

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 1

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	223	363	265	615	416	554	374	242
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	74	101	87	158	120	142	108	75
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	330	513	408	932	637	839	573	366
10,000	428	665	529	1209	826	1088	743	475
15,000	433	673	535	1223	836	1101	752	480
25,000	439	683	543	1240	848	1117	763	487
35,000	445	692	550	1256	859	1131	772	493
50,000	452	702	559	1276	872	1149	784	501
100,000	455	707	563	1285	878	1157	790	505
250,000	461	717	570	1303	891	1173	801	512
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	38	61	45	103	70	93	63	41
20/50	41	65	48	110	75	99	67	44
25/50	54	86	64	146	99	132	89	58
25/60	56	91	67	153	104	138	94	61
35/80	88	142	104	239	162	216	146	95
50/100	119	192	141	326	221	294	198	129
100/300	202	328	240	555	376	501	338	219
250/500	351	570	417	965	653	869	587	381

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	875	1504	975	2275	1511	2048	1360	900
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	142	142	142	142	142	142	142	142
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
105	180	117	273	181	246	163	108	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 2

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	257	420	322	755	483	680	435	271	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	77	113	92	179	121	161	109	82	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	394	580	463	1043	668	939	601	410
	10,000	511	752	601	1353	866	1218	779	532
	15,000	517	761	607	1368	876	1232	789	538
	25,000	524	772	616	1388	889	1250	800	546
	35,000	531	782	624	1406	900	1266	810	553
	50,000	539	794	634	1428	914	1285	823	561
	100,000	543	800	638	1438	921	1295	829	565
	250,000	551	811	647	1458	934	1313	840	573
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	43	71	54	127	81	114	73	46
	20/50	46	76	58	136	87	122	78	49
	25/50	61	100	77	180	115	162	103	65
	25/60	64	105	80	189	120	170	109	68
	35/80	100	164	125	295	188	265	170	106
	50/100	136	223	171	400	256	360	230	144
	100/300	232	380	291	683	436	614	393	246
	250/500	403	660	505	1185	758	1067	683	426

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37		3
	20/50	30	0		50/100	41		6
	25/50	32	1		100/300	50		19
25/60	34	1		250/500	59		76	

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>							
	856	1530	1002	2620	1385	2358	1247	903
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	145	145	145	145	145	145	145	145
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

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

<b>COLLISION - Cost to Reduce Deductible from \$500 to \$300</b>								
CLASS								
10	17	18	20	21	25	26	30	
103	184	120	314	166	283	150	108	
<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	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	260	448	328	811	493	730	444	253	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	87	131	109	215	130	194	117	82	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	378	590	482	1038	742	934	668	406
	10,000	490	765	625	1346	962	1211	866	527
	15,000	496	774	632	1362	974	1225	876	533
	25,000	503	785	642	1382	988	1243	889	540
	35,000	510	795	650	1399	1000	1259	900	547
	50,000	517	808	660	1421	1016	1279	914	556
	100,000	521	814	665	1431	1023	1288	921	560
	250,000	528	825	674	1451	1037	1306	934	568
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	44	75	55	136	83	122	75	43
	20/50	47	80	59	145	89	131	80	46
	25/50	62	106	78	193	118	173	106	61
	25/60	65	112	82	202	123	182	111	64
	35/80	102	174	128	316	192	284	174	99
	50/100	138	237	174	430	262	386	236	135
	100/300	236	404	296	733	446	659	402	229
	250/500	409	703	515	1272	774	1144	698	398

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37		3
	20/50	30	0		50/100	41		6
	25/50	32	1		100/300	50		19
25/60	34	1		250/500	59		76	

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>							
	898	1547	1099	2552	1522	2297	1370	875
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	156	156	156	156	156	156	156	156
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	
108	186	132	306	183	276	164	105	
<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 4

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	325	485	372	942	577	848	519	303
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	100	139	105	218	155	196	140	90
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	420	589	463	1094	732	985	659	431
10,000	545	764	601	1419	949	1278	855	559
15,000	551	773	607	1435	960	1292	865	565
25,000	559	784	616	1456	974	1311	877	574
35,000	566	794	624	1475	987	1328	888	581
50,000	575	806	634	1498	1002	1348	902	590
100,000	579	812	638	1509	1009	1358	909	594
250,000	587	823	647	1529	1023	1377	921	603
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	55	82	63	158	97	142	87	51
20/50	59	88	67	169	104	152	93	55
25/50	78	116	89	224	137	201	123	72
25/60	82	122	93	235	144	211	129	76
35/80	127	190	146	367	225	330	202	118
50/100	173	258	198	499	306	449	275	161
100/300	294	439	337	851	522	766	469	274
250/500	511	762	585	1478	906	1330	814	476

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1064	1783	1243	2846	1831	2561	1648	1039
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	155	155	155	155	155	155	155	155
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	
128	214	149	342	220	307	198	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 5

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	310	448	383	845	597	761	537	301
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	100	140	108	204	162	184	146	88
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	418	603	494	1059	744	953	670	437
10,000	542	782	641	1374	965	1236	869	567
15,000	548	791	648	1389	976	1250	879	573
25,000	556	803	658	1410	990	1268	892	582
35,000	563	813	666	1428	1003	1285	903	589
50,000	572	826	676	1450	1019	1305	917	598
100,000	576	832	681	1460	1026	1314	924	603
250,000	584	843	691	1480	1040	1332	937	611
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	52	75	64	142	100	128	90	51
20/50	56	80	68	152	107	137	96	55
25/50	74	106	91	201	142	181	128	72
25/60	77	112	95	211	149	190	134	76
35/80	121	174	149	330	232	297	209	118
50/100	164	237	203	448	316	404	284	160
100/300	280	404	346	764	539	688	485	273
250/500	486	703	600	1326	936	1195	842	473

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	950	1538	1084	2569	1822	2312	1640	959
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	161	161	161	161	161	161	161	161
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	
114	185	130	308	219	277	197	115	
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	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	345	532	451	995	621	896	559	359	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	109	143	137	238	163	214	147	98	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	427	581	483	1113	772	1002	695	449
	10,000	554	754	626	1444	1001	1300	901	582
	15,000	560	762	634	1460	1013	1315	912	589
	25,000	568	773	643	1481	1028	1334	925	598
	35,000	576	783	651	1500	1041	1351	937	605
	50,000	585	795	661	1524	1057	1372	951	615
	100,000	589	801	666	1535	1065	1382	958	619
	250,000	597	812	675	1556	1079	1401	972	628
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	58	90	76	167	104	150	94	60
	20/50	62	96	81	179	111	160	101	64
	25/50	82	127	108	237	148	213	133	85
	25/60	86	134	113	248	155	223	140	89
	35/80	135	208	176	388	242	349	218	140
	50/100	183	283	239	527	329	474	296	190
	100/300	312	482	408	899	561	809	505	324
	250/500	542	836	708	1561	974	1405	878	563

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1033	1645	1222	2727	1818	2454	1636	1045
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	157	157	157	157	157	157	157	157
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	
124	197	147	327	218	294	196	125	
<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 7

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	331	514	403	974	654	877	589	313	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	131	174	151	294	214	265	193	118	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	444	632	540	1121	803	1009	723	450
	10,000	576	820	700	1454	1041	1309	938	584
	15,000	583	829	708	1471	1054	1324	949	590
	25,000	591	841	719	1492	1069	1343	962	599
	35,000	599	852	728	1511	1082	1360	975	607
	50,000	608	865	739	1535	1099	1381	990	616
	100,000	612	872	745	1546	1107	1391	997	621
	250,000	621	884	755	1567	1123	1411	1011	629
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	56	86	68	164	110	148	99	53
	20/50	60	92	73	175	118	158	106	57
	25/50	79	122	96	232	156	210	140	75
	25/60	83	128	101	244	163	220	147	79
	35/80	130	200	157	380	255	343	230	123
	50/100	176	272	214	517	347	466	312	166
	100/300	300	464	365	881	591	794	532	284
	250/500	520	806	633	1530	1027	1378	925	492

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37		3
	20/50	30	0		50/100	41		6
	25/50	32	1		100/300	50		19
25/60	34	1		250/500	59		76	

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>							
	1101	1760	1354	3019	1927	2717	1734	1122
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	175	175	175	175	175	175	175	175
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	
132	211	162	362	231	326	208	135	
<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 8

