

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								
	326	422	384	790	573	712	515	316	
PART 2	PERSONAL INJURY PROTECTION								
	110	137	121	217	163	195	147	98	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	30,000	755	1051	866	1821	1361	1639	1226	733
	35,000	760	1057	871	1831	1369	1649	1233	737
	50,000	764	1063	876	1841	1376	1657	1239	740
	100,000	767	1068	880	1850	1383	1666	1245	744
	250,000	773	1076	887	1864	1394	1679	1255	750
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	25/50	43	56	51	105	75	95	68	42
	25/60	47	60	55	114	81	102	73	46
	35/80	110	141	130	267	192	240	173	107
	40/90	134	171	157	324	233	291	210	130
	50/100	174	223	204	421	303	379	273	169
	100/300	353	455	416	856	618	771	556	343
	250/500	643	829	757	1558	1126	1404	1013	624

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	1683	2797	1951	4380	2945	3942	2651	1614
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	291	291	291	291	291	291	291	291
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
202	336	234	526	353	473	318	194
COLLISION - Waiver of Deductible Charges							
\$300 Deductible..... \$25				\$500 Deductible..... \$36			

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

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 2

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	363	485	436	871	638	785	575	374
PART 2	PERSONAL INJURY PROTECTION							
	114	150	127	235	165	212	149	110
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	838	1169	977	2020	1506	1817	1356	891
35,000	843	1176	983	2031	1514	1828	1364	896
50,000	847	1182	988	2042	1522	1837	1371	901
100,000	852	1188	993	2052	1530	1846	1378	905
250,000	858	1197	1001	2068	1542	1861	1388	912
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	48	64	58	115	84	104	75	50
25/60	51	69	62	125	91	112	81	54
35/80	122	163	147	294	215	264	193	126
40/90	148	198	178	356	260	320	234	153
50/100	192	258	232	463	339	417	304	199
100/300	392	525	472	943	690	849	620	405
250/500	714	955	859	1716	1256	1546	1130	738

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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	
	25/50	56	2		50/100	78	11	
	25/60	61	3		100/300	89	32	
	35/80	69	7		250/500	122	111	
	40/90	72	9					

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							
	1667	2612	1967	4523	2822	4071	2540	1730
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	
200	313	236	543	339	489	305	208	
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							
	376	506	436	925	674	833	606	382
PART 2	PERSONAL INJURY PROTECTION							
	131	172	142	276	191	248	172	123
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	821	1199	902	1956	1442	1761	1298	826
35,000	825	1206	907	1968	1450	1771	1305	831
50,000	829	1212	911	1978	1458	1780	1312	835
100,000	834	1218	916	1988	1465	1789	1318	839
250,000	840	1228	923	2003	1477	1803	1329	846
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	50	67	58	123	90	111	81	50
25/60	54	72	62	132	97	119	87	54
35/80	127	170	147	312	227	281	205	128
40/90	154	206	178	378	275	340	248	155
50/100	200	268	232	491	358	442	323	202
100/300	407	547	472	1001	730	901	657	412
250/500	741	996	859	1822	1328	1641	1195	750

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	1702	2565	2022	4304	2936	3874	2642	1830
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	366	366	366	366	366	366	366	366
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$4								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
204	308	243	516	352	465	317	220	
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								
	457	644	528	1159	833	1043	749	470	
PART 2	PERSONAL INJURY PROTECTION								
	144	193	154	271	216	244	194	136	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	30,000	935	1374	1030	2222	1719	2000	1546	962
	35,000	940	1381	1036	2235	1728	2012	1555	967
	50,000	945	1388	1041	2246	1737	2022	1563	972
	100,000	950	1395	1047	2258	1746	2032	1571	977
	250,000	957	1406	1055	2275	1760	2048	1583	984
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	25/50	61	85	70	154	111	139	100	62
	25/60	66	92	76	166	119	150	108	66
	35/80	155	217	178	391	281	352	253	157
	40/90	187	263	216	474	340	427	307	191
	50/100	244	342	281	616	442	555	399	249
	100/300	496	696	572	1254	901	1130	812	507
	250/500	902	1268	1040	2284	1641	2056	1477	924

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	1865	3304	2207	4989	3231	4490	2908	1892
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	313	313	313	313	313	313	313	313
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	
224	396	265	599	388	539	349	227	
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							
	425	594	503	1046	734	941	660	475
PART 2	PERSONAL INJURY PROTECTION							
	142	191	159	265	206	239	185	137
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	898	1289	1013	2067	1571	1861	1414	947
35,000	903	1296	1018	2079	1580	1872	1422	953
50,000	908	1303	1024	2090	1588	1881	1429	958
100,000	912	1310	1029	2100	1596	1891	1437	962
250,000	920	1320	1037	2117	1608	1906	1448	970
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	57	79	67	139	98	125	88	63
25/60	61	85	72	149	105	135	95	68
35/80	144	200	169	352	247	318	223	160
40/90	174	242	205	426	300	385	270	194
50/100	226	315	267	555	390	501	351	253
100/300	460	642	544	1131	794	1019	715	514
250/500	838	1169	990	2059	1446	1856	1301	936

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	1797	3042	2110	4743	3083	4269	2775	1769
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	310	310	310	310	310	310	310	310
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	
216	365	253	569	370	512	333	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 6

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	467	640	578	1144	823	1030	740	468
PART 2	PERSONAL INJURY PROTECTION							
	158	203	182	318	245	286	221	144
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	944	1310	1104	2191	1666	1972	1499	951
35,000	949	1318	1110	2203	1675	1984	1507	956
50,000	954	1324	1116	2214	1684	1994	1515	961
100,000	959	1331	1122	2226	1692	2004	1522	966
250,000	966	1341	1130	2243	1706	2019	1534	974
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	62	85	77	152	110	137	99	62
25/60	67	92	83	164	118	147	107	67
35/80	158	217	195	386	277	347	250	158
40/90	191	263	236	468	336	420	303	192
50/100	249	341	307	608	437	547	394	249
100/300	506	694	626	1239	891	1114	802	507
250/500	921	1263	1139	2255	1621	2028	1460	923

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	1818	2874	2164	4717	3063	4245	2757	1798
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	371	371	371	371	371	371	371	371
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	
218	345	260	566	368	509	331	216	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 7

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	464	630	561	1121	840	1009	756	456	
PART 2	PERSONAL INJURY PROTECTION								
	196	256	220	376	323	338	291	186	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	30,000	937	1296	1092	2279	1657	2052	1492	977
	35,000	942	1303	1098	2292	1667	2063	1500	983
	50,000	947	1310	1104	2303	1675	2074	1508	988
	100,000	952	1317	1109	2315	1683	2084	1515	993
	250,000	959	1327	1118	2333	1697	2100	1527	1001
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	25/50	61	83	74	149	112	134	101	61
	25/60	66	90	80	160	121	145	109	66
	35/80	156	212	188	378	284	340	255	154
	40/90	189	257	228	458	344	412	309	187
	50/100	246	335	297	595	447	536	402	243
	100/300	501	682	606	1213	910	1092	819	495
	250/500	912	1241	1104	2208	1657	1988	1491	900

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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	
	25/50	56	2		50/100	78	11	
	25/60	61	3		100/300	89	32	
	35/80	69	7		250/500	122	111	
	40/90	72	9					

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							
	1807	2861	2152	4572	3315	4115	2984	1852
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	319	319	319	319	319	319	319	319
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	
217	343	258	549	398	494	358	222	
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 8

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	507	697	604	1235	916	1112	825	524
PART 2	PERSONAL INJURY PROTECTION							
	202	268	225	411	298	370	268	196
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	30,000	1014	1462	1175	2432	1897	2189	1706
	35,000	1020	1470	1181	2446	1907	2201	1716
	50,000	1025	1477	1187	2458	1917	2213	1725
	100,000	1030	1485	1193	2471	1927	2224	1734
	250,000	1039	1496	1203	2490	1942	2241	1747
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	25/50	68	92	80	164	122	148	110
	25/60	73	99	86	177	131	159	118
	35/80	172	234	203	417	309	375	278
	40/90	208	284	246	505	374	454	337
	50/100	270	370	320	657	487	591	438
	100/300	550	753	653	1337	991	1203	893
	250/500	1000	1372	1189	2435	1805	2191	1625

