Containing the Instructions and Codes Applicable to the Vehicles Rated in the Massachusetts Private Passenger Automobile Insurance Manual

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Part I - Overview

A. SCOPE OF THE PLAN

The Massachusetts Private Passenger Automobile Statistical Plan is applicable to total automobile direct business written by a company on vehicles rated in accordance with the Massachusetts Private Passenger Automobile Insurance Manual. This Plan also applies to vehicle classifications or coverages for which companies may file their own rates (e.g. antique automobiles). The Massachusetts Private Passenger Automobile Insurance Manual, which is published by the Automobile Insurers Bureau of Massachusetts, should be used in conjunction with both the Private Passenger Automobile Statistical Plan and the various informational Accounting and Statistical Notices published periodically by Commonwealth Automobile Reinsurers. In order to assure that the statistical data reported to CAR is of the highest level of quality, the Massachusetts Private Passenger Automobile Statistical Plan provides companies with the necessary requirements, instructions and codes for reporting detailed statistical data for the following automobile insurance coverages to CAR:

Bodily Injury to Others

Personal Injury Protection (No-Fault)

Bodily Injury Caused by an Uninsured Automobile

Damage to Someone Else's Property

Optional Bodily Injury to Others

Medical Payments

Collision

Limited Collision

Comprehensive

Substitute Transportation

Towing and Labor

Bodily Injury Caused by an Underinsured Automobile

B. ORGANIZATION OF THE PLAN

The Massachusetts Private Passenger Automobile Statistical Plan is organized in the following major divisions:

Part I – Overview

Part II - General Rules

Part III — General Reporting Requirements (Premiums and Losses)

Part IV - Reporting Instructions - Premiums

Part V – Reporting Instructions – Losses

Part VI - Coding Section

Part VII - Statistical Data Quality Program

Part VIII - Record Layouts

Appendix A - Decision Tables - Classification Code and Coverage Code

Appendix B - Premium and Accident Town Tables

The Overview Section introduces the Massachusetts Private Passenger Automobile Statistical Plan. It identifies the coverages for which this Plan is applicable, details the organization of this Plan, specifies the Statistical Plan's effective date and identifies how CAR informs users of updates to this Plan.

The General Rules Section of this Plan describes company reporting requirements and the proper method for reporting data to CAR. The General Reporting Requirements Section of this Plan contains general information relative to the reporting of premium, and loss data to CAR. The Reporting Instructions Sections of this Plan contain specifications for reporting each of the data fields required on the various premium and loss record layouts.

Part I - Overview

B. ORGANIZATION OF THE PLAN (Continued)

The Coding Section of this Plan identifies the possible values or codes that are valid for each of the data fields contained on the premium and loss record layouts. Data fields apply to all record layouts unless otherwise noted. If a specific data field only applies to a specific record layout or coverage, this will be indicated in the Coding Section. The Coding Section is divided into four subsections. The first section contains codes that are applicable to all record layouts. The remaining sections contain codes that are applicable to the individual liability, no-fault and physical damage record layouts.

The Statistical Data Quality Program Section of this Plan details the specifics of the Statistical Data Quality Program. The purpose of the Statistical Data Quality Program is to assure the quality and completeness of the data reported to CAR. This data is subsequently used for statistical, reinsurance and ratemaking functions. The Program is subdivided into two sections. The Statistical Data Quality Components Section contains CAR's expectations for reporting quality and timely statistical data and the Statistical Data Quality Penalties Section contains associated reporting penalties.

The Record Layouts Section of this Plan identifies the required record layout format including appropriate field positions for statistical records reported to CAR. A Private Passenger Record Layout Modification Key precedes the record layouts and identifies the fields to which modifications have been made in prior years.

Appendix A of this Plan contains detailed Classification and Coverage Code Decision Tables. These Decision Tables shall be used to determine whether specific data fields are required for a particular classification or coverage code.

Appendix B of this Plan contains two tables of valid Premium and Accident Town Codes. One table is listed in alphabetical order and the other is listed in numerical order. These towns correspond to the rating towns listed in the Massachusetts Private Passenger Automobile Insurance Manual.

C. EFFECTIVE DATE OF THE PLAN

The Massachusetts Private Passenger Automobile Statistical Plan is applicable to policies with effective dates of January 1, 1981 and subsequent and contains revisions through the date noted on the cover page of this Plan. All policies and endorsements to such policies must contain the Statistical Plan coding and must be reported on the record format that was in effect for the particular policy effective year. Refer to the Private Passenger Automobile Statistical Plan applicable to the particular policy effective year.

\bigstar D. <u>UPDATES TO THE PLAN</u>

The Massachusetts Private Passenger Automobile Statistical Plan, initially published in loose-leaf form, is available for viewing or downloading from CAR's website (www.commauto.com). The current year version, as well as prior year versions of the Plan are available. Since the Private Passenger Statistical Plan is now available electronically, paper copies of revised pages are no longer distributed to companies. Instead, CAR will publish an Accounting and Statistical Notice to notify companies of the revised pages and companies will be directed to CAR's website for further information. The revised pages will be available on CAR's website and will be incorporated in the electronic version of the applicable Plan.

The <u>revised</u> pages will be applicable to all new and renewal policies with effective dates on or after the date indicated in the lower left corner of the reprinted pages. Note that specific revisions will be indicated by a star () to the left of the line containing the revision. The date in the lower right corner of the page represents the date that the revised page was approved by the Massachusetts Division of Insurance. Any special reporting instructions will be provided to companies via an Accounting and Statistical Notice published by CAR.

A. <u>DATA REQUIREMENTS</u>

All premium, paid loss and outstanding loss transactions (both ceded to CAR and voluntarily written) must be reported with the accounting month that corresponds to the month in which the transaction was booked by the company. Submissions for a particular accounting month must be received in statistically acceptable condition at the offices of CAR by the close of business on the established due date. Refer to the Statistical Data Quality Program Section of the Plan for additional information and potential penalties associated with this requirement.

1. Reporting Thresholds

When the Massachusetts automobile writings of a company or company group which currently does not report statistical data to CAR exceeds the established reporting thresholds for statistically reportable coverages, statistical data beginning with that policy effective year must be reported to CAR on a monthly basis. Although the determination of whether a company exceeds the established thresholds is based upon the writings of an affiliated company group, statistical data must be reported to CAR on an individual company basis. Refer to item B. of this section. The thresholds for private passenger business are \$100,000 in written premiums or \$50,000 in paid losses. Statistically reportable coverages are those coverages specified in the Massachusetts Private Passenger Automobile Statistical Plan. CAR verifies this data via the information recorded on the Exhibit of Premiums and Losses for the state of Massachusetts, which is contained on Page 15 of a company's Annual Statement for that calendar year. The reporting thresholds may be subject to yearly adjustments to reflect rate revisions and inflation. Refer to the Statistical Data Quality Components Section of the Statistical Data Quality Program for specific information on shipment reporting dates.

However, if a company cedes any business to CAR (refer to item C. of this section), then statistical data for all of the company's business, both ceded and voluntarily written, must be reported to CAR. This data must be reported regardless of whether the company's writings are below the reporting thresholds noted above.



2. Low Volume Companies

Subject to CAR's approval, small companies may be permitted to report statistical data to CAR on a quarterly basis, rather than monthly. Companies or company groups that write less than \$500,000 in written premiums and less than \$500,000 in paid losses for statistically reportable coverages will be considered eligible for quarterly statistical reporting and are referred to as low volume companies. CAR verifies a company's volume of writings via the data recorded on the company's Massachusetts Annual Statement Page 15 for the most recent calendar year. Refer to the Statistical Data Quality Program Section of this Plan for additional information and potential reporting penalties applicable to low volume companies.

A. <u>DATA REQUIREMENTS (Continued)</u>

4. Companies in a Run-Off Position

Companies in a run-off position that have stopped writing Massachusetts automobile business must continue to statistically report run-off premium, paid loss and outstanding loss activity on all ceded policies. Statistical data must continue to be reported until all ceded premium has been reported and all ceded losses have been paid or closed without payment or CAR has closed-out the ceded premium and/or loss statistical reporting for the particular policy effective year. Additionally, companies in a run-off position must continue to report statistical data for voluntarily written business, but only until their total written premiums and paid losses (both voluntary and ceded combined) are less than the reporting thresholds noted above.