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	385	615	434	1109	687	998	618	373
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	130	179	148	280	216	252	194	118
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	454	651	546	1126	840	1013	756	464
10,000	589	844	708	1460	1089	1314	981	602
15,000	596	854	716	1477	1102	1329	992	609
25,000	604	866	727	1499	1118	1348	1006	618
35,000	612	878	736	1518	1132	1366	1019	625
50,000	622	891	747	1541	1150	1387	1035	635
100,000	626	898	753	1553	1158	1397	1043	640
250,000	635	910	763	1574	1174	1416	1057	649
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	65	103	73	187	116	168	104	63
20/50	70	110	78	200	124	180	111	67
25/50	92	146	103	265	164	238	147	89
25/60	97	153	108	278	172	250	155	94
35/80	151	239	169	433	269	390	241	146
50/100	205	326	230	589	365	529	328	198
100/300	349	555	392	1003	622	903	559	338
250/500	605	965	681	1742	1080	1567	970	586

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1100	1871	1512	2973	2100	2676	1890	1034
<b>PART 9</b>	<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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
132	225	181	357	252	321	227	124	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	417	611	556	1180	819	1062	737	431
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	159	213	176	352	232	317	209	142
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	476	641	544	1187	828	1068	745	482
10,000	617	831	706	1540	1074	1385	966	625
15,000	625	841	714	1557	1086	1401	977	632
25,000	634	853	724	1580	1102	1422	992	642
35,000	642	864	733	1600	1116	1440	1004	650
50,000	652	878	745	1625	1134	1462	1020	660
100,000	656	884	750	1637	1142	1473	1027	665
250,000	665	896	761	1659	1158	1493	1042	674
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	70	103	94	199	138	179	124	72
20/50	75	110	101	213	148	191	133	77
25/50	99	146	133	282	195	253	176	102
25/60	104	153	140	296	205	266	184	107
35/80	163	239	218	461	320	415	288	168
50/100	221	324	296	626	435	564	391	228
100/300	377	553	504	1068	741	961	666	389
250/500	654	960	874	1854	1286	1668	1157	676

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1098	1790	1325	2938	1892	2644	1703	1230
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	178	178	178	178	178	178	178	178
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	
132	215	159	353	227	317	204	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 10

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	398	628	540	1158	786	1042	707	408
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	142	214	178	313	225	282	203	129
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	439	645	543	1205	888	1085	799	443
10,000	569	837	704	1563	1152	1407	1036	575
15,000	576	846	712	1581	1165	1424	1048	581
25,000	584	858	723	1604	1182	1444	1063	590
35,000	592	869	732	1624	1197	1463	1077	597
50,000	601	883	743	1650	1216	1485	1094	606
100,000	605	889	749	1662	1225	1496	1102	611
250,000	614	902	759	1685	1241	1517	1117	619
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	67	106	91	195	132	176	119	69
20/50	72	113	97	209	141	188	127	74
25/50	95	150	129	276	187	249	169	98
25/60	100	157	135	290	196	261	177	102
35/80	155	245	211	452	306	407	276	160
50/100	211	334	287	614	417	554	375	217
100/300	360	568	489	1047	710	943	639	370
250/500	625	987	848	1819	1234	1638	1110	641

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1083	1847	1326	2959	2202	2663	1982	1136
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	178	178	178	178	178	178	178	178
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	
130	222	159	355	264	320	238	136	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 11

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	484	756	607	1457	873	1311	786	452
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	190	292	212	451	264	406	238	172
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	484	711	559	1235	844	1112	760	482
10,000	628	922	725	1602	1095	1442	986	625
15,000	635	933	733	1620	1107	1459	997	632
25,000	644	946	744	1644	1123	1480	1012	642
35,000	652	958	754	1665	1138	1499	1024	650
50,000	663	973	765	1691	1155	1522	1040	660
100,000	667	980	771	1703	1164	1533	1048	665
250,000	677	994	781	1727	1180	1555	1062	674
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	81	127	102	245	147	221	132	76
20/50	87	136	109	262	157	236	141	81
25/50	115	180	145	347	208	313	187	108
25/60	121	189	152	364	218	328	196	113
35/80	188	295	237	568	341	512	306	176
50/100	256	401	322	773	463	696	417	240
100/300	437	683	549	1317	790	1186	710	409
250/500	759	1187	953	2287	1371	2059	1234	710

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1163	2042	1388	3040	1887	2736	1698	1114
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	203	203	203	203	203	203	203	203
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	
140	245	167	365	226	328	204	134	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 12

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	439	679	544	1267	824	1140	742	474
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	160	229	198	338	254	304	229	146
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	500	720	553	1297	918	1167	826	553
10,000	649	934	717	1682	1191	1514	1071	717
15,000	656	945	726	1702	1204	1531	1084	726
25,000	666	958	736	1726	1222	1553	1099	736
35,000	674	971	745	1748	1237	1573	1113	745
50,000	685	986	757	1776	1257	1598	1131	757
100,000	690	993	763	1789	1266	1609	1139	763
250,000	699	1007	773	1813	1283	1631	1155	773
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	74	114	92	213	139	192	125	80
20/50	79	122	98	228	149	205	134	86
25/50	105	162	130	302	197	272	177	113
25/60	110	170	137	317	206	285	186	119
35/80	171	265	213	494	322	445	290	185
50/100	233	360	289	672	438	605	394	252
100/300	397	614	493	1145	746	1031	671	429
250/500	690	1066	855	1989	1295	1790	1165	745

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1272	2146	1516	3387	2266	3048	2039	1239
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	211	211	211	211	211	211	211	211
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	
153	258	182	406	272	366	245	149	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 13

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	484	711	626	1296	915	1166	824	481	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	217	307	241	471	340	424	306	191	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	498	687	556	1233	873	1110	786	510
	10,000	646	891	721	1599	1132	1440	1019	661
	15,000	653	901	729	1618	1145	1456	1031	669
	25,000	663	914	740	1641	1162	1477	1046	679
	35,000	671	926	749	1662	1177	1496	1060	687
	50,000	682	941	761	1688	1195	1520	1076	698
	100,000	687	947	767	1700	1204	1531	1084	703
	250,000	696	960	777	1724	1220	1552	1099	713
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	81	120	105	218	154	196	139	81
	20/50	87	128	112	233	165	210	149	87
	25/50	115	170	149	309	218	278	197	115
	25/60	121	178	156	324	229	291	206	120
	35/80	188	278	244	506	357	455	322	188
	50/100	256	378	332	687	485	618	438	255
	100/300	437	644	566	1172	827	1054	746	435
	250/500	759	1117	982	2035	1437	1830	1295	755

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1293	1897	1524	3248	2249	2923	2024	1311
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	228	228	228	228	228	228	228	228
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	
155	228	183	390	270	351	243	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 14

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	533	837	679	1268	967	1141	870	552
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	248	347	305	491	372	442	335	218
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	570	762	670	1434	991	1291	892	568
10,000	739	988	869	1860	1285	1674	1157	737
15,000	748	1000	879	1881	1300	1694	1170	745
25,000	759	1014	892	1909	1319	1718	1187	756
35,000	768	1027	903	1933	1336	1740	1202	766
50,000	780	1043	917	1963	1357	1767	1221	778
100,000	786	1051	924	1977	1367	1780	1230	783
250,000	797	1065	937	2005	1385	1805	1247	794
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	90	141	114	214	163	193	147	93
20/50	96	151	122	229	174	206	157	99
25/50	127	200	162	303	231	273	208	132
25/60	134	209	170	318	242	286	218	138
35/80	208	327	265	496	378	446	340	216
50/100	283	444	360	673	513	607	462	293
100/300	482	757	614	1148	875	1033	788	499
250/500	838	1315	1066	1992	1519	1794	1367	867

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1461	2307	1792	3788	2437	3409	2193	1467
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	199	199	199	199	199	199	199	199
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	
175	277	215	455	292	409	263	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 15

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	564	893	703	1227	1027	1104	924	666
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	220	332	253	444	322	400	290	195
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	548	840	596	1369	955	1232	860	561
10,000	711	1089	773	1776	1239	1598	1115	728
15,000	719	1102	782	1796	1253	1616	1128	736
25,000	729	1118	793	1822	1271	1640	1145	747
35,000	739	1132	803	1845	1287	1661	1159	756
50,000	750	1150	816	1874	1307	1687	1177	768
100,000	756	1158	822	1888	1317	1699	1186	774
250,000	766	1174	833	1914	1335	1722	1202	784
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	95	150	118	206	173	185	156	112
20/50	102	160	126	220	185	198	167	120
25/50	135	213	167	292	245	262	221	159
25/60	141	223	175	306	257	275	232	166
35/80	220	348	274	478	401	430	361	260
50/100	299	473	373	650	545	585	491	353
100/300	510	807	635	1109	929	997	836	602
250/500	886	1402	1103	1926	1613	1732	1452	1046

