

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 1

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	209	365	230	681	360	613	324	203	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	91	128	128	221	128	199	115	99	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	259	432	339	836	541	752	487	284
	10,000	336	560	440	1084	702	975	632	368
	15,000	340	567	445	1097	710	987	639	373
	25,000	345	575	451	1113	720	1001	648	378
	35,000	349	582	457	1127	729	1014	656	383
	50,000	355	591	464	1144	741	1029	667	389
	100,000	357	596	467	1153	746	1037	672	392
	250,000	362	604	474	1169	756	1051	681	397
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	24	55	35	85	50	77	45	24
	20/50	26	59	38	93	54	84	49	26
	25/50	38	80	51	131	75	118	67	38
	25/60	40	84	54	139	79	125	71	40
	35/80	68	135	85	231	128	208	115	67
	50/100	96	185	117	322	177	291	159	94
	100/300	171	320	202	568	308	512	277	167
	250/500	304	559	353	1004	542	905	488	296

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	707	1250	750	2283	1262	2055	1136	778
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
85	150	90	274	151	247	136	93	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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	<b>BODILY INJURY TO OTHERS</b>								
	239	422	277	785	430	707	387	232	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	94	139	139	239	141	215	127	101	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	309	484	371	947	572	852	515	314
	10,000	401	628	481	1228	742	1105	668	407
	15,000	405	635	487	1242	750	1118	676	412
	25,000	411	644	494	1260	761	1134	685	418
	35,000	417	652	500	1277	771	1148	694	423
	50,000	423	663	508	1296	783	1166	705	430
	100,000	426	667	512	1306	789	1175	710	433
	250,000	432	677	519	1324	800	1191	720	439
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	27	61	44	102	55	92	50	25
	20/50	30	66	47	111	60	100	54	28
	25/50	43	90	63	155	84	140	76	40
	25/60	46	95	66	164	89	148	81	43
	35/80	78	153	105	271	147	244	133	74
	50/100	109	211	144	377	205	340	185	105
	100/300	195	365	246	661	361	595	325	187
	250/500	346	641	429	1166	637	1051	574	333

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36		4
	20/50	30	0		50/100	40		7
	25/50	31	1		100/300	49		22
25/60	32	1		250/500	57		81	

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	683	1295	771	2433	1216	2190	1094	758
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	176	176	176	176	176	176	176	176
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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
82	155	93	292	146	263	131	91	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	262	435	311	879	476	791	428	247
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	108	146	146	259	151	233	136	115
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	315	494	386	942	666	848	599	365
10,000	409	641	501	1222	864	1100	777	473
15,000	413	648	506	1236	874	1113	786	479
25,000	419	658	514	1254	886	1129	797	486
35,000	425	666	520	1270	898	1143	807	492
50,000	431	676	528	1290	912	1161	820	500
100,000	434	681	532	1299	918	1169	826	503
250,000	440	691	540	1317	931	1186	837	510
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	28	63	44	112	67	101	60	27
20/50	31	68	48	122	72	110	65	30
25/50	45	93	65	171	100	155	89	43
25/60	48	98	69	181	105	163	94	46
35/80	83	158	111	300	170	270	153	79
50/100	118	217	154	419	235	378	211	112
100/300	211	377	268	736	409	663	367	200
250/500	376	661	470	1301	719	1171	646	356

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36		4
	20/50	30	0		50/100	40		7
	25/50	31	1		100/300	49		22
25/60	32	1		250/500	57		81	

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	750	1385	888	2534	1360	2281	1224	812
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	185	185	185	185	185	185	185	185
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
90	166	107	304	163	274	147	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

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 4

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	300	492	342	1039	590	935	531	280	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	118	158	158	303	184	273	166	128	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	324	493	367	998	636	898	572	335
	10,000	420	639	476	1294	825	1165	742	434
	15,000	425	647	482	1309	834	1178	750	440
	25,000	431	656	488	1328	847	1195	761	446
	35,000	437	665	495	1345	857	1211	771	452
	50,000	444	675	502	1366	871	1229	783	459
	100,000	447	680	506	1376	877	1238	789	462
	250,000	453	689	513	1395	889	1255	800	468
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	32	74	51	129	78	116	70	29
	20/50	35	80	55	141	85	127	76	32
	25/50	52	108	75	199	118	179	106	48
	25/60	55	114	79	211	125	190	112	51
	35/80	95	182	126	351	205	316	184	88
	50/100	135	249	173	491	285	442	256	125
	100/300	241	431	299	865	499	778	449	224
	250/500	430	753	523	1531	880	1377	791	400

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	839	1525	956	2776	1489	2498	1340	804
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	170	170	170	170	170	170	170	170
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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
101	183	115	333	179	300	161	96	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	294	472	370	1003	608	903	547	293
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	117	156	156	292	183	263	165	128
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	337	507	398	963	648	867	583	341
10,000	437	658	516	1249	840	1124	756	442
15,000	442	665	522	1263	850	1138	765	447
25,000	449	675	530	1282	862	1154	776	454
35,000	454	683	537	1298	874	1169	786	460
50,000	461	694	545	1318	887	1187	798	467
100,000	465	699	549	1328	894	1196	804	470
250,000	471	709	556	1346	906	1212	815	477
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	31	70	54	126	79	113	71	35
20/50	34	75	58	137	86	123	77	38
25/50	51	103	79	194	120	174	108	55
25/60	54	108	84	205	127	184	114	58
35/80	93	173	135	341	210	306	188	97
50/100	132	238	185	476	292	428	263	137
100/300	236	411	321	837	512	753	460	242
250/500	421	720	563	1481	903	1332	813	429

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
25/50	31	1		100/300	49	22		
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	788	1378	834	2433	1449	2190	1304	745
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	198	198	198	198	198	198	198	198
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	
95	165	100	292	174	263	156	89	
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 6

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	321	551	366	1129	694	1016	625	304
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	125	178	178	338	207	304	186	135
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	331	485	387	1017	676	915	608	353
10,000	429	629	502	1319	877	1187	789	458
15,000	434	636	508	1334	887	1200	798	463
25,000	441	646	515	1354	900	1218	809	470
35,000	446	654	522	1371	911	1233	820	476
50,000	453	664	530	1392	925	1253	832	483
100,000	456	669	534	1402	932	1262	838	487
250,000	463	678	541	1422	945	1279	850	493
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	31	82	54	141	94	127	85	36
20/50	35	88	58	154	102	138	92	39
25/50	52	120	79	217	141	196	128	56
25/60	56	126	83	230	149	207	135	60
35/80	98	202	134	382	244	344	220	101
50/100	140	278	184	535	338	481	305	141
100/300	253	481	319	941	590	847	532	250
250/500	453	842	558	1665	1040	1499	937	444

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	845	1564	940	2664	1570	2398	1413	812
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	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	
101	188	113	320	188	288	170	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

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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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	317	526	390	1189	701	1070	631	305
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	128	200	200	354	213	319	192	138
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	361	552	453	1025	707	923	636	377
10,000	468	716	588	1329	917	1197	825	489
15,000	474	724	594	1345	928	1211	834	495
25,000	480	735	603	1364	941	1229	847	502
35,000	487	744	611	1382	953	1244	857	508
50,000	494	756	620	1403	968	1264	871	516
100,000	498	761	625	1413	975	1273	877	520
250,000	505	772	633	1433	988	1290	889	527
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	34	77	56	152	95	137	86	33
20/50	38	83	60	165	103	149	93	36
25/50	55	113	83	232	143	209	129	53
25/60	59	119	87	246	151	221	136	57
35/80	101	192	141	407	246	366	222	97
50/100	143	264	194	568	342	511	308	138
100/300	255	457	337	997	596	897	538	246
250/500	455	801	591	1761	1050	1585	946	439

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	935	1680	1063	2890	1785	2601	1607	964
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	207	207	207	207	207	207	207	207
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	
112	202	128	347	214	312	193	116	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	369	592	427	1264	800	1138	720	347
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	148	195	195	374	240	337	216	160
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	358	555	450	1030	744	927	670	368
10,000	464	720	584	1336	965	1202	869	477
15,000	470	728	590	1351	976	1216	879	483
25,000	476	739	599	1371	990	1234	892	490
35,000	483	748	607	1388	1003	1250	903	496
50,000	490	760	616	1410	1019	1269	917	504
100,000	494	765	621	1420	1026	1278	924	507
250,000	500	776	629	1440	1040	1296	937	514
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	38	85	60	159	106	143	95	37
20/50	42	92	65	173	115	156	103	41
25/50	62	126	89	244	160	220	144	60
25/60	66	132	94	259	169	233	152	64
35/80	115	214	153	429	278	386	250	110
50/100	164	295	211	600	387	540	348	156
100/300	294	512	367	1055	677	950	608	279
250/500	526	897	644	1867	1193	1680	1073	498

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	916	1646	1163	2758	1767	2482	1590	833
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	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	
110	198	140	331	212	298	191	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 9

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	395	625	470	1288	784	1159	706	382	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	174	231	231	427	255	384	230	188	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	380	545	448	1091	732	982	659	394
	10,000	493	707	581	1415	949	1274	855	511
	15,000	499	715	588	1431	960	1288	865	517
	25,000	506	725	596	1452	974	1307	877	524
	35,000	512	735	604	1471	987	1324	888	531
	50,000	520	746	613	1494	1002	1344	902	539
	100,000	524	752	618	1504	1009	1354	909	543
	250,000	531	762	626	1525	1023	1373	921	551
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	43	94	66	161	105	145	95	43
	20/50	47	101	71	175	114	158	103	47
	25/50	69	137	98	248	158	223	143	69
	25/60	74	144	104	262	167	236	151	73
	35/80	126	231	168	436	274	393	247	124
	50/100	179	317	232	610	381	549	343	175
	100/300	319	547	404	1074	665	967	600	311
	250/500	569	957	709	1900	1172	1710	1056	553

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	888	1530	1027	2651	1649	2386	1484	946
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	212	212	212	212	212	212	212	212
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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
107	184	123	318	198	286	178	114	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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	<b>BODILY INJURY TO OTHERS</b>								
	383	704	490	1321	870	1189	783	376	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	164	246	241	425	267	383	240	180	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	350	549	447	1109	792	998	713	347
	10,000	454	712	580	1438	1027	1294	925	450
	15,000	459	720	586	1455	1039	1309	935	455
	25,000	466	731	595	1476	1054	1328	949	462
	35,000	472	740	603	1495	1068	1345	961	468
	50,000	479	752	612	1518	1084	1366	976	475
	100,000	483	757	616	1529	1092	1376	983	479
	250,000	489	768	625	1550	1107	1395	997	485
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	41	97	73	161	118	145	106	40
	20/50	45	105	79	176	128	158	115	44
	25/50	66	145	107	250	177	225	159	65
	25/60	71	153	112	265	187	238	168	69
	35/80	122	249	180	443	306	398	275	119
	50/100	172	345	248	620	424	559	382	169
	100/300	308	602	428	1095	740	985	666	302
	250/500	550	1058	749	1939	1304	1746	1173	539

