

**Massachusetts Private Passenger Automobile
Statistical Plan
Part VI - Coding Section**

OTHER THAN COLLISION COVERAGE CODE

- ★ • The \$100 Towing and Labor Costs Coverage codes are optional for policies effective 1/1/2002 – 12/31/2002 and mandatory for policies effective 1/1/2003 and subsequent.

OTC Coverage with Full Glass Coverage			
Description	Code		
	Towing and Labor Costs Coverage		
	\$50 Included	★ \$100 Included	Excluded
Comprehensive Coverage			
• \$ 300 Deductible	234	434	035
• \$ 500 Deductible	236	436	037
• \$1,000 Deductible	238	438	039
• \$2,000 Deductible	222	422	023
• All Other Deductibles with Full Glass Coverage	264	464	004
Fire Only	265	465	005
Fire and Theft	266	466	006
Fire, Theft and Combined Additional Coverage	268	468	008
Stated Amount		060	
Agreed Amount		063	

OTC Coverage with Optional \$100 Glass Deductible			
Description	Code		
	Towing and Labor Costs Coverage		
	\$50 Included	★ \$100 Included	Excluded
Comprehensive Coverage			
• \$ 300 Deductible	334	534	135
• \$ 500 Deductible	336	536	137
• \$1,000 Deductible	338	538	139
• \$2,000 Deductible	322	522	123
• All Other Deductibles with Optional \$100 Glass Ded.	364	564	104
Fire Only	365	565	105
Fire and Theft	366	566	106
Fire, Theft and Combined Additional Coverage	368	568	108

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MISCELLANEOUS COVERAGES

Description	Code
Non-Owned Automobiles – Broad Form	056
Non-Owned Automobiles – Limited Form	057
★ Towing and Labor – \$100 per disablement <ul style="list-style-type: none"> • No other comprehensive coverage afforded • Optional for policies effective 1/1/2002 – 12/31/2002. Mandatory for policies effective 1/1/2003 and subsequent. 	080
Towing and Labor – \$50 per disablement <ul style="list-style-type: none"> • No other comprehensive coverage afforded 	082
Substitute Transportation - \$15 per day/ \$450 maximum	083
Substitute Transportation - \$45 per day/\$1,350 maximum <ul style="list-style-type: none"> • Optional for policies effective 1/1/2001 – 12/31/2001. Mandatory for policies effective 1/1/2002 and subsequent. 	084
Substitute Transportation - \$30 per day/ \$900 maximum	085
Substitute Transportation - \$100 per day/ \$3,000 maximum	086
Sound Receiving and Transmitting Equipment	087
All Other Coverages – excluding Collision	089

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Appendix A - Classification and Coverage Code Decision Tables

COVERAGE CODE DECISION TABLE

- For all shaded areas, refer to the Classification Code Decision Table
- Applicable to Physical Damage records

Other Than Collision

Coverage Code	Accident Town Code	Anti-Theft Device Discount	Claim Count	Classification Code	Discount Code	Estimated Annual Mileage	Exposure	Extra-Risk Rating Code	High-Theft Vehicle Code	Intensified Appraisal Code	Model Year Century Code	Model Year Code	OEM Coverage Code	Partial/Total Loss Indicator	Pre-Insurance Insp. ID Code	Premium Town Code	Type of Risk	Symbol Code	Rate Departure Factor	Value Code	Vehicle Identification Number	ZIP Code
056,057	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	Y	N	N	N
060,063			Y	Y							N	N					Y		Y			
★ 080 - 082	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
083-087	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
089	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Other OTC Cov.			Y	Y													Y		Y			

Collision

Coverage Code	Accident Town Code	Anti-Theft Device Discount	Claim Count	Classification Code	Discount Code	Estimated Annual Mileage	Exposure	Extra Risk-Rating Code	High-Theft Vehicle Code	Intensified Appraisal Code	Model Year Century Code	Model Year Code	OEM Coverage Code	Partial/Total Loss Indicator	Pre-Insurance Insp. ID Code	Premium Town Code	Type of Risk	Symbol Code	Rate Departure Factor	Value Code	Vehicle Identification Number	ZIP Code
012-019		N	Y	Y													Y		Y			
041		N	Y	Y				N			N	N					Y		Y			
040, 042-049		N	Y	Y				N									Y		Y			
072-079		N	Y	Y													Y		Y			
092		N	Y	Y							N	N					Y		Y			
096,097	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	Y	N	N	N
099	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N