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1917	3071	2210	4375	3228	3938	2905	1791
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	278	278	278	278	278	278	278	278
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	
230	369	265	525	387	473	349	215	
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>							
	529	885	741	1189	888	1070	799	554
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	285	438	344	592	394	533	355	260
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	529	806	589	1328	880	1195	792	578
10,000	686	1045	764	1722	1141	1550	1027	750
15,000	694	1057	773	1742	1155	1568	1039	758
25,000	704	1073	784	1768	1171	1591	1054	769
35,000	713	1086	794	1790	1186	1611	1068	779
50,000	724	1103	806	1818	1205	1636	1084	791
100,000	729	1111	812	1831	1214	1648	1092	797
250,000	740	1127	823	1857	1230	1671	1107	808
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	89	149	125	200	149	180	134	93
20/50	95	159	134	214	159	193	143	99
25/50	126	211	177	283	211	255	190	132
25/60	132	221	186	297	222	268	199	138
35/80	206	345	290	464	346	418	311	216
50/100	281	470	393	631	470	568	423	294
100/300	478	800	671	1075	802	968	722	501
250/500	831	1390	1164	1867	1393	1680	1254	869

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1600	2658	1973	4119	2973	3707	2676	1747
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	331	331	331	331	331	331	331	331
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	
192	319	237	494	357	445	321	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 17

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	474	740	647	1239	858	1115	772	461
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	179	253	229	359	261	323	235	247
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	503	723	641	1325	871	1193	784	506
10,000	652	938	831	1719	1130	1547	1017	656
15,000	660	949	841	1738	1143	1565	1029	664
25,000	669	962	853	1764	1159	1588	1044	673
35,000	678	975	864	1786	1174	1608	1057	682
50,000	689	990	878	1814	1192	1633	1073	693
100,000	694	997	884	1827	1201	1645	1081	698
250,000	703	1011	896	1852	1218	1668	1096	707
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	80	124	109	208	144	187	130	78
20/50	86	133	117	222	154	200	139	83
25/50	113	176	154	295	204	265	184	110
25/60	119	184	162	309	214	278	193	116
35/80	185	288	253	483	334	434	301	180
50/100	252	392	343	657	455	591	410	245
100/300	429	668	585	1120	775	1007	698	418
250/500	745	1161	1016	1944	1346	1749	1212	725

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1452	2695	1830	3387	2642	3048	2378	1398
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	200	200	200	200	200	200	200	200
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	
174	323	220	406	317	366	285	168	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 18

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	558	1018	764	1499	1128	1349	1015	660
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	292	423	310	604	385	544	347	275
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	551	796	642	1448	938	1303	844	567
10,000	715	1032	833	1878	1217	1690	1095	735
15,000	723	1044	842	1900	1231	1710	1107	744
25,000	733	1059	855	1927	1248	1734	1123	755
35,000	743	1073	865	1952	1264	1756	1138	764
50,000	754	1090	879	1982	1284	1784	1155	776
100,000	760	1098	885	1997	1294	1797	1164	782
250,000	770	1113	898	2024	1311	1822	1180	793
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	94	171	128	252	190	227	171	111
20/50	101	183	137	270	203	243	183	119
25/50	133	242	182	357	269	322	242	157
25/60	140	254	190	375	282	337	254	165
35/80	218	397	297	585	440	526	396	257
50/100	296	540	405	795	599	716	539	350
100/300	505	920	690	1355	1020	1220	918	597
250/500	876	1598	1198	2353	1772	2118	1594	1036

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1385	2491	1713	3553	2166	3198	1949	1401
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	289	289	289	289	289	289	289	289
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	
166	299	206	426	260	384	234	168	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 19

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	593	867	799	1359	1047	1223	942	578	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	241	344	321	543	410	489	369	221	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	515	724	650	1323	875	1191	788	489
	10,000	668	939	843	1716	1135	1545	1022	634
	15,000	676	950	853	1736	1148	1563	1034	642
	25,000	685	964	865	1761	1165	1585	1049	651
	35,000	694	976	876	1783	1180	1605	1062	659
	50,000	705	991	890	1811	1198	1630	1079	669
	100,000	710	998	896	1824	1207	1642	1087	674
	250,000	720	1012	909	1850	1223	1665	1102	684
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	100	146	134	228	176	205	158	97
	20/50	107	156	143	244	188	219	169	104
	25/50	142	207	190	323	249	291	224	138
	25/60	149	217	199	339	262	305	235	144
	35/80	232	338	311	530	408	476	367	225
	50/100	315	460	423	720	555	648	499	306
	100/300	537	784	722	1228	946	1105	851	522
	250/500	932	1362	1254	2132	1644	1919	1478	907

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1463	2346	1983	3522	2424	3170	2182	1401
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	276	276	276	276	276	276	276	276
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	
176	282	238	423	291	380	262	168	
<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 20

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	623	1105	831	1382	1174	1244	1057	753
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	317	501	369	693	559	624	503	342
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	531	870	581	1406	1045	1265	941	675
10,000	689	1128	754	1824	1355	1641	1220	875
15,000	697	1141	762	1845	1371	1660	1235	886
25,000	707	1158	773	1871	1391	1684	1252	898
35,000	716	1173	783	1895	1409	1705	1268	910
50,000	727	1191	795	1925	1431	1732	1288	924
100,000	732	1200	801	1939	1441	1744	1298	931
250,000	742	1216	812	1966	1461	1768	1316	944
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	105	186	140	232	197	209	177	126
20/50	112	199	150	248	211	224	189	135
25/50	149	263	198	329	279	296	251	179
25/60	156	276	208	345	293	311	263	188
35/80	243	431	324	539	457	485	411	293
50/100	331	586	441	732	622	659	560	398
100/300	564	999	752	1249	1061	1124	954	680
250/500	979	1735	1305	2169	1842	1953	1658	1181

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1515	2587	1793	3522	2531	3170	2278	1908
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	265	265	265	265	265	265	265	265
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	
182	310	215	423	304	380	273	229	
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>							
	733	1207	1020	1059	1235	953	1112	861
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	353	546	440	774	508	697	457	315
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	638	957	746	1577	1132	1419	1019	548
10,000	827	1241	968	2045	1468	1840	1322	711
15,000	837	1256	979	2069	1485	1862	1337	719
25,000	849	1274	993	2099	1507	1889	1356	729
35,000	860	1290	1006	2126	1526	1913	1374	739
50,000	873	1310	1021	2159	1550	1943	1395	750
100,000	880	1320	1029	2175	1561	1957	1405	756
250,000	892	1338	1043	2205	1583	1984	1425	766
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	123	203	172	178	208	160	187	145
20/50	132	217	184	190	222	171	200	155
25/50	174	288	244	252	295	227	265	205
25/60	183	302	255	265	309	238	278	215
35/80	286	471	398	413	482	371	434	336
50/100	388	640	542	561	655	505	590	457
100/300	662	1091	923	957	1117	861	1005	779
250/500	1150	1895	1602	1662	1940	1496	1746	1352

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1719	2686	2103	4202	3033	3782	2730	1565
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	287	287	287	287	287	287	287	287
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	
206	322	252	504	364	454	328	188	
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>							
	731	1213	942	1066	1007	959	906	887
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	347	545	388	744	658	670	592	315
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	615	889	660	1480	1041	1332	937	558
10,000	798	1153	856	1920	1350	1728	1215	724
15,000	807	1166	866	1942	1366	1748	1229	732
25,000	819	1183	878	1970	1386	1773	1247	743
35,000	829	1198	890	1995	1403	1796	1263	752
50,000	842	1217	904	2026	1425	1824	1283	764
100,000	848	1226	910	2041	1436	1837	1292	769
250,000	860	1243	923	2069	1455	1862	1310	780
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	123	204	159	179	170	161	153	150
20/50	132	218	170	191	182	172	164	160
25/50	174	289	225	254	241	228	217	212
25/60	183	303	236	266	252	239	227	223
35/80	285	473	368	416	394	374	354	347
50/100	388	643	500	565	535	508	481	471
100/300	661	1097	853	963	912	867	820	803
250/500	1148	1904	1480	1673	1582	1505	1424	1394