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	939	1635	1021	2768	1765	2491	1589	916
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	212	212	212	212	212	212	212	212
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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
113	196	123	332	212	299	191	110	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	403	870	542	1403	950	1263	855	445
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	174	287	253	440	288	396	259	199
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	388	615	463	1139	748	1025	673	386
10,000	503	798	601	1477	970	1329	873	501
15,000	509	807	607	1494	981	1345	883	506
25,000	516	819	616	1516	996	1364	896	514
35,000	523	829	624	1535	1008	1382	907	520
50,000	531	842	634	1559	1024	1403	921	528
100,000	535	848	638	1571	1031	1413	928	532
250,000	542	860	647	1592	1046	1433	941	540
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	45	118	72	166	122	149	110	47
20/50	49	128	78	182	133	163	120	52
25/50	72	177	109	260	186	234	168	77
25/60	76	187	115	276	197	248	178	81
35/80	130	306	189	464	326	417	293	140
50/100	184	424	262	652	454	587	409	200
100/300	327	740	459	1154	797	1039	718	357
250/500	583	1304	809	2049	1408	1843	1268	637

<b>PART 6</b>	<b>MEDICAL PAYMENTS</b>				
	<b>5,000</b>	<b>10,000</b>	<b>15,000</b>	<b>20,000</b>	<b>25,000</b>
	57	87	111	122	135

<b>PART 3 AND PART 12</b>	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>					
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>					
		<b>PART 3</b>		<b>PART 12</b>		
		<b>20/40</b>	<b>29</b>	<b>0</b>	<b>35/80</b>	<b>36</b>
		<b>20/50</b>	<b>30</b>	<b>0</b>	<b>50/100</b>	<b>40</b>
	<b>25/50</b>	<b>31</b>	<b>1</b>	<b>100/300</b>	<b>49</b>	
	<b>25/60</b>	<b>32</b>	<b>1</b>	<b>250/500</b>	<b>57</b>	

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	911	1747	1068	2580	1713	2322	1542	908
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	236	236	236	236	236	236	236	236
	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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
109	210	128	310	206	279	185	109	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	440	764	580	1400	1027	1260	924	426
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	179	257	257	434	312	391	281	194
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	404	624	457	1201	822	1081	740	469
10,000	524	809	593	1558	1066	1402	960	608
15,000	530	819	600	1576	1078	1418	971	615
25,000	538	831	608	1599	1094	1439	985	624
35,000	545	841	616	1619	1108	1457	998	632
50,000	553	854	626	1644	1125	1480	1013	642
100,000	557	860	630	1656	1134	1491	1020	647
250,000	565	872	639	1679	1149	1511	1035	656
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	47	110	83	177	136	159	122	52
20/50	52	119	90	193	148	173	132	57
25/50	76	162	123	272	206	244	185	81
25/60	81	171	129	287	217	258	195	85
35/80	140	276	209	477	357	429	321	143
50/100	198	381	289	666	497	599	446	200
100/300	354	661	501	1171	869	1053	781	353
250/500	631	1159	879	2069	1532	1862	1377	626

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
25/50	31	1		100/300	49	22		
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1026	1868	1166	2696	1954	2426	1759	1052
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	255	255	255	255	255	255	255	255
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	
123	224	140	324	234	291	211	126	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	459	802	577	1321	958	1189	862	450
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	201	295	271	433	310	390	279	216
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	402	591	460	1137	777	1023	699	414
10,000	521	767	597	1475	1008	1327	907	537
15,000	527	775	604	1492	1019	1342	917	543
25,000	535	787	612	1513	1034	1362	930	551
35,000	542	797	620	1533	1047	1379	942	558
50,000	550	809	630	1557	1064	1400	957	567
100,000	554	815	634	1568	1071	1411	964	571
250,000	562	826	643	1590	1086	1430	977	579
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	48	119	82	162	128	146	115	51
20/50	53	128	89	177	139	159	125	56
25/50	78	174	122	251	193	226	174	81
25/60	83	183	128	266	204	239	183	86
35/80	144	294	207	444	334	400	301	146
50/100	205	405	286	622	465	560	418	206
100/300	367	699	497	1096	812	987	731	367
250/500	656	1224	873	1942	1431	1748	1287	652

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1056	1665	1262	2765	1935	2489	1742	1040
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	267	267	267	267	267	267	267	267
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	
127	200	151	332	232	299	209	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 14

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	548	938	684	1252	1007	1127	906	550
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	234	353	293	401	328	361	295	253
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	474	666	574	1338	895	1204	806	472
10,000	615	864	744	1735	1161	1562	1045	612
15,000	622	874	753	1755	1174	1580	1057	619
25,000	631	886	764	1781	1191	1603	1073	628
35,000	639	898	774	1804	1206	1623	1086	636
50,000	649	912	786	1832	1225	1648	1103	646
100,000	654	918	792	1845	1234	1660	1111	651
250,000	663	931	802	1871	1251	1683	1127	660
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	60	139	98	176	140	158	126	60
20/50	66	150	106	190	151	171	136	66
25/50	96	204	145	262	209	235	188	97
25/60	103	214	153	276	220	248	198	103
35/80	176	344	247	447	358	402	322	176
50/100	248	473	340	619	496	556	446	249
100/300	443	818	591	1076	863	968	776	444
250/500	790	1431	1036	1890	1516	1700	1364	792

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1247	2062	1559	2914	2260	2623	2034	1232
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	259	259	259	259	259	259	259	259
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	
150	247	187	350	271	315	244	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 15

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	565	938	626	1192	986	1073	887	542
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	240	352	271	387	328	348	295	247
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	452	744	500	1273	859	1146	773	465
10,000	586	965	649	1651	1114	1486	1003	603
15,000	593	976	656	1670	1127	1504	1014	610
25,000	602	990	666	1694	1143	1525	1029	619
35,000	609	1003	674	1716	1158	1545	1042	627
50,000	619	1019	685	1743	1176	1569	1058	637
100,000	623	1026	690	1755	1185	1580	1066	641
250,000	632	1040	699	1780	1201	1602	1081	650
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	64	139	90	154	132	139	119	62
20/50	70	150	97	167	143	151	129	68
25/50	102	204	133	235	199	212	179	98
25/60	108	214	140	248	210	224	189	104
35/80	184	344	226	410	344	369	310	177
50/100	259	473	312	571	479	515	431	249
100/300	460	818	541	1002	836	903	753	443
250/500	819	1431	949	1769	1474	1593	1326	787

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1538	2652	1860	3389	2753	3050	2478	1378
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	341	341	341	341	341	341	341	341
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	
185	318	223	407	330	366	297	165	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	545	1029	910	1272	1060	1145	954	543
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	254	370	338	397	372	357	335	258
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	436	710	493	1232	784	1109	706	494
10,000	565	921	639	1598	1017	1438	916	641
15,000	572	932	647	1616	1029	1455	926	648
25,000	580	945	656	1640	1044	1476	940	658
35,000	588	957	665	1661	1057	1495	952	666
50,000	597	972	675	1687	1073	1518	967	676
100,000	601	979	680	1699	1081	1529	974	681
250,000	610	993	689	1722	1096	1550	987	691
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	79	142	120	168	145	151	131	82
20/50	85	154	130	182	157	164	142	88
25/50	116	212	182	254	217	229	196	120
25/60	123	224	192	269	229	242	207	126
35/80	198	364	316	442	374	397	337	201
50/100	272	505	439	614	519	553	467	276
100/300	472	880	769	1075	904	967	815	476
250/500	828	1547	1356	1896	1591	1706	1433	832

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1314	2386	1589	3225	2287	2903	2058	1415
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	465	465	465	465	465	465	465	465
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	
158	286	191	387	274	348	247	170	
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	<b>BODILY INJURY TO OTHERS</b>								
	433	793	526	1305	843	1175	759	454	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	192	269	259	422	308	380	277	223	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	407	627	545	1266	775	1139	698	443
	10,000	528	813	707	1642	1005	1477	905	575
	15,000	534	823	715	1661	1017	1494	916	581
	25,000	542	835	725	1685	1032	1516	929	590
	35,000	549	845	735	1707	1045	1535	941	597
	50,000	557	858	746	1733	1061	1559	956	606
	100,000	561	865	752	1746	1069	1571	963	611
	250,000	569	877	762	1770	1083	1592	976	619
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	45	106	70	170	107	153	96	47
	20/50	50	115	76	185	117	166	105	52
	25/50	74	160	106	259	164	233	147	77
	25/60	78	169	112	273	174	246	156	82
	35/80	136	277	183	450	288	405	258	142
	50/100	193	385	255	627	402	565	361	202
	100/300	346	672	445	1099	706	990	635	363
	250/500	619	1185	785	1940	1247	1747	1122	648

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1117	2143	1408	3145	2032	2831	1829	1075
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	201	201	201	201	201	201	201	201
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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
134	257	169	377	244	340	219	129	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	511	1101	692	1557	1173	1401	1056	563
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	227	362	292	461	374	415	337	270
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	455	700	547	1352	900	1217	810	509
10,000	590	908	709	1754	1167	1578	1051	660
15,000	597	918	718	1774	1181	1597	1063	668
25,000	606	932	728	1800	1198	1620	1078	677
35,000	613	944	737	1822	1213	1641	1092	686
50,000	623	958	749	1851	1232	1666	1109	697
100,000	627	965	754	1864	1241	1678	1117	702
250,000	636	979	765	1890	1258	1701	1132	712
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	62	147	94	193	155	174	140	69
20/50	68	159	102	211	168	190	152	75
25/50	96	222	141	298	235	269	212	107
25/60	102	234	149	316	248	284	224	113
35/80	171	384	243	526	407	473	367	189
50/100	240	534	338	736	567	662	511	265
100/300	423	933	589	1296	992	1166	893	467
250/500	750	1645	1037	2293	1749	2064	1575	827

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1153	2042	1359	2733	1976	2460	1778	1248
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	374	374	374	374	374	374	374	374
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
138	245	163	328	237	295	213	150	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	535	988	711	1370	1031	1233	928	576
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	233	366	304	441	339	397	305	272
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	419	694	554	1227	859	1104	773	423
10,000	543	900	719	1591	1114	1432	1003	549
15,000	550	911	727	1610	1127	1448	1014	555
25,000	558	924	737	1633	1143	1469	1029	563
35,000	565	936	747	1654	1158	1488	1042	570
50,000	574	950	758	1680	1176	1511	1058	579
100,000	578	957	764	1692	1185	1522	1066	583
250,000	586	970	774	1715	1201	1543	1081	591
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	64	138	95	175	144	158	130	70
20/50	70	149	103	190	156	172	141	76
25/50	100	206	143	268	215	241	193	109
25/60	106	217	151	283	226	255	204	115
35/80	178	352	248	469	367	422	331	193
50/100	250	487	345	654	508	589	458	270
100/300	441	847	603	1148	884	1034	797	477
250/500	783	1489	1062	2029	1554	1827	1400	845