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2158	3380	2629	5327	4442	4794	3998	2314
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	344	344	344	344	344	344	344	344
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	
259	406	315	639	533	575	480	278	
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 9

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	591	811	718	1507	1049	1356	945	609
PART 2	PERSONAL INJURY PROTECTION							
	257	337	288	495	372	446	335	241
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1094	1532	1263	2525	1939	2273	1745	1108
35,000	1100	1541	1270	2540	1950	2286	1755	1114
50,000	1105	1549	1276	2553	1960	2298	1764	1120
100,000	1111	1556	1283	2565	1970	2310	1773	1125
250,000	1120	1569	1293	2586	1985	2328	1787	1134
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	79	108	95	201	140	181	125	81
25/60	84	116	103	217	151	195	135	88
35/80	199	274	242	509	354	458	318	206
40/90	241	332	294	617	429	555	385	249
50/100	314	431	382	802	558	722	501	324
100/300	639	878	777	1633	1136	1469	1022	660
250/500	1164	1598	1415	2971	2068	2674	1860	1201

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2365	3661	2785	6166	3838	5549	3454	2272
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	455	455	455	455	455	455	455	455
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	
284	439	334	740	461	666	414	273	
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							
	559	800	676	1356	975	1221	877	575
PART 2	PERSONAL INJURY PROTECTION							
	208	296	234	412	298	371	268	195
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	30,000	1011	1523	1178	2423	1826	2180	1643
	35,000	1017	1532	1185	2437	1837	2192	1652
	50,000	1022	1540	1191	2449	1846	2204	1661
	100,000	1027	1547	1197	2462	1855	2215	1669
	250,000	1035	1560	1206	2481	1870	2232	1682
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	25/50	74	107	90	181	130	163	117
	25/60	81	115	97	195	139	176	125
	35/80	189	270	228	458	328	413	295
	40/90	229	327	276	555	398	500	358
	50/100	298	426	359	722	518	650	466
	100/300	606	867	732	1469	1055	1323	949
	250/500	1103	1577	1332	2674	1920	2408	1727

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2046	3108	2402	5149	3520	4634	3168	2038
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	332	332	332	332	332	332	332	332
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	373	288	618	422	556	380	245	
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							
	704	930	945	1673	1472	1505	1324	685
PART 2	PERSONAL INJURY PROTECTION							
	287	382	315	556	430	500	387	267
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1088	1564	1238	2465	2103	2219	1893	1115
35,000	1094	1573	1245	2479	2115	2231	1904	1121
50,000	1100	1581	1251	2492	2125	2243	1914	1127
100,000	1106	1589	1258	2505	2136	2254	1923	1132
250,000	1114	1601	1268	2524	2153	2272	1938	1141
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	93	124	125	223	196	201	176	92
25/60	100	134	135	240	211	216	190	99
35/80	237	315	318	564	497	508	447	232
40/90	287	381	385	684	602	616	542	281
50/100	373	495	501	889	783	801	704	365
100/300	761	1008	1022	1811	1594	1630	1434	743
250/500	1385	1835	1860	3297	2902	2968	2610	1352

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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	
	25/50	56	2	50/100	78	11
	25/60	61	3	100/300	89	32
	35/80	69	7	250/500	122	111
	40/90	72	9			

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							
	2283	3952	2662	5532	3979	4979	3581	2253
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	354	354	354	354	354	354	354	354
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	
274	474	319	664	477	597	430	270	
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							
	624	838	767	1507	1122	1356	1010	633
PART 2	PERSONAL INJURY PROTECTION							
	238	328	279	462	359	416	323	215
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	30,000	1101	1601	1349	2566	1985	2309	1786
	35,000	1107	1610	1357	2580	1996	2322	1796
	50,000	1113	1618	1363	2593	2006	2334	1805
	100,000	1118	1626	1370	2607	2016	2345	1814
	250,000	1127	1639	1381	2627	2032	2364	1828
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	25/50	83	111	102	201	150	181	135
	25/60	89	120	110	217	162	195	146
	35/80	210	282	259	509	379	458	342
	40/90	255	342	314	617	459	555	414
	50/100	332	445	408	802	597	722	538
	100/300	675	906	830	1633	1216	1469	1095
	250/500	1230	1650	1512	2971	2213	2674	1993

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2594	4276	3138	6518	4629	5866	4166	2579
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	377	377	377	377	377	377	377	377
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	
311	513	377	782	555	704	500	309	
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							
	675	918	799	1644	1182	1480	1064	692
PART 2	PERSONAL INJURY PROTECTION							
	302	416	341	579	489	521	440	284
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1169	1625	1421	2707	2104	2435	1895	1210
35,000	1176	1635	1429	2722	2116	2449	1906	1217
50,000	1182	1643	1436	2736	2127	2462	1915	1223
100,000	1188	1651	1444	2750	2138	2474	1925	1229
250,000	1197	1664	1455	2771	2155	2494	1940	1239
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	90	122	107	219	158	196	142	92
25/60	97	131	115	235	170	211	153	99
35/80	228	309	270	554	399	498	360	233
40/90	276	375	327	672	484	604	436	282
50/100	359	488	425	873	629	785	567	367
100/300	731	993	866	1779	1280	1600	1153	748
250/500	1330	1809	1576	3239	2330	2914	2099	1362

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2398	3808	2911	6095	3966	5486	3569	2463
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	477	477	477	477	477	477	477	477
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	
288	457	349	731	476	658	428	296	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 14

MANUAL RATE	CLASS								
	10	17	18	20	21	25	26	30	
PART 1	BODILY INJURY TO OTHERS								
	684	928	797	1685	1223	1516	1101	654	
PART 2	PERSONAL INJURY PROTECTION								
	347	479	394	676	494	608	445	301	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	30,000	1087	1541	1303	2555	1900	2300	1710	1027
	35,000	1093	1550	1311	2570	1911	2313	1720	1032
	50,000	1098	1558	1317	2583	1921	2325	1728	1038
	100,000	1104	1565	1324	2596	1930	2336	1737	1043
	250,000	1112	1578	1334	2616	1945	2355	1751	1051
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	25/50	91	123	107	224	163	202	147	87
	25/60	98	133	115	241	176	218	158	93
	35/80	230	313	269	568	413	512	371	220
	40/90	279	379	326	689	501	620	450	266
	50/100	363	493	424	895	651	806	585	347
	100/300	740	1004	864	1824	1325	1642	1192	707
	250/500	1347	1828	1572	3320	2412	2989	2170	1287

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2533	4080	3015	6458	4584	5812	4126	2533
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	435	435	435	435	435	435	435	435
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	
304	490	362	775	550	697	495	304	
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							
	791	1089	932	1819	1375	1637	1238	780
PART 2	PERSONAL INJURY PROTECTION							
	328	425	358	635	469	572	422	291
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1363	1872	1543	3055	2342	2751	2108	1326
35,000	1371	1883	1551	3073	2355	2766	2120	1334
50,000	1378	1892	1559	3088	2367	2780	2131	1340
100,000	1385	1902	1567	3104	2379	2794	2141	1347
250,000	1396	1917	1579	3128	2398	2816	2158	1358
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	105	145	124	243	183	219	165	103
25/60	114	156	134	262	197	236	178	112
35/80	267	368	315	615	464	553	418	263
40/90	324	446	382	745	563	670	506	318
50/100	421	579	496	968	731	871	658	414
100/300	857	1179	1010	1971	1489	1774	1341	844
250/500	1560	2147	1838	3588	2711	3229	2440	1536