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1689	2717	2036	3753	2845	3378	2561	1703
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	280	280	280	280	280	280	280	280
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	
203	326	244	450	341	405	307	204	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	584	1077	789	1515	1093	1364	984	625
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	261	373	304	558	374	502	337	254
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	520	761	550	1407	858	1266	772	563
10,000	674	987	713	1825	1113	1642	1001	730
15,000	682	998	722	1846	1126	1661	1013	739
25,000	692	1013	732	1873	1142	1685	1028	749
35,000	701	1026	741	1897	1157	1707	1041	759
50,000	712	1042	753	1926	1175	1733	1057	771
100,000	717	1049	758	1940	1183	1746	1065	776
250,000	727	1064	769	1967	1199	1770	1079	787
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	98	181	133	254	183	229	165	105
20/50	105	194	142	272	196	245	176	112
25/50	139	256	188	360	260	325	234	149
25/60	146	269	198	378	272	341	245	156
35/80	228	420	308	590	425	532	383	244
50/100	309	571	419	802	579	723	521	331
100/300	528	974	714	1368	987	1233	889	565
250/500	916	1691	1239	2377	1714	2141	1544	981

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1509	2401	1840	3682	2583	3314	2325	1515
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	266	266	266	266	266	266	266	266
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	
181	288	221	442	310	398	279	182	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 24

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	466	721	707	1384	822	1246	740	447
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	175	253	213	381	283	343	255	151
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	531	816	670	1397	949	1257	854	525
10,000	689	1058	869	1812	1231	1630	1108	681
15,000	697	1071	879	1833	1245	1649	1120	689
25,000	707	1086	892	1859	1263	1673	1137	699
35,000	716	1100	903	1883	1279	1694	1151	708
50,000	727	1117	917	1912	1299	1721	1169	719
100,000	732	1125	924	1926	1309	1733	1178	724
250,000	742	1141	937	1953	1327	1757	1194	734
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	78	121	120	233	138	210	124	75
20/50	83	129	128	249	148	225	133	80
25/50	111	172	170	330	196	297	176	106
25/60	116	180	178	346	205	312	184	112
35/80	181	281	277	540	320	487	288	174
50/100	247	382	376	734	436	661	392	237
100/300	421	651	641	1252	743	1127	668	404
250/500	731	1131	1112	2173	1290	1957	1161	701

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1387	2273	1763	3654	2595	3289	2336	1338
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	173	173	173	173	173	173	173	173
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	
166	273	212	438	311	395	280	161	
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>							
	510	899	609	1315	971	1184	874	600
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	220	361	350	493	353	444	318	237
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	535	894	620	1395	1025	1256	923	583
10,000	694	1160	804	1809	1329	1629	1197	756
15,000	702	1173	813	1830	1345	1648	1211	765
25,000	712	1190	825	1857	1364	1672	1229	776
35,000	721	1205	836	1880	1382	1693	1244	786
50,000	732	1224	849	1910	1403	1719	1264	798
100,000	738	1233	855	1924	1413	1732	1273	804
250,000	748	1250	867	1950	1433	1756	1290	815
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	86	151	102	221	163	199	147	101
20/50	92	162	109	236	174	213	157	108
25/50	122	214	145	313	231	282	208	143
25/60	128	225	152	329	242	296	218	150
35/80	199	351	237	513	378	462	341	234
50/100	271	477	322	697	515	628	464	318
100/300	461	813	550	1189	877	1070	790	543
250/500	801	1411	955	2064	1524	1859	1372	942

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1393	2331	1824	3474	2632	3127	2369	1428
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	251	251	251	251	251	251	251	251
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
167	280	219	417	316	375	284	171	
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>							
	558	893	741	1220	1064	1098	958	628
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	233	322	293	475	359	428	323	224
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	552	821	646	1373	975	1236	878	515
10,000	716	1065	838	1781	1265	1603	1139	668
15,000	724	1077	848	1801	1279	1622	1152	676
25,000	735	1093	860	1827	1298	1645	1169	685
35,000	744	1107	871	1851	1314	1666	1184	694
50,000	756	1124	884	1880	1335	1692	1202	705
100,000	761	1132	891	1893	1345	1704	1211	710
250,000	772	1148	903	1919	1363	1728	1227	720
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	94	150	125	205	179	185	161	106
20/50	101	160	134	219	191	198	172	113
25/50	133	213	177	291	254	262	228	150
25/60	140	223	186	305	266	275	239	157
35/80	218	348	290	476	415	429	374	245
50/100	296	473	393	647	564	583	508	334
100/300	505	807	671	1103	962	993	866	568
250/500	876	1402	1164	1915	1671	1725	1504	987

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1926	2892	2675	4111	3272	3700	2945	1964
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	366	366	366	366	366	366	366	366
	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	
231	347	321	493	393	444	353	236	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	209	335	299	577	405	519	365	212
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	65	105	97	147	100	132	90	78
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	334	500	424	915	621	824	559	329
10,000	433	649	550	1187	805	1069	725	427
15,000	438	656	556	1200	815	1081	733	432
25,000	445	666	564	1218	827	1097	744	438
35,000	450	674	572	1233	837	1111	754	443
50,000	457	685	580	1253	850	1128	765	450
100,000	461	690	585	1262	856	1136	771	454
250,000	467	699	593	1279	868	1152	781	460
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	35	56	50	97	68	87	61	36
20/50	37	60	53	104	73	93	65	38
25/50	50	79	71	137	96	123	87	51
25/60	52	83	74	144	101	129	91	53
35/80	81	130	116	225	158	202	142	83
50/100	111	177	158	306	215	275	193	113
100/300	189	302	270	522	366	469	329	192
250/500	328	525	469	906	636	814	572	334

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	828	1452	1028	2291	1483	2062	1335	866
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	143	143	143	143	143	143	143	143
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$1								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
99	174	123	275	178	247	160	104	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 40

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	560	892	563	1318	873	1186	786	536
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	296	408	493	606	578	545	520	246
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	392	576	502	1049	773	944	696	373
10,000	508	747	651	1361	1003	1224	903	484
15,000	514	756	659	1376	1014	1239	913	489
25,000	522	767	668	1396	1029	1256	926	496
35,000	528	776	677	1414	1042	1273	938	503
50,000	537	789	687	1436	1058	1292	953	511
100,000	541	794	692	1447	1066	1302	960	514
250,000	548	805	702	1467	1081	1320	973	521
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	94	150	95	222	147	200	132	90
20/50	101	160	102	237	157	214	141	96
25/50	133	213	134	314	208	283	187	128
25/60	140	223	141	330	218	297	196	134
35/80	218	348	220	515	341	463	306	209
50/100	297	473	299	699	463	630	417	284
100/300	506	806	510	1192	790	1073	710	484
250/500	879	1400	885	2070	1371	1863	1234	841

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1038	1739	1418	2606	2243	2345	2019	981
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	241	241	241	241	241	241	241	241
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	
125	209	170	313	269	281	242	118	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 41

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	<b>BODILY INJURY TO OTHERS</b>								
	455	694	592	1275	851	1148	766	490	
PART 2	<b>PERSONAL INJURY PROTECTION</b>								
	211	294	228	453	332	408	299	210	
PART 4	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>								
	5,000	408	602	483	1127	769	1014	692	447
	10,000	529	781	626	1462	997	1315	898	580
	15,000	535	790	634	1479	1009	1330	908	586
	25,000	543	801	643	1500	1024	1350	921	595
	35,000	550	811	651	1519	1037	1367	933	603
	50,000	559	824	661	1543	1053	1388	947	612
	100,000	563	830	666	1554	1060	1398	954	616
	250,000	570	842	675	1576	1075	1418	967	625
PART 5	<b>OPTIONAL BODILY INJURY TO OTHERS</b>								
	20/40	76	117	100	214	143	193	129	82
	20/50	81	125	107	229	153	206	138	88
	25/50	108	166	142	303	203	273	183	116
	25/60	113	174	148	318	213	287	192	122
	35/80	177	271	231	497	332	448	299	191
	50/100	241	368	315	676	451	609	406	259
	100/300	411	628	536	1152	769	1038	693	442
	250/500	713	1090	930	2001	1336	1802	1203	768

PART 6	<b>MEDICAL PAYMENTS</b>				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	985	1598	1307	2549	1814	2294	1633	983
PART 9	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	163	163	163	163	163	163	163	163
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	
118	192	157	306	218	275	196	118	
<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 42

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	688	1081	781	1235	1162	1112	1046	688
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	355	477	401	733	490	660	441	319
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	429	616	482	1119	840	1007	756	441
10,000	556	799	625	1451	1089	1306	981	572
15,000	563	808	632	1468	1102	1321	992	579
25,000	571	820	642	1489	1118	1340	1006	587
35,000	578	830	650	1508	1132	1357	1019	594
50,000	587	843	660	1532	1150	1379	1035	604
100,000	592	849	665	1543	1158	1389	1043	608
250,000	600	861	674	1564	1174	1408	1057	617
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	115	182	132	208	195	187	176	116
20/50	123	195	141	222	209	200	188	124
25/50	163	258	187	295	276	265	249	164
25/60	171	270	196	309	290	278	262	172
35/80	268	422	305	482	453	434	408	269
50/100	364	574	415	655	616	590	555	365
100/300	621	978	707	1117	1050	1005	946	623
250/500	1079	1698	1228	1940	1823	1746	1642	1081

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
25/50	32	1		100/300	50	19		
25/60	34	1		250/500	59	76		

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>							
	1095	1685	1362	2902	1831	2612	1648	1084
<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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
131	202	163	348	220	313	198	130	
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.

