	1.12	1.20	1.35	1.28	1.67	2.29	1.00
43	0.81	0.81	0.93	0.87	0.95	0.97	1.01	1.05	0.98	1.11	1.13	1.22	1.37	1.30	1.69	2.32	1.01
44	0.82	0.82	0.95	0.88	0.96	0.99	1.02	1.06	1.00	1.13	1.15	1.23	1.39	1.32	1.71	2.35	1.02
45	0.83	0.83	0.96	0.90	0.97	1.00	1.04	1.08	1.01	1.14	1.17	1.25	1.41	1.34	1.74	2.39	1.04
46	0.84	0.84	0.98	0.91	0.99	1.02	1.06	1.10	1.03	1.16	1.19	1.27	1.43	1.36	1.77	2.43	1.06
47	0.86	0.86	0.99	0.93	1.01	1.04	1.07	1.12	1.05	1.18	1.21	1.30	1.46	1.38	1.80	2.47	1.07
48	0.87	0.87	1.01	0.94	1.03	1.06	1.09	1.14	1.07	1.20	1.23	1.32	1.48	1.41	1.83	2.51	1.09
49	0.89	0.89	1.03	0.96	1.05	1.08	1.12	1.16	1.09	1.23	1.25	1.35	1.51	1.44	1.87	2.56	1.12
50	0.91	0.91	1.05	0.98	1.07	1.10	1.14	1.18	1.11	1.25	1.28	1.37	1.54	1.46	1.91	2.61	1.14

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	5.91	6.15	5.45	6.49	6.83	5.54	4.02	6.12	7.26	2.71	4.33	3.72	4.76	5.21	5.91	5.40
12	2.83	2.94	2.61	3.11	3.27	2.65	1.92	2.93	3.47	1.30	2.07	1.78	2.28	2.49	2.83	2.58
13	2.53	2.63	2.33	2.77	2.92	2.37	1.72	2.62	3.10	1.16	1.85	1.59	2.03	2.23	2.53	2.31
14	2.31	2.41	2.13	2.54	2.67	2.17	1.57	2.40	2.84	1.06	1.69	1.46	1.86	2.04	2.31	2.11
15	2.15	2.24	1.98	2.36	2.48	2.02	1.46	2.23	2.64	0.98	1.57	1.35	1.73	1.89	2.15	1.96
16	2.03	2.11	1.87	2.22	2.34	1.90	1.38	2.10	2.49	0.93	1.48	1.27	1.63	1.78	2.03	1.85
17	1.93	2.01	1.78	2.12	2.23	1.81	1.31	2.00	2.37	0.88	1.41	1.21	1.55	1.70	1.93	1.76
18	1.85	1.93	1.70	2.03	2.14	1.73	1.26	1.92	2.27	0.85	1.35	1.16	1.49	1.63	1.85	1.69
19	1.79	1.86	1.65	1.97	2.07	1.68	1.22	1.85	2.20	0.82	1.31	1.13	1.44	1.58	1.79	1.64
20	1.74	1.81	1.60	1.91	2.01	1.63	1.18	1.80	2.14	0.80	1.27	1.09	1.40	1.53	1.74	1.59
21	1.70	1.77	1.57	1.87	1.96	1.59	1.16	1.76	2.09	0.78	1.24	1.07	1.37	1.50	1.70	1.55
22	1.67	1.74	1.54	1.83	1.93	1.56	1.14	1.73	2.05	0.76	1.22	1.05	1.34	1.47	1.67	1.52
23	1.65	1.71	1.52	1.81	1.90	1.54	1.12	1.70	2.02	0.75	1.20	1.03	1.32	1.45	1.65	1.50
24	1.63	1.70	1.50	1.79	1.88	1.53	1.11	1.69	2.00	0.75	1.19	1.02	1.31	1.43	1.63	1.49
25	1.62	1.68	1.49	1.77	1.87	1.52	1.10	1.67	1.99	0.74	1.18	1.02	1.30	1.42	1.62	1.48
26	1.61	1.68	1.48	1.77	1.86	1.51	1.10	1.67	1.98	0.74	1.18	1.01	1.30	1.42	1.61	1.47
27	1.61	1.67	1.48	1.76	1.85	1.51	1.09	1.66	1.97	0.74	1.18	1.01	1.29	1.41	1.61	1.47
28	1.61	1.67	1.48	1.76	1.86	1.51	1.09	1.66	1.97	0.74	1.18	1.01	1.29	1.42	1.61	1.47
