

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 1

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	229	341	275	590	400	531	359	238
PART 2	PERSONAL INJURY PROTECTION							
	70	92	83	146	111	131	100	68
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	343	508	425	959	658	863	592
	10,000	492	728	609	1374	943	1237	848
	15,000	497	736	615	1389	953	1250	857
	25,000	500	741	620	1399	960	1259	864
	35,000	503	745	623	1407	965	1266	868
	50,000	506	750	627	1415	971	1274	874
	100,000	513	759	635	1434	984	1290	885
	250,000	520	770	644	1453	997	1307	897
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	35	51	41	89	60	80	54
	20/50	38	55	44	96	65	86	58
	25/50	56	82	66	143	97	129	87
	25/60	59	86	69	150	101	135	91
	35/80	90	133	107	232	157	208	141
	50/100	125	184	148	320	216	288	194
	100/300	220	325	262	564	382	508	343
	250/500	399	592	477	1026	695	923	624
	414							

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1018	1691	1213	2679	1825	2411	1642	1037
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	187	187	187	187	187	187	187	187
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
122	203	146	321	219	289	197	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 2

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	273	409	337	711	476	640	429	284
PART 2	PERSONAL INJURY PROTECTION							
	76	108	88	158	115	142	104	77
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	410	579	497	1107	717	997	645
	10,000	588	830	712	1586	1027	1429	924
	15,000	594	838	720	1603	1038	1444	934
	25,000	598	845	725	1615	1046	1455	941
	35,000	601	849	729	1624	1052	1463	946
	50,000	605	855	734	1634	1058	1472	952
	100,000	613	866	743	1655	1072	1491	964
	250,000	621	877	753	1677	1086	1510	977
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	41	62	51	107	71	97	64
	20/50	44	67	55	115	76	104	69
	25/50	66	100	82	172	115	156	103
	25/60	69	104	86	181	120	163	108
	35/80	107	161	132	279	186	252	168
	50/100	148	222	183	385	257	348	232
	100/300	261	392	323	680	454	613	409
	250/500	474	712	586	1236	826	1114	744

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0		35/80	39
	20/50	32	0		50/100	43
	25/50	34	1		100/300	52
	25/60	35	2		250/500	63

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	973	1691	1275	2730	1574	2457	1417	1008
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	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	
117	203	153	328	189	295	170	121	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 3

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	267	425	313	762	477	685	429	269	
PART 2	PERSONAL INJURY PROTECTION								
	86	124	97	201	124	182	111	83	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	5,000	388	602	458	1063	729	957	656	425
	10,000	556	863	656	1523	1045	1371	940	609
	15,000	562	872	663	1539	1056	1386	950	615
	25,000	566	878	668	1551	1064	1396	957	620
	35,000	569	883	672	1559	1069	1404	962	623
	50,000	573	889	676	1569	1076	1413	968	627
	100,000	580	900	685	1589	1090	1431	981	635
	250,000	588	912	694	1610	1104	1450	994	644
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	20/40	40	63	48	114	72	103	65	41
	20/50	43	68	52	123	77	111	70	44
	25/50	65	102	77	184	116	166	105	66
	25/60	68	107	80	193	121	174	109	69
	35/80	104	165	124	298	187	268	169	106
	50/100	144	229	171	412	259	371	233	146
	100/300	255	405	301	727	456	655	411	258
	250/500	464	736	546	1323	830	1190	747	469

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1011	1711	1196	2784	1705	2506	1535	1019
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	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	
121	205	144	334	205	301	184	122	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 4

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	330	510	369	871	555	783	500	306
PART 2	PERSONAL INJURY PROTECTION							
	95	130	97	196	146	176	131	84
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	435	687	478	1132	838	1018	754
	10,000	623	984	685	1622	1201	1459	1080
	15,000	630	995	692	1639	1213	1474	1092
	25,000	635	1002	697	1652	1223	1485	1100
	35,000	638	1008	701	1661	1229	1493	1106
	50,000	642	1014	706	1671	1237	1503	1113
	100,000	650	1027	715	1692	1253	1522	1127
	250,000	659	1041	724	1715	1270	1542	1142
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	50	77	56	131	84	118	76
	20/50	54	83	60	141	90	127	82
	25/50	80	124	90	211	135	190	122
	25/60	84	130	94	221	142	199	128
	35/80	130	200	145	341	218	307	197
	50/100	179	277	201	472	301	424	272
	100/300	316	488	354	832	531	749	479
	250/500	574	887	643	1514	966	1361	871

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1110	1848	1333	2813	1893	2532	1704	1096
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	195	195	195	195	195	195	195	195
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
133	222	160	338	227	304	204	132	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 5

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	322	443	391	803	581	722	523	331
PART 2	PERSONAL INJURY PROTECTION							
	96	135	100	186	145	168	131	87
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	418	592	489	1097	845	988	760
	10,000	599	848	701	1572	1211	1416	1089
	15,000	605	857	708	1588	1224	1431	1100
	25,000	610	864	713	1601	1233	1441	1109
	35,000	613	868	717	1609	1240	1449	1115
	50,000	617	874	722	1619	1247	1458	1122
	100,000	625	885	731	1640	1263	1477	1136
	250,000	633	897	741	1662	1280	1497	1151
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	48	67	58	121	87	108	78
	20/50	52	72	62	130	94	116	84
	25/50	78	108	94	195	140	174	126
	25/60	81	113	98	204	147	183	132
	35/80	126	174	152	315	227	282	204
	50/100	174	240	211	435	314	390	282
	100/300	307	424	372	768	555	689	499
	250/500	559	771	678	1396	1009	1253	907

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1062	1643	1341	2803	1936	2523	1743	1099
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	205	205	205	205	205	205	205	205
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	
127	197	161	336	232	303	209	132	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 6

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	353	507	427	963	595	867	535	361
PART 2	PERSONAL INJURY PROTECTION							
	104	133	122	220	148	199	133	93
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	464	628	565	1229	850	1106	765
	10,000	665	900	810	1761	1218	1585	1096
	15,000	672	909	818	1780	1231	1601	1108
	25,000	677	916	824	1793	1240	1614	1116
	35,000	681	921	829	1803	1247	1623	1122
	50,000	685	927	834	1814	1255	1632	1129
	100,000	694	939	845	1837	1271	1653	1144
	250,000	703	951	856	1862	1288	1676	1159
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	54	77	64	145	90	131	81
	20/50	58	83	69	156	97	141	87
	25/50	87	124	103	234	145	211	130
	25/60	91	130	108	245	152	221	136
	35/80	139	200	167	378	234	341	210
	50/100	192	276	231	522	323	470	290
	100/300	339	486	408	921	570	830	512
	250/500	616	883	742	1674	1035	1508	931

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1134	1774	1355	3023	1947	2721	1753	1152
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	198	198	198	198	198	198	198	198
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
136	213	163	363	234	327	210	138	
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 7

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	331	497	390	860	614	774	553	323
PART 2	PERSONAL INJURY PROTECTION							
	130	166	145	265	200	239	180	118
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	457	649	542	1111	820	999	738
	10,000	655	930	777	1592	1175	1432	1058
	15,000	662	940	785	1609	1187	1447	1069
	25,000	667	947	791	1621	1196	1458	1077
	35,000	670	952	795	1630	1203	1466	1083
	50,000	675	958	800	1640	1210	1475	1089
	100,000	683	970	810	1661	1226	1494	1103
	250,000	692	983	821	1683	1242	1513	1118
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	50	75	59	129	92	116	84
	20/50	54	81	63	139	99	125	90
	25/50	80	121	95	208	148	187	135
	25/60	84	126	99	218	156	196	141
	35/80	130	195	153	337	240	303	218
	50/100	180	269	212	465	332	419	301
	100/300	317	475	373	821	586	739	530
	250/500	576	864	679	1494	1066	1344	963

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1177	1881	1400	3135	2092	2821	1883	1201
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	217	217	217	217	217	217	217	217
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
141	226	168	376	251	339	226	144	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 8

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	382	571	437	1004	690	904	621	372
PART 2	PERSONAL INJURY PROTECTION							
	126	174	152	260	222	234	200	114
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	476	679	574	1201	914	1081	822
	10,000	682	973	823	1721	1310	1549	1178
	15,000	689	983	831	1739	1323	1565	1190
	25,000	694	991	837	1752	1334	1577	1199
	35,000	698	996	842	1762	1341	1586	1206
	50,000	703	1002	847	1773	1349	1596	1213
	100,000	712	1015	858	1795	1366	1616	1229
	250,000	721	1029	870	1820	1385	1638	1245
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	58	86	66	151	105	136	94
	20/50	62	93	71	163	113	146	101
	25/50	93	139	106	243	169	219	151
	25/60	98	145	111	255	177	230	158
	35/80	150	224	172	394	272	354	244
	50/100	208	309	237	544	375	490	337
	100/300	366	546	418	960	662	864	595
	250/500	665	993	760	1745	1202	1571	1081

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1222	2099	1887	3150	2314	2835	2083	1179
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	248	248	248	248	248	248	248	248
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	
147	252	226	378	278	340	250	141	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 9

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	412	584	537	1098	756	988	680	430
PART 2	PERSONAL INJURY PROTECTION							
	156	202	171	319	224	287	201	142
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	522	739	595	1279	935	1152	841
	10,000	748	1059	853	1833	1340	1651	1205
	15,000	756	1070	862	1852	1354	1668	1218
	25,000	762	1078	868	1866	1364	1681	1227
	35,000	766	1084	873	1876	1372	1690	1234
	50,000	770	1091	878	1888	1380	1700	1241
	100,000	780	1105	890	1912	1398	1722	1257
	250,000	791	1120	901	1938	1417	1745	1274
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	63	88	81	166	114	150	103
	20/50	68	95	87	179	123	161	111
	25/50	101	142	130	267	184	241	166
	25/60	106	148	137	280	192	252	173
	35/80	163	229	211	431	297	389	267
	50/100	225	316	291	596	410	537	369
	100/300	396	558	514	1051	723	947	651
	250/500	719	1015	934	1910	1315	1720	1184