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	600	940	720	1335	1133	1202	1020	574
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	242	352	280	537	362	483	326	226
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	615	822	672	1381	1041	1243	937	582
10,000	798	1066	872	1791	1350	1612	1215	755
15,000	807	1078	882	1812	1366	1631	1229	764
25,000	819	1094	894	1838	1386	1654	1247	775
35,000	829	1108	906	1862	1403	1676	1263	785
50,000	842	1125	920	1891	1425	1702	1283	797
100,000	848	1134	927	1904	1436	1714	1292	803
250,000	860	1149	939	1931	1455	1738	1310	814
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	101	158	121	225	191	203	172	97
20/50	108	169	129	241	204	217	184	104
25/50	143	224	171	319	270	287	244	137
25/60	150	235	180	334	284	301	255	144
35/80	234	367	281	521	443	470	398	224
50/100	318	498	382	709	601	639	542	305
100/300	543	850	651	1208	1025	1088	923	520
250/500	942	1476	1130	2097	1780	1889	1602	902

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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		PART 3		PART 12	
	20/40	30	0	35/80	37	3
	20/50	30	0	50/100	41	6
25/50	32	1	100/300	50	19	
25/60	34	1	250/500	59	76	

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>							
	1422	2338	1676	3422	2468	3080	2221	1358
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	277	277	277	277	277	277	277	277
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	
171	281	201	411	296	370	267	163	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25			\$500 Deductible..... \$36					

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 44

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	474	752	686	1264	893	1138	804	493
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	192	290	257	419	324	377	292	186
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	433	640	543	1140	819	1026	737	446
10,000	562	830	704	1479	1062	1331	956	578
15,000	568	840	712	1496	1075	1346	967	585
25,000	576	852	723	1517	1090	1366	981	594
35,000	584	863	732	1537	1104	1383	993	601
50,000	593	876	743	1561	1121	1405	1009	611
100,000	597	883	749	1572	1129	1415	1016	615
250,000	605	895	759	1594	1145	1434	1030	624
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	80	126	115	213	150	192	135	83
20/50	86	135	123	228	160	205	144	89
25/50	113	179	163	302	213	272	191	118
25/60	119	187	171	316	223	285	201	123
35/80	185	293	267	494	348	445	313	192
50/100	252	398	363	671	473	604	426	262
100/300	429	679	620	1144	807	1030	727	446
250/500	745	1180	1076	1985	1402	1788	1262	774

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1117	1811	1393	2770	1853	2493	1668	1117
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	243	243	243	243	243	243	243	243
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	217	167	332	222	299	200	134	
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
<b>PART 1</b>	<b>BODILY INJURY TO OTHERS</b>							
	698	1066	831	933	1172	840	1055	751
<b>PART 2</b>	<b>PERSONAL INJURY PROTECTION</b>							
	391	589	443	960	614	864	553	346
<b>PART 4</b>	<b>DAMAGE TO SOMEONE ELSE'S PROPERTY</b>							
5,000	579	807	638	1547	1082	1392	974	609
10,000	751	1047	827	2006	1403	1805	1263	790
15,000	760	1059	837	2030	1420	1826	1278	799
25,000	771	1074	849	2059	1440	1853	1296	811
35,000	780	1088	860	2085	1459	1876	1313	821
50,000	793	1105	873	2118	1481	1906	1333	834
100,000	798	1113	880	2133	1492	1920	1343	840
250,000	809	1128	892	2163	1513	1946	1362	851
<b>PART 5</b>	<b>OPTIONAL BODILY INJURY TO OTHERS</b>							
20/40	118	179	139	157	198	141	178	127
20/50	126	191	149	168	212	151	190	136
25/50	167	254	197	222	280	200	252	180
25/60	175	266	207	233	294	210	264	188
35/80	273	416	323	364	458	327	412	294
50/100	371	565	440	495	623	445	560	399
100/300	632	963	750	844	1061	759	955	680
250/500	1097	1673	1303	1465	1842	1318	1658	1181

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	37	56	72	79	88

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	30	0		35/80	37	3	
	20/50	30	0		50/100	41	6	
	25/50	32	1		100/300	50	19	
25/60	34	1		250/500	59	76		

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>							
	1494	2530	1871	3494	2748	3145	2473	1684
<b>PART 9</b>	<b>COMPREHENSIVE - \$500 DEDUCTIBLE</b>							
	305	305	305	305	305	305	305	305
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	
179	304	225	419	330	377	297	202	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25				\$500 Deductible..... \$36				

LIMITED COLLISION	
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11	
Cost to Reduce Deductible from \$500 to \$300	All Classes..... \$16
Cost to Reduce Deductible from \$500 to \$0	All Classes..... \$29