29	1.61	1.68	1.48	1.77	1.86	1.51	1.10	1.67	1.98	0.74	1.18	1.01	1.30	1.42	1.61	1.47
30	1.62	1.68	1.49	1.78	1.87	1.52	1.10	1.68	1.99	0.74	1.18	1.02	1.30	1.43	1.62	1.48
31	1.63	1.69	1.50	1.79	1.88	1.53	1.11	1.69	2.00	0.75	1.19	1.02	1.31	1.43	1.63	1.49
32	1.64	1.71	1.51	1.80	1.89	1.54	1.12	1.70	2.01	0.75	1.20	1.03	1.32	1.45	1.64	1.50
33	1.66	1.72	1.53	1.82	1.91	1.55	1.13	1.71	2.03	0.76	1.21	1.04	1.33	1.46	1.66	1.51
34	1.66	1.73	1.53	1.83	1.92	1.56	1.13	1.72	2.04	0.76	1.22	1.05	1.34	1.47	1.66	1.52
35	1.66	1.73	1.53	1.83	1.92	1.56	1.13	1.72	2.04	0.76	1.22	1.05	1.34	1.47	1.66	1.52
36	1.67	1.74	1.54	1.83	1.93	1.57	1.14	1.73	2.05	0.76	1.22	1.05	1.34	1.47	1.67	1.52
37	1.68	1.75	1.55	1.84	1.94	1.57	1.14	1.74	2.06	0.77	1.23	1.05	1.35	1.48	1.68	1.53
38	1.69	1.76	1.56	1.85	1.95	1.58	1.15	1.75	2.07	0.77	1.23	1.06	1.36	1.49	1.69	1.54
39	1.70	1.77	1.57	1.87	1.96	1.59	1.16	1.76	2.09	0.78	1.24	1.07	1.37	1.50	1.70	1.55
40	1.72	1.79	1.58	1.88	1.98	1.61	1.17	1.78	2.11	0.79	1.26	1.08	1.38	1.51	1.72	1.57
41	1.74	1.81	1.60	1.91	2.00	1.63	1.18	1.80	2.13	0.80	1.27	1.09	1.40	1.53	1.74	1.59
42	1.76	1.83	1.62	1.93	2.03	1.65	1.20	1.82	2.16	0.80	1.29	1.10	1.41	1.55	1.76	1.60
43	1.78	1.85	1.64	1.95	2.06	1.67	1.21	1.84	2.19	0.82	1.30	1.12	1.43	1.57	1.78	1.63
44	1.81	1.88	1.66	1.98	2.09	1.69	1.23	1.87	2.22	0.83	1.32	1.14	1.45	1.59	1.81	1.65
45	1.84	1.91	1.69	2.01	2.12	1.72	1.25	1.90	2.25	0.84	1.34	1.15	1.48	1.62	1.84	1.68
46	1.87	1.94	1.72	2.05	2.15	1.75	1.27	1.93	2.29	0.85	1.36	1.17	1.50	1.64	1.87	1.70
47	1.90	1.97	1.75	2.08	2.19	1.78	1.29	1.96	2.33	0.87	1.39	1.19	1.53	1.67	1.90	1.73
48	1.93	2.01	1.78	2.12	2.23	1.81	1.31	2.00	2.37	0.89	1.41	1.22	1.56	1.70	1.93	1.76
49	1.97	2.05	1.82	2.16	2.27	1.85	1.34	2.04	2.42	0.90	1.44	1.24	1.59	1.74	1.97	1.80
50	2.01	2.09	1.85	2.21	2.32	1.88	1.37	2.08	2.47	0.92	1.47	1.26	1.62	1.77	2.01	1.84

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

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

<u>VRG</u>	<u>All Territories</u>
11	0.40
12	0.19
13	0.17
14	0.16
15	0.15
16	0.14
17	0.13
18	0.13
19	0.12
20	0.12
21	0.12
22	0.11
23	0.11
24	0.11
25	0.11
26	0.11
27	0.11
28	0.11
29	0.11
30	0.11
31	0.11
32	0.11
33	0.11
34	0.11
35	0.11
36	0.11
37	0.11
38	0.12
39	0.12
40	0.12
41	0.12
42	0.12
43	0.12
44	0.12
45	0.13
46	0.13
47	0.13
48	0.13
49	0.13
50	0.14