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	3593	5536	4078	8622	5648	7760	5083	3452
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	472	472	472	472	472	472	472	472
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	
431	664	489	1035	678	931	610	414	
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								
	767	1097	916	1845	1299	1661	1169	770	
PART 2	PERSONAL INJURY PROTECTION								
	411	576	454	797	598	717	538	374	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	30,000	1229	1796	1409	2839	2083	2555	1875	1234
	35,000	1236	1806	1417	2855	2095	2570	1886	1241
	50,000	1242	1816	1424	2869	2106	2583	1896	1248
	100,000	1249	1825	1431	2884	2116	2596	1905	1254
	250,000	1258	1839	1442	2906	2133	2616	1920	1264
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	25/50	102	145	122	245	173	221	155	102
	25/60	110	156	131	264	186	237	167	110
	35/80	259	369	309	622	438	559	394	260
	40/90	314	447	374	754	531	678	477	315
	50/100	408	582	487	980	690	882	621	409
	100/300	830	1186	991	1996	1406	1797	1265	833
	250/500	1512	2159	1805	3635	2560	3271	2303	1517

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2926	4707	3396	7374	4755	6637	4280	2952
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	615	615	615	615	615	615	615	615
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$6								

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	
351	565	408	885	571	796	514	354	
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							
	689	934	827	1678	1113	1511	1002	622
PART 2	PERSONAL INJURY PROTECTION							
	273	356	289	498	384	448	346	251
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1148	1641	1264	2495	1983	2245	1784	1131
35,000	1155	1651	1272	2510	1994	2258	1794	1137
50,000	1161	1659	1278	2522	2004	2270	1803	1143
100,000	1166	1667	1285	2535	2014	2281	1812	1149
250,000	1176	1680	1295	2555	2030	2299	1826	1158
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	92	124	110	223	148	201	133	83
25/60	99	133	118	241	159	216	144	89
35/80	233	314	279	566	375	509	338	210
40/90	283	381	338	686	455	617	410	254
50/100	367	496	439	892	591	802	533	331
100/300	747	1010	895	1817	1204	1635	1085	673
250/500	1360	1839	1629	3307	2193	2976	1975	1226

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2607	4280	3120	6677	4517	6009	4065	2549
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	468	468	468	468	468	468	468	468
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	
313	514	374	801	542	721	488	306	
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							
	854	1212	932	2063	1416	1857	1274	778
PART 2	PERSONAL INJURY PROTECTION							
	457	618	480	839	618	755	556	377
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1227	1703	1340	2703	2090	2434	1881	1113
35,000	1234	1713	1348	2718	2102	2448	1891	1119
50,000	1241	1721	1355	2732	2113	2460	1901	1125
100,000	1247	1730	1361	2746	2124	2472	1911	1131
250,000	1257	1744	1372	2768	2140	2492	1926	1139
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	113	161	124	275	189	248	170	103
25/60	122	173	134	297	204	267	183	111
35/80	287	408	315	697	478	627	430	262
40/90	348	495	382	845	579	759	521	318
50/100	453	644	496	1098	753	987	678	413
100/300	923	1311	1010	2235	1534	2011	1380	842
250/500	1681	2388	1838	4068	2792	3660	2512	1533

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		

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							
	2625	4365	3122	6586	4702	5927	4232	2676
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	571	571	571	571	571	571	571	571
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$6								

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	
315	524	375	790	564	711	508	321	
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							
	835	1150	1011	2065	1270	1858	1143	818
PART 2	PERSONAL INJURY PROTECTION							
	358	488	399	708	487	637	438	351
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1171	1595	1363	2678	1918	2411	1726	1257
35,000	1178	1605	1371	2694	1929	2424	1736	1264
50,000	1184	1613	1378	2707	1938	2437	1744	1271
100,000	1190	1621	1385	2721	1948	2449	1753	1277
250,000	1199	1634	1396	2742	1963	2468	1767	1287
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	111	153	134	275	170	248	153	109
25/60	119	165	145	296	183	267	165	117
35/80	281	388	341	696	429	627	387	276
40/90	341	470	413	844	520	760	469	334
50/100	443	611	537	1097	676	988	609	435
100/300	903	1245	1094	2235	1376	2012	1240	885
250/500	1644	2266	1992	4069	2504	3662	2256	1612

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2718	4398	3350	6874	4703	6187	4233	2879
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	483	483	483	483	483	483	483	483
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	
326	528	402	825	564	742	508	345	
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								
	947	1283	1092	2309	1600	2078	1440	941	
PART 2	PERSONAL INJURY PROTECTION								
	459	636	491	901	654	811	589	410	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	30,000	1315	1891	1476	3006	2266	2705	2039	1298
	35,000	1323	1902	1484	3023	2279	2720	2051	1305
	50,000	1330	1912	1492	3038	2291	2734	2061	1312
	100,000	1336	1921	1499	3054	2302	2748	2072	1318
	250,000	1347	1936	1511	3078	2320	2769	2088	1329
	PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50		125	171	145	307	214	276	193	125
25/60		135	184	157	331	230	298	208	135
35/80		318	433	369	779	541	701	487	318
40/90		386	525	447	944	655	849	590	385
50/100		502	682	581	1227	851	1104	767	501
100/300		1024	1389	1183	2499	1733	2249	1561	1019
250/500		1864	2529	2153	4550	3155	4094	2841	1856

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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					
	25/50	56	2	50/100	78	11
	25/60	61	3	100/300	89	32
	35/80	69	7	250/500	122	111
	40/90	72	9			

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							
	2928	5045	3325	6642	5058	5978	4552	2851
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	547	547	547	547	547	547	547	547
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	
351	605	399	797	607	717	546	342	
COLLISION - Waiver of Deductible Charges								
\$300 Deductible..... \$25								
\$500 Deductible..... \$36								
LIMITED COLLISION								
\$500 Deductible - Charge 6% of the Part 7 premium defined in Rule 11								
Cost to Reduce Deductible from \$500 to \$300 All Classes..... \$16								
Cost to Reduce Deductible from \$500 to \$0 All Classes..... \$29								

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

MASSACHUSETTS PRIVATE PASSENGER RESIDUAL MARKET AUTOMOBILE INSURANCE MANUAL

TERRITORY 21

MANUAL RATE	CLASS							
	10	17	18	20	21	25	26	30
PART 1	BODILY INJURY TO OTHERS							
	1169	1653	1397	2012	2040	1812	1836	1183
PART 2	PERSONAL INJURY PROTECTION							
	536	740	649	1050	810	945	729	491
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1407	1969	1615	3221	2488	2899	2240	1404
35,000	1415	1980	1624	3239	2502	2915	2253	1411
50,000	1422	1990	1632	3256	2515	2930	2264	1419
100,000	1429	2000	1641	3272	2528	2945	2276	1426
250,000	1441	2016	1653	3298	2548	2968	2293	1437
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	155	220	186	269	272	242	245	158
25/60	167	236	201	290	293	260	264	170
35/80	394	557	472	680	689	612	620	399
40/90	477	675	572	824	835	741	752	484
50/100	621	878	744	1071	1085	963	977	629
100/300	1265	1788	1514	2180	2209	1962	1989	1281
250/500	2303	3256	2756	3968	4022	3572	3620	2332

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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	
	25/50	56	2	50/100	78	11
	25/60	61	3	100/300	89	32
	35/80	69	7	250/500	122	111
	40/90	72	9			

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							
	3554	5501	4142	8945	5730	8051	5157	3486
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	535	535	535	535	535	535	535	535
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	
426	660	497	1073	688	966	619	418	
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							
	1202	1619	1470	1907	1887	1716	1698	1193
PART 2	PERSONAL INJURY PROTECTION							
	481	660	590	936	802	842	722	443
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1525	2117	1969	3497	3087	3147	2779	1557
35,000	1534	2129	1980	3517	3105	3165	2795	1566
50,000	1541	2140	1990	3535	3120	3181	2809	1574
100,000	1549	2150	2000	3553	3136	3197	2823	1581
250,000	1561	2167	2016	3581	3161	3222	2845	1594
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	160	215	196	254	252	229	226	159
25/60	172	232	211	274	271	246	244	171
35/80	405	546	496	644	637	579	574	403
40/90	491	662	601	780	772	702	695	488
50/100	639	861	782	1014	1004	912	903	634
100/300	1301	1753	1592	2065	2044	1858	1839	1292
250/500	2369	3191	2898	3759	3721	3382	3348	2351

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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	
	25/50	56	2	50/100	78	11
	25/60	61	3	100/300	89	32
	35/80	69	7	250/500	122	111
	40/90	72	9			