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1239	2024	1460	3129	2169	2816	1952	1401
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	232	232	232	232	232	232	232	232
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
149	243	175	375	260	338	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 10

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	394	584	506	1017	735	915	662	412
PART 2	PERSONAL INJURY PROTECTION							
	136	197	164	274	211	247	190	127
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	450	638	539	1188	917	1069	825
	10,000	645	914	772	1702	1314	1532	1182
	15,000	652	924	780	1720	1328	1548	1195
	25,000	657	931	786	1733	1338	1560	1204
	35,000	660	936	791	1743	1345	1568	1210
	50,000	664	942	796	1753	1353	1578	1218
	100,000	673	954	806	1776	1371	1598	1233
	250,000	682	967	817	1800	1389	1620	1250
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	60	89	77	154	111	139	99
	20/50	65	96	83	166	119	150	107
	25/50	96	143	124	248	179	223	160
	25/60	101	150	129	259	187	234	167
	35/80	155	230	199	400	289	360	259
	50/100	214	318	275	552	399	497	358
	100/300	378	560	485	974	703	877	632
	250/500	687	1018	882	1770	1278	1594	1149

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1208	1988	1467	3152	2449	2838	2204	1271
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	221	221	221	221	221	221	221	221
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	
145	239	176	378	294	341	264	153	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 11

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	496	721	599	1369	898	1233	809	466
PART 2	PERSONAL INJURY PROTECTION							
	191	274	210	424	278	382	250	171
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	523	796	587	1356	954	1221	859
	10,000	749	1141	841	1943	1367	1750	1231
	15,000	757	1153	850	1963	1381	1768	1244
	25,000	763	1161	856	1978	1392	1781	1253
	35,000	767	1168	861	1989	1400	1791	1260
	50,000	772	1175	866	2001	1408	1802	1268
	100,000	782	1190	878	2027	1426	1825	1284
	250,000	792	1206	889	2054	1445	1850	1301
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	74	109	91	207	136	187	122
	20/50	80	117	98	223	146	201	131
	25/50	120	175	146	333	219	301	196
	25/60	125	184	153	349	229	315	206
	35/80	194	283	236	538	353	485	318
	50/100	268	391	326	743	488	670	439
	100/300	473	690	574	1310	860	1181	774
	250/500	861	1254	1043	2382	1563	2147	1407

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0		35/80	39
	20/50	32	0		50/100	43
	25/50	34	1		100/300	52
	25/60	35	2		250/500	63

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1269	2176	1574	3318	2146	2986	1932	1238
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	248	248	248	248	248	248	248	248
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	
152	261	189	398	258	358	232	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 12

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	446	642	529	1167	760	1050	684	466
PART 2	PERSONAL INJURY PROTECTION							
	162	219	188	320	239	289	215	147
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	531	781	605	1424	980	1281	882
	10,000	761	1119	867	2041	1404	1836	1264
	15,000	769	1131	876	2062	1419	1855	1277
	25,000	775	1139	883	2078	1430	1869	1287
	35,000	779	1146	888	2089	1438	1879	1294
	50,000	784	1153	893	2102	1446	1891	1302
	100,000	794	1168	904	2129	1465	1915	1319
	250,000	804	1183	917	2157	1485	1941	1336
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	67	97	80	176	114	158	103
	20/50	72	104	86	189	123	170	111
	25/50	108	156	129	283	184	255	166
	25/60	113	164	135	297	193	267	174
	35/80	175	252	208	458	298	412	268
	50/100	241	348	287	633	411	569	371
	100/300	426	614	506	1116	726	1004	654
	250/500	775	1117	920	2029	1320	1825	1189
								810

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1408	2272	1740	3661	2449	3295	2204	1373
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	264	264	264	264	264	264	264	264
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	
169	273	209	439	294	395	264	165	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 13

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	484	690	570	1186	804	1067	723	489
PART 2	PERSONAL INJURY PROTECTION							
	218	297	227	436	314	393	283	197
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	515	721	573	1284	929	1155	836
	10,000	738	1033	821	1840	1331	1655	1198
	15,000	746	1044	830	1859	1345	1672	1211
	25,000	751	1052	836	1873	1355	1685	1220
	35,000	756	1058	841	1884	1363	1694	1226
	50,000	760	1064	846	1895	1371	1705	1234
	100,000	770	1078	857	1920	1389	1727	1250
	250,000	780	1092	868	1945	1407	1750	1267
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	72	105	85	179	121	161	109
	20/50	78	113	92	193	130	173	117
	25/50	116	169	137	288	195	259	176
	25/60	122	177	144	302	204	272	184
	35/80	189	272	223	466	315	419	284
	50/100	261	375	308	643	436	579	392
	100/300	461	662	544	1135	769	1021	691
	250/500	839	1202	989	2063	1398	1856	1257
	851							

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1385	2038	1613	3457	2345	3111	2110	1426
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	288	288	288	288	288	288	288	288
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	245	194	415	281	373	253	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.

TERRITORY 14

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	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
25/60	35	2	250/500	63	91	

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1610	2490	1951	4174	2705	3756	2435	1622
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	257	257	257	257	257	257	257	257
	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
193	299	234	501	325	451	292	195
COLLISION - Waiver of Deductible Charges							
\$300 Deductible..... \$25				\$500 Deductible..... \$36			

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 15

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	579	849	698	1307	982	1176	883	668
PART 2	PERSONAL INJURY PROTECTION							
	216	304	242	418	332	376	299	197
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	599	877	660	1414	1030	1273	927
	10,000	858	1257	946	2026	1476	1824	1328
	15,000	867	1270	956	2047	1491	1843	1342
	25,000	874	1280	963	2063	1503	1857	1352
	35,000	879	1287	968	2074	1511	1867	1360
	50,000	884	1294	974	2087	1520	1879	1368
	100,000	896	1311	987	2114	1540	1903	1386
	250,000	907	1329	1000	2142	1560	1929	1404
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	87	128	105	196	148	177	133
	20/50	94	138	113	211	159	191	143
	25/50	140	206	169	316	238	285	214
	25/60	147	216	177	331	250	299	224
	35/80	227	333	274	512	385	461	346
	50/100	313	460	378	707	532	637	478
	100/300	553	812	667	1248	939	1124	844
	250/500	1006	1476	1213	2270	1707	2044	1535
								1162

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	2049	3374	2437	5094	3696	4585	3326	2226
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	328	328	328	328	328	328	328	328
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	
246	405	292	611	444	550	399	267	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 16

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	561	846	698	1352	882	1216	794	577
PART 2	PERSONAL INJURY PROTECTION							
	276	397	304	534	398	481	359	250
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	551	801	644	1291	915	1161	823
	10,000	790	1148	923	1850	1311	1664	1179
	15,000	798	1160	933	1869	1325	1681	1192
	25,000	804	1169	940	1884	1335	1694	1201
	35,000	808	1175	945	1894	1342	1703	1207
	50,000	813	1182	951	1906	1351	1714	1215
	100,000	824	1197	963	1930	1368	1736	1230
	250,000	835	1214	976	1956	1386	1759	1247
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	85	128	106	204	133	184	120
	20/50	91	138	114	220	143	198	129
	25/50	137	206	170	328	214	296	193
	25/60	143	216	178	344	224	310	202
	35/80	221	333	275	531	346	478	312
	50/100	305	459	379	733	478	660	431
	100/300	537	810	669	1293	844	1164	760
	250/500	976	1472	1216	2351	1534	2116	1381
								1003

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1678	2743	1988	4254	2915	3828	2623	1767
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	397	397	397	397	397	397	397	397
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	
201	329	239	510	350	459	315	212	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 17

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	472	687	592	1167	779	1050	702	438
PART 2	PERSONAL INJURY PROTECTION							
	176	231	208	339	239	305	215	212
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	513	745	629	1272	870	1144	783
	10,000	735	1068	901	1823	1247	1639	1122
	15,000	743	1079	911	1842	1260	1657	1134
	25,000	748	1087	918	1856	1269	1669	1142
	35,000	753	1093	923	1866	1276	1678	1149
	50,000	757	1100	928	1877	1284	1689	1156
	100,000	767	1114	940	1902	1301	1710	1171
	250,000	777	1129	953	1927	1318	1733	1186
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	71	103	90	176	117	158	106
	20/50	76	111	97	189	126	170	114
	25/50	114	166	145	283	189	255	171
	25/60	120	174	151	297	198	267	179
	35/80	185	269	233	458	305	412	276
	50/100	256	372	322	633	422	569	381
	100/300	451	656	567	1116	744	1004	672
	250/500	820	1193	1031	2029	1353	1825	1221

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1639	2854	2426	3835	2927	3452	2634	1653
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	252	252	252	252	252	252	252	252
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
197	342	291	460	351	414	316	198	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 18

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	648	1001	724	1623	1104	1461	994	730
PART 2	PERSONAL INJURY PROTECTION							
	292	416	298	571	422	514	379	289
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	568	845	622	1430	1062	1287	956
	10,000	814	1211	891	2049	1522	1844	1370
	15,000	822	1224	901	2071	1538	1864	1384
	25,000	829	1233	907	2086	1549	1878	1395
	35,000	833	1240	912	2098	1558	1888	1402
	50,000	838	1247	918	2111	1568	1900	1411
	100,000	849	1263	930	2138	1588	1924	1429
	250,000	861	1280	942	2166	1609	1950	1448
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	98	151	109	245	167	220	151
	20/50	105	163	117	264	180	237	162
	25/50	158	243	176	394	269	354	243
	25/60	165	255	184	413	281	371	254
	35/80	255	393	284	637	434	573	391
	50/100	352	543	392	880	599	792	540
	100/300	620	957	692	1553	1057	1397	953
	250/500	1127	1741	1259	2823	1921	2540	1731

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1490	2909	1838	4181	2708	3762	2437	1674
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	343	343	343	343	343	343	343	343
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	349	221	502	325	451	292	201	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 19