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	1.47	1.47	1.76	1.61	1.79	1.86	1.94	2.03	1.88	2.18	2.23	2.42	2.77	2.61	3.52	4.98	1.94
12	0.70	0.70	0.84	0.77	0.86	0.89	0.93	0.97	0.90	1.04	1.07	1.16	1.33	1.25	1.69	2.38	0.93
13	0.63	0.63	0.75	0.69	0.77	0.80	0.83	0.87	0.81	0.93	0.95	1.04	1.18	1.12	1.51	2.13	0.83
14	0.57	0.57	0.69	0.63	0.70	0.73	0.76	0.79	0.74	0.85	0.87	0.95	1.08	1.02	1.38	1.95	0.76
15	0.53	0.53	0.64	0.59	0.65	0.68	0.71	0.74	0.68	0.79	0.81	0.88	1.01	0.95	1.28	1.81	0.71
16	0.50	0.50	0.60	0.55	0.61	0.64	0.66	0.70	0.65	0.75	0.76	0.83	0.95	0.90	1.21	1.71	0.66
17	0.48	0.48	0.57	0.53	0.58	0.61	0.63	0.66	0.61	0.71	0.73	0.79	0.90	0.85	1.15	1.62	0.63
18	0.46	0.46	0.55	0.51	0.56	0.58	0.61	0.64	0.59	0.68	0.70	0.76	0.87	0.82	1.10	1.56	0.61
19	0.44	0.44	0.53	0.49	0.54	0.56	0.59	0.61	0.57	0.66	0.68	0.73	0.84	0.79	1.07	1.51	0.59
20	0.43	0.43	0.52	0.47	0.53	0.55	0.57	0.60	0.55	0.64	0.66	0.71	0.81	0.77	1.04	1.46	0.57
21	0.42	0.42	0.51	0.46	0.52	0.54	0.56	0.58	0.54	0.63	0.64	0.70	0.80	0.75	1.01	1.43	0.56
22	0.41	0.41	0.50	0.46	0.51	0.53	0.55	0.57	0.53	0.61	0.63	0.68	0.78	0.74	0.99	1.41	0.55
23	0.41	0.41	0.49	0.45	0.50	0.52	0.54	0.56	0.52	0.61	0.62	0.67	0.77	0.73	0.98	1.39	0.54
24	0.40	0.40	0.48	0.44	0.49	0.51	0.53	0.56	0.52	0.60	0.61	0.67	0.76	0.72	0.97	1.37	0.53
25	0.40	0.40	0.48	0.44	0.49	0.51	0.53	0.56	0.52	0.59	0.61	0.66	0.76	0.71	0.96	1.36	0.53
26	0.40	0.40	0.48	0.44	0.49	0.51	0.53	0.55	0.51	0.59	0.61	0.66	0.75	0.71	0.96	1.36	0.53
27	0.40	0.40	0.48	0.44	0.49	0.51	0.53	0.55	0.51	0.59	0.61	0.66	0.75	0.71	0.96	1.35	0.53
28	0.40	0.40	0.48	0.44	0.49	0.51	0.53	0.55	0.51	0.59	0.61	0.66	0.75	0.71	0.96	1.35	0.53
29	0.40	0.40	0.48	0.44	0.49	0.51	0.53	0.55	0.51	0.59	0.61	0.66	0.75	0.71	0.96	1.36	0.53
30	0.40	0.40	0.48	0.44	0.49	0.51	0.53	0.56	0.52	0.60	0.61	0.66	0.76	0.72	0.96	1.36	0.53
31	0.40	0.40	0.48	0.44	0.49	0.51	0.53	0.56	0.52	0.60	0.61	0.67	0.76	0.72	0.97	1.37	0.53
32	0.41	0.41	0.49	0.45	0.50	0.52	0.54	0.56	0.52	0.60	0.62	0.67	0.77	0.72	0.98	1.38	0.54
33	0.41	0.41	0.49	0.45	0.50	0.52	0.54	0.57	0.53	0.61	0.62	0.68	0.78	0.73	0.99	1.39	0.54
34	0.41	0.41	0.50	0.45	0.50	0.52	0.55	0.57	0.53	0.61	0.63	0.68	0.78	0.74	0.99	1.40	0.55
35	0.41	0.41	0.50	0.45	0.51	0.52	0.55	0.57	0.53	0.61	0.63	0.68	0.78	0.74	0.99	1.40	0.55
36	0.41	0.41	0.50	0.46	0.51	0.53	0.55	0.57	0.53	0.61	0.63	0.68	0.78	0.74	0.99	1.41	0.55