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1193	2119	1525	2709	2179	2438	1961	1189
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	378	378	378	378	378	378	378	378
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	
143	254	183	325	261	293	235	143	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	569	1215	768	1526	1213	1373	1092	679
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	261	430	322	450	414	405	373	311
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	435	774	485	1310	949	1179	854	579
10,000	564	1004	629	1699	1231	1529	1108	751
15,000	571	1015	636	1719	1245	1547	1120	760
25,000	579	1030	646	1744	1263	1569	1137	771
35,000	586	1043	654	1766	1279	1589	1151	780
50,000	596	1060	664	1793	1299	1614	1169	793
100,000	600	1067	669	1806	1309	1626	1178	798
250,000	608	1082	678	1831	1327	1648	1194	809
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	71	167	106	187	159	168	143	87
20/50	77	181	115	204	173	183	155	95
25/50	109	250	158	290	241	260	217	133
25/60	116	264	167	307	255	276	229	141
35/80	193	430	272	512	420	461	378	233
50/100	269	595	377	718	584	646	526	324
100/300	474	1038	657	1266	1023	1139	921	570
250/500	839	1825	1155	2243	1805	2017	1625	1006

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1165	2084	1511	2709	2137	2438	1923	1468
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	351	351	351	351	351	351	351	351
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	
140	250	181	325	256	293	231	176	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	688	1248	1003	1311	1246	1180	1121	860
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	283	399	345	375	386	338	347	307
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	542	861	650	1481	1036	1333	932	452
10,000	703	1117	843	1921	1344	1729	1209	586
15,000	711	1130	853	1943	1359	1749	1223	593
25,000	721	1146	865	1971	1379	1774	1240	602
35,000	731	1161	876	1996	1397	1797	1256	609
50,000	742	1179	890	2027	1418	1825	1276	619
100,000	747	1187	896	2042	1429	1838	1285	623
250,000	758	1204	909	2070	1448	1864	1303	632
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	94	165	140	181	175	163	158	107
20/50	102	179	151	196	189	176	171	117
25/50	141	250	209	271	260	244	235	165
25/60	149	264	220	285	274	257	248	175
35/80	243	433	357	464	445	418	401	291
50/100	336	603	494	644	616	579	554	407
100/300	587	1055	860	1121	1070	1009	964	716
250/500	1032	1861	1512	1971	1880	1775	1693	1267

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1397	2417	1978	3232	2673	2909	2406	1619
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	395	395	395	395	395	395	395	395
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	
168	290	237	388	321	349	289	194	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	684	1255	908	1298	1168	1168	1051	811
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	279	394	314	365	361	329	325	297
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	526	830	564	1384	945	1246	851	462
10,000	682	1077	732	1795	1226	1616	1104	599
15,000	690	1089	740	1816	1240	1635	1117	606
25,000	700	1105	751	1842	1258	1658	1133	615
35,000	709	1119	760	1866	1274	1680	1147	623
50,000	720	1136	772	1895	1294	1706	1165	632
100,000	725	1145	778	1909	1303	1718	1174	637
250,000	735	1160	788	1935	1321	1742	1190	646
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	95	169	123	182	162	164	146	100
20/50	103	183	133	197	175	177	158	109
25/50	142	254	185	271	242	244	218	155
25/60	150	269	195	286	255	257	230	164
35/80	243	440	319	463	415	417	373	273
50/100	336	610	443	641	574	577	517	382
100/300	586	1066	773	1114	1000	1003	900	674
250/500	1030	1878	1360	1958	1758	1762	1582	1193

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
25/50	31	1		100/300	49	22		
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1330	2278	1865	2887	2545	2598	2291	1726
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	400	400	400	400	400	400	400	400
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	
160	273	224	346	305	312	275	207	
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	<b>BODILY INJURY TO OTHERS</b>								
	526	1016	710	1545	1053	1391	948	533	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	221	340	280	454	322	409	290	248	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	424	703	454	1321	762	1189	686	492
	10,000	550	912	589	1713	988	1542	890	638
	15,000	556	922	596	1733	1000	1560	900	646
	25,000	564	936	604	1758	1014	1583	913	655
	35,000	572	948	612	1781	1027	1603	925	663
	50,000	580	962	622	1808	1043	1628	939	674
	100,000	585	969	626	1822	1051	1640	946	678
	250,000	593	983	635	1847	1065	1662	959	688
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	52	146	92	184	131	166	118	59
	20/50	58	158	100	201	143	182	129	65
	25/50	87	216	140	288	202	259	182	95
	25/60	92	227	148	305	214	275	193	100
	35/80	162	367	244	513	356	462	321	171
	50/100	231	506	341	720	498	649	448	243
	100/300	416	878	597	1273	877	1147	790	432
	250/500	746	1540	1054	2259	1552	2034	1397	769

PART 6	<b>MEDICAL PAYMENTS</b>				
	<b>5,000</b>	<b>10,000</b>	<b>15,000</b>	<b>20,000</b>	<b>25,000</b>
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>					
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>					
		<b>PART 3</b>		<b>PART 12</b>		
		<b>20/40</b>	<b>29</b>	<b>0</b>	<b>35/80</b>	<b>36</b>
		<b>20/50</b>	<b>30</b>	<b>0</b>	<b>50/100</b>	<b>40</b>
		<b>25/50</b>	<b>31</b>	<b>1</b>	<b>100/300</b>	<b>49</b>
	<b>25/60</b>	<b>32</b>	<b>1</b>	<b>250/500</b>	<b>57</b>	
				<b>250/500</b>	<b>57</b>	
				<b>250/500</b>	<b>81</b>	

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1161	2122	1687	2867	2242	2580	2018	1305
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
139	255	202	344	269	310	242	157	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	456	865	558	1290	878	1161	790	448
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	193	310	260	407	280	366	252	213
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	435	763	574	1301	853	1171	768	429
10,000	564	990	744	1687	1106	1519	996	556
15,000	571	1001	753	1707	1119	1536	1008	563
25,000	579	1016	764	1732	1135	1559	1022	571
35,000	586	1029	774	1754	1150	1579	1035	578
50,000	596	1045	786	1781	1168	1603	1051	587
100,000	600	1052	792	1794	1176	1615	1059	592
250,000	608	1067	802	1819	1192	1637	1074	600
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	48	117	78	171	117	154	105	48
20/50	53	127	84	186	127	167	114	53
25/50	78	176	116	259	177	233	159	78
25/60	83	186	123	273	187	246	168	83
35/80	144	304	199	449	306	404	275	142
50/100	204	421	275	624	425	562	382	202
100/300	366	736	479	1091	744	982	669	360
250/500	653	1295	841	1924	1311	1732	1179	643

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1113	2076	1511	2811	2130	2530	1917	1121
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	238	238	238	238	238	238	238	238
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	
134	249	181	337	256	304	230	135	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	454	987	582	1308	948	1177	853	511
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	190	319	253	409	302	368	272	224
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	439	798	524	1299	929	1169	836	530
10,000	569	1035	680	1685	1205	1516	1084	687
15,000	576	1047	687	1704	1219	1534	1097	695
25,000	584	1062	697	1729	1236	1556	1113	705
35,000	592	1076	706	1751	1252	1576	1127	714
50,000	601	1092	717	1778	1272	1600	1144	726
100,000	605	1100	723	1791	1281	1612	1153	731
250,000	614	1116	733	1816	1299	1634	1169	741
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	56	146	82	168	134	151	121	59
20/50	61	157	89	183	145	164	131	65
25/50	87	214	122	257	199	231	179	93
25/60	92	225	128	271	210	244	189	99
35/80	153	361	208	448	340	403	306	167
50/100	214	497	288	626	469	563	423	236
100/300	377	860	500	1098	816	988	735	418
250/500	668	1506	879	1939	1432	1745	1290	743

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1160	2111	1597	2754	2206	2479	1985	1212
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	355	355	355	355	355	355	355	355
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	253	192	330	265	297	238	145	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	549	1004	766	1203	1092	1083	983	513
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	237	360	303	389	348	350	313	255
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	461	727	550	1277	879	1149	791	466
10,000	598	943	713	1656	1140	1490	1026	604
15,000	605	954	722	1675	1153	1507	1038	611
25,000	614	968	732	1700	1170	1529	1053	620
35,000	621	980	741	1721	1185	1549	1066	628
50,000	631	995	753	1748	1203	1573	1083	638
100,000	636	1003	758	1761	1212	1584	1091	643
250,000	644	1016	769	1785	1229	1606	1106	651
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	65	136	101	164	146	148	131	66
20/50	71	147	110	178	158	160	142	72
25/50	102	204	153	246	220	222	198	101
25/60	108	216	162	260	233	234	209	107
35/80	182	353	266	424	381	382	343	176
50/100	255	489	370	588	530	530	476	245
100/300	452	854	647	1025	926	924	833	431
250/500	802	1504	1141	1804	1632	1625	1468	761

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1597	2517	2089	3162	2743	2846	2469	1754
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	443	443	443	443	443	443	443	443
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	
192	302	251	379	329	342	296	210	
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	<b>BODILY INJURY TO OTHERS</b>								
	201	335	222	674	335	607	302	205	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	83	112	112	208	119	187	107	97	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	273	418	328	819	525	737	473	268
	10,000	354	542	425	1062	681	956	613	348
	15,000	358	548	430	1075	689	967	621	352
	25,000	363	556	437	1090	699	981	630	357
	35,000	368	563	442	1104	708	993	638	361
	50,000	374	572	449	1121	719	1009	648	367
	100,000	376	576	452	1129	724	1016	652	370
	250,000	382	584	459	1145	734	1030	661	375
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	22	49	31	83	46	75	41	24
	20/50	24	53	34	91	50	82	44	26
	25/50	35	72	46	128	69	116	62	38
	25/60	38	76	49	136	73	123	65	40
	35/80	64	122	79	227	118	205	106	68
	50/100	91	168	109	318	164	286	147	95
	100/300	162	291	190	560	286	505	257	168
	250/500	290	510	335	991	503	893	453	299

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36		4
	20/50	30	0		50/100	40		7
	25/50	31	1		100/300	49		22
25/60	32	1		250/500	57		81	

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	717	1319	808	2364	1297	2128	1167	774
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	174	174	174	174	174	174	174	174
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
86	158	97	284	156	255	140	93	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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	<b>BODILY INJURY TO OTHERS</b>								
	513	892	652	1408	976	1267	878	500	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	243	323	267	424	347	382	312	236	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	327	565	406	1075	677	968	609	348
	10,000	424	733	527	1394	878	1255	790	451
	15,000	429	741	533	1410	888	1270	799	457
	25,000	435	752	540	1431	901	1288	811	463
	35,000	441	762	547	1449	913	1305	821	469
	50,000	448	773	556	1472	927	1325	834	476
	100,000	451	779	560	1482	934	1335	840	480
	250,000	457	790	568	1503	946	1353	851	487
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	50	123	88	170	131	153	118	52
	20/50	56	133	95	186	142	167	128	58
	25/50	84	184	132	265	197	238	178	85
	25/60	89	194	140	280	208	252	188	91
	35/80	157	316	229	470	341	423	307	157
	50/100	225	438	317	659	474	593	427	223
	100/300	405	762	554	1164	828	1048	745	400
	250/500	726	1341	976	2064	1459	1857	1313	714