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							
	3210	5065	4042	7851	6013	7066	5412	3154
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	616	616	616	616	616	616	616	616
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$6								

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	
385	608	485	942	722	848	649	378	
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							
	966	1315	1119	2483	1611	2234	1450	957
PART 2	PERSONAL INJURY PROTECTION							
	440	589	505	859	595	773	536	396
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	30,000	1182	1692	1414	2860	2057	2575	1851
	35,000	1188	1702	1422	2876	2069	2589	1861
	50,000	1194	1711	1429	2891	2079	2602	1871
	100,000	1200	1719	1437	2905	2090	2616	1880
	250,000	1210	1733	1448	2928	2106	2636	1895
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	25/50	129	175	149	332	214	299	193
	25/60	138	189	160	357	230	322	208
	35/80	326	444	377	839	543	755	489
	40/90	395	538	457	1017	658	915	592
	50/100	513	700	594	1321	855	1189	770
	100/300	1045	1425	1211	2690	1743	2421	1569
	250/500	1903	2593	2204	4897	3173	4407	2857

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		

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							
	2839	4518	3450	7459	4832	6713	4349	2747
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	450	450	450	450	450	450	450	450
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	
341	542	414	895	580	806	522	330	
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							
	648	959	741	1619	1056	1457	950	618
PART 2	PERSONAL INJURY PROTECTION							
	261	365	273	518	359	466	323	226
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1118	1629	1229	2585	1879	2326	1691	1088
35,000	1125	1638	1236	2600	1890	2339	1700	1094
50,000	1130	1647	1242	2613	1899	2351	1709	1100
100,000	1136	1655	1249	2626	1909	2363	1717	1106
250,000	1145	1668	1258	2647	1924	2382	1731	1114
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	87	128	99	216	141	195	127	82
25/60	93	137	107	233	151	211	136	89
35/80	219	323	251	548	356	494	321	209
40/90	266	392	304	664	432	598	389	253
50/100	345	510	395	862	561	777	505	329
100/300	702	1038	803	1755	1143	1581	1029	669
250/500	1278	1890	1462	3194	2081	2876	1873	1218

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2553	4040	3026	6537	4397	5883	3957	2466
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	289	289	289	289	289	289	289	289
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
306	485	363	784	528	706	475	296	
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							
	716	1096	784	1774	1184	1596	1066	687
PART 2	PERSONAL INJURY PROTECTION							
	347	513	356	736	481	662	433	302
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	30,000	1236	1939	1294	3092	2101	2782	1891
35,000	1243	1950	1302	3110	2113	2798	1902	1179
50,000	1250	1960	1308	3126	2124	2812	1912	1185
100,000	1256	1970	1315	3141	2134	2827	1921	1191
250,000	1266	1985	1325	3166	2151	2849	1936	1201
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	25/50	95	145	104	238	159	214	143
25/60	103	156	112	255	171	231	154	98
35/80	242	369	264	600	401	541	361	231
40/90	293	447	320	727	486	655	437	280
50/100	381	581	416	944	631	851	568	365
100/300	775	1185	848	1922	1284	1731	1156	743
250/500	1411	2157	1544	3499	2337	3150	2103	1353

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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					
	25/50	56	2	50/100	78	11
	25/60	61	3	100/300	89	32
	35/80	69	7	250/500	122	111
	40/90	72	9			

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							
	2302	3973	2820	6341	3768	5707	3391	2429
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	510	510	510	510	510	510	510	510
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	
276	477	338	761	452	685	407	291	
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								
	729	1112	849	1719	1224	1547	1102	733	
PART 2	PERSONAL INJURY PROTECTION								
	342	504	370	665	487	599	438	312	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	30,000	1287	1930	1446	2941	2240	2647	2016	1282
	35,000	1295	1941	1454	2958	2253	2662	2028	1289
	50,000	1301	1951	1461	2973	2264	2675	2038	1296
	100,000	1308	1961	1469	2988	2276	2689	2048	1302
	250,000	1318	1976	1480	3011	2293	2710	2064	1313
	PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50		97	148	113	229	164	205	148	98
25/60		104	159	122	247	177	221	159	105
35/80		246	375	287	580	415	521	373	247
40/90		298	454	347	703	502	632	452	299
50/100		387	591	452	914	653	822	587	389
100/300		789	1203	920	1861	1328	1674	1195	793
250/500		1436	2191	1674	3388	2416	3048	2175	1444

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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	
	25/50	56	2	50/100	78	11
	25/60	61	3	100/300	89	32
	35/80	69	7	250/500	122	111
	40/90	72	9			

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							
	3570	6638	4288	8970	6297	8073	5667	3557
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	652	652	652	652	652	652	652	652
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$7								

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	
428	797	515	1076	756	969	680	427	
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								
	302	396	365	683	517	615	465	302	
PART 2	PERSONAL INJURY PROTECTION								
	99	129	113	191	141	172	127	92	
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY								
	30,000	704	967	851	1717	1261	1546	1134	752
	35,000	708	972	855	1727	1268	1555	1141	756
	50,000	712	977	860	1736	1274	1563	1146	760
	100,000	716	982	864	1744	1281	1571	1152	764
	250,000	721	990	871	1758	1291	1583	1161	770
PART 5	OPTIONAL BODILY INJURY TO OTHERS								
	25/50	40	52	48	91	69	82	62	40
	25/60	43	56	52	98	74	88	67	43
	35/80	101	133	122	230	175	208	157	101
	40/90	123	162	148	279	212	252	191	123
	50/100	160	210	193	363	275	327	248	160
	100/300	326	428	394	739	560	666	504	326
	250/500	594	780	718	1345	1019	1212	917	594

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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	
	25/50	56	2		50/100	78	11	
	25/60	61	3		100/300	89	32	
	35/80	69	7		250/500	122	111	
	40/90	72	9					

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							
	1560	2365	1891	3756	2715	3380	2444	1511
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	277	277	277	277	277	277	277	277
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$3								

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

COLLISION - Cost to Reduce Deductible from \$500 to \$300								
CLASS								
10	17	18	20	21	25	26	30	
187	284	227	451	326	406	293	181	
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							
	864	1150	1021	2085	1466	1876	1320	856
PART 2	PERSONAL INJURY PROTECTION							
	430	570	476	824	619	742	557	387
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	951	1314	1076	2207	1590	1986	1432	942
35,000	956	1321	1082	2219	1599	1998	1440	947
50,000	961	1328	1088	2230	1607	2008	1447	952
100,000	966	1335	1093	2242	1615	2018	1454	957
250,000	974	1345	1102	2259	1628	2034	1466	965
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	114	153	135	278	196	250	176	114
25/60	123	165	146	298	212	269	190	123
35/80	290	388	344	703	496	633	446	289
40/90	352	470	417	852	601	767	540	350
50/100	458	611	542	1107	781	997	702	455
100/300	933	1245	1105	2256	1590	2031	1430	927
250/500	1700	2266	2011	4107	2893	3697	2603	1687

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	1858	3024	2304	4940	3137	4446	2823	1851
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	466	466	466	466	466	466	466	466
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
223	363	276	593	376	534	339	222
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							
	614	837	741	1512	1068	1361	961	629
PART 2	PERSONAL INJURY PROTECTION							
	285	381	316	586	407	527	366	266
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1013	1411	1287	2303	1768	2073	1592	1039
35,000	1018	1419	1295	2316	1778	2084	1601	1045
50,000	1024	1426	1301	2328	1787	2095	1609	1050
100,000	1029	1433	1308	2340	1796	2106	1617	1056
250,000	1037	1444	1318	2358	1810	2122	1630	1064
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	81	111	99	201	142	181	128	83
25/60	87	119	107	216	153	195	138	90
35/80	206	282	251	509	360	459	324	212
40/90	250	342	304	617	436	556	393	257
50/100	325	444	395	803	567	723	511	334
100/300	663	905	803	1636	1156	1473	1040	681
250/500	1208	1648	1462	2978	2104	2681	1894	1239