37	0.42	0.42	0.50	0.46	0.51	0.53	0.55	0.58	0.53	0.62	0.63	0.69	0.79	0.74	1.00	1.41	0.55
38	0.42	0.42	0.50	0.46	0.51	0.53	0.55	0.58	0.54	0.62	0.64	0.69	0.79	0.75	1.01	1.42	0.55
39	0.42	0.42	0.51	0.46	0.52	0.54	0.56	0.58	0.54	0.63	0.64	0.70	0.80	0.75	1.01	1.43	0.56
40	0.43	0.43	0.51	0.47	0.52	0.54	0.56	0.59	0.55	0.63	0.65	0.70	0.80	0.76	1.02	1.45	0.56
41	0.43	0.43	0.52	0.47	0.53	0.55	0.57	0.60	0.55	0.64	0.66	0.71	0.81	0.77	1.03	1.46	0.57
42	0.44	0.44	0.52	0.48	0.53	0.55	0.58	0.60	0.56	0.65	0.66	0.72	0.82	0.78	1.05	1.48	0.58
43	0.44	0.44	0.53	0.49	0.54	0.56	0.58	0.61	0.57	0.66	0.67	0.73	0.83	0.79	1.06	1.50	0.58
44	0.45	0.45	0.54	0.49	0.55	0.57	0.59	0.62	0.58	0.66	0.68	0.74	0.85	0.80	1.08	1.52	0.59
45	0.46	0.46	0.55	0.50	0.56	0.58	0.60	0.63	0.58	0.68	0.69	0.75	0.86	0.81	1.09	1.55	0.60
46	0.46	0.46	0.56	0.51	0.57	0.59	0.61	0.64	0.59	0.69	0.70	0.76	0.87	0.82	1.11	1.57	0.61
47	0.47	0.47	0.56	0.52	0.58	0.60	0.62	0.65	0.60	0.70	0.72	0.78	0.89	0.84	1.13	1.60	0.62
48	0.48	0.48	0.58	0.53	0.59	0.61	0.63	0.66	0.62	0.71	0.73	0.79	0.91	0.85	1.15	1.63	0.63
49	0.49	0.49	0.59	0.54	0.60	0.62	0.65	0.68	0.63	0.72	0.74	0.81	0.92	0.87	1.17	1.66	0.65
50	0.50	0.50	0.60	0.55	0.61	0.63	0.66	0.69	0.64	0.74	0.76	0.82	0.94	0.89	1.20	1.69	0.66

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	3.73	3.90	3.41	4.14	4.37	3.48	2.41	3.88	4.68	1.49	2.62	2.20	2.93	3.24	3.73	3.38
12	1.79	1.87	1.63	1.98	2.09	1.66	1.15	1.86	2.24	0.71	1.26	1.05	1.40	1.55	1.79	1.62
13	1.60	1.67	1.46	1.77	1.87	1.49	1.03	1.66	2.00	0.64	1.12	0.94	1.25	1.39	1.60	1.44
14	1.46	1.53	1.33	1.62	1.71	1.36	0.94	1.52	1.83	0.58	1.03	0.86	1.15	1.27	1.46	1.32
15	1.36	1.42	1.24	1.50	1.59	1.26	0.88	1.41	1.70	0.54	0.95	0.80	1.06	1.18	1.36	1.23
16	1.28	1.34	1.17	1.42	1.50	1.19	0.83	1.33	1.60	0.51	0.90	0.75	1.00	1.11	1.28	1.16
17	1.22	1.27	1.11	1.35	1.43	1.13	0.79	1.27	1.52	0.49	0.86	0.72	0.95	1.06	1.22	1.10
18	1.17	1.22	1.07	1.29	1.37	1.09	0.75	1.21	1.46	0.47	0.82	0.69	0.92	1.01	1.17	1.06
19	1.13	1.18	1.03	1.25	1.32	1.05	0.73	1.17	1.42	0.45	0.79	0.67	0.89	0.98	1.13	1.02
20	1.10	1.15	1.00	1.22	1.29	1.02	0.71	1.14	1.38	0.44	0.77	0.65	0.86	0.95	1.10	0.99
21	1.07	1.12	0.98	1.19	1.26	1.00	0.69	1.12	1.34	0.43	0.75	0.63	0.84	0.93	1.07	0.97
22	1.05	1.10	0.96	1.17	1.23	0.98	0.68	1.10	1.32	0.42	0.74	0.62	0.83	0.91	1.05	0.95