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	892	1591	1128	2400	1725	2160	1553	911
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
107	191	135	288	207	259	186	109	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	479	786	629	1275	956	1148	860	492
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	216	308	281	427	329	384	296	241
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	328	555	404	1036	693	932	624	427
10,000	425	720	524	1344	899	1209	809	554
15,000	430	728	530	1359	909	1223	819	560
25,000	437	739	538	1379	922	1240	831	568
35,000	442	748	545	1397	934	1256	841	576
50,000	449	760	553	1418	949	1276	854	585
100,000	452	765	557	1429	956	1285	860	589
250,000	459	776	565	1448	969	1303	872	597
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	47	115	91	159	125	143	113	55
20/50	52	124	98	173	136	156	123	60
25/50	79	169	134	245	190	220	171	88
25/60	84	178	141	259	201	233	181	93
35/80	147	286	228	431	330	388	298	159
50/100	210	394	314	604	460	543	415	225
100/300	378	683	545	1062	806	956	726	400
250/500	678	1196	955	1880	1422	1692	1281	711

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
25/50	31	1		100/300	49	22		
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	817	1594	1152	2355	1762	2120	1586	850
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	226	226	226	226	226	226	226	226
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	191	138	283	211	254	190	102	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	662	1069	764	1420	1161	1278	1045	640
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	280	373	303	438	388	394	349	268
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	354	616	452	1093	773	984	696	372
10,000	459	799	586	1418	1003	1276	903	482
15,000	464	808	593	1434	1014	1291	913	488
25,000	471	820	602	1455	1029	1310	926	495
35,000	477	830	609	1473	1042	1326	938	501
50,000	485	843	619	1496	1058	1347	953	509
100,000	488	849	623	1507	1066	1357	960	513
250,000	495	861	632	1528	1081	1376	973	520
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	72	154	103	174	154	157	139	71
20/50	79	166	112	190	167	171	151	78
25/50	116	227	155	270	233	243	210	114
25/60	123	240	164	286	246	257	222	121
35/80	211	386	268	477	404	430	364	206
50/100	300	533	372	668	562	602	506	291
100/300	534	924	649	1178	982	1061	885	519
250/500	953	1622	1143	2087	1732	1879	1560	924

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	927	1708	1313	2423	1879	2181	1691	1005
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	296	296	296	296	296	296	296	296
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
111	205	158	291	225	262	203	121	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	589	1031	734	1348	1109	1213	998	631
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	246	382	312	432	372	389	335	289
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	519	726	576	1285	945	1157	851	486
10,000	673	942	747	1667	1226	1501	1104	630
15,000	681	953	756	1686	1240	1518	1117	638
25,000	691	966	767	1710	1258	1540	1133	647
35,000	700	979	776	1732	1274	1560	1147	655
50,000	711	994	789	1759	1294	1584	1165	665
100,000	716	1001	794	1772	1303	1596	1174	670
250,000	726	1015	805	1796	1321	1617	1190	679
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	66	146	102	173	151	156	136	68
20/50	73	158	110	188	164	170	147	75
25/50	105	217	152	264	227	238	204	110
25/60	112	228	161	279	239	252	215	117
35/80	190	370	261	462	390	416	351	201
50/100	269	511	361	645	542	580	488	285
100/300	479	888	629	1131	945	1018	850	508
250/500	852	1558	1105	1998	1663	1799	1497	907

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1094	1937	1449	2632	2157	2369	1941	1067
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	320	320	320	320	320	320	320	320
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	
131	232	174	316	259	284	233	128	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	477	910	799	1206	979	1085	881	469
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	208	331	304	397	320	357	288	231
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	348	613	447	1099	803	989	723	350
10,000	451	795	580	1425	1041	1283	938	454
15,000	457	804	586	1442	1054	1298	949	459
25,000	463	816	595	1463	1069	1316	962	466
35,000	469	826	603	1481	1082	1333	975	472
50,000	476	839	612	1505	1099	1354	990	479
100,000	480	845	616	1516	1107	1364	997	483
250,000	487	857	625	1536	1123	1383	1011	489
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	65	126	104	149	134	134	121	73
20/50	70	136	113	163	145	146	131	78
25/50	98	188	158	230	201	207	181	106
25/60	103	199	167	244	212	219	191	111
35/80	168	323	276	406	345	366	311	176
50/100	233	447	384	569	479	512	432	241
100/300	406	779	673	1003	835	902	752	414
250/500	715	1369	1188	1775	1470	1597	1323	723

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	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	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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
<b>PART 7</b>	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	924	1737	1178	2438	1685	2194	1517	888
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	357	357	357	357	357	357	357	357
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	
111	208	141	293	202	263	182	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 45

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	696	1133	831	1331	1259	1198	1133	701	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	294	397	322	398	410	358	369	301	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	483	711	542	1451	986	1306	887	519
	10,000	626	922	703	1882	1279	1694	1150	673
	15,000	634	933	711	1904	1294	1713	1164	681
	25,000	643	946	721	1931	1312	1738	1181	691
	35,000	651	958	731	1956	1329	1760	1196	700
	50,000	661	973	742	1986	1350	1788	1214	711
	100,000	666	980	747	2001	1360	1801	1223	716
	250,000	675	994	758	2028	1378	1826	1240	726
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	72	160	116	177	171	159	154	78
	20/50	80	173	125	192	185	173	167	86
	25/50	118	238	173	267	257	240	231	125
	25/60	126	251	182	283	271	254	244	133
	35/80	218	406	296	464	443	417	399	226
	50/100	310	561	410	644	614	580	553	319
	100/300	556	975	713	1127	1072	1014	965	569
	250/500	994	1712	1252	1987	1887	1787	1698	1013

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	57	87	111	122	135

PART 3 AND PART 12	<b>PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO</b>							
	<b>PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO</b>							
	PART 3		PART 12		PART 3		PART 12	
	20/40	29	0		35/80	36	4	
	20/50	30	0		50/100	40	7	
	25/50	31	1		100/300	49	22	
25/60	32	1		250/500	57	81		

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	<b>COLLISION - \$500 DEDUCTIBLE</b>							
	1168	1946	1483	2688	2181	2419	1963	1352
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	352	352	352	352	352	352	352	352
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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
140	234	178	323	262	290	236	162	
<b>COLLISION - Waiver of Deductible Charges</b>								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

<b>LIMITED COLLISION</b>	
\$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															2003 & Prior
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	
11	0.746	<b>0.710</b>	0.675	0.639	0.604	0.568	0.533	0.497	0.462	0.426	0.391	0.355	0.332	0.310	0.289	0.270
12	0.771	<b>0.734</b>	0.697	0.661	0.624	0.587	0.551	0.514	0.477	0.440	0.404	0.367	0.343	0.320	0.299	0.279
13	0.797	<b>0.759</b>	0.721	0.683	0.645	0.607	0.569	0.531	0.493	0.455	0.417	0.380	0.354	0.331	0.309	0.288
14	0.825	<b>0.786</b>	0.747	0.707	0.668	0.629	0.590	0.550	0.511	0.472	0.432	0.393	0.367	0.343	0.320	0.299
15	0.855	<b>0.814</b>	0.773	0.733	0.692	0.651	0.611	0.570	0.529	0.488	0.448	0.407	0.380	0.355	0.331	0.309
16	0.884	<b>0.842</b>	0.800	0.758	0.716	0.674	0.632	0.589	0.547	0.505	0.463	0.421	0.393	0.367	0.343	0.320
17	0.915	<b>0.871</b>	0.827	0.784	0.740	0.697	0.653	0.610	0.566	0.523	0.479	0.436	0.407	0.380	0.354	0.331
18	0.947	<b>0.902</b>	0.857	0.812	0.767	0.722	0.677	0.631	0.586	0.541	0.496	0.451	0.421	0.393	0.367	0.343
19	0.981	<b>0.934</b>	0.887	0.841	0.794	0.747	0.701	0.654	0.607	0.560	0.514	0.467	0.436	0.407	0.380	0.355
20	1.014	<b>0.966</b>	0.918	0.869	0.821	0.773	0.725	0.676	0.628	0.580	0.531	0.483	0.451	0.421	0.393	0.367
21	<b>1.050</b>	<b>1.000</b>	<b>0.950</b>	<b>0.900</b>	<b>0.850</b>	<b>0.800</b>	<b>0.750</b>	<b>0.700</b>	<b>0.650</b>	<b>0.600</b>	<b>0.550</b>	<b>0.500</b>	<b>0.467</b>	<b>0.436</b>	<b>0.407</b>	<b>0.380</b>
22	1.087	<b>1.035</b>	0.983	0.932	0.880	0.828	0.776	0.725	0.673	0.621	0.569	0.518	0.483	0.451	0.421	0.393
23	1.125	<b>1.071</b>	1.017	0.964	0.910	0.857	0.803	0.750	0.696	0.643	0.589	0.536	0.500	0.467	0.436	0.407
24	1.164	<b>1.109</b>	1.054	0.998	0.943	0.887	0.832	0.776	0.721	0.665	0.610	0.555	0.518	0.484	0.451	0.421
25	1.205	<b>1.148</b>	1.091	1.033	0.976	0.918	0.861	0.804	0.746	0.689	0.631	0.574	0.536	0.501	0.467	0.436
26	1.247	<b>1.188</b>	1.129	1.069	1.010	0.950	0.891	0.832	0.772	0.713	0.653	0.594	0.555	0.518	0.484	0.451
27	1.292	<b>1.230</b>	1.169	1.107	1.046	0.984	0.923	0.861	0.800	0.738	0.677	0.615	0.574	0.536	0.501	0.467
28	1.337	<b>1.273</b>	1.209	1.146	1.082	1.018	0.955	0.891	0.827	0.764	0.700	0.637	0.594	0.555	0.518	0.484
29	1.383	<b>1.317</b>	1.251	1.185	1.119	1.054	0.988	0.922	0.856	0.790	0.724	0.659	0.615	0.574	0.536	0.500
30	1.431	<b>1.363</b>	1.295	1.227	1.159	1.090	1.022	0.954	0.886	0.818	0.750	0.682	0.637	0.594	0.555	0.518
31	1.481	<b>1.410</b>	1.340	1.269	1.199	1.128	1.058	0.987	0.917	0.846	0.776	0.705	0.658	0.615	0.574	0.536
32	1.534	<b>1.461</b>	1.388	1.315	1.242	1.169	1.096	1.023	0.950	0.877	0.804	0.731	0.682	0.637	0.595	0.555
33	1.587	<b>1.511</b>	1.435	1.360	1.284	1.209	1.133	1.058	0.982	0.907	0.831	0.756	0.706	0.659	0.615	0.574
34	1.642	<b>1.564</b>	1.486	1.408	1.329	1.251	1.173	1.095	1.017	0.938	0.860	0.782	0.730	0.682	0.637	0.594
35	1.700	<b>1.619</b>	1.538	1.457	1.376	1.295	1.214	1.133	1.052	0.971	0.890	0.810	0.756	0.706	0.659	0.615
36	1.760	<b>1.676</b>	1.592	1.508	1.425	1.341	1.257	1.173	1.089	1.006	0.922	0.838	0.783	0.731	0.682	0.637
37	1.821	<b>1.734</b>	1.647	1.561	1.474	1.387	1.301	1.214	1.127	1.040	0.954	0.867	0.810	0.756	0.706	0.659
38	1.886	<b>1.796</b>	1.706	1.616	1.527	1.437	1.347	1.257	1.167	1.078	0.988	0.898	0.839	0.783	0.731	0.682
39	1.952	<b>1.859</b>	1.766	1.673	1.580	1.487	1.394	1.301	1.208	1.115	1.022	0.930	0.868	0.811	0.757	0.706
40	2.019	<b>1.923</b>	1.827	1.731	1.635	1.538	1.442	1.346	1.250	1.154	1.058	0.962	0.898	0.838	0.783	0.731
41	2.090	<b>1.990</b>	1.891	1.791	1.692	1.592	1.493	1.393	1.294	1.194	1.095	0.995	0.929	0.868	0.810	0.756
42	2.163	<b>2.060</b>	1.957	1.854	1.751	1.648	1.545	1.442	1.339	1.236	1.133	1.030	0.962	0.898	0.838	0.783
43	2.239	<b>2.132</b>	2.025	1.919	1.812	1.706	1.599	1.492	1.386	1.279	1.173	1.066	0.996	0.930	0.868	0.810
44	2.317	<b>2.207</b>	2.097	1.986	1.876	1.766	1.655	1.545	1.435	1.324	1.214	1.104	1.031	0.962	0.898	0.839
45	2.398	<b>2.284</b>	2.170	2.056	1.941	1.827	1.713	1.599	1.485	1.370	1.256	1.142	1.067	0.996	0.930	0.868
46	2.482	<b>2.364</b>	2.246	2.128	2.009	1.891	1.773	1.655	1.537	1.418	1.300	1.182	1.104	1.031	0.962	0.898
47	2.569	<b>2.447</b>	2.325	2.202	2.080	1.958	1.835	1.713	1.591	1.468	1.346	1.224	1.143	1.067	0.996	0.930
48	2.659	<b>2.532</b>	2.405	2.279	2.152	2.026	1.899	1.772	1.646	1.519	1.393	1.266	1.182	1.104	1.031	0.962
49	2.751	<b>2.620</b>	2.489	2.358	2.227	2.096	1.965	1.834	1.703	1.572	1.441	1.310	1.224	1.142	1.066	0.996
50	2.847	<b>2.711</b>	2.575	2.440	2.304	2.169	2.033	1.898	1.762	1.627	1.491	1.356	1.266	1.182	1.103	1.030