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2300	3501	2732	5872	3939	5285	3545	2288
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	
276	420	328	705	473	634	425	275	
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							
	996	1444	1214	2278	1746	2050	1572	905
PART 2	PERSONAL INJURY PROTECTION							
	475	711	567	1034	678	931	610	390
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	30,000	963	1361	1124	2275	1678	2048	1511
	35,000	969	1369	1130	2288	1688	2060	1520
	50,000	974	1376	1136	2300	1696	2070	1527
	100,000	979	1383	1141	2311	1705	2081	1535
	250,000	986	1394	1150	2329	1718	2097	1547
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	25/50	132	192	162	304	233	274	210
	25/60	142	207	175	327	251	295	226
	35/80	335	487	410	769	590	693	531
	40/90	406	590	497	932	715	840	643
	50/100	528	767	646	1211	929	1091	836
	100/300	1077	1563	1316	2467	1891	2222	1702
	250/500	1961	2845	2394	4491	3443	4044	3099

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		

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							
	1866	3180	2258	4719	3180	4247	2862	1853
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	440	440	440	440	440	440	440	440
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	
224	382	271	566	382	510	343	222	
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							
	771	1068	948	1847	1361	1663	1224	777
PART 2	PERSONAL INJURY PROTECTION							
	328	445	374	654	473	589	426	302
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1250	1802	1467	2886	2161	2597	1944	1254
35,000	1257	1812	1475	2903	2173	2612	1955	1261
50,000	1264	1821	1483	2917	2184	2626	1965	1267
100,000	1270	1830	1490	2932	2195	2639	1975	1274
250,000	1280	1844	1502	2955	2212	2659	1991	1284
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	102	142	127	246	181	222	163	103
25/60	110	153	136	265	195	239	176	111
35/80	260	360	320	624	459	561	414	262
40/90	315	436	388	756	556	680	501	317
50/100	410	567	504	982	723	884	651	413
100/300	834	1156	1027	2000	1473	1801	1326	841
250/500	1519	2104	1869	3641	2681	3278	2414	1531

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	3064	4699	3556	7647	5393	6882	4854	2939
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	664	664	664	664	664	664	664	664
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$7								

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	
368	564	427	918	647	826	582	353	
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							
	662	906	803	1648	1234	1484	1111	702
PART 2	PERSONAL INJURY PROTECTION							
	277	386	312	554	415	499	374	268
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
	30,000	981	1377	1162	2259	1782	2034	1604
	35,000	986	1385	1169	2272	1792	2046	1613
	50,000	991	1392	1175	2284	1801	2056	1622
	100,000	996	1399	1181	2295	1810	2066	1630
	250,000	1004	1410	1190	2313	1825	2082	1643
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
	25/50	88	120	107	220	164	198	148
	25/60	94	129	114	237	177	213	159
	35/80	222	304	270	557	417	501	375
	40/90	270	369	327	675	505	607	454
	50/100	351	480	426	877	656	789	590
	100/300	715	979	868	1785	1336	1607	1202
	250/500	1302	1783	1580	3250	2433	2925	2189

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	2073	3531	2527	5286	3665	4757	3299	2175
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	372	372	372	372	372	372	372	372
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	
249	424	303	634	440	571	396	261	
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							
	1168	1613	1425	1937	2110	1744	1899	1184
PART 2	PERSONAL INJURY PROTECTION							
	596	810	658	1165	874	1049	787	549
PART 4	DAMAGE TO SOMEONE ELSE'S PROPERTY							
30,000	1389	1898	1731	3284	2457	2957	2212	1405
35,000	1397	1909	1741	3303	2471	2974	2224	1413
50,000	1404	1919	1750	3320	2483	2989	2236	1420
100,000	1412	1929	1759	3336	2496	3004	2247	1428
250,000	1423	1944	1772	3363	2515	3027	2265	1439
PART 5	OPTIONAL BODILY INJURY TO OTHERS							
25/50	155	215	190	259	281	233	253	158
25/60	167	232	205	278	302	251	273	170
35/80	394	545	481	654	712	589	641	400
40/90	477	660	583	793	863	714	777	484
50/100	620	858	758	1030	1121	928	1010	630
100/300	1264	1747	1543	2098	2284	1889	2057	1282
250/500	2301	3180	2809	3819	4158	3439	3743	2334

PART 6	MEDICAL PAYMENTS				
	5,000	10,000	15,000	20,000	25,000
	111	174	222	254	278

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		
	25/50	56	2	50/100	78
	25/60	61	3	100/300	89
	35/80	69	7	250/500	122
	40/90	72	9		111

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							
	3304	5066	4039	8791	5628	7912	5065	3282
PART 9	COMPREHENSIVE - \$500 DEDUCTIBLE							
	618	618	618	618	618	618	618	618
Additional Charge to Reduce Deductible From \$500 to \$300 -- \$6								

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	
396	608	485	1055	675	949	608	394	
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															2011 & Prior
VRG	2026	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	
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															2011 & Prior
VRG	206	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	
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.

If the base list price is greater than \$ 175,000, use \$175,000 as the base list price in this step.