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	586	845	827	1519	1033	1366	930	564
PART 2	PERSONAL INJURY PROTECTION							
	235	315	276	473	392	426	352	211
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	521	703	702	1278	906	1151	816
	10,000	747	1007	1006	1831	1298	1649	1169
	15,000	754	1018	1016	1851	1312	1667	1182
	25,000	760	1026	1024	1865	1322	1679	1191
	35,000	764	1031	1030	1875	1329	1689	1197
	50,000	769	1038	1036	1886	1337	1699	1204
	100,000	779	1051	1049	1911	1354	1721	1220
	250,000	789	1065	1064	1936	1373	1744	1236
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	89	128	124	229	156	206	140
	20/50	96	138	134	246	168	222	151
	25/50	143	206	200	369	251	332	226
	25/60	150	216	210	386	263	347	236
	35/80	231	332	324	596	406	536	365
	50/100	319	459	447	823	560	740	504
	100/300	562	809	790	1453	988	1306	889
	250/500	1021	1471	1436	2641	1797	2375	1617

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1581	2439	2341	3958	2552	3562	2296	1541
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	339	339	339	339	339	339	339	339
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	
190	293	281	475	306	427	276	185	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 20

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	679	1018	851	1444	1134	1300	1021	797
PART 2	PERSONAL INJURY PROTECTION							
	311	450	374	632	512	570	461	282
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	571	837	696	1485	997	1336	898
	10,000	818	1199	997	2128	1429	1914	1287
	15,000	827	1212	1008	2150	1444	1935	1300
	25,000	833	1221	1015	2167	1455	1949	1310
	35,000	838	1228	1021	2178	1463	1960	1317
	50,000	843	1235	1027	2192	1472	1972	1325
	100,000	854	1251	1041	2220	1491	1997	1343
	250,000	865	1268	1054	2250	1510	2024	1360
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	103	153	129	217	171	195	154
	20/50	111	165	139	234	184	210	166
	25/50	166	247	207	350	275	315	248
	25/60	173	258	217	366	288	330	260
	35/80	267	399	335	566	445	509	401
	50/100	369	551	462	782	615	703	554
	100/300	650	973	815	1380	1085	1242	977
	250/500	1182	1769	1481	2509	1972	2258	1776

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1700	2737	2008	4036	2705	3632	2435	2360
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	324	324	324	324	324	324	324	324
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	
204	328	241	484	325	436	292	283	
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.

TERRITORY 21

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12			
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1972	2992	2320	4822	3525	4340	3172	1825
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	356	356	356	356	356	356	356	356
	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
237	359	278	579	423	521	381	219
COLLISION - Waiver of Deductible Charges							
\$300 Deductible..... \$25				\$500 Deductible..... \$36			

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 22

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	846	1235	958	1135	1008	1021	907	869
PART 2	PERSONAL INJURY PROTECTION							
	353	495	368	685	616	616	555	315
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	640	858	814	1550	1197	1394	1077
	10,000	917	1230	1166	2221	1715	1998	1543
	15,000	927	1242	1179	2244	1733	2019	1559
	25,000	934	1252	1188	2261	1746	2034	1571
	35,000	939	1259	1194	2274	1756	2045	1580
	50,000	945	1266	1201	2288	1767	2058	1590
	100,000	957	1283	1217	2317	1790	2084	1610
	250,000	970	1300	1233	2348	1813	2112	1632
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	128	187	145	171	152	154	137
	20/50	138	201	156	184	164	166	147
	25/50	206	301	233	275	245	248	221
	25/60	216	315	244	289	256	260	231
	35/80	333	486	377	445	396	401	356
	50/100	459	670	520	615	546	554	492
	100/300	810	1182	917	1085	964	977	868
	250/500	1472	2149	1667	1973	1753	1776	1578
								1513

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0		35/80	39
	20/50	32	0		50/100	43
	25/50	34	1		100/300	52
	25/60	35	2		250/500	63

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1798	2821	2139	4317	3014	3885	2713	1774
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	361	361	361	361	361	361	361	361
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	
216	339	257	518	362	466	326	213	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 23

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	682	990	829	1654	1086	1489	977	682
PART 2	PERSONAL INJURY PROTECTION							
	268	350	296	521	371	468	334	247
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	557	757	678	1381	1010	1243	909
	10,000	798	1085	972	1979	1447	1781	1303
	15,000	807	1096	982	2000	1462	1800	1316
	25,000	813	1104	989	2015	1474	1814	1326
	35,000	817	1111	995	2026	1482	1823	1334
	50,000	822	1117	1001	2038	1491	1835	1342
	100,000	833	1132	1014	2065	1510	1858	1359
	250,000	844	1147	1027	2092	1530	1883	1377
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	103	150	126	248	163	224	147
	20/50	111	161	136	267	175	241	158
	25/50	166	241	202	400	263	361	237
	25/60	174	253	212	419	275	378	248
	35/80	268	389	327	647	425	584	383
	50/100	370	538	451	895	588	806	529
	100/300	653	948	795	1579	1037	1423	934
	250/500	1186	1723	1444	2873	1887	2588	1698

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1720	2631	2148	4133	2799	3720	2519	1673
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	315	315	315	315	315	315	315	315
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	316	258	496	336	446	302	201	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 24

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	465	668	651	1328	771	1196	694	497
PART 2	PERSONAL INJURY PROTECTION							
	175	239	200	361	264	325	238	175
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	554	782	744	1466	991	1319	892
	10,000	794	1121	1066	2101	1420	1890	1278
	15,000	802	1132	1077	2123	1435	1910	1292
	25,000	808	1141	1085	2139	1446	1924	1301
	35,000	813	1147	1091	2151	1454	1935	1309
	50,000	818	1154	1098	2164	1463	1947	1317
	100,000	828	1169	1112	2192	1482	1972	1334
	250,000	839	1185	1127	2221	1501	1998	1351
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	70	100	99	201	116	180	105
	20/50	75	108	107	216	125	194	113
	25/50	113	161	159	323	187	290	169
	25/60	118	169	167	339	196	304	177
	35/80	182	261	257	522	302	469	273
	50/100	252	361	354	721	418	648	377
	100/300	445	638	624	1271	737	1143	664
	250/500	808	1160	1134	2311	1340	2079	1208
								864

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1574	2506	1910	4127	2817	3714	2535	1639
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	212	212	212	212	212	212	212	212
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
189	301	229	495	338	446	304	197	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 25

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	509	798	609	1345	859	1210	774	629
PART 2	PERSONAL INJURY PROTECTION							
	217	314	289	477	312	429	281	230
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	582	829	633	1480	1096	1333	986
	10,000	834	1188	907	2121	1571	1910	1413
	15,000	843	1200	917	2143	1587	1930	1428
	25,000	849	1210	924	2159	1599	1945	1439
	35,000	854	1216	929	2171	1608	1956	1446
	50,000	859	1224	934	2184	1618	1968	1455
	100,000	870	1239	946	2213	1639	1993	1474
	250,000	882	1256	959	2242	1660	2019	1494
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	77	120	92	202	129	182	116
	20/50	83	129	99	217	139	196	125
	25/50	124	193	148	326	208	293	187
	25/60	130	203	155	341	218	307	196
	35/80	200	313	239	527	336	474	303
	50/100	276	432	330	728	465	655	419
	100/300	487	763	583	1285	821	1156	739
	250/500	886	1387	1059	2337	1492	2103	1344
								1094

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1493	2448	1919	3637	2415	3274	2174	1539
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	318	318	318	318	318	318	318	318
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	294	230	436	290	393	261	185	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 26

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	554	881	652	1156	978	1041	880	609
PART 2	PERSONAL INJURY PROTECTION							
	230	321	257	442	335	398	302	221
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	585	862	681	1585	1037	1427	934
	10,000	838	1235	976	2271	1486	2045	1338
	15,000	847	1248	986	2295	1502	2066	1352
	25,000	854	1258	994	2313	1513	2082	1363
	35,000	858	1265	999	2325	1521	2093	1370
	50,000	863	1272	1005	2339	1531	2106	1379
	100,000	875	1289	1018	2370	1550	2133	1396
	250,000	886	1306	1032	2401	1571	2162	1415
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	84	133	99	174	147	157	132
	20/50	90	143	107	187	158	169	142
	25/50	135	214	159	280	237	253	213
	25/60	141	224	167	294	248	265	223
	35/80	218	346	257	453	383	409	345
	50/100	301	478	354	626	530	564	476
	100/300	531	843	625	1105	935	996	840
	250/500	964	1532	1135	2009	1700	1810	1529
								1059

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1995	3261	2605	4891	3274	4401	2946	2072
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	460	460	460	460	460	460	460	460
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$5								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
239	391	313	587	393	528	354	249	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 27

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	221	325	293	546	389	491	349	226
PART 2	PERSONAL INJURY PROTECTION							
	62	96	85	132	93	119	83	72
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	343	482	425	875	655	787	589
	10,000	492	691	609	1254	939	1128	844
	15,000	497	698	615	1267	948	1140	853
	25,000	500	703	620	1277	956	1148	859
	35,000	503	707	623	1284	961	1155	864
	50,000	506	711	627	1292	967	1162	869
	100,000	513	721	635	1308	979	1177	881
	250,000	520	730	644	1326	992	1192	892
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	33	48	44	83	59	75	53
	20/50	36	52	47	89	63	81	57
	25/50	53	78	71	133	95	120	85
	25/60	56	82	74	140	99	126	89
	35/80	86	126	115	215	153	194	137
	50/100	119	175	159	297	211	267	190
	100/300	211	309	280	523	373	471	334
	250/500	384	563	509	951	677	856	608

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	923	1606	1108	2471	1655	2223	1490	931
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	179	179	179	179	179	179	179	179
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	
111	193	133	297	199	267	179	112	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 40

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	616	811	766	1447	1092	1303	983	521
PART 2	PERSONAL INJURY PROTECTION							
	295	361	416	590	491	531	442	233
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	412	534	511	1031	750	928	675
	10,000	590	765	732	1477	1075	1330	967
	15,000	597	773	740	1493	1086	1344	977
	25,000	601	779	746	1504	1094	1354	985
	35,000	604	783	750	1512	1100	1361	990
	50,000	608	788	754	1522	1107	1370	996
	100,000	616	798	764	1541	1121	1387	1009
	250,000	624	809	774	1562	1136	1406	1023
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	92	122	116	218	165	196	148
	20/50	99	131	125	235	178	211	159
	25/50	149	197	187	351	266	316	238
	25/60	156	206	195	368	278	331	250
	35/80	241	318	301	568	429	511	386
	50/100	333	439	416	784	592	706	533
	100/300	588	775	733	1384	1045	1245	940
	250/500	1069	1410	1333	2516	1900	2265	1709
	905							

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1137	1751	1450	2778	2413	2500	2172	1081
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	325	325	325	325	325	325	325	325
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
136	210	174	333	290	300	261	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.