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															2003 & Prior
	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	
11	0.636	<b>0.620</b>	0.599	0.578	0.559	0.540	0.522	0.505	0.487	0.471	0.454	0.439	0.424	0.410	0.396	0.383
12	0.667	<b>0.651</b>	0.629	0.607	0.587	0.567	0.548	0.530	0.512	0.494	0.477	0.461	0.445	0.430	0.416	0.402
13	0.699	<b>0.682</b>	0.659	0.636	0.614	0.594	0.574	0.555	0.536	0.518	0.500	0.483	0.466	0.451	0.436	0.421
14	0.734	<b>0.716</b>	0.692	0.668	0.645	0.624	0.603	0.583	0.563	0.543	0.525	0.507	0.490	0.473	0.458	0.442
15	0.770	<b>0.751</b>	0.725	0.701	0.677	0.654	0.632	0.611	0.590	0.570	0.550	0.532	0.514	0.496	0.480	0.463
16	0.808	<b>0.788</b>	0.761	0.735	0.710	0.686	0.663	0.641	0.619	0.598	0.578	0.558	0.539	0.521	0.504	0.486
17	0.847	<b>0.826</b>	0.798	0.771	0.744	0.719	0.695	0.672	0.649	0.627	0.605	0.585	0.565	0.546	0.528	0.510
18	0.889	<b>0.867</b>	0.838	0.809	0.781	0.755	0.730	0.706	0.681	0.658	0.636	0.614	0.593	0.573	0.554	0.535
19	0.931	<b>0.908</b>	0.877	0.847	0.818	0.791	0.765	0.739	0.714	0.689	0.666	0.643	0.621	0.600	0.580	0.560
20	0.978	<b>0.954</b>	0.922	0.890	0.860	0.831	0.803	0.777	0.750	0.724	0.699	0.675	0.653	0.631	0.610	0.589
21	<b>1.025</b>	<b>1.000</b>	<b>0.966</b>	<b>0.933</b>	<b>0.901</b>	<b>0.871</b>	<b>0.842</b>	<b>0.814</b>	<b>0.786</b>	<b>0.759</b>	<b>0.733</b>	<b>0.708</b>	<b>0.684</b>	<b>0.661</b>	<b>0.639</b>	<b>0.617</b>
22	1.075	<b>1.049</b>	1.013	0.979	0.945	0.914	0.883	0.854	0.825	0.796	0.769	0.743	0.718	0.693	0.670	0.647
23	1.129	<b>1.101</b>	1.064	1.027	0.992	0.959	0.927	0.896	0.865	0.836	0.807	0.780	0.753	0.728	0.704	0.679
24	1.183	<b>1.154</b>	1.115	1.077	1.040	1.005	0.972	0.939	0.907	0.876	0.846	0.817	0.789	0.763	0.737	0.712
25	1.240	<b>1.210</b>	1.169	1.129	1.090	1.054	1.019	0.985	0.951	0.918	0.887	0.857	0.828	0.800	0.773	0.747
26	1.301	<b>1.269</b>	1.226	1.184	1.143	1.105	1.068	1.033	0.997	0.963	0.930	0.898	0.868	0.839	0.811	0.783
27	1.364	<b>1.331</b>	1.286	1.242	1.199	1.159	1.121	1.083	1.046	1.010	0.976	0.942	0.910	0.880	0.851	0.821
28	1.430	<b>1.395</b>	1.348	1.302	1.257	1.215	1.175	1.136	1.096	1.059	1.023	0.988	0.954	0.922	0.891	0.861
29	1.500	<b>1.463</b>	1.413	1.365	1.318	1.274	1.232	1.191	1.150	1.110	1.072	1.036	1.001	0.967	0.935	0.903
30	1.574	<b>1.536</b>	1.484	1.433	1.384	1.338	1.293	1.250	1.207	1.166	1.126	1.087	1.051	1.015	0.982	0.948
31	1.650	<b>1.610</b>	1.555	1.502	1.451	1.402	1.356	1.311	1.265	1.222	1.180	1.140	1.101	1.064	1.029	0.993
32	1.731	<b>1.689</b>	1.632	1.576	1.522	1.471	1.422	1.375	1.328	1.282	1.238	1.196	1.155	1.116	1.079	1.042
33	1.815	<b>1.771</b>	1.711	1.652	1.596	1.543	1.491	1.442	1.392	1.344	1.298	1.254	1.211	1.171	1.132	1.093
34	1.904	<b>1.858</b>	1.795	1.734	1.674	1.618	1.564	1.512	1.460	1.410	1.362	1.315	1.271	1.228	1.187	1.146
35	1.997	<b>1.948</b>	1.882	1.817	1.755	1.697	1.640	1.586	1.531	1.479	1.428	1.379	1.332	1.288	1.245	1.202
36	2.094	<b>2.043</b>	1.974	1.906	1.841	1.779	1.720	1.663	1.606	1.551	1.498	1.446	1.397	1.350	1.305	1.261
37	2.198	<b>2.144</b>	2.071	2.000	1.932	1.867	1.805	1.745	1.685	1.627	1.572	1.518	1.466	1.417	1.370	1.323
38	2.303	<b>2.247</b>	2.171	2.096	2.025	1.957	1.892	1.829	1.766	1.705	1.647	1.591	1.537	1.485	1.436	1.386
39	2.416	<b>2.357</b>	2.277	2.199	2.124	2.053	1.985	1.919	1.853	1.789	1.728	1.669	1.612	1.558	1.506	1.454
40	2.533	<b>2.471</b>	2.387	2.305	2.226	2.152	2.081	2.011	1.942	1.875	1.811	1.749	1.690	1.633	1.579	1.525
41	2.657	<b>2.592</b>	2.504	2.418	2.335	2.258	2.182	2.110	2.037	1.967	1.900	1.835	1.773	1.713	1.656	1.599
42	2.787	<b>2.719</b>	2.627	2.537	2.450	2.368	2.289	2.213	2.137	2.064	1.993	1.925	1.860	1.797	1.737	1.678
43	2.922	<b>2.851</b>	2.754	2.660	2.569	2.483	2.401	2.321	2.241	2.164	2.090	2.019	1.950	1.885	1.822	1.759
44	3.065	<b>2.990</b>	2.888	2.790	2.694	2.604	2.518	2.434	2.350	2.269	2.192	2.117	2.045	1.976	1.911	1.845
45	3.214	<b>3.136</b>	3.029	2.926	2.826	2.731	2.641	2.553	2.465	2.380	2.299	2.220	2.145	2.073	2.004	1.935
46	3.371	<b>3.289</b>	3.177	3.069	2.963	2.865	2.769	2.677	2.585	2.496	2.411	2.329	2.250	2.174	2.102	2.029
47	3.536	<b>3.450</b>	3.333	3.219	3.108	3.005	2.905	2.808	2.712	2.619	2.529	2.443	2.360	2.280	2.205	2.129
48	3.708	<b>3.618</b>	3.495	3.376	3.260	3.151	3.046	2.945	2.844	2.746	2.652	2.562	2.475	2.391	2.312	2.232
49	3.889	<b>3.794</b>	3.665	3.540	3.418	3.305	3.195	3.088	2.982	2.880	2.781	2.686	2.595	2.508	2.424	2.341
50	4.080	<b>3.980</b>	3.845	3.713	3.586	3.467	3.351	3.240	3.128	3.021	2.917	2.818	2.722	2.631	2.543	2.456