23	1.04	1.09	0.95	1.15	1.22	0.97	0.67	1.08	1.30	0.41	0.73	0.61	0.81	0.90	1.04	0.94
24	1.03	1.08	0.94	1.14	1.21	0.96	0.66	1.07	1.29	0.41	0.72	0.61	0.81	0.89	1.03	0.93
25	1.02	1.07	0.93	1.13	1.20	0.95	0.66	1.06	1.28	0.41	0.72	0.60	0.80	0.89	1.02	0.92
26	1.02	1.06	0.93	1.13	1.19	0.95	0.66	1.06	1.27	0.41	0.71	0.60	0.80	0.88	1.02	0.92
27	1.01	1.06	0.93	1.12	1.19	0.94	0.65	1.05	1.27	0.40	0.71	0.60	0.79	0.88	1.01	0.92
28	1.02	1.06	0.93	1.13	1.19	0.95	0.66	1.06	1.27	0.41	0.71	0.60	0.80	0.88	1.02	0.92
29	1.02	1.06	0.93	1.13	1.19	0.95	0.66	1.06	1.27	0.41	0.71	0.60	0.80	0.88	1.02	0.92
30	1.02	1.07	0.93	1.13	1.20	0.95	0.66	1.06	1.28	0.41	0.72	0.60	0.80	0.89	1.02	0.92
31	1.03	1.07	0.94	1.14	1.20	0.96	0.66	1.07	1.29	0.41	0.72	0.61	0.81	0.89	1.03	0.93
32	1.04	1.08	0.95	1.15	1.21	0.96	0.67	1.08	1.30	0.41	0.73	0.61	0.81	0.90	1.04	0.94
33	1.05	1.09	0.95	1.16	1.22	0.97	0.68	1.09	1.31	0.42	0.73	0.62	0.82	0.91	1.05	0.95
34	1.05	1.10	0.96	1.16	1.23	0.98	0.68	1.09	1.32	0.42	0.74	0.62	0.82	0.91	1.05	0.95
35	1.05	1.10	0.96	1.17	1.23	0.98	0.68	1.09	1.32	0.42	0.74	0.62	0.82	0.91	1.05	0.95
36	1.05	1.10	0.96	1.17	1.23	0.98	0.68	1.10	1.32	0.42	0.74	0.62	0.83	0.91	1.05	0.95
37	1.06	1.11	0.97	1.17	1.24	0.99	0.68	1.10	1.33	0.42	0.74	0.62	0.83	0.92	1.06	0.96
38	1.07	1.11	0.97	1.18	1.25	0.99	0.69	1.11	1.33	0.43	0.75	0.63	0.84	0.93	1.07	0.96
39	1.07	1.12	0.98	1.19	1.26	1.00	0.69	1.12	1.35	0.43	0.75	0.63	0.84	0.93	1.07	0.97
40	1.08	1.13	0.99	1.20	1.27	1.01	0.70	1.13	1.36	0.43	0.76	0.64	0.85	0.94	1.08	0.98
41	1.10	1.15	1.00	1.22	1.28	1.02	0.71	1.14	1.37	0.44	0.77	0.65	0.86	0.95	1.10	0.99
42	1.11	1.16	1.01	1.23	1.30	1.03	0.72	1.15	1.39	0.44	0.78	0.65	0.87	0.96	1.11	1.00
43	1.12	1.18	1.03	1.25	1.32	1.05	0.73	1.17	1.41	0.45	0.79	0.66	0.88	0.98	1.12	1.02
44	1.14	1.19	1.04	1.26	1.34	1.06	0.74	1.19	1.43	0.46	0.80	0.67	0.89	0.99	1.14	1.03
45	1.16	1.21	1.06	1.28	1.36	1.08	0.75	1.20	1.45	0.46	0.81	0.68	0.91	1.01	1.16	1.05
46	1.18	1.23	1.08	1.31	1.38	1.10	0.76	1.22	1.48	0.47	0.83	0.69	0.92	1.02	1.18	1.06
47	1.20	1.25	1.09	1.33	1.40	1.12	0.77	1.25	1.50	0.48	0.84	0.71	0.94	1.04	1.20	1.08
48	1.22	1.28	1.11	1.35	1.43	1.14	0.79	1.27	1.53	0.49	0.86	0.72	0.96	1.06	1.22	1.10
49	1.24	1.30	1.14	1.38	1.46	1.16	0.80	1.29	1.56	0.50	0.87	0.73	0.98	1.08	1.24	1.12
50	1.27	1.33	1.16	1.41	1.49	1.18	0.82	1.32	1.59	0.51	0.89	0.75	0.99	1.10	1.27	1.15