5. Reconciliation of Massachusetts Annual Statement Data

In addition to the above statistical reporting requirements, all companies that are licensed to write automobile insurance in the state of Massachusetts are required to submit an electronic copy of their NAIC Annual Statement filings to CAR on a yearly basis. Additionally, for each of the other three calendar quarters, companies must submit Massachusetts Annual Statement data via CAR's on-line Annual Statement Reconciliation System. This data must be submitted to CAR even if the company has no actual writings. On a quarterly basis, CAR reconciles a company's Massachusetts Annual Statement data to the data that the company has statistically reported to CAR. The reconciliation process is performed to verify the accuracy and completeness of the database utilized for statistical, ratemaking and reinsurance purposes. Specific information regarding the submission of Massachusetts Annual Statement data is detailed in a quarterly Accounting and Statistical Notice distributed by CAR and in the Technical User Guide for CAR's Online Annual Statement Reconciliation System. Refer to the Statistical Data Quality Program Section of this Plan for additional information and potential reporting penalties associated with the Massachusetts Annual Statement process.

6. Filing of Massachusetts Automobile Insurance Expense Call

Additionally, on an annual basis, each member of CAR is required to file a calendar year Massachusetts Automobile Insurance Expense Call. The Expense Call identifies expenses for the following general categories: Loss Adjustment Expenses, Commissions, Acquisition, Field Supervision and Collection Expenses, Taxes, Licenses and Fees and General Expenses. The Expense Call identifies the portion of total company expenses that are attributable to the cost of transacting automobile insurance business in Massachusetts. On a yearly basis, CAR distributes an Accounting and Statistical Notice that contains specific instructions relative to the Massachusetts Automobile Insurance Expense Call. Refer to the Statistical Data Quality Program Section of the Plan for additional information and potential reporting penalties associated with the Expense Call process.

B. REPORTING METHOD

The instructions that are set forth in the Reporting Instructions – Premiums and Reporting Instructions – Losses Sections of this Plan refer to records reported to CAR on magnetic tape, tape cartridge, or via File Transfer Protocol (FTP) transmission. To obtain complete and detailed reporting instructions, refer to the CAR Statistical Edit Package that contains Accounting/Statistical Submission Reporting Instructions.

B. REPORTING METHOD (Continued)

The following general instructions apply:

- 1. Each premium and loss shall be reported on an individual transaction-by-transaction basis in accordance with the instructions and codes contained in this Plan.
- 2. Companies are responsible for the completeness and accuracy of their own data. Prior to the submission of statistics, the company shall perform an audit of the statistics being reported to detect and correct any error in the assignment of statistical codes contained in the Coding Section of this Plan.
- 3. All coding must be numeric except for the following fields: Producer Code, Policy Identification Number, Vehicle Identification Number and Company Use fields on premium records and Producer Code, Policy Identification Number, Claim Identification Number, Vehicle Identification Number and Company Use fields on loss records. These fields may be reported with any combination of alphanumeric codes. Fields reserved for future use must be reported with spaces or zero filled.
- 5. Data should be reported to CAR as follows:
 - a. Each submission must be filed on a monthly basis with the exception of outstanding loss records, which should be filed quarterly in the March, June, September and December shipments. The records must be submitted in accordance with the Call Schedule that is published annually as an Accounting and Statistical Notice.
 - b. For those companies affiliated with a group, statistical data must be reported to CAR at the individual company number level, rather than at the group company number level.
 - c. In order to assure that a company's submission of data for a particular accounting month is complete, all premium and paid loss data for each accounting month must be submitted to CAR in a single mailing. However, it is acceptable for quarterly outstanding loss data to be submitted separately.
 - If a company is not able to consolidate their shipments for mailing to CAR, a request for waiver from this requirement must be filed with CAR. If CAR grants a waiver to this requirement, it is necessary for the company to continue to submit their data shipments to CAR in the same manner for each subsequent accounting month.
 - d. Companies that have no statistical data to report to CAR must report a Nil Submission Form. This report will indicate that a company has no premium, paid loss and/or outstanding loss transactions to report for a specific month.

B. <u>REPORTING METHOD (Continued)</u>

- 5. Data should be reported to CAR as follows (continued):
 - e. Each shipment of statistics must contain several control records that include control and summary totals relating to the statistics submitted. These totals must be in agreement with the data submitted for the period covered.
 - f. All reported data must be submitted on the appropriate record format as specified in the Record Layout Section of this Plan.

C. RISKS CEDED TO COMMONWEALTH AUTOMOBILE REINSURERS

All premiums and losses that are associated with risks ceded to Commonwealth Automobile Reinsurers must be reported to CAR. Premium and loss transactions for such ceded risks must be identified by the appropriate CAR Identification Code specified in the Coding Section of this Plan.

CAR's Plan and Rules of Operation require that the premium on ceded policies be reported at the full policy premium for cedable or total limits, regardless of the date of cession. Although only cedable limits or coverages will be covered by CAR, the full policy premium must be reported. When the total limits premium for a policy exceeds CAR's cedable limits, the portion that exceeds the cedable limit must be reported as a separate record utilizing the special non-cedable Classification Code. This code is identified in the Coding Section of this Plan as a Special Rating and Adjustment classification. The record also must be reported with the appropriate voluntary business CAR Identification Code. The premium amount reported would be the portion of premium that exceeds the cedable limit.

Risks that are initially written as voluntary business, but then ceded to CAR during the policy's term must be ceded as CAR business for the entire policy period. That is, offset and reenter adjustment entries must be reported to remove the record as voluntary business and replace it as CAR business, using the appropriate ceded CAR Identification Code and the <u>total</u> premium and exposure for the risk.

D. <u>ADJUSTMENTS (ENDORSEMENTS)</u>

An adjustment to a previously reported statistical record is made by reporting a complete offset of the original record and a new record that shows the proper (adjusted) statistical codes, exposure and/or dollar amounts. For adjustments (including endorsements) to premium records, the dollar amounts and exposure of the original and offsetting records must net to zero. For adjustment to loss records, the dollar amount and claim count of the original and offsetting records must net to zero.

For additional explanation and examples regarding the method for reporting adjustments or endorsements on premium records, refer to Section A – Premiums of the General Reporting Requirements Section of this Plan.

E. REINSURANCE - OTHER THAN CAR

Experience is to be reported on direct business only. Therefore, the reports of experience shall not include premiums received from or losses paid to other companies on account of reinsurance assumed by the reporting company, nor shall any deductions be made by the reporting company for reinsured premiums or for losses recovered from other companies on account of reinsurance.

Part III - General Reporting Requirements

Section A – Premiums

1. REPORTING OF PREMIUMS

A separate premium record must be reported for each unique set of data elements contained in this Plan. Premiums are reported on statistical records by coverage (liability, personal injury protection (PIP) or no-fault, and physical damage). All bodily injury liability premium records must contain the combined premium of each separately developed bodily injury liability premium (i.e. compulsory bodily injury, optional bodily injury, medical payments, bodily injury caused by an underinsured auto and bodily injury caused by an uninsured auto). All other premium records (property damage liability, PIP (no-fault), other than collision and collision) should contain the individually developed premium.

Companies have the option to report combined bodily injury liability premiums apart from property damage liability premiums, on separate statistical records. Similarly, other than collision and collision premiums may be reported on separate statistical records if desired. Note that if Original Equipment Manufacturer (OEM) coverage exists on a policy, but is only applicable to one of the written physical damage coverages, separate collision and other than collision physical damage statistical records must be reported.

2. REPORTING OF EXPOSURE

Exposure is required as outlined in the Coding Section of this Plan. Exposure must be separately reported for each of the subdivisions of experience for which separate classification codes and exposure basis are shown. If the Classification and Coverage Code Decision Tables contained in Appendix A of this Plan indicate that exposure is not required for certain classification codes or coverage codes, then spaces or zeros must be reported in the Exposure field.