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 41

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	454	679	562	1135	818	1021	736	510
PART 2	PERSONAL INJURY PROTECTION							
	204	292	215	399	298	359	268	213
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	431	645	506	1087	788	978	709
	10,000	618	924	725	1558	1129	1401	1016
	15,000	624	934	733	1574	1141	1416	1027
	25,000	629	941	738	1586	1150	1427	1034
	35,000	632	946	742	1595	1156	1435	1040
	50,000	636	952	747	1604	1163	1444	1046
	100,000	644	964	756	1625	1178	1462	1060
	250,000	653	977	767	1647	1194	1482	1074
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	68	103	85	171	123	154	111
	20/50	73	111	91	184	132	166	119
	25/50	110	166	137	275	198	248	179
	25/60	115	173	143	289	208	260	187
	35/80	178	267	221	445	321	401	289
	50/100	245	369	305	615	443	554	399
	100/300	433	650	538	1085	782	977	704
	250/500	788	1182	978	1973	1422	1776	1280
								887

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1124	1774	1436	2755	2085	2480	1877	1182
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	209	209	209	209	209	209	209	209
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$2								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
135	213	172	331	250	298	225	142	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 42

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	734	1035	868	1325	1203	1193	1083	722
PART 2	PERSONAL INJURY PROTECTION							
	355	458	400	722	459	650	413	309
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	448	611	509	1130	776	1017	699
	10,000	642	876	729	1619	1112	1457	1002
	15,000	649	885	737	1636	1124	1473	1012
	25,000	654	891	743	1649	1132	1484	1020
	35,000	657	896	747	1658	1138	1492	1025
	50,000	661	902	751	1668	1145	1501	1032
	100,000	670	913	761	1689	1160	1520	1045
	250,000	679	926	771	1712	1176	1541	1059
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	110	157	131	200	181	180	163
	20/50	118	169	141	215	195	194	175
	25/50	178	252	211	322	292	290	263
	25/60	186	264	221	337	306	304	275
	35/80	287	407	341	520	472	468	425
	50/100	397	562	471	719	652	647	587
	100/300	701	991	830	1268	1150	1141	1035
	250/500	1275	1802	1510	2305	2091	2075	1882
								1256

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1170	1798	1415	3272	1882	2945	1694	1145
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	297	297	297	297	297	297	297	297
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
140	216	170	393	226	353	203	137	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 43

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	580	876	680	1347	1051	1212	946	564
PART 2	PERSONAL INJURY PROTECTION							
	236	319	265	482	347	434	312	220
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	634	887	708	1524	1121	1372	1009
	10,000	909	1271	1015	2184	1606	1966	1446
	15,000	918	1284	1025	2207	1623	1987	1461
	25,000	925	1294	1033	2224	1636	2002	1472
	35,000	930	1301	1039	2236	1645	2013	1480
	50,000	936	1309	1045	2249	1655	2025	1489
	100,000	948	1326	1058	2278	1676	2051	1508
	250,000	961	1344	1073	2309	1698	2079	1529
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	87	132	102	203	158	183	143
	20/50	94	142	110	219	170	197	154
	25/50	140	213	165	327	255	295	230
	25/60	147	223	172	343	267	309	241
	35/80	227	344	266	529	412	476	372
	50/100	314	475	368	730	569	657	513
	100/300	554	838	649	1288	1004	1160	905
	250/500	1007	1523	1181	2342	1826	2108	1646
	981							

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1556	2469	1889	3933	3170	3539	2853	1496
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	376	376	376	376	376	376	376	376
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	
187	296	227	472	380	425	342	180	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25 \$500 Deductible..... \$36								

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 44

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	484	714	662	1264	858	1138	773	507
PART 2	PERSONAL INJURY PROTECTION							
	186	266	238	382	304	344	274	182
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	462	634	572	1108	807	997	726
	10,000	662	909	820	1588	1156	1429	1040
	15,000	669	918	828	1604	1169	1444	1051
	25,000	674	925	835	1617	1177	1455	1059
	35,000	678	930	839	1625	1184	1463	1065
	50,000	682	936	844	1635	1191	1472	1072
	100,000	691	948	855	1656	1206	1491	1085
	250,000	700	961	867	1679	1223	1510	1100
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	73	107	99	191	129	172	116
	20/50	79	115	107	206	139	185	125
	25/50	118	173	160	307	208	277	187
	25/60	123	181	167	322	218	290	196
	35/80	190	279	259	497	336	447	303
	50/100	262	386	358	686	465	617	418
	100/300	463	682	632	1210	820	1089	738
	250/500	842	1240	1149	2199	1491	1980	1343

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1226	1979	1533	2946	2052	2651	1847	1254
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	301	301	301	301	301	301	301	301
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	
147	237	184	354	246	318	222	150	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 45

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	808	1190	931	1093	1148	984	1033	854
PART 2	PERSONAL INJURY PROTECTION							
	399	557	431	859	599	773	539	358
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	5,000	607	820	689	1542	1238	1388	611
	10,000	870	1175	987	2210	1774	1989	876
	15,000	879	1187	998	2233	1793	2010	885
	25,000	886	1196	1005	2250	1806	2025	891
	35,000	890	1203	1011	2262	1816	2036	896
	50,000	896	1210	1017	2276	1827	2049	902
	100,000	907	1226	1030	2305	1851	2075	913
	250,000	920	1242	1044	2336	1876	2103	926
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	20/40	122	180	140	165	173	148	129
	20/50	131	194	151	178	186	159	139
	25/50	196	290	226	266	279	239	208
	25/60	206	303	236	278	292	250	217
	35/80	317	468	365	429	450	386	335
	50/100	438	646	504	593	622	533	463
	100/300	773	1139	890	1046	1098	940	817
	250/500	1405	2071	1618	1901	1996	1710	1486

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	40	63	78	89	98

PART 3 AND PART 12	PART 3 - BODILY INJURY CAUSED BY AN UNINSURED AUTO					
	PART 12 - BODILY INJURY CAUSED BY AN UNDERINSURED AUTO					
	PART 3		PART 12		PART 3	
	20/40	31	0	35/80	39	4
	20/50	32	0	50/100	43	8
	25/50	34	1	100/300	52	23
	25/60	35	2	250/500	63	91

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

	CLASS							
	10	17	18	20	21	25	26	30
PART 7	COLLISION - \$500 DEDUCTIBLE							
	1697	2862	2040	4256	3163	3830	2847	1866
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	401	401	401	401	401	401	401	401
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	
204	343	245	511	380	460	342	224	
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