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	5.87	7.58	7.38	6.31	6.25	7.48	6.43	6.94	9.18	6.70	7.14	7.60	9.62	8.77	9.52	12.41	9.44
12	2.85	3.68	3.58	3.06	3.03	3.63	3.12	3.37	4.45	3.25	3.46	3.69	4.67	4.26	4.62	6.02	4.58
13	2.61	3.38	3.29	2.81	2.78	3.33	2.86	3.09	4.08	2.98	3.18	3.38	4.28	3.90	4.24	5.52	4.20
14	2.43	3.14	3.06	2.61	2.59	3.10	2.66	2.87	3.80	2.77	2.95	3.15	3.98	3.63	3.94	5.13	3.91
15	2.29	2.95	2.88	2.46	2.44	2.92	2.51	2.70	3.58	2.61	2.78	2.96	3.75	3.42	3.71	4.83	3.68
16	2.17	2.81	2.73	2.34	2.31	2.77	2.38	2.57	3.39	2.48	2.64	2.81	3.56	3.25	3.52	4.59	3.49
17	2.08	2.69	2.61	2.24	2.21	2.65	2.28	2.46	3.25	2.37	2.53	2.69	3.41	3.11	3.37	4.39	3.34
18	2.00	2.58	2.52	2.15	2.13	2.55	2.19	2.36	3.13	2.28	2.43	2.59	3.28	2.99	3.24	4.23	3.22
19	1.94	2.50	2.44	2.09	2.07	2.47	2.13	2.29	3.03	2.21	2.36	2.51	3.18	2.90	3.14	4.10	3.12
20	1.88	2.44	2.37	2.03	2.01	2.40	2.07	2.23	2.95	2.15	2.29	2.44	3.09	2.82	3.06	3.98	3.03
21	1.84	2.38	2.32	1.98	1.96	2.35	2.02	2.18	2.88	2.10	2.24	2.39	3.02	2.75	2.99	3.89	2.96
22	1.81	2.33	2.27	1.94	1.92	2.30	1.98	2.13	2.82	2.06	2.20	2.34	2.96	2.70	2.93	3.82	2.90
23	1.78	2.30	2.24	1.91	1.89	2.27	1.95	2.10	2.78	2.03	2.16	2.30	2.91	2.66	2.88	3.76	2.86
24	1.75	2.27	2.21	1.89	1.87	2.24	1.92	2.07	2.74	2.00	2.13	2.27	2.87	2.62	2.84	3.71	2.82
25	1.67	2.16	2.10	1.80	1.78	2.13	1.83	1.98	2.61	1.91	2.03	2.17	2.74	2.50	2.71	3.53	2.69
26	1.56	2.01	1.96	1.68	1.66	1.99	1.71	1.84	2.43	1.78	1.89	2.02	2.55	2.33	2.53	3.29	2.50
27	1.47	1.89	1.84	1.58	1.56	1.87	1.61	1.73	2.29	1.67	1.78	1.90	2.40	2.19	2.38	3.10	2.36
28	1.39	1.80	1.75	1.50	1.48	1.77	1.53	1.65	2.18	1.59	1.69	1.80	2.28	2.08	2.26	2.94	2.24
29	1.33	1.72	1.67	1.43	1.42	1.70	1.46	1.57	2.08	1.52	1.62	1.73	2.18	1.99	2.16	2.81	2.14
30	1.28	1.66	1.61	1.38	1.37	1.64	1.41	1.52	2.01	1.46	1.56	1.66	2.10	1.92	2.08	2.71	2.06
31	1.25	1.62	1.57	1.35	1.33	1.59	1.37	1.48	1.96	1.43	1.52	1.62	2.05	1.87	2.03	2.64	2.01
32	1.23	1.59	1.55	1.33	1.31	1.57	1.35	1.46	1.93	1.41	1.50	1.60	2.02	1.84	2.00	2.60	1.98
33	1.22	1.57	1.53	1.31	1.30	1.55	1.34	1.44	1.90	1.39	1.48	1.58	2.00	1.82	1.98	2.57	1.96
34	1.21	1.56	1.52	1.30	1.28	1.54	1.32	1.43	1.89	1.38	1.47	1.56	1.98	1.80	1.96	2.55	1.94
35	1.20	1.55	1.51	1.29	1.28	1.53	1.31	1.42	1.87	1.37	1.46	1.55	1.96	1.79	1.94	2.53	1.93
36	1.19	1.54	1.50	1.28	1.27	1.52	1.31	1.41	1.86	1.36	1.45	1.54	1.95	1.78	1.93	2.52	1.91
37	1.19	1.53	1.49	1.28	1.26	1.51	1.30	1.40	1.86	1.35	1.44	1.54	1.95	1.77	1.93	2.51	1.91
38	1.18	1.53	1.49	1.27	1.26	1.51	1.30	1.40	1.85	1.35	1.44	1.54	1.94	1.77	1.92	2.50	1.91
39	1.18	1.53	1.49	1.27	1.26	1.51	1.30	1.40	1.85	1.35	1.44	1.53	1.94	1.77	1.92	2.50	1.91
40	1.19	1.53	1.49	1.28	1.26	1.51	1.30	1.40	1.86	1.35	1.44	1.54	1.95	1.77	1.92	2.51	1.91
41	1.19	1.54	1.50	1.28	1.27	1.52	1.30	1.41	1.86	1.36	1.45	1.54	1.95	1.78	1.93	2.51	1.91
42	1.19	1.54	1.50	1.28	1.27	1.52	1.31	1.41	1.87	1.36	1.45	1.55	1.96	1.79	1.94	2.52	1.92
43	1.20	1.55	1.51	1.29	1.28	1.53	1.32	1.42	1.88	1.37	1.46	1.56	1.97	1.80	1.95	2.54	1.93
44	1.21	1.56	1.52	1.30	1.29	1.54	1.33	1.43	1.89	1.38	1.47	1.57	1.98	1.81	1.96	2.56	1.94
45	1.22	1.57	1.53	1.31	1.30	1.55	1.34	1.44	1.90	1.39	1.48	1.58	2.00	1.82	1.98	2.57	1.96
46	1.23	1.59	1.54	1.32	1.31	1.57	1.35	1.45	1.92	1.40	1.49	1.59	2.01	1.84	1.99	2.60	1.98
47	1.24	1.60	1.56	1.33	1.32	1.58	1.36	1.47	1.94	1.41	1.51	1.61	2.03	1.85	2.01	2.62	1.99
48	1.25	1.62	1.58	1.35	1.33	1.60	1.37	1.48	1.96	1.43	1.52	1.62	2.05	1.87	2.03	2.65	2.02
49	1.27	1.64	1.59	1.36	1.35	1.61	1.39	1.50	1.98	1.45	1.54	1.64	2.08	1.89	2.05	2.68	2.04
50	1.28	1.66	1.61	1.38	1.37	1.63	1.40	1.51	2.00	1.46	1.56	1.66	2.10	1.92	2.08	2.71	2.06

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
			11.0					10.2								
11	11.52	9.74	3	10.79	12.43	9.08	5.83	9	13.15	5.59	9.40	6.07	8.88	13.39	7.50	12.47
12	5.59	4.73	5.35	5.24	6.03	4.40	2.83	4.99	6.38	2.71	4.56	2.95	4.31	6.50	3.64	6.05
13	5.13	4.34	4.91	4.80	5.53	4.04	2.59	4.58	5.85	2.49	4.18	2.70	3.95	5.96	3.34	5.55
14	4.77	4.03	4.57	4.47	5.14	3.76	2.41	4.26	5.44	2.31	3.89	2.51	3.67	5.54	3.11	5.16
15	4.49	3.80	4.30	4.20	4.84	3.54	2.27	4.01	5.12	2.18	3.66	2.37	3.46	5.22	2.92	4.86
16	4.26	3.60	4.08	3.99	4.60	3.36	2.16	3.81	4.86	2.07	3.48	2.25	3.28	4.95	2.78	4.61
17	4.08	3.45	3.91	3.82	4.40	3.21	2.06	3.64	4.66	1.98	3.33	2.15	3.14	4.74	2.66	4.41
18	3.93	3.32	3.76	3.68	4.23	3.09	1.99	3.51	4.48	1.90	3.20	2.07	3.02	4.56	2.56	4.25
19	3.80	3.22	3.64	3.56	4.10	3.00	1.93	3.40	4.34	1.85	3.10	2.01	2.93	4.42	2.48	4.12
20	3.70	3.13	3.54	3.47	3.99	2.91	1.87	3.30	4.22	1.79	3.02	1.95	2.85	4.30	2.41	4.00
21	3.61	3.06	3.46	3.39	3.90	2.85	1.83	3.23	4.13	1.75	2.95	1.90	2.78	4.20	2.35	3.91
22	3.54	3.00	3.39	3.32	3.82	2.79	1.79	3.16	4.05	1.72	2.89	1.87	2.73	4.12	2.31	3.84
23	3.49	2.95	3.34	3.27	3.76	2.75	1.77	3.12	3.98	1.69	2.85	1.84	2.69	4.06	2.27	3.77
24	3.44	2.91	3.30	3.22	3.71	2.71	1.74	3.07	3.93	1.67	2.81	1.81	2.65	4.00	2.24	3.72
25	3.28	2.78	3.14	3.07	3.54	2.59	1.66	2.93	3.75	1.59	2.68	1.73	2.53	3.82	2.14	3.55
26	3.06	2.58	2.93	2.86	3.30	2.41	1.55	2.73	3.49	1.48	2.49	1.61	2.35	3.55	1.99	3.31
27	2.88	2.43	2.75	2.69	3.10	2.27	1.46	2.57	3.28	1.40	2.35	1.52	2.22	3.34	1.87	3.11
28	2.73	2.31	2.62	2.56	2.95	2.15	1.38	2.44	3.12	1.32	2.23	1.44	2.10	3.18	1.78	2.96
29	2.61	2.21	2.50	2.45	2.82	2.06	1.32	2.33	2.98	1.27	2.13	1.38	2.01	3.04	1.70	2.83
30	2.52	2.13	2.41	2.36	2.72	1.98	1.27	2.25	2.87	1.22	2.05	1.33	1.94	2.93	1.64	2.72
31	2.45	2.08	2.35	2.30	2.65	1.93	1.24	2.19	2.80	1.19	2.00	1.29	1.89	2.85	1.60	2.66
32	2.42	2.05	2.32	2.27	2.61	1.91	1.22	2.16	2.76	1.17	1.97	1.27	1.86	2.81	1.58	2.62
33	2.39	2.02	2.29	2.24	2.58	1.88	1.21	2.13	2.73	1.16	1.95	1.26	1.84	2.78	1.56	2.59
34	2.37	2.00	2.27	2.22	2.55	1.86	1.20	2.11	2.70	1.15	1.93	1.25	1.82	2.75	1.54	2.56
35	2.35	1.99	2.25	2.20	2.53	1.85	1.19	2.10	2.68	1.14	1.92	1.24	1.81	2.73	1.53	2.54
36	2.34	1.98	2.24	2.19	2.52	1.84	1.18	2.09	2.67	1.13	1.91	1.23	1.80	2.72	1.52	2.53
37	2.33	1.97	2.23	2.18	2.51	1.84	1.18	2.08	2.66	1.13	1.90	1.23	1.79	2.71	1.52	2.52
38	2.33	1.97	2.23	2.18	2.51	1.83	1.18	2.08	2.65	1.13	1.90	1.23	1.79	2.70	1.51	2.52
39	2.32	1.97	2.23	2.18	2.51	1.83	1.18	2.08	2.65	1.13	1.90	1.23	1.79	2.70	1.51	2.52
40	2.33	1.97	2.23	2.18	2.51	1.84	1.18	2.08	2.66	1.13	1.90	1.23	1.79	2.71	1.52	2.52
41	2.33	1.97	2.24	2.19	2.52	1.84	1.18	2.08	2.67	1.13	1.90	1.23	1.80	2.71	1.52	2.53
42	2.34	1.98	2.25	2.20	2.53	1.85	1.19	2.09	2.68	1.14	1.91	1.24	1.81	2.73	1.53	2.54
43	2.36	1.99	2.26	2.21	2.54	1.86	1.19	2.10	2.69	1.14	1.92	1.24	1.82	2.74	1.54	2.55
44	2.37	2.01	2.27	2.22	2.56	1.87	1.20	2.12	2.71	1.15	1.94	1.25	1.83	2.76	1.55	2.57
45	2.39	2.02	2.29	2.24	2.58	1.88	1.21	2.13	2.73	1.16	1.95	1.26	1.84	2.78	1.56	2.59
46	2.41	2.04	2.31	2.26	2.60	1.90	1.22	2.15	2.75	1.17	1.97	1.27	1.86	2.80	1.57	2.61
47	2.43	2.06	2.33	2.28	2.63	1.92	1.23	2.17	2.78	1.18	1.99	1.28	1.88	2.83	1.59	2.63
48	2.46	2.08	2.36	2.30	2.65	1.94	1.24	2.20	2.81	1.19	2.01	1.30	1.89	2.86	1.60	2.66
49	2.49	2.10	2.38	2.33	2.68	1.96	1.26	2.22	2.84	1.21	2.03	1.31	1.92	2.89	1.62	2.69
50	2.51	2.13	2.41	2.36	2.71	1.98	1.27	2.25	2.87	1.22	2.05	1.33	1.94	2.92	1.64	2.72