Refer to the Reporting Instructions and Coding Sections of this Plan for further instructions regarding the reporting of exposure.

3. CHANGES IN COVERAGE BY ENDORSEMENT

a. Endorsements Effective as of the Policy Effective Date

All original records affected by the change in coverage must be offset and new records must be reported with the revised codes. On the new record, all codes not impacted by the change in coverage shall remain the same. Both the offset and reenter records must be fully coded. The Transaction Effective Date should always equal the Policy Effective Date on the offset and reenter records.

The following is an example of liability endorsement records that would be reported to CAR due to adding a new driver. The rate calculation would be affected, as indicated by the following premium adjustments:

Record	Tx- Type	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Exp	BI Premium	PD Premium	Class Code
Original	11	06-00	06-00	06-01	+12	\$527	\$190	1101
Offset	12	06-00	06-00	06-01	-12	-\$527	-\$190	1101
Reenter	12	06-00	06-00	06-01	+12	\$812	\$289	1269

Part III - General Reporting Requirements

Section A – Premiums

3. CHANGES IN COVERAGE BY ENDORSEMENT (Continued)

b. Endorsements Effective Subsequent to the Policy Effective Date

All original records affected by the change must be offset to cancel the unearned premium and exposure. New records must be reported with the to-be-earned premium and exposure for the endorsed coverage and the revised codes. On the new record, all codes not impacted by the change in coverage shall remain the same. Both the offset and reenter records must be fully coded. The Transaction Effective Date on the offset and reenter records should be the effective date of the endorsement.

The following is an example of physical damage endorsement records that would be reported to CAR due a change in vehicle subsequent to the effective date:

Record	Tx- Type	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Ехр	OTC Prem	Coll Prem	VIN
Original	11	06-00	06-00	06-01	+12	\$72	\$250	JT3FJ62G1L1121580
Offset	12	06-00	12-00	06-01	- 6	-\$36	-\$125	JT3FJ62G1L1121580
Reenter	12	06-00	12-00	06-01	+6	\$88	\$494	1J4HI52K6TH450117

Changes by endorsement may be statistically reported on a coverage basis. For example, if the change is only for the bodily injury coverage, it is not necessary to include the corresponding property damage coverage information on the statistical record. However, any change to bodily injury pemium must reflect the compulsory bodily injury, optional bodily injury, medical payments, bodily injury caused by an uninsured auto and bodily injury caused by an underinsured auto premiums, even if the change is limited to only one or some of the bodily injury coverages.

4. CANCELLATION OF PREMIUMS

When canceling premiums for a policy, all affected records must be individually offset (i.e. record by record) with the appropriate Transaction Type Code included on the cancellation record.

a. Flat Cancellation

For detailed information regarding flat cancellations, refer to the Massachusetts Private Passenger Automobile Insurance Manual. For a flat cancellation, the entry must be identical to the original entry except:

- i. The Exposure and Premium field(s) shall be shown as a credit
- ii. The Accounting Date shall be the month and year that the company booked the cancellation
- iii. The Transaction Type Code shall be 15

Record	Tx- Type	Actg- Date	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Ехр	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$828	\$317
Cancellation	15	11-00	01-00	01-00	01-01	-12	-\$828	-\$317

Part III - General Reporting Requirements

Section A – Premiums

4. CANCELLATION OF PREMIUMS (Continued)

b. Pro Rata Cancellation

For detailed information regarding pro rata cancellations, refer to the Massachusetts Private Passenger Automobile Insurance Manual. For a pro rata cancellation, the entry must be identical to the original entry except:

- i. The unearned portion of the premium and exposure shall be shown as a credit
- ii. The Transaction Effective Date shall be the effective date of the cancellation
- iii. The Accounting Date shall be the month and year that the company booked the cancellation
- iv. The Transaction Type Code shall be 13

Record	Tx- Type	Actg- Date	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Exp	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$716	\$269
Cancellation	13	11-00	01-00	06-00	01-01	-7	-\$403	-\$152

Refer to the Coding Section for the reporting of exposure on such transactions.

c. Short Rate Cancellation

For detailed information regarding short rate cancellations, refer to the Massachusetts Private Passenger Automobile Insurance Manual. For a short rate cancellation, the entry must be identical to the original entry except:

- i. The unearned portion of the premium, calculated on the basis of the applicable short rate table (located in the Massachusetts Private Passenger Automobile Insurance Manual), and the exposure shall be shown as a credit
- ii. The Transaction Effective Date shall be the effective date of the cancellation
- iii. The Accounting Date shall be the month and year that the company booked the cancellation
- iv. The Transaction Type Code shall be 13

Record	Tx- Type	Actg- Date	Pol-Eff- Date	Tx-Eff- Date	Pol-Exp- Date	Ехр	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$716	\$269
Cancellation	13	11-00	01-00	06-00	01-01	-7	-\$338	-\$130

Refer to the Coding Section for the reporting of exposure on such transactions.

Part III - General Reporting Requirements

Section A – Premiums

5. EXTRA-RISK RATING

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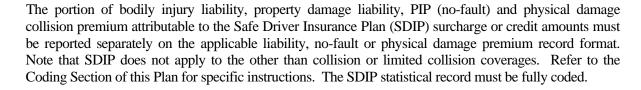
Physical damage premium records should be coded to identify the appropriate extra-risk category, and if applicable, should reflect the extra-risk rate charged to the insured. Note that extra-risk rating does not apply to limited collision coverage. Refer to the Coding Section of this Plan for specific instructions.

In cases where separate other than collision and collision records are reported for the same vehicle, and a rate adjustment is made to one coverage and not the other, the extra-risk coding must be provided for both records. For example, when coding records with an extra-risk category that only provides for a rate adjustment to the other than collision but not the collision portion of the insured's physical damage premium, each record should contain the applicable extra-risk rate code.

In this example, the collision record reported must contain extra-risk coding, even though the rate adjustment to the collision premium is zero. The extra-risk rate for two or more fire claims or two or more total theft claims only affects the other than collision coverage as shown below:

Record	Other Than Collision Extra-Risk Rate Code	Collision Extra-Risk Rate Code	Rate Adjustment to Base Premium	
Other Than Collision	4	0	1.5	
Collision	0	8	None	

6. SAFE DRIVER INSURANCE PLAN RECORDS



The SDIP statistical record shall contain only surcharge or credit premium. The fifth and sixth positions of the Classification Code indicate the SDIP status of the operator used to rate the vehicle. On all other premium records, the fifth and sixth position of the Classification code must be zeros.

The sign of the exposure, reported on both SDIP surcharge and credit records, must be positive (+). That is, the exposure must be reported as positive (+) for SDIP records representing a premium increase or a premium decrease. Therefore, an SDIP credit record would contain a positive (+) exposure amount and a negative (-) premium amount, and an SDIP surcharge record would contain a positive (+) exposure amount and a positive (+) premium amount.

If the status of an operator changes during the policy term, only the credit or surcharge record must be corrected. Follow the normal endorsement instructions. If a cancellation occurs, follow the normal cancellation instructions.

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Part III - General Reporting Requirements

Section A – Premiums

7. RATE DEVIATIONS

Under Sections 113B and 193R of Chapter 175 of the Massachusetts General Laws, companies may request approval from the Massachusetts Division of Insurance to deviate from the approved fixed and established private passenger automobile rates. Statistical records reported on policies for which rate deviations have been applied must be coded with the appropriate Type of Risk and Rate Departure Factor Codes. Additionally, the premium reported on statistical records must reflect the policy premium after the application of rate deviations.

Refer to the Coding Section for applicable codes and examples.

8. MULTIPLE YEAR POLICIES AND INSTALLMENT POLICIES

Multiple year policies rated on an annual basis shall be reported in the same manner as one year policies. If the policy is written and rated for a period longer than one year, report the total policy premium for the full policy period and the total exposure for the full policy period.

The statistical reporting of policies written on an installment basis for terms not longer than one year is the same for policies written on a prepayment basis. Any interest or finance charge shall not be included in the premium reported for the policy.