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 - \$8,000	11	\$0 - \$7,000	11	\$0 - \$7,000
	12	\$8,001 - \$9,000	12	\$7,001 - \$7,500	12	\$7,001 - \$8,000
	13	\$9,001 - \$10,000	13	\$7,501 - \$8,000	13	\$8,001 - \$9,000
	14	\$10,001 - \$11,000	14	\$8,001 - \$8,500	14	\$9,001 - \$10,000
	15	\$11,001 - \$12,000	15	\$8,501 - \$9,000	15	\$10,001 - \$11,000
	16	\$12,001 - \$13,000	16	\$9,001 - \$9,500	16	\$11,001 - \$12,000
	17	\$13,001 - \$14,000	17	\$9,501 - \$10,000	17	\$12,001 - \$13,000
	18	\$14,001 - \$16,000	18	\$10,001 - \$10,500	18	\$13,001 - \$14,000
	19	\$16,001 - \$18,000	19	\$10,501 - \$11,000	19	\$14,001 - \$15,000
	20	\$18,001 - \$20,000	20	\$11,001 - \$11,500	20	\$15,001 - \$16,000
	21	\$20,001 - \$23,000	21	\$11,501 - \$12,000	21	\$16,001 - \$17,000
	22	\$23,001 - \$26,000	22	\$12,001 - \$13,500	22	\$17,001 - \$18,000
	23	\$26,001 - \$29,000	23	\$13,501 - \$15,000	23	\$18,001 - \$19,000
	24	\$29,001 - \$33,000	24	\$15,001 - \$17,500	24	\$19,001 - \$20,000
	25	\$33,001 - \$37,000	25	\$17,501 - \$20,000	25	\$20,001 - \$22,500
	26	\$37,001 - \$41,000	26	\$20,001 - \$22,500	26	\$22,501 - \$25,000
	27	\$41,001 - \$45,000	27	\$22,501 - \$25,000	27	\$25,001 - \$27,500
	28	\$45,001 - \$49,000	28	\$25,001 - \$27,500	28	\$27,501 - \$30,000
	29	\$49,001 - \$53,000	29	\$27,501 - \$30,000	29	\$30,001 - \$32,500
	30	\$53,001 - \$57,000	30	\$30,001 - \$33,000	30	\$32,501 - \$35,000
	31	\$57,001 - \$61,000	31	\$33,001 - \$36,000	31	\$35,001 - \$37,000
	32	\$61,001 - \$65,000	32	\$36,001 - \$39,000	32	\$37,001 - \$39,000
	33	\$65,001 - \$70,000	33	\$39,001 - \$42,000	33	\$39,001 - \$41,000
	34	\$70,001 - \$75,000	34	\$42,001 - \$45,000	34	\$41,001 - \$43,000
	35	\$75,001 - \$80,000	35	\$45,001 - \$48,000	35	\$43,001 - \$45,000
	36	\$80,001 - \$84,000	36	\$48,001 - \$52,000	36	\$45,001 - \$47,000
	37	\$84,001 - \$88,000	37	\$52,001 - \$56,000	37	\$47,001 - \$49,000
	38	\$88,001 - \$92,000	38	\$56,001 - \$60,000	38	\$49,001 - \$51,000
	39	\$92,001 - \$96,000	39	\$60,001 - \$64,000	39	\$51,001 - \$53,000
	40	\$96,001 - \$100,000	40	\$64,001 - \$68,000	40	\$53,001 - \$55,000
	41	\$100,001 - \$104,000	41	\$68,001 - \$72,000	41	\$55,001 - \$57,000
	42	\$104,001 - \$108,000	42	\$72,001 - \$76,000	42	\$57,001 - \$59,000
	43	\$108,001 - \$112,000	43	\$76,001 - \$80,000	43	\$59,001 - \$61,000
	44	\$112,001 - \$116,000	44	\$80,001 - \$84,000	44	\$61,001 - \$63,000
	45	\$116,001 - \$120,000	45	\$84,001 - \$88,000	45	\$63,001 - \$65,000
	46	\$120,001 - \$125,000	46	\$88,001 - \$92,000	46	\$65,001 - \$67,000
	47	\$125,001 - \$130,000	47	\$92,001 - \$96,000	47	\$67,001 - \$69,000
	48	\$130,001 - \$135,000	48	\$96,001 - \$100,000	48	\$69,001 - \$71,000
	49	\$135,001 - \$140,000	49	\$100,001 - \$105,000	49	\$71,001 - \$73,000
	50	\$140,001 - \$145,000	50	\$105,001 - \$110,000	50	\$73,001 - \$75,000
VRG 50	Factor 0.020	Maximum Price \$145,000	Factor 0.025	Maximum Price \$110,000	Factor 0.035	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**

<b>COLLISION</b>				<b>COMPREHENSIVE</b>	
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	\$4,000	11	\$3,500	11	\$3,500
12	\$8,500	12	\$7,250	12	\$7,500
13	\$9,500	13	\$7,750	13	\$8,500
14	\$10,500	14	\$8,250	14	\$9,500
15	\$11,500	15	\$8,750	15	\$10,500
16	\$12,500	16	\$9,250	16	\$11,500
17	\$13,500	17	\$9,750	17	\$12,500
18	\$15,000	18	\$10,250	18	\$13,500
19	\$17,000	19	\$10,750	19	\$14,500
20	\$19,000	20	\$11,250	20	\$15,500
21	\$21,500	21	\$11,750	21	\$16,500
22	\$24,500	22	\$12,750	22	\$17,500
23	\$27,500	23	\$14,250	23	\$18,500
24	\$31,000	24	\$16,250	24	\$19,500
25	\$35,000	25	\$18,750	25	\$21,250
26	\$39,000	26	\$21,250	26	\$23,750
27	\$43,000	27	\$23,750	27	\$26,250
28	\$47,000	28	\$26,250	28	\$28,750
29	\$51,000	29	\$28,750	29	\$31,250
30	\$55,000	30	\$31,500	30	\$33,750
31	\$59,000	31	\$34,500	31	\$36,000
32	\$63,000	32	\$37,500	32	\$38,000
33	\$67,500	33	\$40,500	33	\$40,000
34	\$72,500	34	\$43,500	34	\$42,000
35	\$77,500	35	\$46,500	35	\$44,000
36	\$82,000	36	\$50,000	36	\$46,000
37	\$86,000	37	\$54,000	37	\$48,000
38	\$90,000	38	\$58,000	38	\$50,000
39	\$94,000	39	\$62,000	39	\$52,000
40	\$98,000	40	\$66,000	40	\$54,000
41	\$102,000	41	\$70,000	41	\$56,000
42	\$106,000	42	\$74,000	42	\$58,000
43	\$110,000	43	\$78,000	43	\$60,000
44	\$114,000	44	\$82,000	44	\$62,000
45	\$118,000	45	\$86,000	45	\$64,000
46	\$122,500	46	\$90,000	46	\$66,000
47	\$127,500	47	\$94,000	47	\$68,000
48	\$132,500	48	\$98,000	48	\$70,000
49	\$137,500	49	\$102,500	49	\$72,000
50	\$142,500	50	\$107,500	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	3.07	3.20	3.36	3.09	3.60	3.71	3.76	3.67	3.85	3.85	4.29	4.63	4.85	4.71	6.20	8.45	3.65
12	1.50	1.57	1.65	1.51	1.76	1.81	1.84	1.80	1.89	1.89	2.10	2.27	2.37	2.30	3.03	4.14	1.79
13	1.39	1.45	1.52	1.40	1.63	1.68	1.70	1.66	1.74	1.74	1.94	2.10	2.20	2.13	2.80	3.82	1.65
14	1.31	1.36	1.43	1.31	1.53	1.58	1.60	1.56	1.64	1.64	1.82	1.97	2.06	2.00	2.63	3.59	1.55
15	1.24	1.29	1.36	1.25	1.45	1.50	1.52	1.48	1.55	1.55	1.73	1.87	1.96	1.90	2.50	3.41	1.47
16	1.19	1.24	1.30	1.19	1.39	1.43	1.45	1.42	1.49	1.49	1.66	1.79	1.88	1.82	2.40	3.27	1.41
17	1.15	1.19	1.25	1.15	1.34	1.38	1.40	1.37	1.44	1.44	1.60	1.73	1.81	1.75	2.31	3.15	1.36
18	1.11	1.16	1.22	1.12	1.30	1.34	1.36	1.33	1.40	1.40	1.55	1.68	1.76	1.71	2.25	3.06	1.32
19	1.09	1.13	1.19	1.09	1.27	1.31	1.33	1.30	1.36	1.36	1.52	1.64	1.71	1.66	2.19	2.99	1.29
20	1.07	1.11	1.17	1.07	1.25	1.29	1.31	1.27	1.34	1.34	1.49	1.61	1.68	1.63	2.15	2.93	1.27
21	1.05	1.09	1.15	1.06	1.23	1.27	1.29	1.25	1.32	1.32	1.47	1.58	1.66	1.61	2.12	2.89	1.25
22	1.04	1.08	1.14	1.04	1.22	1.25	1.27	1.24	1.30	1.30	1.45	1.57	1.64	1.59	2.09	2.86	1.23
23	1.03	1.07	1.13	1.04	1.21	1.24	1.26	1.23	1.29	1.29	1.44	1.56	1.63	1.58	2.08	2.84	1.23
24	1.03	1.07	1.12	1.03	1.20	1.24	1.26	1.23	1.29	1.29	1.43	1.55	1.62	1.57	2.07	2.82	1.22
25	0.99	1.03	1.08	0.99	1.16	1.19	1.21	1.18	1.24	1.24	1.38	1.49	1.56	1.51	1.99	2.71	1.17
26	0.93	0.96	1.01	0.93	1.08	1.12	1.13	1.11	1.16	1.16	1.29	1.40	1.46	1.42	1.87	2.55	1.10
27	0.88	0.91	0.96	0.88	1.03	1.06	1.08	1.05	1.10	1.10	1.23	1.33	1.39	1.35	1.77	2.42	1.04
28	0.84	0.88	0.92	0.85	0.98	1.01	1.03	1.00	1.05	1.05	1.17	1.27	1.33	1.29	1.70	2.31	1.00
29	0.81	0.84	0.89	0.82	0.95	0.98	0.99	0.97	1.02	1.02	1.13	1.22	1.28	1.24	1.64	2.23	0.96
30	0.79	0.82	0.86	0.79	0.92	0.95	0.97	0.94	0.99	0.99	1.10	1.19	1.25	1.21	1.59	2.17	0.94
31	0.77	0.81	0.85	0.78	0.91	0.94	0.95	0.93	0.97	0.97	1.08	1.17	1.22	1.19	1.56	2.13	0.92
32	0.77	0.80	0.84	0.77	0.90	0.93	0.94	0.92	0.97	0.97	1.08	1.16	1.22	1.18	1.55	2.12	0.92
33	0.77	0.80	0.84	0.77	0.90	0.93	0.94	0.92	0.96	0.96	1.07	1.16	1.21	1.18	1.55	2.11	0.91
34	0.77	0.80	0.84	0.77	0.90	0.92	0.94	0.92	0.96	0.96	1.07	1.16	1.21	1.17	1.55	2.11	0.91
35	0.77	0.80	0.84	0.77	0.90	0.93	0.94	0.92	0.96	0.96	1.07	1.16	1.21	1.18	1.55	2.11	0.91
36	0.77	0.80	0.84	0.77	0.90	0.93	0.94	0.92	0.97	0.97	1.07	1.16	1.22	1.18	1.55	2.12	0.91
37	0.77	0.81	0.85	0.78	0.91	0.93	0.95	0.92	0.97	0.97	1.08	1.17	1.22	1.19	1.56	2.13	0.92
38	0.78	0.81	0.85	0.78	0.91	0.94	0.95	0.93	0.98	0.98	1.09	1.17	1.23	1.19	1.57	2.14	0.93
39	0.79	0.82	0.86	0.79	0.92	0.95	0.96	0.94	0.98	0.98	1.10	1.18	1.24	1.20	1.58	2.16	0.93
40	0.79	0.83	0.87	0.80	0.93	0.96	0.97	0.95	0.99	0.99	1.11	1.20	1.25	1.21	1.60	2.18	0.94
41	0.80	0.84	0.88	0.81	0.94	0.97	0.98	0.96	1.01	1.01	1.12	1.21	1.27	1.23	1.62	2.21	0.95
42	0.81	0.85	0.89	0.82	0.95	0.98	0.99	0.97	1.02	1.02	1.13	1.23	1.28	1.24	1.64	2.23	0.97
43	0.82	0.86	0.90	0.83	0.96	0.99	1.01	0.98	1.03	1.03	1.15	1.24	1.30	1.26	1.66	2.26	0.98
44	0.84	0.87	0.91	0.84	0.98	1.01	1.02	1.00	1.05	1.05	1.17	1.26	1.32	1.28	1.69	2.30	0.99
45	0.85	0.88	0.93	0.85	0.99	1.02	1.04	1.01	1.06	1.06	1.19	1.28	1.34	1.30	1.71	2.34	1.01
46	0.86	0.90	0.94	0.87	1.01	1.04	1.06	1.03	1.08	1.08	1.21	1.30	1.36	1.32	1.74	2.38	1.03
47	0.88	0.92	0.96	0.88	1.03	1.06	1.08	1.05	1.10	1.10	1.23	1.33	1.39	1.35	1.77	2.42	1.05
48	0.90	0.93	0.98	0.90	1.05	1.08	1.10	1.07	1.12	1.12	1.25	1.35	1.41	1.37	1.81	2.46	1.06
49	0.91	0.95	1.00	0.92	1.07	1.10	1.12	1.09	1.15	1.15	1.27	1.38	1.44	1.40	1.84	2.51	1.09
50	0.93	0.97	1.02	0.94	1.09	1.12	1.14	1.11	1.17	1.17	1.30	1.41	1.47	1.43	1.88	2.56	1.11