	Model Year															2008 & Prior
VRG	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	
11	0.782	0.745	0.708	0.671	0.641	0.611	0.581	0.540	0.499	0.458	0.421	0.384	0.350	0.317	0.283	0.253
12	0.805	0.767	0.729	0.690	0.660	0.629	0.598	0.556	0.514	0.472	0.433	0.395	0.360	0.326	0.291	0.261
13	0.830	0.790	0.751	0.711	0.679	0.648	0.616	0.573	0.529	0.486	0.446	0.407	0.371	0.336	0.300	0.269
14	0.855	0.814	0.773	0.733	0.700	0.667	0.635	0.590	0.545	0.501	0.460	0.419	0.383	0.346	0.309	0.277
15	0.880	0.838	0.796	0.754	0.721	0.687	0.654	0.608	0.561	0.515	0.473	0.432	0.394	0.356	0.318	0.285
16	0.906	0.863	0.820	0.777	0.742	0.708	0.673	0.626	0.578	0.531	0.488	0.444	0.406	0.367	0.328	0.293
17	0.933	0.889	0.845	0.800	0.765	0.729	0.693	0.645	0.596	0.547	0.502	0.458	0.418	0.378	0.338	0.302
18	0.962	0.916	0.870	0.824	0.788	0.751	0.714	0.664	0.614	0.563	0.518	0.472	0.431	0.389	0.348	0.311
19	0.990	0.943	0.896	0.849	0.811	0.773	0.736	0.684	0.632	0.580	0.533	0.486	0.443	0.401	0.358	0.321
20	1.020	0.971	0.922	0.874	0.835	0.796	0.757	0.704	0.651	0.597	0.549	0.500	0.456	0.413	0.369	0.330
21	1.050	1.000	0.950	0.900	0.860	0.820	0.780	0.725	0.670	0.615	0.565	0.515	0.470	0.425	0.380	0.340
22	1.082	1.030	0.979	0.927	0.886	0.845	0.803	0.747	0.690	0.633	0.582	0.530	0.484	0.438	0.391	0.350
23	1.114	1.061	1.008	0.955	0.912	0.870	0.828	0.769	0.711	0.653	0.599	0.546	0.499	0.451	0.403	0.361
24	1.148	1.093	1.038	0.984	0.940	0.896	0.853	0.792	0.732	0.672	0.618	0.563	0.514	0.465	0.415	0.372
25	1.182	1.126	1.070	1.013	0.968	0.923	0.878	0.816	0.754	0.692	0.636	0.580	0.529	0.479	0.428	0.383
26	1.218	1.160	1.102	1.044	0.998	0.951	0.905	0.841	0.777	0.713	0.655	0.597	0.545	0.493	0.441	0.394
27	1.255	1.195	1.135	1.076	1.028	0.980	0.932	0.866	0.801	0.735	0.675	0.615	0.562	0.508	0.454	0.406
28	1.293	1.231	1.169	1.108	1.059	1.009	0.960	0.892	0.825	0.757	0.696	0.634	0.579	0.523	0.468	0.419
29	1.331	1.268	1.205	1.141	1.090	1.040	0.989	0.919	0.850	0.780	0.716	0.653	0.596	0.539	0.482	0.431
30	1.371	1.306	1.241	1.175	1.123	1.071	1.019	0.947	0.875	0.803	0.738	0.673	0.614	0.555	0.496	0.444
31	1.412	1.345	1.278	1.211	1.157	1.103	1.049	0.975	0.901	0.827	0.760	0.693	0.632	0.572	0.511	0.457
32	1.454	1.385	1.316	1.247	1.191	1.136	1.080	1.004	0.928	0.852	0.783	0.713	0.651	0.589	0.526	0.471
33	1.498	1.427	1.356	1.284	1.227	1.170	1.113	1.035	0.956	0.878	0.806	0.735	0.671	0.606	0.542	0.485
34	1.544	1.470	1.397	1.323	1.264	1.205	1.147	1.066	0.985	0.904	0.831	0.757	0.691	0.625	0.559	0.500
35	1.590	1.514	1.438	1.363	1.302	1.241	1.181	1.098	1.014	0.931	0.855	0.780	0.712	0.643	0.575	0.515
36	1.637	1.559	1.481	1.403	1.341	1.278	1.216	1.130	1.045	0.959	0.881	0.803	0.733	0.663	0.592	0.530
37	1.686	1.606	1.526	1.445	1.381	1.317	1.253	1.164	1.076	0.988	0.907	0.827	0.755	0.683	0.610	0.546
38	1.737	1.654	1.571	1.489	1.422	1.356	1.290	1.199	1.108	1.017	0.935	0.852	0.777	0.703	0.629	0.562
39	1.789	1.704	1.619	1.534	1.465	1.397	1.329	1.235	1.142	1.048	0.963	0.878	0.801	0.724	0.648	0.579
40	1.843	1.755	1.667	1.580	1.509	1.439	1.369	1.272	1.176	1.079	0.992	0.904	0.825	0.746	0.667	0.597
41	1.898	1.808	1.718	1.627	1.555	1.483	1.410	1.311	1.211	1.112	1.022	0.931	0.850	0.768	0.687	0.615
42	1.955	1.862	1.769	1.676	1.601	1.527	1.452	1.350	1.248	1.145	1.052	0.959	0.875	0.791	0.708	0.633
43	2.014	1.918	1.822	1.726	1.649	1.573	1.496	1.391	1.285	1.180	1.084	0.988	0.901	0.815	0.729	0.652
44	2.075	1.976	1.877	1.778	1.699	1.620	1.541	1.433	1.324	1.215	1.116	1.018	0.929	0.840	0.751	0.672
45	2.137	2.035	1.933	1.832	1.750	1.669	1.587	1.475	1.363	1.252	1.150	1.048	0.956	0.865	0.773	0.692
46	2.201	2.096	1.991	1.886	1.803	1.719	1.635	1.520	1.404	1.289	1.184	1.079	0.985	0.891	0.796	0.713
47	2.267	2.159	2.051	1.943	1.857	1.770	1.684	1.565	1.447	1.328	1.220	1.112	1.015	0.918	0.820	0.734
48	2.335	2.224	2.113	2.002	1.913	1.824	1.735	1.612	1.490	1.368	1.257	1.145	1.045	0.945	0.845	0.756
49	2.406	2.291	2.176	2.062	1.970	1.879	1.787	1.661	1.535	1.409	1.294	1.180	1.077	0.974	0.871	0.779
50	2.478	2.360	2.242	2.124	2.030	1.935	1.841	1.711	1.581	1.451	1.333	1.215	1.109	1.003	0.897	0.802

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

	Model Year															2008 & Prior
VRG	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	
11	0.706	0.676	0.648	0.621	0.594	0.569	0.546	0.523	0.500	0.479	0.459	0.439	0.421	0.404	0.387	0.370
12	0.734	0.703	0.673	0.645	0.618	0.592	0.567	0.543	0.520	0.498	0.477	0.457	0.438	0.420	0.402	0.385
13	0.763	0.731	0.700	0.671	0.643	0.616	0.590	0.565	0.541	0.518	0.496	0.475	0.455	0.436	0.418	0.401
14	0.793	0.760	0.728	0.698	0.668	0.640	0.613	0.587	0.562	0.539	0.516	0.494	0.473	0.454	0.435	0.416
15	0.825	0.790	0.757	0.725	0.694	0.665	0.638	0.611	0.585	0.560	0.536	0.514	0.492	0.472	0.452	0.433
16	0.858	0.822	0.787	0.755	0.723	0.692	0.663	0.635	0.608	0.583	0.558	0.534	0.512	0.491	0.470	0.450
17	0.893	0.855	0.819	0.785	0.752	0.720	0.690	0.661	0.633	0.606	0.581	0.556	0.533	0.510	0.489	0.469
18	0.928	0.889	0.852	0.816	0.781	0.749	0.717	0.687	0.658	0.630	0.604	0.578	0.554	0.531	0.509	0.487
19	0.966	0.925	0.886	0.849	0.813	0.779	0.746	0.715	0.685	0.656	0.628	0.601	0.576	0.552	0.529	0.507
20	1.004	0.962	0.922	0.883	0.846	0.810	0.776	0.744	0.712	0.682	0.653	0.625	0.599	0.574	0.550	0.527
21	1.044	1.000	0.958	0.918	0.879	0.842	0.807	0.773	0.740	0.709	0.679	0.650	0.623	0.597	0.572	0.548
22	1.086	1.040	0.996	0.955	0.914	0.876	0.839	0.804	0.770	0.737	0.706	0.676	0.648	0.621	0.595	0.570
23	1.130	1.082	1.037	0.993	0.951	0.911	0.873	0.836	0.801	0.767	0.735	0.703	0.674	0.646	0.619	0.593
24	1.175	1.125	1.078	1.033	0.989	0.947	0.908	0.870	0.833	0.798	0.764	0.731	0.701	0.672	0.644	0.617
25	1.221	1.170	1.121	1.074	1.028	0.985	0.944	0.904	0.866	0.830	0.794	0.761	0.729	0.698	0.669	0.641
26	1.271	1.217	1.166	1.117	1.070	1.025	0.982	0.941	0.901	0.863	0.826	0.791	0.758	0.727	0.696	0.667
27	1.322	1.266	1.213	1.162	1.113	1.066	1.022	0.979	0.937	0.898	0.860	0.823	0.789	0.756	0.724	0.694
28	1.375	1.317	1.262	1.209	1.158	1.109	1.063	1.018	0.975	0.934	0.894	0.856	0.820	0.786	0.753	0.722
29	1.430	1.370	1.312	1.258	1.204	1.154	1.106	1.059	1.014	0.971	0.930	0.891	0.854	0.818	0.784	0.751
30	1.488	1.425	1.365	1.308	1.253	1.200	1.150	1.102	1.055	1.010	0.968	0.926	0.888	0.851	0.815	0.781
31	1.547	1.482	1.420	1.360	1.303	1.248	1.196	1.146	1.097	1.051	1.006	0.963	0.923	0.885	0.848	0.812
32	1.609	1.541	1.476	1.415	1.355	1.298	1.244	1.191	1.140	1.093	1.046	1.002	0.960	0.920	0.881	0.844
33	1.674	1.603	1.536	1.472	1.409	1.350	1.294	1.239	1.186	1.137	1.088	1.042	0.999	0.957	0.917	0.878
34	1.740	1.667	1.597	1.530	1.465	1.404	1.345	1.289	1.234	1.182	1.132	1.084	1.039	0.995	0.954	0.914
35	1.810	1.734	1.661	1.592	1.524	1.460	1.399	1.340	1.283	1.229	1.177	1.127	1.080	1.035	0.992	0.950
36	1.882	1.803	1.727	1.655	1.585	1.518	1.455	1.394	1.334	1.278	1.224	1.172	1.123	1.076	1.031	0.988
37	1.958	1.875	1.796	1.721	1.648	1.579	1.513	1.449	1.388	1.329	1.273	1.219	1.168	1.119	1.073	1.028
38	2.036	1.950	1.868	1.790	1.714	1.642	1.574	1.507	1.443	1.383	1.324	1.268	1.215	1.164	1.115	1.069
39	2.117	2.028	1.943	1.862	1.783	1.708	1.637	1.568	1.501	1.438	1.377	1.318	1.263	1.211	1.160	1.111
40	2.202	2.109	2.020	1.936	1.854	1.776	1.702	1.630	1.561	1.495	1.432	1.371	1.314	1.259	1.206	1.156
41	2.289	2.193	2.101	2.013	1.928	1.847	1.770	1.695	1.623	1.555	1.489	1.425	1.366	1.309	1.254	1.202
42	2.381	2.281	2.185	2.094	2.005	1.921	1.841	1.763	1.688	1.617	1.549	1.483	1.421	1.362	1.305	1.250
43	2.476	2.372	2.272	2.177	2.085	1.997	1.914	1.834	1.755	1.682	1.611	1.542	1.478	1.416	1.357	1.300
44	2.576	2.467	2.363	2.265	2.168	2.077	1.991	1.907	1.826	1.749	1.675	1.604	1.537	1.473	1.411	1.352
45	2.679	2.566	2.458	2.356	2.256	2.161	2.071	1.984	1.899	1.819	1.742	1.668	1.599	1.532	1.468	1.406
46	2.786	2.669	2.557	2.450	2.346	2.247	2.154	2.063	1.975	1.892	1.812	1.735	1.663	1.593	1.527	1.463
47	2.898	2.776	2.659	2.548	2.440	2.337	2.240	2.146	2.054	1.968	1.885	1.804	1.729	1.657	1.588	1.521
48	3.014	2.887	2.766	2.650	2.538	2.431	2.330	2.232	2.136	2.047	1.960	1.877	1.799	1.724	1.651	1.582
49	3.134	3.002	2.876	2.756	2.639	2.528	2.423	2.321	2.221	2.128	2.038	1.951	1.870	1.792	1.717	1.645
50	3.259	3.122	2.991	2.866	2.744	2.629	2.519	2.413	2.310	2.213	2.120	2.029	1.945	1.864	1.786	1.711

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)