9. RULES FOR EXTENDING A POLICY

A policyholder may request that his or her policy be extended. The statistical reporting for such extensions may be done by either of two methods: extension by endorsement or extension by cancellation and rewrite.

If the extension by endorsement method is used, the additional premium must be reported under the original policy number coded with Transaction Type Code 12. The Transaction Effective Date should be the date the extension took effect and the Policy Expiration Date should be the new expiration date.

If the extension is by cancellation and rewrite, a new policy number must be used and the unearned premium on the original policy must be credited in the same manner as any cancelled policy, coded with Transaction Type Code 13. All of the coding for the new policy shall be done in the usual manner under the new policy, coded with Transaction Type Code 11.

Part III - General Reporting Requirements

Section B – Losses

1. REPORTING OF LOSSES

Losses and allocated loss adjustment expenses must be reported on separate records with the applicable codes used to report the corresponding premium records in addition to the loss codes contained in the Coding Section of this Plan.

Allocated loss adjustment expenses must be submitted for all liability and PIP (no-fault) losses. For physical damage losses, allocated loss adjustment expenses are required only for ceded paid losses. However, allocated loss adjustment expenses for voluntary paid physical damage losses may be optionally reported.

★ 2. <u>DEFINITION OF A CLAIM</u>

a. Claim Definition

For the purpose of this Plan, a claim shall be defined as:

- i. the loss incurred on account of bodily injury to any one individual arising out of any one accident for a particular coverage,
- ii. the loss for damage to the property, including loss of use, of any one individual (or legal entity) arising out of any one accident for which there is property damage coverage,
- iii. each individual loss arising under a physical damage coverage.



Part III - General Reporting Requirements

Section B – Losses

3. ACCIDENT REPORTING

Each accident must be uniquely identified within a given accident year. The Claim Identification Number must be used to uniquely identify the accident and claimant. If multiple coverages are involved, each coverage must be uniquely identified through the use of Coverage and Type of Loss codes. Refer to the Reporting Instructions – Losses Section of this Plan for additional information on Claim Identification Number.

The following example illustrates several scenarios for reporting Claim Identification Number. Note that in all cases, the Claim Identification Number must be consistent for the liability and no-fault lines of business. Refer to methods 1, 2, and 3 of the example. However, it is not required for the physical damage Claim Identification Numbers to be consistent either with liability and no-fault or within physical damage. Refer to methods 2 and 3 of the example.

Sample Loss Scenario:

Company A's insured was in an accident for which he was at fault. The insured suffers injuries (\$9,000) plus lost wages (\$500) and his vehicle was damaged (\$2,100). The insured was also reimbursed for substitute transportation (\$900). The other driver was seriously injured (\$8,000), and his car was damaged (\$3,500). Company B paid for their driver's medical bills under PIP coverage and paid collision damage waiving the deductible. Company B then subrogated against the at-fault insured's insurance company. Company B also paid for a police report (\$10) and an independent medical exam (\$350) under PIP, which was included in their subrogation figure to Company A. Company B's insured then took court action against the at-fault driver for pain and suffering, etc. (\$10,000). Below is a summary of Company A's statistical reporting.

	Cubling	Type of	0	Loss	Claim Identification Number			
Claimant	Subline Code	Loss Code Code		Amount	Method 1	Method 2	Method 3	
	621	05		\$1,500	ABC010	ABC010	ABC010	
_	625	24		\$7,500	ABC010	ABC010	ABC010	
(Driver A)	625	34		\$500	ABC010	ABC010	ABC010	
(Driver A)	628	11	016	\$1,600	ABC010	ABC019	ABC019	
	628	09	083	\$900	ABC010	ABC019	ABC018	
2	621	03		\$3,500	ABC020	ABC020	ABC020	
(Driver P)	621	01		\$10,000	ABC020	ABC020	ABC020	
(Driver B)	621	11		\$9,160	ABC020	ABC020	ABC020	

Part III - General Reporting Requirements

Section B – Losses

4. REPORTING OF ALLOCATED/UNALLOCATED LOSS ADJUSTMENT EXPENSES

a. Allocated Loss Adjustment Expenses (ALAE)

Allocated loss adjustment expenses are the following types of expenses paid by a company in connection with the adjustment of a specific claim. ALAE are to be reported as separate records, in the same detail as indemnity losses, using the appropriate Transaction Type Code. Transaction Type Code 27 represents paid legal expenses, Transaction Type Code 29 represents paid medical expenses, and Transaction Type Code 24 represents all other paid expenses. Transaction Type Code 22 represents outstanding allocated loss adjustment expenses.

Note that salvage pool expenses should not be reported as allocated loss adjustment expenses. Refer to the Subrogation Recoveries/Expenses portion of this section for additional details.

i. Transaction Type Code 27

The following are allowable legal allocated loss adjustment expenses:

- a) Arbitration, court, and other specific items of expense, such as stenography, witnesses, summonses (excluding medical), and examinations under oath
- b) External attorney fees for claims in suit
- c) House counsel fees for claims in suit, excluding fees incurred to effect subrogation, provided that:
 - 1) The fees are computed at the same rate and by the same method as non-ceded claims,
 - 2) The fees reflect the total operating cost, including labor, on an individual suit basis and are substantiated by time statistics. (Operating costs are defined as expenses which are normally contained in company overhead, such as rent, heat, electricity, benefits, etc., but excludes any items of profit)

ii. Transaction Type Code 29

The following are allowable medical allocated loss adjustment expenses:

- a) Medical examinations to determine the extent of the company's liability
- b) Preferred provider network/organization service fee expenses incurred on a particular claim
- c) Expert medical or other evidence
- d) Laboratory and x-ray
- e) Autopsy
- f) Cost of medical records

Part III - General Reporting Requirements

Section B – Losses

4. REPORTING OF ALLOCATED/UNALLOCATED LOSS ADJUSTMENT EXPENSES (Continued)

a. Allocated Loss Adjustment Expenses (ALAE) (Continued)

iii. Transaction Type Code 24

The following are allowable all other allocated loss adjustment expenses:

- a) Accident reconstruction
- b) Copies of documents
- c) Public records/police/fire reports (to the limit provided for by law)
- d) Motor vehicle registration search fees
- e) Appraisals of property (excluding motor vehicles)
- f) Special investigation of a claimant's background (including asset/credit reports)
- g) Engine oil, fluid analysis

b. Unallocated Loss Adjustment Expenses

Unallocated loss adjustment expenses are expenses paid by a company in settling a claim, that can not be directly allocated to a specific claim. Unallocated loss adjustment expenses are <u>not</u> to be reported. Examples of these expenses include:

- i. Overhead, salaries, and traveling expenses of company employees (other than amounts allocated as attorney fees for claims in suit)
- ii. Special investigations concerning the facts of the loss
- iii. Adjuster's fees, including those paid to independent adjusters and/or attorneys for adjusting claims (The term "adjusting" includes the investigation and adjustment of claims, the disposition of salvage, and the recovery of subrogation claims not in suit)
- iv. Fees for appraisals of motor vehicles, including preinspections and intensified appraisals
- v. Fees for retrieval of preinspection reports

5. <u>INTERCOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)</u> <u>CLAIMS</u>

The intercompany settlement reduces the dollars of loss charged against the insured to the extent he or she is free of fault by allowing his or her insurance company to recover from the company insuring the at-fault party.

When a PIP (no-fault) claim is established by a company (company #1) to cover damages caused by an at-fault third party to one of its insureds, and the company subsequently takes subrogation action against the company (company #2) insuring the at-fault party, the PIP claim reported by company #1 must follow the no-fault reporting and coding instructions set forth in this Plan.

Part III - General Reporting Requirements

Section B – Losses

5. <u>INTERCOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)</u> <u>CLAIMS (Continued)</u>

The company being subrogated against (company #2) must establish a bodily injury liability claim to cover the amount of reimbursement to company #1. The reimbursement outstanding reserve and/or payment shall be coded to the vehicle at fault and shall be reported as an outstanding and/or paid loss with Type of Loss Code 11 or 14, depending upon the particulars of the claim. The amount of the reimbursement outstanding reserve and/or payment reported by company #2 shall include any reimbursement for allocated loss adjustment expense incurred by company #1 on its PIP claim, for medical, wage, and other economic loss, and for unallocated loss adjustment expense equal to 10% of the total amount of indemnity reimbursed. The sample loss scenario depicted previously in this section illustrates this reporting requirement under Claimant 2.