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	6.80	6.87	6.38	7.18	7.27	6.12	4.32	6.45	8.05	3.16	4.91	4.11	5.38	5.81	6.49	6.40
12	3.33	3.36	3.12	3.51	3.56	3.00	2.12	3.16	3.94	1.55	2.40	2.01	2.63	2.85	3.17	3.13
13	3.08	3.11	2.89	3.25	3.29	2.77	1.96	2.92	3.64	1.43	2.22	1.86	2.43	2.63	2.94	2.89
14	2.89	2.92	2.71	3.05	3.09	2.60	1.84	2.74	3.42	1.34	2.09	1.75	2.29	2.47	2.76	2.72
15	2.74	2.77	2.57	2.90	2.93	2.47	1.75	2.60	3.25	1.28	1.98	1.66	2.17	2.35	2.62	2.58
16	2.63	2.66	2.47	2.78	2.81	2.37	1.67	2.49	3.11	1.22	1.90	1.59	2.08	2.25	2.51	2.47
17	2.53	2.56	2.38	2.68	2.71	2.28	1.61	2.41	3.00	1.18	1.83	1.53	2.01	2.17	2.42	2.39
18	2.46	2.49	2.31	2.60	2.63	2.22	1.57	2.34	2.92	1.15	1.78	1.49	1.95	2.11	2.35	2.32
19	2.40	2.43	2.25	2.54	2.57	2.16	1.53	2.28	2.84	1.12	1.73	1.45	1.90	2.05	2.29	2.26
20	2.36	2.39	2.21	2.49	2.52	2.13	1.50	2.24	2.80	1.10	1.70	1.43	1.87	2.02	2.25	2.22
21	2.32	2.35	2.18	2.45	2.48	2.09	1.48	2.21	2.75	1.08	1.68	1.40	1.84	1.99	2.22	2.19
22	2.30	2.32	2.16	2.43	2.46	2.07	1.46	2.18	2.72	1.07	1.66	1.39	1.82	1.97	2.19	2.16
23	2.28	2.31	2.14	2.41	2.44	2.06	1.45	2.17	2.70	1.06	1.65	1.38	1.81	1.95	2.18	2.15
24	2.27	2.29	2.13	2.40	2.43	2.04	1.44	2.15	2.69	1.06	1.64	1.37	1.80	1.94	2.17	2.14
25	2.18	2.21	2.05	2.30	2.33	1.97	1.39	2.07	2.59	1.02	1.58	1.32	1.73	1.87	2.08	2.05
26	2.05	2.07	1.92	2.16	2.19	1.85	1.30	1.94	2.43	0.95	1.48	1.24	1.62	1.75	1.96	1.93
27	1.94	1.96	1.82	2.05	2.08	1.75	1.24	1.84	2.30	0.90	1.40	1.17	1.54	1.66	1.86	1.83
28	1.86	1.88	1.75	1.96	1.99	1.68	1.18	1.77	2.20	0.87	1.34	1.12	1.47	1.59	1.78	1.75
29	1.80	1.81	1.68	1.90	1.92	1.62	1.14	1.70	2.13	0.84	1.30	1.08	1.42	1.54	1.71	1.69
30	1.74	1.76	1.64	1.84	1.87	1.57	1.11	1.66	2.07	0.81	1.26	1.05	1.38	1.49	1.66	1.64
31	1.71	1.73	1.61	1.81	1.83	1.54	1.09	1.63	2.03	0.80	1.24	1.04	1.36	1.47	1.64	1.61
32	1.70	1.72	1.60	1.80	1.82	1.54	1.08	1.62	2.02	0.79	1.23	1.03	1.35	1.46	1.63	1.60
33	1.70	1.72	1.59	1.79	1.82	1.53	1.08	1.61	2.01	0.79	1.23	1.03	1.34	1.45	1.62	1.60
34	1.70	1.71	1.59	1.79	1.81	1.53	1.08	1.61	2.01	0.79	1.22	1.02	1.34	1.45	1.62	1.60
35	1.70	1.72	1.59	1.79	1.82	1.53	1.08	1.61	2.01	0.79	1.23	1.03	1.34	1.45	1.62	1.60
36	1.70	1.72	1.60	1.80	1.82	1.53	1.08	1.62	2.02	0.79	1.23	1.03	1.35	1.46	1.63	1.60
37	1.71	1.73	1.61	1.81	1.83	1.54	1.09	1.63	2.03	0.80	1.24	1.03	1.36	1.47	1.63	1.61
38	1.72	1.74	1.62	1.82	1.84	1.55	1.10	1.64	2.04	0.80	1.24	1.04	1.36	1.47	1.64	1.62
39	1.74	1.76	1.63	1.84	1.86	1.57	1.11	1.65	2.06	0.81	1.25	1.05	1.38	1.49	1.66	1.64
40	1.75	1.77	1.65	1.85	1.88	1.58	1.12	1.67	2.08	0.82	1.27	1.06	1.39	1.50	1.67	1.65
41	1.77	1.79	1.67	1.87	1.90	1.60	1.13	1.68	2.10	0.83	1.28	1.07	1.40	1.52	1.69	1.67
42	1.80	1.82	1.69	1.90	1.92	1.62	1.14	1.71	2.13	0.84	1.30	1.09	1.42	1.54	1.72	1.69
43	1.82	1.84	1.71	1.92	1.95	1.64	1.16	1.73	2.16	0.85	1.31	1.10	1.44	1.56	1.74	1.71
44	1.85	1.87	1.74	1.95	1.98	1.67	1.18	1.75	2.19	0.86	1.33	1.12	1.46	1.58	1.76	1.74
45	1.88	1.90	1.76	1.98	2.01	1.69	1.20	1.78	2.22	0.87	1.36	1.13	1.49	1.61	1.79	1.77
46	1.91	1.93	1.79	2.02	2.04	1.72	1.22	1.81	2.26	0.89	1.38	1.15	1.51	1.63	1.82	1.80
47	1.94	1.97	1.83	2.05	2.08	1.75	1.24	1.85	2.30	0.90	1.40	1.18	1.54	1.66	1.86	1.83
48	1.98	2.00	1.86	2.09	2.12	1.79	1.26	1.88	2.35	0.92	1.43	1.20	1.57	1.70	1.89	1.86
49	2.02	2.04	1.90	2.13	2.16	1.82	1.29	1.92	2.39	0.94	1.46	1.22	1.60	1.73	1.93	1.90
50	2.06	2.08	1.94	2.18	2.21	1.86	1.31	1.96	2.44	0.96	1.49	1.25	1.63	1.76	1.97	1.94

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

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

<u>VRG</u>	<u>All Territories</u>
11	0.44
12	0.22
13	0.20
14	0.19
15	0.18
16	0.17
17	0.17
18	0.16
19	0.16
20	0.15
21	0.15
22	0.15
23	0.15
24	0.15
25	0.14
26	0.13
27	0.13
28	0.12
29	0.12
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	0.11
39	0.11
40	0.11
41	0.12
42	0.12
43	0.12
44	0.12
45	0.12
46	0.13
47	0.13
48	0.13
49	0.13
50	0.13