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

COLLISION				COMPREHENSIVE	
Vans/Wagons/Pickups		All Other Vehicles		All Vehicles	
<u>VRG</u>	<u>Divisor</u>	<u>VRG</u>	<u>Divisor</u>	<u>VRG</u>	<u>Divisor</u>
11	\$4,000	11	\$3,500	11	\$3,500
12	\$8,500	12	\$7,250	12	\$7,500
13	\$9,500	13	\$7,750	13	\$8,500
14	\$10,500	14	\$8,250	14	\$9,500
15	\$11,500	15	\$8,750	15	\$10,500
16	\$12,500	16	\$9,250	16	\$11,500
17	\$13,500	17	\$9,750	17	\$12,500
18	\$15,000	18	\$10,250	18	\$13,500
19	\$17,000	19	\$10,750	19	\$14,500
20	\$19,000	20	\$11,250	20	\$15,500
21	\$21,500	21	\$11,750	21	\$16,500
22	\$24,500	22	\$12,750	22	\$17,500
23	\$27,500	23	\$14,250	23	\$18,500
24	\$31,000	24	\$16,250	24	\$19,500
25	\$35,000	25	\$18,750	25	\$21,250
26	\$39,000	26	\$21,250	26	\$23,750
27	\$43,000	27	\$23,750	27	\$26,250
28	\$47,000	28	\$26,250	28	\$28,750
29	\$51,000	29	\$28,750	29	\$31,250
30	\$55,000	30	\$31,500	30	\$33,750
31	\$59,000	31	\$34,500	31	\$36,000
32	\$63,000	32	\$37,500	32	\$38,000
33	\$67,500	33	\$40,500	33	\$40,000
34	\$72,500	34	\$43,500	34	\$42,000
35	\$77,500	35	\$46,500	35	\$44,000
36	\$82,000	36	\$50,000	36	\$46,000
37	\$86,000	37	\$54,000	37	\$48,000
38	\$90,000	38	\$58,000	38	\$50,000
39	\$94,000	39	\$62,000	39	\$52,000
40	\$98,000	40	\$66,000	40	\$54,000
41	\$102,000	41	\$70,000	41	\$56,000
42	\$106,000	42	\$74,000	42	\$58,000
43	\$110,000	43	\$78,000	43	\$60,000
44	\$114,000	44	\$82,000	44	\$62,000
45	\$118,000	45	\$86,000	45	\$64,000
46	\$122,500	46	\$90,000	46	\$66,000
47	\$127,500	47	\$94,000	47	\$68,000
48	\$132,500	48	\$98,000	48	\$70,000
49	\$137,500	49	\$102,500	49	\$72,000
50	\$142,500	50	\$107,500	50	\$74,000

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

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

Territory VRG	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
11	3.77	3.55	4.09	3.93	4.14	3.99	4.38	5.00	4.68	4.46	5.00	5.33	5.81	5.18	6.62	8.01	5.08
12	1.83	1.72	1.99	1.91	2.01	1.94	2.12	2.43	2.27	2.16	2.43	2.58	2.82	2.52	3.21	3.89	2.47
13	1.68	1.58	1.82	1.75	1.84	1.78	1.95	2.23	2.08	1.98	2.23	2.37	2.59	2.31	2.94	3.56	2.26
14	1.56	1.47	1.69	1.63	1.71	1.65	1.81	2.07	1.94	1.84	2.07	2.20	2.40	2.15	2.74	3.31	2.10
15	1.47	1.38	1.60	1.53	1.61	1.56	1.71	1.95	1.82	1.74	1.95	2.07	2.26	2.02	2.58	3.12	1.98
16	1.40	1.31	1.51	1.45	1.53	1.48	1.62	1.85	1.73	1.65	1.85	1.97	2.15	1.92	2.45	2.96	1.88
17	1.34	1.26	1.45	1.39	1.46	1.41	1.55	1.77	1.66	1.58	1.77	1.89	2.06	1.84	2.34	2.84	1.80
18	1.29	1.21	1.40	1.34	1.41	1.36	1.49	1.70	1.59	1.52	1.70	1.81	1.98	1.77	2.25	2.73	1.73
19	1.25	1.17	1.35	1.30	1.37	1.32	1.45	1.65	1.55	1.47	1.65	1.76	1.92	1.71	2.19	2.64	1.68
20	1.21	1.14	1.31	1.26	1.33	1.28	1.41	1.61	1.50	1.43	1.61	1.71	1.87	1.66	2.12	2.57	1.63
21	1.18	1.11	1.28	1.23	1.30	1.25	1.37	1.57	1.47	1.40	1.57	1.67	1.82	1.63	2.08	2.51	1.59
22	1.16	1.09	1.26	1.21	1.27	1.23	1.35	1.54	1.44	1.37	1.54	1.64	1.79	1.59	2.04	2.46	1.56
23	1.14	1.08	1.24	1.19	1.25	1.21	1.33	1.51	1.42	1.35	1.51	1.61	1.76	1.57	2.00	2.42	1.54
24	1.13	1.06	1.22	1.18	1.24	1.19	1.31	1.49	1.40	1.33	1.49	1.59	1.74	1.55	1.98	2.39	1.52
25	1.07	1.01	1.17	1.12	1.18	1.14	1.25	1.42	1.33	1.27	1.42	1.52	1.65	1.48	1.88	2.28	1.45
26	1.00	0.94	1.09	1.04	1.10	1.06	1.16	1.33	1.24	1.18	1.33	1.41	1.54	1.38	1.76	2.12	1.35
27	0.94	0.89	1.02	0.98	1.03	1.00	1.09	1.25	1.17	1.11	1.25	1.33	1.45	1.29	1.65	2.00	1.27
28	0.89	0.84	0.97	0.93	0.98	0.95	1.04	1.19	1.11	1.06	1.19	1.26	1.38	1.23	1.57	1.90	1.21
29	0.86	0.81	0.93	0.89	0.94	0.91	0.99	1.13	1.06	1.01	1.13	1.21	1.32	1.18	1.50	1.82	1.15
30	0.82	0.78	0.90	0.86	0.90	0.87	0.96	1.09	1.02	0.97	1.09	1.16	1.27	1.13	1.45	1.75	1.11
31	0.80	0.76	0.87	0.84	0.88	0.85	0.93	1.07	1.00	0.95	1.07	1.13	1.24	1.10	1.41	1.71	1.08
32	0.79	0.75	0.86	0.83	0.87	0.84	0.92	1.05	0.98	0.94	1.05	1.12	1.22	1.09	1.39	1.68	1.07
33	0.78	0.74	0.85	0.82	0.86	0.83	0.91	1.04	0.97	0.92	1.04	1.10	1.21	1.08	1.37	1.66	1.05
34	0.77	0.73	0.84	0.81	0.85	0.82	0.90	1.03	0.96	0.92	1.03	1.09	1.19	1.06	1.36	1.64	1.04
35	0.77	0.72	0.84	0.80	0.84	0.81	0.89	1.02	0.95	0.91	1.02	1.09	1.18	1.06	1.35	1.63	1.04
36	0.77	0.72	0.83	0.80	0.84	0.81	0.89	1.01	0.95	0.90	1.01	1.08	1.18	1.05	1.34	1.62	1.03
37	0.76	0.72	0.83	0.80	0.84	0.81	0.89	1.01	0.95	0.90	1.01	1.08	1.17	1.05	1.34	1.62	1.03
38	0.76	0.72	0.83	0.79	0.83	0.81	0.88	1.01	0.94	0.90	1.01	1.08	1.17	1.05	1.34	1.62	1.03
39	0.76	0.72	0.83	0.79	0.83	0.81	0.88	1.01	0.94	0.90	1.01	1.07	1.17	1.05	1.34	1.62	1.03
40	0.76	0.72	0.83	0.80	0.84	0.81	0.88	1.01	0.95	0.90	1.01	1.08	1.17	1.05	1.34	1.62	1.03
41	0.76	0.72	0.83	0.80	0.84	0.81	0.89	1.01	0.95	0.90	1.01	1.08	1.18	1.05	1.34	1.62	1.03
42	0.77	0.72	0.83	0.80	0.84	0.81	0.89	1.02	0.95	0.91	1.02	1.08	1.18	1.06	1.35	1.63	1.03
43	0.77	0.73	0.84	0.80	0.85	0.82	0.90	1.02	0.96	0.91	1.02	1.09	1.19	1.06	1.35	1.64	1.04
44	0.78	0.73	0.84	0.81	0.85	0.82	0.90	1.03	0.96	0.92	1.03	1.10	1.20	1.07	1.36	1.65	1.05
45	0.78	0.74	0.85	0.82	0.86	0.83	0.91	1.04	0.97	0.93	1.04	1.11	1.21	1.08	1.37	1.66	1.05
46	0.79	0.74	0.86	0.82	0.87	0.84	0.92	1.05	0.98	0.93	1.05	1.11	1.22	1.08	1.38	1.68	1.06
47	0.80	0.75	0.87	0.83	0.87	0.84	0.92	1.06	0.99	0.94	1.06	1.13	1.23	1.10	1.40	1.69	1.07
48	0.81	0.76	0.87	0.84	0.88	0.85	0.93	1.07	1.00	0.95	1.07	1.14	1.24	1.11	1.41	1.71	1.09
49	0.81	0.77	0.88	0.85	0.89	0.86	0.94	1.08	1.01	0.96	1.08	1.15	1.25	1.12	1.43	1.73	1.10
50	0.82	0.78	0.89	0.86	0.90	0.87	0.96	1.09	1.02	0.97	1.09	1.16	1.27	1.13	1.44	1.75	1.11