The reimbursement recovery received by company #1 shall be reported as a credit entry against the PIP claim using subrogation Transaction Type Code 26 and Type of Loss Code 45. Any allocated loss adjustment expense included in the recovery shall be reported as a separate record using the applicable allocated loss adjustment expense Transaction Type Code and Type of Loss Code 45. Any unallocated loss adjustment expense included in the recovery must not be reported.

6. <u>INTRACOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)</u> <u>CLAIMS</u>

When multiple PIP (no-fault) claims are established by the same company as the result of one accident involving two or more of its insureds, the company must determine the at-fault party and then establish a separate bodily injury claim to reimburse the insured not at fault. The statistical reporting requirements for these claims are identical to those explained for company #2 above.

7. SUBROGATION RECOVERIES/EXPENSES (OTHER THAN THOSE RESULTING FROM INTER/INTRACOMPANY REIMBURSEMENTS

When reporting the following types of subrogation recoveries, the records must contain all codes identical to the original entries, with the exception of the Transaction Type Code and the Accounting Date.

a. Indemnity Recoveries

Subrogation recoveries of previously reported indemnity transactions must be identified by subrogation Transaction Type Code 26. Certain expenses incurred in effecting the recovery, not to exceed the original loss amount, can be deducted from the recovery amount or reported separately with a subrogation Transaction Type Code. Such expenses include:

- i. Attorney's fees and associated costs for claims in suit
- ii. Court costs
- iii. Location/address reports





Part III - General Reporting Requirements

Section B – Losses

7. SUBROGATION RECOVERIES/EXPENSES (OTHER THAN THOSE RESULTING FROM INTER/INTRACOMPANY REIMBURSEMENTS) (Continued)

a. Indemnity Recoveries (Continued)

The following are expenses that can neither be deducted from the recovery amount nor reported separately:

- i. Cost of company employees
- ii. Collection agency fees
- iii. Subrogation recovery services

b. Allocated Loss Adjustment Expense Recoveries

Subrogation recoveries of a previously reported allocated loss adjustment expense transaction must be reported as offsets to the original entries, using applicable allocated loss adjustment expense Transaction Type Codes.

8. SALVAGE RECOVERIES/EXPENSES

Salvage recovery adjustments to previously reported collision, comprehensive, and property damage entries must be identified by salvage Transaction Type Code 25, and must contain all codes identical to the original entry, with the exception of the Transaction Type Code and the Accounting Date.

The following expenses incurred to effect salvage may be netted from the recovery amount or reported as a separate record with salvage Transaction Type Code 25:

- a. Original towing and storage charges, excluding losses resulting from towing and labor
- b. Haul fees to salvage yard
- c. Pool fees of commission
- d. Auction fees
- e. Salvage title fees (to the limit provided for by law)
- f. Salvage pool expenses

9. AMOUNT OF PAID LOSS AND EXPENSE

The loss to be reported shall be the amount of paid indemnity, medical, wage, or other economic loss pertaining to a single coverage of the policy for a particular claimant. In the case of PIP (no-fault), amounts reported must be prior to recovery via intracompany or intercompany reimbursements.

Liability and PIP expense reported is the allocated loss adjustment expense paid and/or outstanding for the particular claim or coverage/accident. Paid allocated loss adjustment expense on physical damage losses is only required for ceded business, but may be optionally reported for voluntary business.

Part III - General Reporting Requirements

Section B – Losses

10. EXTENT OF VEHICLE LOSS FOR PAID LOSSES

For each property damage liability and physical damage paid loss record reported, identify whether the loss is a total or a partial vehicle loss within the Partial/Total Loss Indicator field.

Regarding vehicle claims, a total loss is any loss where the insurer takes title to the damaged vehicle and gains the salvage value of the insured vehicle. (In certain cases the policyholder may retain title to the vehicle, but the estimated salvage value is deducted from the settlement. This satisfies the definition in that the insurer in fact took title and returned it to the insured upon being reimbursed for the estimated salvage value).

A partial loss is any loss where the insurer makes payment to a policyholder of a dollar amount for the repair of the insured vehicle. The insured retains title to the vehicle. The partial/total loss status will remain as determined at first payment. All non-vehicle claims should be coded as partial losses.

Refer to the Coding Section of this Plan for specific instructions on reporting the Partial/Total Loss Indicator.

11. OUTSTANDING LOSSES (EXCLUDING PHYSICAL DAMAGE)

Outstanding losses shall be evaluated as of each quarter ending date and shall be reported in the method prescribed in the Annual Call Schedule.

Outstanding PIP (no-fault) losses may be subdivided between medical, wage, or all other economic losses, using applicable Type of Loss Codes, or outstanding PIP losses may be reported in total, using a non-split outstanding Type of Loss Code 23.

12. GLASS LOSSES

All glass losses should be reported with the appropriate Coverage Code and Type of Loss Code. Specifically,

- a. Individual glass damage losses should be reported with an other than collision Coverage Code and Type of Loss Code 03.
- b. Glass damage resulting from a collision should be reported with a collision Coverage Code and the appropriate Type of Loss Code.
- c. Glass damage resulting from an other than collision loss should be reported with an other than collision Coverage Code and the appropriate Type of Loss Code.

13. EXTRA-RISK RATING

Physical damage loss records should be coded to identify the appropriate extra-risk category as reported on the corresponding premium record. Refer to Section A – Premiums of the General Reporting Requirements Section of this Plan for additional information relative to extra-risk rating.

Part III - General Reporting Requirements

Section B - Losses

★ 14. SAFE DRIVER INSURANCE PLAN

The SDIP status of the operator used to rate the vehicle must be reported in the fifth and sixth positions of the Classification Code. The SDIP status reported on the loss record must match the SDIP status as reported on the corresponding premium records.

Part IV - Reporting Instructions - Premiums

Section A – Liability

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year of the entry being reported. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. TRANSACTION EFFECTIVE DATE (Positions 11-13)

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

Part IV - Reporting Instructions - Premiums

Section A – Liability

6. POLICY EXPIRATION DATE (Positions 14-16)

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, a policy expiration year of 2002 shall be reported as 02 in positions 15-16.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town).

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town Code.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 621.

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Part IV - Reporting Instructions - Premiums

Section A – Liability

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

14. MODEL YEAR CENTURY CODE (Position 36)

Report the one (1) digit numeric code.

15. **BODILY INJURY LIMITS CODE (Positions 37-38)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

16. PROPERTY DAMAGE LIMIT CODE (Positions 39-40)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

17. MEDICAL PAYMENTS LIMIT CODE (Positions 41-42)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

18. <u>BODILY INJURY CAUSED BY AN UNINSURED AUTO LIMITS CODE</u> (Positions 43-44)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

19. <u>BODILY INJURY CAUSED BY AN UNDERINSURED AUTO LIMITS CODE</u> (Positions 45-46)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

20. Reserved for Future Use (Position 47)

Report space or zero.

★ 21. ANNUAL MILEAGE CODE (Positions 48-50)

Report the three (3) digit numeric code rounded to the nearest hundred miles.

Refer to the Coding Section for examples.

Part IV - Reporting Instructions - Premiums

Section A – Liability

22. MODEL YEAR CODE (Positions 51-52)

Report the two (2) digit numeric code corresponding to the third and fourth positions of the model year of the vehicle.

Refer to the Coding Section for examples.

★ 23. Reserved for Future Use (Positions 53-55)

Report spaces or zeros.

24. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

25. **DISCOUNT CODE (Position 57)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

26. Reserved for Future Use (Positions 58-60)

Report spaces or zeros.

★ 27. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

28. Reserved for Future Use (Positions 67-71)

Report spaces or zeros.