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	1.70	1.79	1.91	1.72	2.07	2.15	2.19	2.12	2.25	2.25	2.56	2.80	2.95	2.85	3.89	5.47	2.11
12	0.83	0.88	0.93	0.84	1.01	1.05	1.07	1.04	1.10	1.10	1.25	1.37	1.44	1.39	1.91	2.68	1.03
13	0.77	0.81	0.86	0.78	0.94	0.97	0.99	0.96	1.02	1.02	1.16	1.27	1.34	1.29	1.76	2.48	0.96
14	0.72	0.76	0.81	0.73	0.88	0.91	0.93	0.90	0.96	0.96	1.09	1.19	1.25	1.21	1.66	2.33	0.90
15	0.69	0.72	0.77	0.69	0.84	0.87	0.88	0.86	0.91	0.91	1.03	1.13	1.19	1.15	1.57	2.21	0.85
16	0.66	0.69	0.74	0.66	0.80	0.83	0.85	0.82	0.87	0.87	0.99	1.08	1.14	1.10	1.51	2.11	0.82
17	0.64	0.67	0.71	0.64	0.77	0.80	0.82	0.79	0.84	0.84	0.95	1.04	1.10	1.06	1.45	2.04	0.79
18	0.62	0.65	0.69	0.62	0.75	0.78	0.79	0.77	0.82	0.82	0.93	1.01	1.07	1.03	1.41	1.98	0.77
19	0.60	0.63	0.67	0.61	0.73	0.76	0.77	0.75	0.80	0.80	0.90	0.99	1.04	1.01	1.38	1.93	0.75
20	0.59	0.62	0.66	0.60	0.72	0.75	0.76	0.74	0.78	0.78	0.89	0.97	1.02	0.99	1.35	1.90	0.73
21	0.58	0.61	0.65	0.59	0.71	0.74	0.75	0.73	0.77	0.77	0.87	0.96	1.01	0.97	1.33	1.87	0.72
22	0.58	0.61	0.65	0.58	0.70	0.73	0.74	0.72	0.76	0.76	0.86	0.95	1.00	0.96	1.32	1.85	0.71
23	0.57	0.60	0.64	0.58	0.70	0.72	0.73	0.71	0.76	0.76	0.86	0.94	0.99	0.96	1.31	1.84	0.71
24	0.57	0.60	0.64	0.57	0.69	0.72	0.73	0.71	0.75	0.75	0.85	0.93	0.99	0.95	1.30	1.83	0.71
25	0.55	0.58	0.61	0.55	0.67	0.69	0.70	0.68	0.72	0.72	0.82	0.90	0.95	0.92	1.25	1.76	0.68
26	0.51	0.54	0.58	0.52	0.63	0.65	0.66	0.64	0.68	0.68	0.77	0.84	0.89	0.86	1.17	1.65	0.64
27	0.49	0.51	0.55	0.49	0.59	0.61	0.63	0.61	0.64	0.64	0.73	0.80	0.84	0.81	1.11	1.56	0.60
28	0.47	0.49	0.52	0.47	0.57	0.59	0.60	0.58	0.62	0.62	0.70	0.77	0.81	0.78	1.07	1.50	0.58
29	0.45	0.47	0.50	0.45	0.55	0.57	0.58	0.56	0.59	0.59	0.68	0.74	0.78	0.75	1.03	1.44	0.56
30	0.44	0.46	0.49	0.44	0.53	0.55	0.56	0.55	0.58	0.58	0.66	0.72	0.76	0.73	1.00	1.40	0.54
31	0.43	0.45	0.48	0.43	0.52	0.54	0.55	0.54	0.57	0.57	0.64	0.71	0.74	0.72	0.98	1.38	0.53
32	0.43	0.45	0.48	0.43	0.52	0.54	0.55	0.53	0.56	0.56	0.64	0.70	0.74	0.71	0.98	1.37	0.53
33	0.43	0.45	0.48	0.43	0.52	0.54	0.55	0.53	0.56	0.56	0.64	0.70	0.74	0.71	0.97	1.37	0.53
34	0.43	0.45	0.48	0.43	0.52	0.54	0.55	0.53	0.56	0.56	0.64	0.70	0.74	0.71	0.97	1.36	0.53
35	0.43	0.45	0.48	0.43	0.52	0.54	0.55	0.53	0.56	0.56	0.64	0.70	0.74	0.71	0.97	1.37	0.53
36	0.43	0.45	0.48	0.43	0.52	0.54	0.55	0.53	0.56	0.56	0.64	0.70	0.74	0.71	0.98	1.37	0.53
37	0.43	0.45	0.48	0.43	0.52	0.54	0.55	0.54	0.57	0.57	0.64	0.71	0.74	0.72	0.98	1.38	0.53
38	0.43	0.45	0.48	0.44	0.53	0.54	0.55	0.54	0.57	0.57	0.65	0.71	0.75	0.72	0.99	1.39	0.54
39	0.44	0.46	0.49	0.44	0.53	0.55	0.56	0.54	0.58	0.58	0.65	0.72	0.75	0.73	1.00	1.40	0.54
40	0.44	0.46	0.49	0.44	0.54	0.56	0.56	0.55	0.58	0.58	0.66	0.72	0.76	0.74	1.00	1.41	0.55
41	0.45	0.47	0.50	0.45	0.54	0.56	0.57	0.55	0.59	0.59	0.67	0.73	0.77	0.74	1.02	1.43	0.55
42	0.45	0.47	0.50	0.45	0.55	0.57	0.58	0.56	0.60	0.60	0.68	0.74	0.78	0.75	1.03	1.45	0.56
43	0.46	0.48	0.51	0.46	0.56	0.58	0.59	0.57	0.60	0.60	0.69	0.75	0.79	0.76	1.04	1.47	0.57
44	0.46	0.49	0.52	0.47	0.56	0.58	0.60	0.58	0.61	0.61	0.70	0.76	0.80	0.78	1.06	1.49	0.57
45	0.47	0.50	0.53	0.47	0.57	0.59	0.60	0.59	0.62	0.62	0.71	0.77	0.82	0.79	1.08	1.51	0.58
46	0.48	0.50	0.54	0.48	0.58	0.60	0.62	0.60	0.63	0.63	0.72	0.79	0.83	0.80	1.09	1.54	0.59
47	0.49	0.51	0.55	0.49	0.59	0.62	0.63	0.61	0.64	0.64	0.73	0.80	0.84	0.82	1.11	1.57	0.60
48	0.50	0.52	0.56	0.50	0.60	0.63	0.64	0.62	0.66	0.66	0.75	0.82	0.86	0.83	1.13	1.59	0.62
49	0.51	0.53	0.57	0.51	0.62	0.64	0.65	0.63	0.67	0.67	0.76	0.83	0.88	0.85	1.16	1.63	0.63
50	0.52	0.54	0.58	0.52	0.63	0.65	0.66	0.64	0.68	0.68	0.78	0.85	0.90	0.86	1.18	1.66	0.64

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	4.31	4.36	4.02	4.58	4.64	3.84	2.58	4.07	5.19	1.77	2.99	2.43	3.32	3.63	4.10	4.03
12	2.11	2.14	1.97	2.24	2.27	1.88	1.26	1.99	2.54	0.87	1.46	1.19	1.62	1.77	2.00	1.97
13	1.95	1.97	1.82	2.07	2.10	1.74	1.17	1.84	2.35	0.80	1.35	1.10	1.50	1.64	1.85	1.82
14	1.83	1.86	1.71	1.95	1.97	1.63	1.10	1.73	2.21	0.75	1.27	1.03	1.41	1.54	1.74	1.71
15	1.74	1.76	1.62	1.85	1.87	1.55	1.04	1.64	2.09	0.71	1.21	0.98	1.34	1.46	1.65	1.63
16	1.67	1.69	1.55	1.77	1.80	1.49	1.00	1.57	2.01	0.68	1.16	0.94	1.28	1.40	1.58	1.56
17	1.61	1.63	1.50	1.71	1.73	1.43	0.96	1.52	1.94	0.66	1.11	0.91	1.24	1.35	1.53	1.50
18	1.56	1.58	1.46	1.66	1.68	1.39	0.94	1.48	1.88	0.64	1.08	0.88	1.20	1.31	1.48	1.46
19	1.52	1.54	1.42	1.62	1.64	1.36	0.91	1.44	1.83	0.62	1.06	0.86	1.17	1.28	1.45	1.42
20	1.50	1.52	1.40	1.59	1.61	1.33	0.90	1.41	1.80	0.61	1.04	0.84	1.15	1.26	1.42	1.40
21	1.47	1.49	1.37	1.57	1.59	1.31	0.88	1.39	1.77	0.60	1.02	0.83	1.14	1.24	1.40	1.38
22	1.46	1.48	1.36	1.55	1.57	1.30	0.87	1.38	1.75	0.60	1.01	0.82	1.12	1.23	1.38	1.36
23	1.45	1.47	1.35	1.54	1.56	1.29	0.87	1.37	1.74	0.59	1.00	0.82	1.12	1.22	1.38	1.35
24	1.44	1.46	1.34	1.53	1.55	1.28	0.86	1.36	1.73	0.59	1.00	0.81	1.11	1.21	1.37	1.35
25	1.38	1.40	1.29	1.47	1.49	1.23	0.83	1.31	1.67	0.57	0.96	0.78	1.07	1.16	1.32	1.29
26	1.30	1.32	1.21	1.38	1.40	1.16	0.78	1.23	1.56	0.53	0.90	0.73	1.00	1.09	1.23	1.22
27	1.23	1.25	1.15	1.31	1.33	1.10	0.74	1.16	1.48	0.51	0.85	0.69	0.95	1.04	1.17	1.15
28	1.18	1.19	1.10	1.25	1.27	1.05	0.71	1.11	1.42	0.48	0.82	0.67	0.91	0.99	1.12	1.10
29	1.14	1.15	1.06	1.21	1.23	1.01	0.68	1.08	1.37	0.47	0.79	0.64	0.88	0.96	1.08	1.07
30	1.11	1.12	1.03	1.18	1.19	0.99	0.66	1.04	1.33	0.45	0.77	0.62	0.85	0.93	1.05	1.03
31	1.09	1.10	1.01	1.16	1.17	0.97	0.65	1.03	1.31	0.45	0.75	0.61	0.84	0.91	1.03	1.02
32	1.08	1.09	1.01	1.15	1.16	0.96	0.65	1.02	1.30	0.44	0.75	0.61	0.83	0.91	1.03	1.01
33	1.08	1.09	1.00	1.14	1.16	0.96	0.64	1.02	1.30	0.44	0.75	0.61	0.83	0.91	1.02	1.01
34	1.08	1.09	1.00	1.14	1.16	0.96	0.64	1.02	1.29	0.44	0.75	0.61	0.83	0.90	1.02	1.01
35	1.08	1.09	1.00	1.14	1.16	0.96	0.65	1.02	1.30	0.44	0.75	0.61	0.83	0.91	1.02	1.01
36	1.08	1.09	1.01	1.15	1.16	0.96	0.65	1.02	1.30	0.44	0.75	0.61	0.83	0.91	1.03	1.01
37	1.09	1.10	1.01	1.15	1.17	0.97	0.65	1.03	1.31	0.45	0.75	0.61	0.84	0.91	1.03	1.02
38	1.09	1.11	1.02	1.16	1.18	0.97	0.65	1.03	1.32	0.45	0.76	0.62	0.84	0.92	1.04	1.02
39	1.10	1.12	1.03	1.17	1.19	0.98	0.66	1.04	1.33	0.45	0.76	0.62	0.85	0.93	1.05	1.03
40	1.11	1.13	1.04	1.18	1.20	0.99	0.67	1.05	1.34	0.46	0.77	0.63	0.86	0.94	1.06	1.04
41	1.13	1.14	1.05	1.20	1.21	1.00	0.67	1.06	1.36	0.46	0.78	0.63	0.87	0.95	1.07	1.05
42	1.14	1.15	1.06	1.21	1.23	1.02	0.68	1.08	1.37	0.47	0.79	0.64	0.88	0.96	1.08	1.07
43	1.16	1.17	1.08	1.23	1.24	1.03	0.69	1.09	1.39	0.47	0.80	0.65	0.89	0.97	1.10	1.08
44	1.17	1.19	1.09	1.25	1.26	1.05	0.70	1.11	1.41	0.48	0.81	0.66	0.90	0.99	1.11	1.10
45	1.19	1.21	1.11	1.27	1.28	1.06	0.71	1.13	1.43	0.49	0.83	0.67	0.92	1.00	1.13	1.11
46	1.21	1.23	1.13	1.29	1.31	1.08	0.73	1.14	1.46	0.50	0.84	0.68	0.93	1.02	1.15	1.13
47	1.23	1.25	1.15	1.31	1.33	1.10	0.74	1.16	1.49	0.51	0.86	0.70	0.95	1.04	1.17	1.15
48	1.26	1.27	1.17	1.33	1.35	1.12	0.75	1.19	1.51	0.52	0.87	0.71	0.97	1.06	1.19	1.18
49	1.28	1.30	1.19	1.36	1.38	1.14	0.77	1.21	1.54	0.53	0.89	0.72	0.99	1.08	1.22	1.20
50	1.31	1.32	1.22	1.39	1.41	1.17	0.78	1.24	1.57	0.54	0.91	0.74	1.01	1.10	1.24	1.22