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

Model Year/VRG Relativities

COLLISION

VRG	Model Year															2005 & Prior
	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	
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															2005 & Prior
	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	
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	2.58	2.63	2.83	2.82	2.93	2.85	3.18	3.20	3.23	3.23	3.69	3.83	4.14	3.62	5.05	6.01	3.63
12	1.26	1.29	1.39	1.38	1.43	1.40	1.56	1.57	1.58	1.58	1.81	1.88	2.03	1.77	2.47	2.94	1.78
13	1.17	1.19	1.28	1.27	1.32	1.29	1.44	1.45	1.46	1.46	1.67	1.74	1.87	1.64	2.29	2.72	1.64
14	1.10	1.12	1.21	1.20	1.24	1.21	1.35	1.36	1.38	1.38	1.57	1.63	1.76	1.54	2.15	2.56	1.55
15	1.04	1.06	1.14	1.14	1.18	1.15	1.28	1.29	1.31	1.31	1.49	1.55	1.67	1.46	2.04	2.43	1.47
16	1.00	1.02	1.10	1.09	1.13	1.10	1.23	1.24	1.25	1.25	1.43	1.48	1.60	1.40	1.95	2.33	1.41
17	0.96	0.98	1.06	1.05	1.09	1.06	1.19	1.19	1.21	1.21	1.38	1.43	1.54	1.35	1.88	2.24	1.36
18	0.94	0.95	1.03	1.02	1.06	1.03	1.15	1.16	1.17	1.17	1.34	1.39	1.50	1.31	1.83	2.18	1.32
19	0.91	0.93	1.00	1.00	1.03	1.01	1.12	1.13	1.14	1.14	1.30	1.35	1.46	1.28	1.78	2.13	1.28
20	0.90	0.91	0.98	0.98	1.02	0.99	1.10	1.11	1.12	1.12	1.28	1.33	1.44	1.26	1.75	2.09	1.26
21	0.88	0.90	0.97	0.96	1.00	0.98	1.09	1.09	1.11	1.11	1.26	1.31	1.42	1.24	1.73	2.06	1.24
22	0.87	0.89	0.96	0.95	0.99	0.96	1.08	1.08	1.09	1.09	1.25	1.30	1.40	1.22	1.71	2.03	1.23
23	0.87	0.88	0.95	0.95	0.98	0.96	1.07	1.07	1.09	1.09	1.24	1.29	1.39	1.21	1.70	2.02	1.22
24	0.86	0.88	0.95	0.94	0.98	0.95	1.06	1.07	1.08	1.08	1.23	1.28	1.38	1.21	1.69	2.01	1.21
25	0.83	0.85	0.91	0.90	0.94	0.92	1.02	1.03	1.04	1.04	1.18	1.23	1.33	1.16	1.62	1.93	1.17
26	0.78	0.79	0.85	0.85	0.88	0.86	0.96	0.96	0.98	0.98	1.11	1.16	1.25	1.09	1.52	1.81	1.10
27	0.74	0.75	0.81	0.81	0.84	0.82	0.91	0.91	0.92	0.92	1.05	1.10	1.18	1.03	1.44	1.72	1.04
28	0.71	0.72	0.78	0.77	0.80	0.78	0.87	0.88	0.89	0.89	1.01	1.05	1.13	0.99	1.38	1.65	0.99
29	0.68	0.70	0.75	0.74	0.77	0.75	0.84	0.84	0.85	0.85	0.97	1.01	1.09	0.96	1.33	1.59	0.96
30	0.66	0.68	0.73	0.72	0.75	0.73	0.82	0.82	0.83	0.83	0.95	0.98	1.06	0.93	1.30	1.54	0.93
31	0.65	0.66	0.72	0.71	0.74	0.72	0.80	0.81	0.82	0.82	0.93	0.97	1.05	0.91	1.27	1.52	0.92
32	0.65	0.66	0.71	0.71	0.73	0.72	0.80	0.80	0.81	0.81	0.92	0.96	1.04	0.91	1.27	1.51	0.91
33	0.64	0.66	0.71	0.70	0.73	0.71	0.79	0.80	0.81	0.81	0.92	0.96	1.03	0.90	1.26	1.50	0.91
34	0.64	0.66	0.71	0.70	0.73	0.71	0.79	0.80	0.81	0.81	0.92	0.96	1.03	0.90	1.26	1.50	0.91
35	0.64	0.66	0.71	0.70	0.73	0.71	0.79	0.80	0.81	0.81	0.92	0.96	1.03	0.90	1.26	1.50	0.91
36	0.65	0.66	0.71	0.71	0.73	0.71	0.80	0.80	0.81	0.81	0.92	0.96	1.04	0.91	1.27	1.51	0.91
37	0.65	0.66	0.71	0.71	0.74	0.72	0.80	0.81	0.82	0.82	0.93	0.97	1.04	0.91	1.27	1.52	0.92
38	0.65	0.67	0.72	0.71	0.74	0.72	0.81	0.81	0.82	0.82	0.94	0.97	1.05	0.92	1.28	1.52	0.92
39	0.66	0.67	0.72	0.72	0.75	0.73	0.81	0.82	0.83	0.83	0.94	0.98	1.06	0.92	1.29	1.54	0.93
40	0.67	0.68	0.73	0.73	0.76	0.74	0.82	0.83	0.83	0.83	0.95	0.99	1.07	0.93	1.30	1.55	0.94
41	0.67	0.69	0.74	0.74	0.76	0.74	0.83	0.84	0.84	0.84	0.96	1.00	1.08	0.94	1.32	1.57	0.95
42	0.68	0.70	0.75	0.74	0.77	0.75	0.84	0.85	0.86	0.86	0.98	1.01	1.10	0.96	1.34	1.59	0.96
43	0.69	0.71	0.76	0.75	0.78	0.76	0.85	0.86	0.87	0.87	0.99	1.03	1.11	0.97	1.35	1.61	0.97
44	0.70	0.72	0.77	0.77	0.80	0.78	0.87	0.87	0.88	0.88	1.00	1.04	1.13	0.98	1.37	1.64	0.99
45	0.71	0.73	0.78	0.78	0.81	0.79	0.88	0.88	0.89	0.89	1.02	1.06	1.14	1.00	1.40	1.66	1.00
46	0.73	0.74	0.80	0.79	0.82	0.80	0.89	0.90	0.91	0.91	1.04	1.08	1.16	1.02	1.42	1.69	1.02
47	0.74	0.75	0.81	0.81	0.84	0.82	0.91	0.92	0.93	0.93	1.06	1.10	1.19	1.03	1.45	1.72	1.04
48	0.75	0.77	0.83	0.82	0.85	0.83	0.93	0.93	0.94	0.94	1.08	1.12	1.21	1.05	1.47	1.75	1.06
49	0.77	0.78	0.84	0.84	0.87	0.85	0.95	0.95	0.96	0.96	1.10	1.14	1.23	1.07	1.50	1.79	1.08
50	0.78	0.80	0.86	0.85	0.89	0.87	0.96	0.97	0.98	0.98	1.12	1.16	1.26	1.10	1.53	1.82	1.10

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

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

Territory VRG	18	19	20	21	22	23	24	25	26	27	40	41	42	43	44	45
11	5.25	5.02	4.82	5.22	5.09	4.83	3.14	4.56	6.65	2.60	4.38	2.96	4.29	5.03	4.42	5.54
12	2.57	2.45	2.36	2.55	2.49	2.37	1.54	2.23	3.25	1.27	2.14	1.45	2.10	2.46	2.16	2.71
13	2.38	2.27	2.18	2.36	2.30	2.19	1.42	2.06	3.01	1.18	1.98	1.34	1.94	2.28	2.00	2.51
14	2.23	2.13	2.05	2.22	2.16	2.06	1.34	1.94	2.83	1.10	1.86	1.26	1.82	2.14	1.88	2.36
15	2.12	2.02	1.94	2.10	2.05	1.95	1.27	1.84	2.68	1.05	1.77	1.20	1.73	2.03	1.78	2.24
16	2.03	1.94	1.86	2.02	1.97	1.87	1.22	1.76	2.57	1.00	1.69	1.15	1.66	1.95	1.71	2.14
17	1.96	1.87	1.80	1.94	1.90	1.80	1.17	1.70	2.48	0.97	1.63	1.10	1.60	1.88	1.65	2.07
18	1.90	1.82	1.75	1.89	1.84	1.75	1.14	1.65	2.41	0.94	1.59	1.07	1.55	1.82	1.60	2.01
19	1.86	1.77	1.70	1.84	1.80	1.71	1.11	1.61	2.35	0.92	1.55	1.05	1.52	1.78	1.56	1.96
20	1.82	1.74	1.67	1.81	1.77	1.68	1.09	1.58	2.31	0.90	1.52	1.03	1.49	1.75	1.53	1.92
21	1.80	1.71	1.65	1.78	1.74	1.65	1.07	1.56	2.27	0.89	1.50	1.01	1.47	1.72	1.51	1.89
22	1.78	1.70	1.63	1.76	1.72	1.63	1.06	1.54	2.25	0.88	1.48	1.00	1.45	1.70	1.49	1.87
23	1.76	1.68	1.62	1.75	1.71	1.62	1.06	1.53	2.23	0.87	1.47	0.99	1.44	1.69	1.48	1.86
24	1.75	1.67	1.61	1.74	1.70	1.61	1.05	1.52	2.22	0.87	1.46	0.99	1.43	1.68	1.47	1.85
25	1.69	1.61	1.55	1.67	1.63	1.55	1.01	1.46	2.14	0.83	1.41	0.95	1.38	1.62	1.42	1.78
26	1.58	1.51	1.45	1.57	1.53	1.46	0.95	1.37	2.00	0.78	1.32	0.89	1.29	1.52	1.33	1.67
27	1.50	1.43	1.38	1.49	1.45	1.38	0.90	1.30	1.90	0.74	1.25	0.85	1.23	1.44	1.26	1.58
28	1.44	1.37	1.32	1.43	1.39	1.32	0.86	1.25	1.82	0.71	1.20	0.81	1.17	1.38	1.21	1.52
29	1.39	1.32	1.27	1.38	1.34	1.28	0.83	1.20	1.76	0.69	1.16	0.78	1.13	1.33	1.17	1.46
30	1.35	1.29	1.24	1.34	1.31	1.24	0.81	1.17	1.71	0.67	1.12	0.76	1.10	1.29	1.13	1.42
31	1.32	1.27	1.21	1.32	1.28	1.22	0.79	1.15	1.68	0.66	1.10	0.75	1.08	1.27	1.11	1.40
32	1.32	1.26	1.21	1.31	1.28	1.21	0.79	1.14	1.67	0.65	1.10	0.74	1.08	1.26	1.11	1.39
33	1.31	1.25	1.20	1.30	1.27	1.21	0.78	1.14	1.66	0.65	1.09	0.74	1.07	1.26	1.10	1.38
34	1.31	1.25	1.20	1.30	1.27	1.21	0.78	1.14	1.66	0.65	1.09	0.74	1.07	1.26	1.10	1.38
35	1.31	1.25	1.20	1.30	1.27	1.21	0.79	1.14	1.66	0.65	1.09	0.74	1.07	1.26	1.10	1.38
36	1.32	1.26	1.21	1.31	1.27	1.21	0.79	1.14	1.67	0.65	1.10	0.74	1.07	1.26	1.11	1.39
37	1.32	1.26	1.21	1.31	1.28	1.22	0.79	1.15	1.68	0.65	1.10	0.75	1.08	1.27	1.11	1.40
38	1.33	1.27	1.22	1.32	1.29	1.23	0.80	1.16	1.69	0.66	1.11	0.75	1.09	1.28	1.12	1.40
39	1.34	1.28	1.23	1.33	1.30	1.24	0.80	1.17	1.70	0.66	1.12	0.76	1.10	1.29	1.13	1.42
40	1.36	1.29	1.24	1.35	1.31	1.25	0.81	1.18	1.72	0.67	1.13	0.76	1.11	1.30	1.14	1.43
41	1.37	1.31	1.26	1.36	1.33	1.26	0.82	1.19	1.74	0.68	1.14	0.77	1.12	1.31	1.15	1.45
42	1.39	1.33	1.27	1.38	1.35	1.28	0.83	1.21	1.76	0.69	1.16	0.78	1.13	1.33	1.17	1.47
43	1.41	1.34	1.29	1.40	1.36	1.30	0.84	1.22	1.78	0.70	1.17	0.79	1.15	1.35	1.18	1.49
44	1.43	1.36	1.31	1.42	1.38	1.31	0.86	1.24	1.81	0.71	1.19	0.81	1.17	1.37	1.20	1.51
45	1.45	1.39	1.33	1.44	1.41	1.34	0.87	1.26	1.84	0.72	1.21	0.82	1.19	1.39	1.22	1.53
46	1.48	1.41	1.35	1.47	1.43	1.36	0.88	1.28	1.87	0.73	1.23	0.83	1.21	1.41	1.24	1.56
47	1.50	1.44	1.38	1.49	1.46	1.38	0.90	1.31	1.90	0.74	1.25	0.85	1.23	1.44	1.26	1.59
48	1.53	1.46	1.40	1.52	1.48	1.41	0.92	1.33	1.94	0.76	1.28	0.86	1.25	1.47	1.29	1.62
49	1.56	1.49	1.43	1.55	1.51	1.44	0.93	1.36	1.98	0.77	1.30	0.88	1.27	1.50	1.31	1.65
50	1.59	1.52	1.46	1.58	1.54	1.47	0.95	1.38	2.02	0.79	1.33	0.90	1.30	1.53	1.34	1.68