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

<u>VRG</u>	<u>All Territories</u>
11	0.80
12	0.39
13	0.36
14	0.33
15	0.31
16	0.30
17	0.28
18	0.27
19	0.27
20	0.26
21	0.25
22	0.25
23	0.24
24	0.24
25	0.23
26	0.21
27	0.20
28	0.19
29	0.18
30	0.18
31	0.17
32	0.17
33	0.17
34	0.16
35	0.16
36	0.16
37	0.16
38	0.16
39	0.16
40	0.16
41	0.16
42	0.16
43	0.16
44	0.17
45	0.17
46	0.17
47	0.17
48	0.17
49	0.17
50	0.18

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	3.31	4.51	4.36	3.62	3.57	4.44	3.70	4.05	5.62	3.88	4.20	4.52	5.93	5.34	5.86	7.88	5.80
12	1.60	2.19	2.12	1.75	1.73	2.15	1.80	1.97	2.73	1.88	2.04	2.19	2.88	2.59	2.84	3.82	2.82
13	1.47	2.01	1.94	1.61	1.59	1.97	1.65	1.80	2.50	1.73	1.87	2.01	2.64	2.38	2.61	3.51	2.58
14	1.37	1.86	1.81	1.50	1.48	1.84	1.53	1.68	2.33	1.61	1.74	1.87	2.45	2.21	2.43	3.26	2.40
15	1.29	1.76	1.70	1.41	1.39	1.73	1.44	1.58	2.19	1.51	1.63	1.76	2.31	2.08	2.28	3.07	2.26
16	1.22	1.67	1.61	1.34	1.32	1.64	1.37	1.50	2.08	1.44	1.55	1.67	2.19	1.97	2.17	2.91	2.15
17	1.17	1.60	1.55	1.28	1.27	1.57	1.31	1.44	1.99	1.38	1.49	1.60	2.10	1.89	2.08	2.79	2.06
18	1.13	1.54	1.49	1.23	1.22	1.51	1.26	1.38	1.92	1.32	1.43	1.54	2.02	1.82	2.00	2.69	1.98
19	1.09	1.49	1.44	1.19	1.18	1.46	1.22	1.34	1.86	1.28	1.39	1.49	1.96	1.76	1.94	2.60	1.92
20	1.06	1.45	1.40	1.16	1.15	1.42	1.19	1.30	1.81	1.25	1.35	1.45	1.90	1.71	1.88	2.53	1.86
21	1.04	1.41	1.37	1.13	1.12	1.39	1.16	1.27	1.76	1.22	1.32	1.42	1.86	1.67	1.84	2.47	1.82
22	1.02	1.39	1.34	1.11	1.10	1.36	1.14	1.25	1.73	1.20	1.29	1.39	1.82	1.64	1.80	2.42	1.79
23	1.00	1.36	1.32	1.10	1.08	1.34	1.12	1.23	1.70	1.18	1.27	1.37	1.80	1.62	1.77	2.39	1.76
24	0.99	1.35	1.30	1.08	1.07	1.32	1.11	1.21	1.68	1.16	1.25	1.35	1.77	1.59	1.75	2.35	1.73
25	0.94	1.28	1.24	1.03	1.02	1.26	1.05	1.15	1.60	1.11	1.20	1.29	1.69	1.52	1.67	2.24	1.65
26	0.88	1.20	1.16	0.96	0.95	1.18	0.98	1.08	1.49	1.03	1.11	1.20	1.57	1.42	1.56	2.09	1.54
27	0.83	1.12	1.09	0.90	0.89	1.11	0.92	1.01	1.40	0.97	1.05	1.13	1.48	1.33	1.46	1.97	1.45
28	0.78	1.07	1.03	0.86	0.85	1.05	0.88	0.96	1.33	0.92	0.99	1.07	1.41	1.27	1.39	1.87	1.38
29	0.75	1.02	0.99	0.82	0.81	1.01	0.84	0.92	1.28	0.88	0.95	1.03	1.35	1.21	1.33	1.79	1.32
30	0.72	0.98	0.95	0.79	0.78	0.97	0.81	0.89	1.23	0.85	0.92	0.99	1.30	1.17	1.28	1.72	1.27
31	0.70	0.96	0.93	0.77	0.76	0.94	0.79	0.86	1.20	0.83	0.89	0.96	1.26	1.14	1.25	1.68	1.24
32	0.69	0.95	0.92	0.76	0.75	0.93	0.78	0.85	1.18	0.82	0.88	0.95	1.25	1.12	1.23	1.65	1.22
33	0.69	0.93	0.91	0.75	0.74	0.92	0.77	0.84	1.17	0.81	0.87	0.94	1.23	1.11	1.22	1.63	1.20
34	0.68	0.93	0.90	0.74	0.73	0.91	0.76	0.83	1.15	0.80	0.86	0.93	1.22	1.10	1.20	1.62	1.19
35	0.67	0.92	0.89	0.74	0.73	0.90	0.75	0.83	1.15	0.79	0.86	0.92	1.21	1.09	1.20	1.61	1.18
36	0.67	0.91	0.89	0.73	0.72	0.90	0.75	0.82	1.14	0.79	0.85	0.92	1.20	1.08	1.19	1.60	1.18
37	0.67	0.91	0.88	0.73	0.72	0.90	0.75	0.82	1.14	0.79	0.85	0.91	1.20	1.08	1.19	1.59	1.17
38	0.67	0.91	0.88	0.73	0.72	0.90	0.75	0.82	1.13	0.78	0.85	0.91	1.20	1.08	1.18	1.59	1.17
39	0.67	0.91	0.88	0.73	0.72	0.90	0.75	0.82	1.13	0.78	0.85	0.91	1.20	1.08	1.18	1.59	1.17
40	0.67	0.91	0.88	0.73	0.72	0.90	0.75	0.82	1.14	0.79	0.85	0.91	1.20	1.08	1.18	1.59	1.17
41	0.67	0.91	0.88	0.73	0.72	0.90	0.75	0.82	1.14	0.79	0.85	0.92	1.20	1.08	1.19	1.60	1.18
42	0.67	0.92	0.89	0.74	0.73	0.90	0.75	0.83	1.14	0.79	0.85	0.92	1.21	1.09	1.19	1.60	1.18
43	0.68	0.92	0.89	0.74	0.73	0.91	0.76	0.83	1.15	0.79	0.86	0.92	1.21	1.09	1.20	1.61	1.19
44	0.68	0.93	0.90	0.74	0.74	0.91	0.76	0.84	1.16	0.80	0.86	0.93	1.22	1.10	1.21	1.62	1.20
45	0.69	0.94	0.91	0.75	0.74	0.92	0.77	0.84	1.17	0.81	0.87	0.94	1.23	1.11	1.22	1.64	1.20
46	0.69	0.94	0.91	0.76	0.75	0.93	0.77	0.85	1.18	0.81	0.88	0.95	1.24	1.12	1.23	1.65	1.21
47	0.70	0.95	0.92	0.76	0.76	0.94	0.78	0.86	1.19	0.82	0.89	0.95	1.25	1.13	1.24	1.66	1.23
48	0.71	0.96	0.93	0.77	0.76	0.95	0.79	0.87	1.20	0.83	0.90	0.96	1.27	1.14	1.25	1.68	1.24
49	0.71	0.97	0.94	0.78	0.77	0.96	0.80	0.87	1.21	0.84	0.91	0.98	1.28	1.15	1.26	1.70	1.25
50	0.72	0.98	0.95	0.79	0.78	0.97	0.81	0.89	1.23	0.85	0.92	0.99	1.30	1.17	1.28	1.72	1.27