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

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

Territory VRG	18	19	20	21	22	23	24	25	26	27	40	41	42	43	44	45
11	6.92	6.84	6.54	7.18	7.28	6.35	4.28	6.41	9.28	3.61	6.56	4.22	5.99	7.58	6.07	8.09
12	3.36	3.32	3.17	3.48	3.53	3.08	2.07	3.11	4.50	1.75	3.18	2.05	2.91	3.68	2.95	3.92
13	3.08	3.04	2.91	3.20	3.24	2.83	1.90	2.85	4.13	1.61	2.92	1.88	2.67	3.38	2.70	3.60
14	2.86	2.83	2.70	2.97	3.01	2.63	1.77	2.65	3.84	1.49	2.71	1.74	2.48	3.14	2.51	3.35
15	2.70	2.66	2.55	2.80	2.84	2.48	1.67	2.50	3.61	1.41	2.55	1.64	2.33	2.95	2.37	3.15
16	2.56	2.53	2.42	2.66	2.69	2.35	1.58	2.37	3.43	1.34	2.42	1.56	2.22	2.81	2.25	2.99
17	2.45	2.42	2.31	2.54	2.58	2.25	1.51	2.27	3.29	1.28	2.32	1.49	2.12	2.69	2.15	2.86
18	2.36	2.33	2.23	2.45	2.48	2.17	1.46	2.19	3.16	1.23	2.23	1.44	2.04	2.58	2.07	2.76
19	2.29	2.26	2.16	2.37	2.41	2.10	1.41	2.12	3.06	1.19	2.17	1.39	1.98	2.50	2.01	2.67
20	2.22	2.20	2.10	2.31	2.34	2.04	1.37	2.06	2.98	1.16	2.11	1.35	1.92	2.44	1.95	2.60
21	2.17	2.14	2.05	2.25	2.28	1.99	1.34	2.01	2.91	1.13	2.06	1.32	1.88	2.38	1.90	2.54
22	2.13	2.10	2.01	2.21	2.24	1.95	1.32	1.97	2.85	1.11	2.02	1.30	1.84	2.33	1.87	2.49
23	2.10	2.07	1.98	2.17	2.21	1.92	1.29	1.94	2.81	1.09	1.99	1.28	1.81	2.30	1.84	2.45
24	2.07	2.04	1.95	2.15	2.18	1.90	1.28	1.92	2.77	1.08	1.96	1.26	1.79	2.27	1.81	2.42
25	1.97	1.95	1.86	2.05	2.07	1.81	1.22	1.83	2.64	1.03	1.87	1.20	1.71	2.16	1.73	2.30
26	1.84	1.81	1.73	1.91	1.93	1.69	1.13	1.70	2.46	0.96	1.74	1.12	1.59	2.01	1.61	2.15
27	1.73	1.71	1.63	1.79	1.82	1.59	1.07	1.60	2.32	0.90	1.64	1.05	1.50	1.89	1.52	2.02
28	1.64	1.62	1.55	1.70	1.73	1.51	1.01	1.52	2.20	0.86	1.55	1.00	1.42	1.80	1.44	1.92
29	1.57	1.55	1.48	1.63	1.65	1.44	0.97	1.46	2.10	0.82	1.49	0.96	1.36	1.72	1.38	1.83
30	1.51	1.49	1.43	1.57	1.59	1.39	0.93	1.40	2.03	0.79	1.43	0.92	1.31	1.66	1.33	1.77
31	1.47	1.46	1.39	1.53	1.55	1.35	0.91	1.37	1.98	0.77	1.40	0.90	1.28	1.62	1.29	1.72
32	1.45	1.44	1.37	1.51	1.53	1.33	0.90	1.35	1.95	0.76	1.38	0.88	1.26	1.59	1.27	1.70
33	1.44	1.42	1.36	1.49	1.51	1.32	0.89	1.33	1.93	0.75	1.36	0.87	1.24	1.57	1.26	1.68
34	1.42	1.40	1.34	1.47	1.50	1.31	0.88	1.32	1.91	0.74	1.35	0.87	1.23	1.56	1.25	1.66
35	1.41	1.39	1.33	1.46	1.49	1.30	0.87	1.31	1.89	0.74	1.34	0.86	1.22	1.55	1.24	1.65
36	1.40	1.39	1.33	1.46	1.48	1.29	0.87	1.30	1.88	0.73	1.33	0.86	1.22	1.54	1.23	1.64
37	1.40	1.38	1.32	1.45	1.47	1.28	0.86	1.30	1.88	0.73	1.33	0.85	1.21	1.53	1.23	1.64
38	1.40	1.38	1.32	1.45	1.47	1.28	0.86	1.29	1.87	0.73	1.32	0.85	1.21	1.53	1.23	1.63
39	1.40	1.38	1.32	1.45	1.47	1.28	0.86	1.29	1.87	0.73	1.32	0.85	1.21	1.53	1.23	1.63
40	1.40	1.38	1.32	1.45	1.47	1.28	0.86	1.30	1.88	0.73	1.33	0.85	1.21	1.53	1.23	1.64
41	1.40	1.39	1.32	1.46	1.48	1.29	0.87	1.30	1.88	0.73	1.33	0.85	1.21	1.54	1.23	1.64
42	1.41	1.39	1.33	1.46	1.48	1.29	0.87	1.31	1.89	0.73	1.33	0.86	1.22	1.54	1.24	1.65
43	1.42	1.40	1.34	1.47	1.49	1.30	0.87	1.31	1.90	0.74	1.34	0.86	1.23	1.55	1.24	1.65
44	1.43	1.41	1.35	1.48	1.50	1.31	0.88	1.32	1.91	0.74	1.35	0.87	1.23	1.56	1.25	1.67
45	1.44	1.42	1.36	1.49	1.51	1.32	0.89	1.33	1.93	0.75	1.36	0.87	1.24	1.57	1.26	1.68
46	1.45	1.43	1.37	1.50	1.52	1.33	0.89	1.34	1.94	0.76	1.37	0.88	1.25	1.59	1.27	1.69
47	1.46	1.44	1.38	1.52	1.54	1.34	0.90	1.36	1.96	0.76	1.39	0.89	1.27	1.60	1.28	1.71
48	1.48	1.46	1.40	1.53	1.55	1.36	0.91	1.37	1.98	0.77	1.40	0.90	1.28	1.62	1.30	1.73
49	1.49	1.48	1.41	1.55	1.57	1.37	0.92	1.38	2.00	0.78	1.41	0.91	1.29	1.64	1.31	1.75
50	1.51	1.49	1.43	1.57	1.59	1.39	0.93	1.40	2.03	0.79	1.43	0.92	1.31	1.66	1.33	1.77

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

<u>VRG</u>	<u>All Territories</u>
11	0.51
12	0.25
13	0.23
14	0.21
15	0.20
16	0.19
17	0.18
18	0.17
19	0.17
20	0.16
21	0.16
22	0.16
23	0.15
24	0.15
25	0.14
26	0.13
27	0.13
28	0.12
29	0.11
30	0.11
31	0.11
32	0.11
33	0.10
34	0.10
35	0.10
36	0.10
37	0.10
38	0.10
39	0.10
40	0.10
41	0.10
42	0.10
43	0.10
44	0.10
45	0.10
46	0.11
47	0.11
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	2.13	1.98	2.36	2.25	2.39	2.29	2.56	3.00	2.77	2.61	3.00	3.22	3.56	3.12	4.13	5.10	3.05
12	1.04	0.96	1.15	1.09	1.16	1.11	1.24	1.45	1.34	1.27	1.45	1.56	1.73	1.52	2.00	2.47	1.48
13	0.95	0.88	1.05	1.00	1.06	1.02	1.14	1.33	1.23	1.16	1.33	1.43	1.58	1.39	1.84	2.27	1.36
14	0.88	0.82	0.98	0.93	0.99	0.95	1.06	1.24	1.15	1.08	1.24	1.33	1.47	1.29	1.71	2.11	1.26
15	0.83	0.77	0.92	0.88	0.93	0.89	1.00	1.17	1.08	1.02	1.17	1.26	1.39	1.22	1.61	1.99	1.19
16	0.79	0.73	0.87	0.83	0.88	0.85	0.95	1.11	1.02	0.97	1.11	1.19	1.32	1.16	1.53	1.89	1.13
17	0.76	0.70	0.84	0.80	0.85	0.81	0.91	1.06	0.98	0.93	1.06	1.14	1.26	1.11	1.46	1.81	1.08
18	0.73	0.67	0.80	0.77	0.81	0.78	0.87	1.02	0.94	0.89	1.02	1.10	1.21	1.06	1.41	1.74	1.04
19	0.71	0.65	0.78	0.74	0.79	0.76	0.84	0.99	0.91	0.86	0.99	1.06	1.18	1.03	1.36	1.68	1.01
20	0.69	0.64	0.76	0.72	0.77	0.74	0.82	0.96	0.89	0.84	0.96	1.03	1.14	1.00	1.32	1.64	0.98
21	0.67	0.62	0.74	0.71	0.75	0.72	0.80	0.94	0.87	0.82	0.94	1.01	1.12	0.98	1.29	1.60	0.96
22	0.66	0.61	0.73	0.69	0.73	0.70	0.79	0.92	0.85	0.80	0.92	0.99	1.10	0.96	1.27	1.57	0.94
23	0.65	0.60	0.71	0.68	0.72	0.69	0.77	0.91	0.84	0.79	0.91	0.98	1.08	0.95	1.25	1.54	0.92
24	0.64	0.59	0.71	0.67	0.71	0.68	0.76	0.89	0.83	0.78	0.89	0.96	1.06	0.93	1.23	1.52	0.91
25	0.61	0.56	0.67	0.64	0.68	0.65	0.73	0.85	0.79	0.74	0.85	0.92	1.01	0.89	1.18	1.45	0.87
26	0.57	0.53	0.63	0.60	0.63	0.61	0.68	0.79	0.73	0.69	0.79	0.85	0.94	0.83	1.09	1.35	0.81
27	0.53	0.49	0.59	0.56	0.60	0.57	0.64	0.75	0.69	0.65	0.75	0.80	0.89	0.78	1.03	1.27	0.76
28	0.51	0.47	0.56	0.53	0.57	0.54	0.61	0.71	0.66	0.62	0.71	0.76	0.84	0.74	0.98	1.21	0.72
29	0.48	0.45	0.54	0.51	0.54	0.52	0.58	0.68	0.63	0.59	0.68	0.73	0.81	0.71	0.94	1.16	0.69
30	0.47	0.43	0.52	0.49	0.52	0.50	0.56	0.65	0.61	0.57	0.65	0.70	0.78	0.68	0.90	1.11	0.67
31	0.45	0.42	0.50	0.48	0.51	0.49	0.55	0.64	0.59	0.56	0.64	0.69	0.76	0.67	0.88	1.09	0.65
32	0.45	0.42	0.50	0.47	0.50	0.48	0.54	0.63	0.58	0.55	0.63	0.68	0.75	0.66	0.87	1.07	0.64
33	0.44	0.41	0.49	0.47	0.50	0.48	0.53	0.62	0.57	0.54	0.62	0.67	0.74	0.65	0.86	1.06	0.63
34	0.44	0.41	0.48	0.46	0.49	0.47	0.53	0.62	0.57	0.54	0.62	0.66	0.73	0.64	0.85	1.05	0.63
35	0.44	0.40	0.48	0.46	0.49	0.47	0.52	0.61	0.56	0.53	0.61	0.66	0.73	0.64	0.84	1.04	0.62
36	0.43	0.40	0.48	0.46	0.48	0.46	0.52	0.61	0.56	0.53	0.61	0.65	0.72	0.63	0.84	1.03	0.62
37	0.43	0.40	0.48	0.45	0.48	0.46	0.52	0.61	0.56	0.53	0.61	0.65	0.72	0.63	0.83	1.03	0.62
38	0.43	0.40	0.48	0.45	0.48	0.46	0.52	0.60	0.56	0.53	0.60	0.65	0.72	0.63	0.83	1.03	0.62
39	0.43	0.40	0.48	0.45	0.48	0.46	0.52	0.60	0.56	0.53	0.60	0.65	0.72	0.63	0.83	1.03	0.62
40	0.43	0.40	0.48	0.45	0.48	0.46	0.52	0.61	0.56	0.53	0.61	0.65	0.72	0.63	0.83	1.03	0.62
41	0.43	0.40	0.48	0.46	0.48	0.46	0.52	0.61	0.56	0.53	0.61	0.65	0.72	0.63	0.84	1.03	0.62
42	0.43	0.40	0.48	0.46	0.49	0.47	0.52	0.61	0.56	0.53	0.61	0.66	0.72	0.64	0.84	1.04	0.62
43	0.44	0.40	0.48	0.46	0.49	0.47	0.52	0.61	0.57	0.53	0.61	0.66	0.73	0.64	0.84	1.04	0.62
44	0.44	0.41	0.49	0.46	0.49	0.47	0.53	0.62	0.57	0.54	0.62	0.66	0.73	0.64	0.85	1.05	0.63
45	0.44	0.41	0.49	0.47	0.50	0.48	0.53	0.62	0.57	0.54	0.62	0.67	0.74	0.65	0.86	1.06	0.63
46	0.45	0.41	0.49	0.47	0.50	0.48	0.54	0.63	0.58	0.55	0.63	0.67	0.75	0.65	0.86	1.07	0.64
47	0.45	0.42	0.50	0.47	0.50	0.48	0.54	0.63	0.59	0.55	0.63	0.68	0.75	0.66	0.87	1.08	0.64
48	0.46	0.42	0.50	0.48	0.51	0.49	0.55	0.64	0.59	0.56	0.64	0.69	0.76	0.67	0.88	1.09	0.65
49	0.46	0.43	0.51	0.49	0.52	0.49	0.55	0.65	0.60	0.56	0.65	0.70	0.77	0.67	0.89	1.10	0.66
50	0.47	0.43	0.52	0.49	0.52	0.50	0.56	0.65	0.60	0.57	0.65	0.70	0.78	0.68	0.90	1.11	0.67