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

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

<u>VRG</u>	<u>All Territories</u>
11	0.36
12	0.18
13	0.16
14	0.15
15	0.15
16	0.14
17	0.13
18	0.13
19	0.13
20	0.13
21	0.12
22	0.12
23	0.12
24	0.12
25	0.12
26	0.11
27	0.10
28	0.10
29	0.10
30	0.09
31	0.09
32	0.09
33	0.09
34	0.09
35	0.09
36	0.09
37	0.09
38	0.09
39	0.09
40	0.09
41	0.09
42	0.10
43	0.10
44	0.10
45	0.10
46	0.10
47	0.10
48	0.11
49	0.11
50	0.11



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	1.45	1.48	1.62	1.61	1.69	1.64	1.86	1.88	1.90	1.90	2.22	2.32	2.54	2.17	3.18	3.85	2.18
12	0.71	0.73	0.79	0.79	0.83	0.80	0.91	0.92	0.93	0.93	1.09	1.14	1.24	1.06	1.55	1.88	1.07
13	0.65	0.67	0.73	0.73	0.76	0.74	0.84	0.85	0.86	0.86	1.01	1.05	1.15	0.98	1.44	1.74	0.99
14	0.61	0.63	0.69	0.68	0.72	0.70	0.79	0.80	0.81	0.81	0.94	0.99	1.08	0.92	1.35	1.64	0.93
15	0.58	0.60	0.66	0.65	0.68	0.66	0.75	0.76	0.77	0.77	0.90	0.94	1.02	0.88	1.28	1.55	0.88
16	0.56	0.57	0.63	0.62	0.65	0.63	0.72	0.73	0.74	0.74	0.86	0.90	0.98	0.84	1.23	1.49	0.84
17	0.54	0.55	0.61	0.60	0.63	0.61	0.70	0.70	0.71	0.71	0.83	0.87	0.95	0.81	1.18	1.44	0.81
18	0.52	0.54	0.59	0.58	0.61	0.59	0.68	0.68	0.69	0.69	0.80	0.84	0.92	0.79	1.15	1.39	0.79
19	0.51	0.52	0.57	0.57	0.60	0.58	0.66	0.66	0.67	0.67	0.78	0.82	0.90	0.77	1.12	1.36	0.77
20	0.50	0.52	0.56	0.56	0.59	0.57	0.65	0.65	0.66	0.66	0.77	0.81	0.88	0.75	1.10	1.34	0.76
21	0.49	0.51	0.55	0.55	0.58	0.56	0.64	0.64	0.65	0.65	0.76	0.79	0.87	0.74	1.09	1.32	0.75
22	0.49	0.50	0.55	0.54	0.57	0.55	0.63	0.63	0.64	0.64	0.75	0.79	0.86	0.73	1.07	1.30	0.74
23	0.49	0.50	0.55	0.54	0.57	0.55	0.63	0.63	0.64	0.64	0.75	0.78	0.85	0.73	1.07	1.29	0.73
24	0.48	0.50	0.54	0.54	0.56	0.55	0.62	0.63	0.64	0.64	0.74	0.78	0.85	0.72	1.06	1.29	0.73
25	0.46	0.48	0.52	0.52	0.54	0.53	0.60	0.60	0.61	0.61	0.71	0.75	0.82	0.70	1.02	1.24	0.70
26	0.44	0.45	0.49	0.49	0.51	0.49	0.56	0.57	0.57	0.57	0.67	0.70	0.77	0.65	0.96	1.16	0.66
27	0.41	0.42	0.46	0.46	0.48	0.47	0.53	0.54	0.54	0.54	0.64	0.66	0.73	0.62	0.91	1.10	0.62
28	0.40	0.41	0.44	0.44	0.46	0.45	0.51	0.51	0.52	0.52	0.61	0.64	0.70	0.59	0.87	1.05	0.60
29	0.38	0.39	0.43	0.43	0.45	0.43	0.49	0.50	0.50	0.50	0.59	0.61	0.67	0.57	0.84	1.02	0.58
30	0.37	0.38	0.42	0.41	0.43	0.42	0.48	0.48	0.49	0.49	0.57	0.60	0.65	0.56	0.81	0.99	0.56
31	0.36	0.37	0.41	0.41	0.43	0.41	0.47	0.47	0.48	0.48	0.56	0.59	0.64	0.55	0.80	0.97	0.55
32	0.36	0.37	0.41	0.40	0.42	0.41	0.47	0.47	0.48	0.48	0.56	0.58	0.64	0.54	0.80	0.96	0.55
33	0.36	0.37	0.41	0.40	0.42	0.41	0.47	0.47	0.48	0.48	0.55	0.58	0.63	0.54	0.79	0.96	0.55
34	0.36	0.37	0.40	0.40	0.42	0.41	0.47	0.47	0.47	0.47	0.55	0.58	0.63	0.54	0.79	0.96	0.54
35	0.36	0.37	0.41	0.40	0.42	0.41	0.47	0.47	0.48	0.48	0.55	0.58	0.63	0.54	0.79	0.96	0.55
36	0.36	0.37	0.41	0.40	0.42	0.41	0.47	0.47	0.48	0.48	0.56	0.58	0.64	0.54	0.80	0.96	0.55
37	0.36	0.37	0.41	0.41	0.43	0.41	0.47	0.47	0.48	0.48	0.56	0.59	0.64	0.55	0.80	0.97	0.55
38	0.37	0.38	0.41	0.41	0.43	0.41	0.47	0.48	0.48	0.48	0.56	0.59	0.64	0.55	0.80	0.98	0.55
39	0.37	0.38	0.42	0.41	0.43	0.42	0.48	0.48	0.49	0.49	0.57	0.59	0.65	0.55	0.81	0.98	0.56
40	0.37	0.38	0.42	0.42	0.44	0.42	0.48	0.48	0.49	0.49	0.57	0.60	0.66	0.56	0.82	0.99	0.56
41	0.38	0.39	0.42	0.42	0.44	0.43	0.49	0.49	0.50	0.50	0.58	0.61	0.66	0.57	0.83	1.01	0.57
42	0.38	0.39	0.43	0.43	0.45	0.43	0.49	0.50	0.50	0.50	0.59	0.61	0.67	0.57	0.84	1.02	0.58
43	0.39	0.40	0.44	0.43	0.45	0.44	0.50	0.50	0.51	0.51	0.60	0.62	0.68	0.58	0.85	1.03	0.59
44	0.39	0.40	0.44	0.44	0.46	0.45	0.51	0.51	0.52	0.52	0.60	0.63	0.69	0.59	0.86	1.05	0.59
45	0.40	0.41	0.45	0.45	0.47	0.45	0.52	0.52	0.53	0.53	0.61	0.64	0.70	0.60	0.88	1.06	0.60
46	0.41	0.42	0.46	0.45	0.47	0.46	0.52	0.53	0.53	0.53	0.62	0.65	0.71	0.61	0.89	1.08	0.61
47	0.41	0.42	0.46	0.46	0.48	0.47	0.53	0.54	0.54	0.54	0.64	0.66	0.73	0.62	0.91	1.10	0.62
48	0.42	0.43	0.47	0.47	0.49	0.48	0.54	0.55	0.55	0.55	0.65	0.68	0.74	0.63	0.93	1.12	0.64
49	0.43	0.44	0.48	0.48	0.50	0.49	0.55	0.56	0.57	0.57	0.66	0.69	0.75	0.65	0.94	1.14	0.65
50	0.44	0.45	0.49	0.49	0.51	0.50	0.57	0.57	0.58	0.58	0.67	0.70	0.77	0.66	0.96	1.17	0.66