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	7.26	6.02	6.92	6.75	7.89	5.55	3.28	6.40	8.40	3.11	5.78	3.45	5.41	8.57	4.45	7.92
12	3.52	2.92	3.36	3.28	3.83	2.69	1.59	3.10	4.08	1.51	2.80	1.67	2.62	4.16	2.16	3.84
13	3.23	2.68	3.08	3.00	3.51	2.47	1.46	2.85	3.74	1.38	2.57	1.53	2.41	3.81	1.98	3.53
14	3.00	2.49	2.86	2.79	3.27	2.30	1.36	2.65	3.48	1.29	2.39	1.43	2.24	3.55	1.84	3.28
15	2.83	2.34	2.70	2.63	3.08	2.16	1.28	2.49	3.27	1.21	2.25	1.34	2.11	3.34	1.73	3.09
16	2.69	2.23	2.56	2.50	2.92	2.05	1.21	2.37	3.11	1.15	2.14	1.27	2.00	3.17	1.65	2.93
17	2.57	2.13	2.45	2.39	2.80	1.97	1.16	2.27	2.98	1.10	2.05	1.22	1.92	3.04	1.58	2.81
18	2.47	2.05	2.36	2.30	2.69	1.89	1.12	2.18	2.86	1.06	1.97	1.17	1.84	2.92	1.52	2.70
19	2.40	1.99	2.29	2.23	2.61	1.83	1.08	2.11	2.78	1.03	1.91	1.14	1.79	2.83	1.47	2.62
20	2.33	1.93	2.22	2.17	2.54	1.78	1.05	2.05	2.70	1.00	1.86	1.11	1.74	2.75	1.43	2.54
21	2.28	1.89	2.17	2.12	2.48	1.74	1.03	2.01	2.64	0.97	1.81	1.08	1.70	2.69	1.40	2.49
22	2.23	1.85	2.13	2.08	2.43	1.71	1.01	1.97	2.59	0.96	1.78	1.06	1.66	2.64	1.37	2.44
23	2.20	1.82	2.10	2.04	2.39	1.68	0.99	1.94	2.54	0.94	1.75	1.04	1.64	2.60	1.35	2.40
24	2.17	1.80	2.07	2.02	2.36	1.66	0.98	1.91	2.51	0.93	1.73	1.03	1.62	2.56	1.33	2.37
25	2.07	1.71	1.97	1.92	2.25	1.58	0.93	1.82	2.39	0.89	1.65	0.98	1.54	2.44	1.27	2.26
26	1.93	1.60	1.84	1.79	2.09	1.47	0.87	1.70	2.23	0.82	1.53	0.91	1.44	2.27	1.18	2.10
27	1.81	1.50	1.73	1.69	1.97	1.39	0.82	1.60	2.10	0.78	1.44	0.86	1.35	2.14	1.11	1.98
28	1.72	1.43	1.64	1.60	1.87	1.32	0.78	1.52	1.99	0.74	1.37	0.82	1.28	2.03	1.05	1.88
29	1.65	1.36	1.57	1.53	1.79	1.26	0.74	1.45	1.91	0.71	1.31	0.78	1.23	1.94	1.01	1.80
30	1.59	1.32	1.51	1.48	1.73	1.21	0.72	1.40	1.84	0.68	1.26	0.75	1.18	1.87	0.97	1.73
31	1.55	1.28	1.47	1.44	1.68	1.18	0.70	1.36	1.79	0.66	1.23	0.73	1.15	1.83	0.95	1.69
32	1.52	1.26	1.45	1.42	1.66	1.17	0.69	1.34	1.76	0.65	1.21	0.72	1.14	1.80	0.93	1.66
33	1.51	1.25	1.44	1.40	1.64	1.15	0.68	1.33	1.74	0.64	1.20	0.72	1.12	1.78	0.92	1.64
34	1.49	1.24	1.42	1.39	1.62	1.14	0.67	1.31	1.73	0.64	1.19	0.71	1.11	1.76	0.91	1.63
35	1.48	1.23	1.41	1.38	1.61	1.13	0.67	1.30	1.71	0.63	1.18	0.70	1.10	1.75	0.91	1.62
36	1.47	1.22	1.40	1.37	1.60	1.13	0.66	1.30	1.70	0.63	1.17	0.70	1.10	1.74	0.90	1.61
37	1.47	1.22	1.40	1.37	1.60	1.12	0.66	1.29	1.70	0.63	1.17	0.70	1.09	1.73	0.90	1.60
38	1.47	1.21	1.40	1.36	1.59	1.12	0.66	1.29	1.70	0.63	1.17	0.70	1.09	1.73	0.90	1.60
39	1.47	1.21	1.40	1.36	1.59	1.12	0.66	1.29	1.70	0.63	1.17	0.70	1.09	1.73	0.90	1.60
40	1.47	1.22	1.40	1.36	1.60	1.12	0.66	1.29	1.70	0.63	1.17	0.70	1.09	1.73	0.90	1.60
41	1.47	1.22	1.40	1.37	1.60	1.12	0.66	1.30	1.70	0.63	1.17	0.70	1.10	1.74	0.90	1.61
42	1.48	1.22	1.41	1.37	1.61	1.13	0.67	1.30	1.71	0.63	1.18	0.70	1.10	1.74	0.91	1.61
43	1.49	1.23	1.42	1.38	1.62	1.14	0.67	1.31	1.72	0.64	1.18	0.71	1.11	1.75	0.91	1.62
44	1.50	1.24	1.43	1.39	1.63	1.14	0.68	1.32	1.73	0.64	1.19	0.71	1.11	1.77	0.92	1.63
45	1.51	1.25	1.44	1.40	1.64	1.15	0.68	1.33	1.74	0.64	1.20	0.72	1.12	1.78	0.92	1.64
46	1.52	1.26	1.45	1.41	1.65	1.16	0.69	1.34	1.76	0.65	1.21	0.72	1.13	1.79	0.93	1.66
47	1.53	1.27	1.46	1.43	1.67	1.17	0.69	1.35	1.78	0.66	1.22	0.73	1.14	1.81	0.94	1.67
48	1.55	1.28	1.48	1.44	1.69	1.18	0.70	1.37	1.79	0.66	1.23	0.74	1.15	1.83	0.95	1.69
49	1.57	1.30	1.49	1.46	1.70	1.20	0.71	1.38	1.81	0.67	1.25	0.74	1.17	1.85	0.96	1.71
50	1.58	1.31	1.51	1.47	1.72	1.21	0.72	1.40	1.83	0.68	1.26	0.75	1.18	1.87	0.97	1.73

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