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

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

Territory VRG	18	19	20	21	22	23	24	25	26	27	40	41	42	43	44	45
11	4.34	4.28	4.07	4.52	4.59	3.94	2.49	3.98	5.99	2.02	4.08	2.45	3.69	4.80	3.74	5.16
12	2.10	2.08	1.97	2.19	2.23	1.91	1.21	1.93	2.91	0.98	1.98	1.19	1.79	2.33	1.82	2.50
13	1.93	1.91	1.81	2.01	2.04	1.75	1.11	1.77	2.67	0.90	1.82	1.09	1.64	2.14	1.67	2.29
14	1.79	1.77	1.68	1.87	1.90	1.63	1.03	1.65	2.48	0.84	1.69	1.01	1.53	1.99	1.55	2.13
15	1.69	1.67	1.59	1.76	1.79	1.54	0.97	1.55	2.33	0.79	1.59	0.95	1.44	1.87	1.46	2.01
16	1.60	1.58	1.51	1.67	1.70	1.46	0.92	1.47	2.22	0.75	1.51	0.90	1.36	1.78	1.38	1.91
17	1.54	1.52	1.44	1.60	1.63	1.40	0.88	1.41	2.12	0.72	1.45	0.87	1.31	1.70	1.33	1.83
18	1.48	1.46	1.39	1.54	1.56	1.34	0.85	1.36	2.04	0.69	1.39	0.83	1.26	1.64	1.28	1.76
19	1.43	1.41	1.34	1.49	1.52	1.30	0.82	1.32	1.98	0.67	1.35	0.81	1.22	1.59	1.24	1.70
20	1.39	1.37	1.31	1.45	1.47	1.27	0.80	1.28	1.92	0.65	1.31	0.79	1.18	1.54	1.20	1.66
21	1.36	1.34	1.28	1.42	1.44	1.24	0.78	1.25	1.88	0.63	1.28	0.77	1.16	1.51	1.17	1.62
22	1.33	1.32	1.25	1.39	1.41	1.21	0.77	1.23	1.84	0.62	1.26	0.75	1.13	1.48	1.15	1.59
23	1.31	1.30	1.23	1.37	1.39	1.19	0.75	1.21	1.81	0.61	1.24	0.74	1.12	1.45	1.13	1.56
24	1.30	1.28	1.22	1.35	1.37	1.18	0.74	1.19	1.79	0.60	1.22	0.73	1.10	1.43	1.12	1.54
25	1.24	1.22	1.16	1.29	1.31	1.12	0.71	1.13	1.71	0.58	1.16	0.70	1.05	1.37	1.07	1.47
26	1.15	1.14	1.08	1.20	1.22	1.05	0.66	1.06	1.59	0.54	1.08	0.65	0.98	1.27	0.99	1.37
27	1.08	1.07	1.02	1.13	1.15	0.98	0.62	0.99	1.50	0.50	1.02	0.61	0.92	1.20	0.93	1.29
28	1.03	1.02	0.96	1.07	1.09	0.93	0.59	0.94	1.42	0.48	0.97	0.58	0.87	1.14	0.89	1.22
29	0.98	0.97	0.92	1.03	1.04	0.89	0.56	0.90	1.36	0.46	0.93	0.55	0.84	1.09	0.85	1.17
30	0.95	0.94	0.89	0.99	1.00	0.86	0.54	0.87	1.31	0.44	0.89	0.53	0.81	1.05	0.82	1.13
31	0.92	0.91	0.87	0.96	0.98	0.84	0.53	0.85	1.28	0.43	0.87	0.52	0.79	1.02	0.80	1.10
32	0.91	0.90	0.85	0.95	0.96	0.83	0.52	0.84	1.26	0.42	0.86	0.51	0.77	1.01	0.79	1.08
33	0.90	0.89	0.84	0.94	0.95	0.82	0.52	0.83	1.24	0.42	0.85	0.51	0.77	1.00	0.78	1.07
34	0.89	0.88	0.84	0.93	0.94	0.81	0.51	0.82	1.23	0.42	0.84	0.50	0.76	0.99	0.77	1.06
35	0.88	0.87	0.83	0.92	0.94	0.80	0.51	0.81	1.22	0.41	0.83	0.50	0.75	0.98	0.76	1.05
36	0.88	0.87	0.83	0.92	0.93	0.80	0.50	0.81	1.21	0.41	0.83	0.50	0.75	0.97	0.76	1.05
37	0.88	0.87	0.82	0.91	0.93	0.80	0.50	0.81	1.21	0.41	0.83	0.49	0.75	0.97	0.76	1.04
38	0.88	0.86	0.82	0.91	0.93	0.80	0.50	0.80	1.21	0.41	0.82	0.49	0.74	0.97	0.76	1.04
39	0.88	0.86	0.82	0.91	0.93	0.80	0.50	0.80	1.21	0.41	0.82	0.49	0.74	0.97	0.76	1.04
40	0.88	0.87	0.82	0.91	0.93	0.80	0.50	0.81	1.21	0.41	0.83	0.49	0.75	0.97	0.76	1.04
41	0.88	0.87	0.82	0.92	0.93	0.80	0.50	0.81	1.21	0.41	0.83	0.50	0.75	0.97	0.76	1.04
42	0.88	0.87	0.83	0.92	0.93	0.80	0.51	0.81	1.22	0.41	0.83	0.50	0.75	0.98	0.76	1.05
43	0.89	0.88	0.83	0.92	0.94	0.81	0.51	0.82	1.23	0.41	0.84	0.50	0.75	0.98	0.77	1.05
44	0.89	0.88	0.84	0.93	0.95	0.81	0.51	0.82	1.23	0.42	0.84	0.50	0.76	0.99	0.77	1.06
45	0.90	0.89	0.84	0.94	0.95	0.82	0.52	0.83	1.24	0.42	0.85	0.51	0.77	1.00	0.78	1.07
46	0.91	0.90	0.85	0.95	0.96	0.82	0.52	0.83	1.25	0.42	0.85	0.51	0.77	1.01	0.78	1.08
47	0.92	0.90	0.86	0.96	0.97	0.83	0.53	0.84	1.27	0.43	0.86	0.52	0.78	1.01	0.79	1.09
48	0.93	0.91	0.87	0.97	0.98	0.84	0.53	0.85	1.28	0.43	0.87	0.52	0.79	1.03	0.80	1.10
49	0.94	0.92	0.88	0.98	0.99	0.85	0.54	0.86	1.29	0.44	0.88	0.53	0.80	1.04	0.81	1.11
50	0.95	0.93	0.89	0.99	1.00	0.86	0.54	0.87	1.31	0.44	0.89	0.53	0.81	1.05	0.82	1.13

Stated Amount C.A.C. with M.M.& V. \$500 Deductible 15% of the Stated Amount Comprehensive Rate

Additional Charges to Reduce Deductible from \$500 - Same as Actual Cash Value Charges

For Higher Deductibles, Refer to Rule 16