Part IV - Reporting Instructions - Premiums

Section A – Liability

29. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) digit ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

30. EXPOSURE (Positions 81-87)

Report exposure as the number of car months. A car month is equivalent to one car insured for one month. Refer to the Exposure table in the Coding Section.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

31. RATE DEPARTURE FACTOR CODE (Positions 88-90)

Report the three (3) digit numeric code. The Rate Departure Factor Code must be numeric and within the range of the current approved rate deviations.

If the transaction does not have a rate deviation report Rate Departure Factor Code 100. Any spaces or non-numeric characters will be converted to zeros.

Refer to the Coding Section for examples.

32. Reserved for Future Use (Positions 91-95)

Report spaces or zeros.

BODILY INJURY PREMIUM AMOUNT (Positions 96-103)

Report the combined premium for Bodily Injury, Optional Bodily Injury, Medical Payments, Bodily Injury Caused by an Uninsured Auto and Bodily Injury Caused by an Underinsured Auto rounded to the nearest whole dollar.

The Bodily Injury Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

Part IV - Reporting Instructions - Premiums

Section A – Liability

34. PROPERTY DAMAGE PREMIUM AMOUNT (Positions 104-111)

Report the property damage premium rounded to the nearest whole dollar.

The Property Damage Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -999999999 to 999999999 may be reported. Amounts must be right justified with leading zeros.

35. Reserved for Future Use (Positions 112-114)

Report spaces or zeros.

36. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

37. <u>VEHICLE IDENTIFICATION NUMBER (Positions 131-147)</u>

Report the Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

38. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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Part IV - Reporting Instructions - Premiums

Section B - No-Fault

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year of the entry being reported. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. TRANSACTION EFFECTIVE DATE (Positions 11-13)

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

Part IV - Reporting Instructions - Premiums

Section B - No-Fault

6. POLICY EXPIRATION DATE (Positions 14-16)

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, for a policy expiration year of 2002 shall be reported as 02 in positions 15-16.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town).

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town code.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 625.

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Part IV - Reporting Instructions - Premiums

Section B – No-Fault

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

14. MODEL YEAR CENTURY CODE (Position 36)

Report the one (1) digit numeric code.

15. PIP COVERAGE CODE (Position 37)

Report the one (1) digit numeric code. Refer to the Coding Section for the applicable code.

16. PIP DEDUCTIBLE CODE (Positions 38-39)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

17. Reserved for Future Use (Positions 40-47)

Report space or zeros.

★ 18. ANNUAL MILEAGE CODE (Positions 48-50)

Report the three (3) digit numeric code rounded to the nearest hundred miles. Refer to the Coding Section for examples.

19. MODEL YEAR CODE (Positions 51-52)

Report the two (2) digit numeric code corresponding to the third and fourth positions of the model year of the vehicle.

Refer to the Coding Section for examples.

20. Reserved for Future Use (Positions 53-55)

Report spaces or zero.

Part IV - Reporting Instructions - Premiums

Section B - No-Fault

21. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

22. DISCOUNT CODE (Position 57)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

23. Reserved for Future Use (Positions 58-60)

Report spaces or zeros.

★ 24. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

25. RESERVED FOR FUTURE USE (Positions 67-71)

Report spaces or zeros.

26. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) digit ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

27. EXPOSURE (Positions 81-87)

Report exposure as the number of car months. A car month is equivalent to one car insured for one month. Refer to the Exposure table in the Coding Section.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

Part IV - Reporting Instructions - Premiums

Section B - No-Fault

28. RATE DEPARTURE FACTOR CODE (Positions 88-90)

Report the three (3) digit numeric code. The Rate Departure Factor Code must be numeric and within the range of the current approved rate deviations.

If the transaction does not have a rate deviation report Rate Departure Factor Code of 100. Any spaces or non-numeric characters will be converted to zeros.

Refer to the Coding Section for examples.

29. Reserved for Future Use (Positions 91-95)

Report spaces or zeros.

30. PIP (NO-FAULT) PREMIUM AMOUNT (Positions 96-103)

Report the PIP premium rounded to the nearest whole dollar.

The PIP Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

31. Reserved for Future Use (Positions 104-114)

Report spaces or zeros.

32. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

Part IV - Reporting Instructions - Premiums

Section B – No-Fault

33. <u>VEHICLE IDENTIFICATION NUMBER (Positions 131-147)</u>

Report the Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen 17 characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

34. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Part IV - Reporting Instructions - Premiums

Section C – Physical Damage

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth position of the policy effective year of the entry being reported. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. TRANSACTION EFFECTIVE DATE (Positions 11-13)

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

Part IV - Reporting Instructions - Premiums

Section C – Physical Damage

6. POLICY EXPIRATION DATE (Positions 14-16)

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, a policy expiration year of 2002 shall be reported as 02 in positions 15-16.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town).

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town Code.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 628.

Part IV - Reporting Instructions - Premiums

<u>Section C – Physical Damage</u>

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

14. MODEL YEAR CENTURY CODE (Position 36)

Report the one (1) digit numeric code.

15. OTHER THAN COLLISION COVERAGE CODE (Positions 37-39)

Report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

16. COLLISION COVERAGE CODE (Positions 40-42)

Report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

17. Reserved for Future Use (Positions 43-44)

Report spaces or zeros.

18. SYMBOL CODE (Positions 45-46)

Report the two (2) digit numeric code assigned to the vehicle for the transaction being reported. Refer to the Coding Section for applicable codes and examples.

19. PRE-INSURANCE INSPECTION IDENTIFICATION CODE (Position 47)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes

20. ANNUAL MILEAGE CODE (Positions 48-50)

Report the three (3) digit numeric code rounded to the nearest hundred miles.

Refer to the Coding Section for examples.

21. MODEL YEAR CODE (Positions 51-52)

Report the two (2) digit numeric code corresponding to the third and fourth positions of the model year of the vehicle.

Refer to the Coding Section for examples.

★ 22. <u>ANTI-THEFT DEVICE DISCOUNT CODE (Position 53)</u>

Report the one (1) digit alphanumeric code. Refer to the Coding Section for applicable codes.

Part IV - Reporting Instructions - Premiums

<u>Section C – Physical Damage</u>

★ 23. Reserved for Future Use (Positions 54-55)

Report spaces or zeros.

24. OEM COVERAGE CODE (Position 56)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

25. <u>DISCOUNT CODE (Position 57)</u>

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

26. VALUE CODE (Positions 58-60)

Report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

★ 27. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

28. HIGH-THEFT VEHICLE CODE (Position 67)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

29. Reserved for Future Use (Position 68)

Report space or zero.

30. EXTRA-RISK RATING CODE – OTHER THAN COLLISION (Position 69)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

31. Reserved for Future Use (Position 70)

Report space or zero.

Part IV - Reporting Instructions - Premiums

Section C – Physical Damage

32. EXTRA-RISK RATING CODE - COLLISION (Position 71)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

33. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) position ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

34. EXPOSURE (Positions 81-87)

Report exposure as the number of car months. A car month is equivalent to one car insured for one month. Refer to the Exposure table in the Coding Section.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

35. RATE DEPARTURE FACTOR CODE (Positions 88-90)

Report the three (3) digit numeric code. The Rate Departure Factor Code must be numeric and within the range of the current approved rate deviations.

If the transaction does not have a rate deviation report Rate Departure Factor Code 100. Any spaces or non-numeric characters will be converted to zeros.

Refer to the Coding Section for examples.

36. Reserved for Future Use (Positions 91-95)

Report spaces or zeros.

37. OTHER THAN COLLISION PREMIUM AMOUNT (Positions 96-103)

Report the other than collision premium rounded to the nearest whole dollar.

The Other Than Collision Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

Part IV - Reporting Instructions - Premiums

<u>Section C – Physical Damage</u>

38. COLLISION PREMIUM AMOUNT (Positions 104-111)

Report the collision premium rounded to the nearest whole dollar.

39. Reserved for Future Use (Positions 112-114)

Report spaces or zeros.

40. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

41. <u>VEHICLE IDENTIFICATION NUMBER (Positions 131-147)</u>

Report the Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

42. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Part V - Reporting Instructions - Losses

Section A – Liability

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. ACCIDENT DATE (Positions 11-15)

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions 12-13.