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

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

Territory VRG	18	19	20	21	22	23	24	25	26	27	40	41	42	43	44	45
11	3.32	3.15	3.01	3.29	3.20	3.02	1.84	2.83	4.29	1.46	2.70	1.71	2.64	3.16	2.73	3.52
12	1.62	1.54	1.47	1.61	1.57	1.48	0.90	1.39	2.10	0.71	1.32	0.84	1.29	1.55	1.34	1.72
13	1.50	1.43	1.36	1.49	1.45	1.37	0.83	1.28	1.94	0.66	1.22	0.77	1.20	1.43	1.24	1.59
14	1.41	1.34	1.28	1.40	1.36	1.29	0.78	1.20	1.83	0.62	1.15	0.73	1.12	1.34	1.16	1.50
15	1.34	1.27	1.21	1.33	1.29	1.22	0.74	1.14	1.73	0.59	1.09	0.69	1.07	1.28	1.10	1.42
16	1.28	1.22	1.16	1.27	1.24	1.17	0.71	1.09	1.66	0.56	1.05	0.66	1.02	1.22	1.06	1.36
17	1.24	1.17	1.12	1.23	1.19	1.13	0.69	1.06	1.60	0.54	1.01	0.64	0.98	1.18	1.02	1.31
18	1.20	1.14	1.09	1.19	1.16	1.10	0.67	1.03	1.56	0.53	0.98	0.62	0.96	1.15	0.99	1.28
19	1.17	1.11	1.06	1.16	1.13	1.07	0.65	1.00	1.52	0.52	0.96	0.61	0.93	1.12	0.96	1.24
20	1.15	1.09	1.05	1.14	1.11	1.05	0.64	0.98	1.49	0.51	0.94	0.59	0.92	1.10	0.95	1.22
21	1.13	1.08	1.03	1.12	1.09	1.03	0.63	0.97	1.47	0.50	0.92	0.59	0.90	1.08	0.93	1.20
22	1.12	1.06	1.02	1.11	1.08	1.02	0.62	0.96	1.45	0.49	0.91	0.58	0.89	1.07	0.92	1.19
23	1.11	1.06	1.01	1.10	1.07	1.02	0.62	0.95	1.44	0.49	0.91	0.58	0.89	1.06	0.92	1.18
24	1.11	1.05	1.00	1.10	1.07	1.01	0.61	0.95	1.43	0.49	0.90	0.57	0.88	1.06	0.91	1.17
25	1.06	1.01	0.97	1.06	1.03	0.97	0.59	0.91	1.38	0.47	0.87	0.55	0.85	1.02	0.88	1.13
26	1.00	0.95	0.91	0.99	0.96	0.91	0.55	0.85	1.29	0.44	0.82	0.52	0.80	0.95	0.82	1.06
27	0.95	0.90	0.86	0.94	0.92	0.86	0.53	0.81	1.23	0.42	0.77	0.49	0.76	0.90	0.78	1.01
28	0.91	0.86	0.82	0.90	0.88	0.83	0.50	0.78	1.18	0.40	0.74	0.47	0.72	0.87	0.75	0.96
29	0.88	0.83	0.80	0.87	0.85	0.80	0.49	0.75	1.13	0.39	0.71	0.45	0.70	0.84	0.72	0.93
30	0.85	0.81	0.77	0.84	0.82	0.78	0.47	0.73	1.10	0.37	0.69	0.44	0.68	0.81	0.70	0.90
31	0.84	0.79	0.76	0.83	0.81	0.76	0.46	0.71	1.08	0.37	0.68	0.43	0.67	0.80	0.69	0.89
32	0.83	0.79	0.75	0.82	0.80	0.76	0.46	0.71	1.08	0.37	0.68	0.43	0.66	0.79	0.68	0.88
33	0.83	0.79	0.75	0.82	0.80	0.75	0.46	0.71	1.07	0.36	0.68	0.43	0.66	0.79	0.68	0.88
34	0.83	0.79	0.75	0.82	0.80	0.75	0.46	0.71	1.07	0.36	0.67	0.43	0.66	0.79	0.68	0.88
35	0.83	0.79	0.75	0.82	0.80	0.75	0.46	0.71	1.07	0.36	0.68	0.43	0.66	0.79	0.68	0.88
36	0.83	0.79	0.75	0.82	0.80	0.76	0.46	0.71	1.08	0.37	0.68	0.43	0.66	0.79	0.68	0.88
37	0.84	0.79	0.76	0.83	0.81	0.76	0.46	0.71	1.08	0.37	0.68	0.43	0.67	0.80	0.69	0.89
38	0.84	0.80	0.76	0.83	0.81	0.77	0.47	0.72	1.09	0.37	0.69	0.43	0.67	0.80	0.69	0.89
39	0.85	0.81	0.77	0.84	0.82	0.77	0.47	0.72	1.10	0.37	0.69	0.44	0.68	0.81	0.70	0.90
40	0.86	0.81	0.78	0.85	0.83	0.78	0.47	0.73	1.11	0.38	0.70	0.44	0.68	0.82	0.70	0.91
41	0.87	0.82	0.79	0.86	0.84	0.79	0.48	0.74	1.12	0.38	0.71	0.45	0.69	0.83	0.71	0.92
42	0.88	0.83	0.80	0.87	0.85	0.80	0.49	0.75	1.14	0.39	0.72	0.45	0.70	0.84	0.72	0.93
43	0.89	0.84	0.81	0.88	0.86	0.81	0.49	0.76	1.15	0.39	0.72	0.46	0.71	0.85	0.73	0.94
44	0.90	0.86	0.82	0.89	0.87	0.82	0.50	0.77	1.17	0.40	0.74	0.47	0.72	0.86	0.74	0.96
45	0.92	0.87	0.83	0.91	0.88	0.84	0.51	0.78	1.19	0.40	0.75	0.47	0.73	0.87	0.75	0.97
46	0.93	0.89	0.85	0.92	0.90	0.85	0.52	0.80	1.21	0.41	0.76	0.48	0.74	0.89	0.77	0.99
47	0.95	0.90	0.86	0.94	0.92	0.86	0.53	0.81	1.23	0.42	0.77	0.49	0.76	0.90	0.78	1.01
48	0.97	0.92	0.88	0.96	0.93	0.88	0.54	0.83	1.25	0.42	0.79	0.50	0.77	0.92	0.80	1.03
49	0.99	0.94	0.89	0.98	0.95	0.90	0.55	0.84	1.28	0.43	0.80	0.51	0.78	0.94	0.81	1.05
50	1.01	0.96	0.91	1.00	0.97	0.92	0.56	0.86	1.30	0.44	0.82	0.52	0.80	0.96	0.83	1.07