Part V - Reporting Instructions - Losses

Section A – Liability

5. ACCIDENT DATE (Positions 11-15) (Continued)

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth positions of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

6. Reserved for Future Use (Position 16)

Report space or zero.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 621.

Part V - Reporting Instructions - Losses

Section A – Liability

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code. The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

14. MODEL YEAR CENTURY CODE (Position 36)

Report the one (1) digit numeric code.

15. LIABILITY LIMITS CODE (Positions 37-38)

Report the two (2) digit numeric code for the limit under which the loss was incurred.

Refer to the Coding Section for applicable codes.

16. Reserved for Future Use (Position 39)

Report space or zero.

17. ACCIDENT TOWN CODE (Positions 40-42)

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in out-of-state accidents must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

18. Reserved for Future Use (Positions 43-47)

Report spaces or zeros.

★ 19. <u>ANNUAL MILEAGE CODE (Positions 48-50)</u>

Report the three (3) digit numeric code. The Annual Mileage Code on the loss record must match the Annual Mileage Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

Part V - Reporting Instructions - Losses

Section A – Liability

20. MODEL YEAR CODE (Positions 51-52)

Report the two (2) digit numeric code. The Model Year Code on the loss record must match the Model Year Code in effect as of the date of loss, from the vehicle's corresponding premium record.

★ 21. Reserved for Future Use (Positions 53-54)

Report spaces or zeros.

22. PARTIAL/TOTAL LOSS INDICATOR (Position 55)

Report the one (1) digit numeric code that indicates the damage to the vehicle involved in the accident. Refer to the Coding Section for applicable codes.

23. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)

Report the one (1) digit numeric code. The Passive Restraint Device Discount Code on the loss record must match the Passive Restraint Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

24. DISCOUNT CODE (Position 57)

Report the one (1) digit numeric code. The Discount Code on the loss record must match the Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

25. Reserved for Future Use (Positions 58-60)

Report spaces or zeros.

26. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

27. Reserved for Future Use (Positions 67-71)

Report spaces or zeros.

Part V - Reporting Instructions - Losses

Section A - Liability

28. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

29. RESERVED FOR FUTURE USE (Position 81)

Report space or zero.

30. REPORTING DATE (Positions 82-84)

Report the month and year in which the claim was established. Reporting month requires a one (1) digit code in position 82. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Reporting year requires a two (2) digit code in positions 83-84. Use the third and fourth positions of the year in which the claim was established. For example, a claim established in the year 2001 shall be reported as 01 in positions 83-84.

31. Reserved for Future Use (Positions 85-86)

Report spaces or zeros.

32. TYPE OF LOSS CODE (Positions 87-88)

Report the two (2) digit numeric code that describes the liability type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

★ 33. <u>Reserved for Future Use (Positions 89-90)</u>

Report spaces or zeros.

Part V - Reporting Instructions - Losses

Section A – Liability

34. LOSS AMOUNT (Positions 91-98)

Report the amount of the liability loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

35. CLAIM IDENTIFICATION NUMBER (Positions 99-114)

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

36. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the policy's corresponding premium record.

Refer to the Coding Section for examples.

37. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

38. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Part V - Reporting Instructions - Losses

Section B - No Fault

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. ACCIDENT DATE (Positions 11-15)

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions 12-13.

Part V - Reporting Instructions - Losses

Section B – No Fault

5. ACCIDENT DATE (Positions 11-15) (Continued)

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth positions of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

6. Reserved for Future Use (Position 16)

Report space or zero.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 625.

Part V - Reporting Instructions - Losses

Section B – No Fault

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code. The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

14. MODEL YEAR CENTURY CODE (Position 36)

Report the one (1) digit numeric code.

15. PIP COVERAGE CODE (Position 37)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable code.

16. PIP DEDUCTIBLE CODE (Positions 38-39)

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

17. ACCIDENT TOWN CODE (Positions 40-42)

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in out-of-state accidents must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

18. Reserved for Future Use (Positions 43-47)

Report spaces or zeros.

★ 19. <u>ANNUAL MILEAGE CODE (Positions 48-50)</u>

Report the three (3) digit numeric code. The Annual Mileage Code on the loss record must match the Annual Mileage Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

20. MODEL YEAR CODE (Positions 51-52)

Report the two (2) digit numeric code. The Model Year Code on the loss record must match the Model Year Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Part V - Reporting Instructions - Losses

Section B – No Fault

21. TYPE OF CLAIMANT CODE (Position 53)

Report the one (1) digit numeric code. Refer to the Coding Section for the applicable codes.

★ 22. Reserved for Future Use (Positions 54-55)

Report spaces or zeros.

23. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)

Report the one (1) digit numeric code. The Passive Restraint Device Discount Code on the loss record must match the Passive Restraint Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

24. <u>DISCOUNT CODE (Position 57)</u>

Report the one (1) digit numeric code. The Discount Code on the loss record must match the Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

25. Reserved for Future Use (Positions 58-60)

Report spaces or zeros.

26. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

27. Reserved for Future Use (Positions 67-71)

Report spaces or zeros.

Part V - Reporting Instructions - Losses

Section B – No Fault

28. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

29. Reserved for Future Use (Positions 81-86)

Report spaces or zeros.

30. TYPE OF LOSS CODE (Positions 87-88)

Report the two (2) digit numeric code that describes the PIP (no-fault) type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

★ 31. Reserved for Future Use (Positions 89-90)

Report spaces or zeros.

32. LOSS AMOUNT (Positions 91-98)

Report the amount of the PIP loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

33. CLAIM IDENTIFICATION NUMBER (Positions 99-114)

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

Part V - Reporting Instructions - Losses

Section B – No Fault

34. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the policy's corresponding premium record.

Refer to the Coding Section for examples.

35. <u>VEHICLE IDENTIFICATION NUMBER (Positions 131-147)</u>

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

36. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Part V - Reporting Instructions - Losses

Section C – Physical Damage

1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)

Report the three (3) digit numeric code assigned by CAR.

2. TRANSACTION TYPE CODE (Positions 4-5)

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

3. ACCOUNTING DATE (Positions 6-7)

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

4. POLICY EFFECTIVE DATE (Positions 8-10)

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

5. ACCIDENT DATE (Positions 11-15)

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions12-13.

Part V - Reporting Instructions - Losses

<u>Section C – Physical Damage</u>

5. ACCIDENT DATE (Positions 11-15) (Continued)

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth positions of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

6. Reserved for Future Use (Position 16)

Report space or zero.

7. STATE CODE (Positions 17-18)

Report State Code 20.

8. PREMIUM TOWN CODE (Positions 19-21)

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

9. CAR IDENTIFICATION CODE (Position 22)

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

10. TYPE OF RISK CODE (Position 23)

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

12. SUBLINE CODE (Positions 27-29)

Report Subline Code 628.

Part V - Reporting Instructions - Losses

Section C – Physical Damage

13. CLASSIFICATION CODE (Positions 30-35)

Report the six (6) digit numeric code. The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

14. MODEL YEAR CENTURY CODE (Position 36)

Report the one (1) digit numeric code.

15. COVERAGE CODE (Positions 37-39)

Report the three (3) digit numeric code for the coverage under which the loss was incurred. Refer to the Coding Section for applicable codes.

16. ACCIDENT TOWN CODE (Positions 40-42)

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in out-of-state accidents must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

17. Reserved for Future Use (Positions 43-44)

Report spaces or zeros.

18. SYMBOL CODE (Positions 45-46)

Report the two (2) digit numeric code. The Symbol Code on the loss record must match the Symbol Code from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

19. INTENSIFIED APPRAISAL IDENTIFICATION CODE (Position 47)

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

20. ANNUAL MILEAGE CODE (Positions 48-50)

Report the three (3) digit numeric code. The Annual Mileage Code on the loss record must match the Annual Mileage Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

Part V - Reporting Instructions - Losses

Section C – Physical Damage

21. MODEL YEAR CODE (Positions 51-52)

Report the two (2) digit numeric code. The Model Year Code on the loss record must match the Model Year Code in effect as of the date of loss, from the vehicle's corresponding premium record.

★ 22. <u>ANTI-THEFT DEVICE DISCOUNT CODE</u> (Position 53)

Report the one (1) digit alphanumeric code. The Anti-Theft Device Discount Code on the loss record must match the Anti-Theft Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

23. Reserved for Future Use (Position 54)

Report space or zero.

24. PARTIAL/TOTAL LOSS INDICATOR (Position 55)

Report the one (1) digit numeric code that indicates the damage to the vehicle involved in the accident. Refer to the Coding Section for applicable codes.

25. OEM COVERAGE CODE (Position 56)

Report the one (1) digit numeric code. The OEM Coverage Code on the loss record must match the OEM Coverage Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

26. DISCOUNT CODE (Position 57)

Report the one (1) digit numeric code. The Discount Code on the loss record must match the Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

27. VALUE CODE (Positions 58-60)

Report the three (3) digit numeric code. The Value Code on the loss record must match the Value Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

Part V - Reporting Instructions - Losses

Section C – Physical Damage

28. PRODUCER CODE (Positions 61-66)

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

29. HIGH-THEFT VEHICLE CODE (Position 67)

Report the one (1) digit numeric code. The High-Theft Vehicle Code on the loss record must match the High-Theft Vehicle Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

30. Reserved for Future Use (Position 68)

Report space or zero.

31. EXTRA-RISK RATING CODE – OTHER THAN COLLISION (Position 69)

Report the one (1) digit numeric code. The Extra-Risk Rating Code - Other Than Collision on the loss record must match the Extra-Risk Rating Code - Other Than Collision as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

32. Reserved for Future Use (Position 70)

Report space or zero.

33. EXTRA-RISK RATING CODE - COLLISION (Position 71)

Report the one (1) digit numeric code. The Extra-Risk Rating Code - Collision on the loss record must match the Extra-Risk Rating Code - Collision as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

34. ZIP CODE (Positions 72-80)

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

35. Reserved for Future Use (Positions 81-84)

Report spaces or zeros.

Part V - Reporting Instructions - Losses

<u>Section C – Physical Damage</u>

36. CATASTROPHE CODE (Positions 85-86)

Catastrophe Code is a serial number assigned by the Insurance Services Offices (ISO) to a natural disaster. Report the applicable two (2) digit numeric Catastrophe Code. If not applicable, report spaces or zeros.

Refer to CAR's Statistical Edit Package for a list of applicable codes.

37. TYPE OF LOSS CODE (Positions 87-88)

Report the two (2) digit numeric code that describes the physical damage type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

★ 38. Reserved for Future Use (Positions 89-90)

Report spaces or zeros.

39. LOSS AMOUNT (Positions 91-98)

Report the amount of the physical damage loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

40. CLAIM IDENTIFICATION NUMBER (Positions 99-114)

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. For physical damage claims, it is acceptable to use a different claim number to identify payments under more than one physical damage coverage. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

Part V - Reporting Instructions - Losses

Section C – Physical Damage

41. POLICY IDENTIFICATION NUMBER (Positions 115-130)

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the policy's corresponding premium record.

Refer to the Coding Section for examples.

42. <u>VEHICLE IDENTIFICATION NUMBER (Positions 131-147)</u>

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

43. COMPANY USE (Positions 148-150)

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

Massachusetts Private Passenger Automobile Statistical Plan Part VI - Coding Section

Liability, No-Fault, and Physical Damage

This section applies to all records

Last Revision Date: 01/01/2000 Print Date: 01/01/2000

Part VI - Coding Section

TRANSACTION TYPE CODE

Premium Codes						
Transaction Type	Liability Subline 621	No-Fault Subline 625	Physical Damage Subline 628			
New or Renewal	11	11	11			
Endorsement or Audit or Policy Extension	12	12	12			
Cancellation of Policy Pro Rata or Short Rate	13	13	13			
Reinstatement	14	14	14			
Cancelled Flat	15	15	15			

Loss Codes						
Transaction Type	Liability Subline 621	No-Fault Subline 625	Physical Damage Subline 628			
Outstanding Loss	21	21				
Outstanding Allocated Loss Adjustment Expense	22	22				
Paid Loss	23	23	23			
Paid All Other Allocated Loss Adjustment Expense	24	24	24 *			
Salvage Recoveries	25		25			
Subrogation Recoveries	26	26	26			
Paid Legal Allocated Loss Adjustment Expense	27	27	27 *			
Paid Medical Allocated Loss Adjustment Expense	29	29				

^{*} Reporting Paid Allocated Loss Adjustment expenses on physical damage losses is required for ceded business and optional for voluntary business.

Part VI - Coding Section

STATE CODE

State	Code			
Massachusetts	20			

Part VI - Coding Section

CAR IDENTIFICATION CODE

Description (Policy Effective Years 1995 and subsequent)		
Voluntary Business (retained) from Voluntary Agents or written directly by the company (Representative Producers)	0	
Voluntary Business (retained) from Exclusive Representative Producers (No Voluntary Contract)	1	
Ceded Business from Voluntary Agents or written directly by the company (Representative Producers)	4	
Ceded Business from Exclusive Representative Producers (No Voluntary Contract)	5	

Description (Policy Effective Years 1994 and prior)		
Voluntary Business from Voluntary Agents Voluntary Business (not ceded) from Voluntary Agents or written directly by the company	0	
Voluntary Business from Representative Producers (No Voluntary Contract) • Voluntary Business (not ceded) from a Representative Producer that does not have a voluntary motor vehicle insurance contract with their assigned Servicing Carrier, but does not meet the criteria for CAR ID Code 3 as defined below.	1	
Voluntary Business from Subsidiary (Affiliated) Agencies • Voluntary Business (not ceded) from a subsidiary agency whose parent agency has a voluntary motor vehicle insurance contract with the Servicing Carrier, pursuant to Rule 14 of the CAR Rules of Operation.	2	
 Ceded Business from a Former Designated Broker Ceded Business from a producer, appointed to the Servicing Carrier as a Designated Broker (as defined in the Facility Rules of Operation) prior to January 1, 1984, and that producer has not had a voluntary motor vehicle insurance contract with that Servicing Carrier subsequent to the date of the appointment as a Designated Broker. This status survives a change of Servicing Carrier, which has been granted pursuant to Rule 14 of the CAR Rules of Operation. 	3	
Ceded Business from Voluntary Agents • Ceded Business from Voluntary Agents or written directly by the company	4	
Ceded Business from Representative Producers (No Voluntary Contract) • Ceded Business as defined for CAR ID Code 1	5	
Ceded Business from Subsidiary (Affiliated) Agencies Ceded Business from a subsidiary agency, as defined for CAR ID Code 2	6	
Voluntary Business from a Former Designated Broker Voluntary Business (not ceded) from a former Designated Broker, as defined for CAR ID Code 3	7	
Voluntary Business from Representative Producers (No Voluntary Contract) • Voluntary Business (not ceded) from a Representative Producer where the producer had a voluntary contract with its Servicing Carrier, and the contract was cancelled on or after November 22, 1988.	8	
Ceded Business from Representative Producers (No Voluntary Contract) Ceded Business from a Representative Producer where the producer had a voluntary contract with its Servicing Carrier, and the contract was cancelled on or after November 22, 1988.	9	

Part VI - Coding Section

TYPE OF RISK CODE

	Description					
	Regular Business (Massachusetts Motor Vehicle Policies and Risks not coded below)					
	Business Written at Rate Deviations • Approved under Section 193R of Chapter 175 of the General Laws	3				
	 Business Written at Rate Deviations Approved under Section 113B of Chapter 175 of the General Laws Business written at compounded rate deviations approved under both Sections 113B and 193R. 	4				
	Business Written at Rate Deviations (Risks Not Subject to the Compulsory Law) • Approved under Section 193R of Chapter 175 of the General Laws	5				
	 Business Written at Rate Deviations (Risks Not Subject to the Compulsory Law) Approved under Section 113B of Chapter 175 of the General Laws Risks Not Subject to Compulsory Law written at compounded rate deviations approved under both Sections 113B and 193R. 	6				
	Business Not Subject to the Compulsory Law and Not Written at Rate Deviations	7				
*	Business Endorsed with a Company Specific Coverage	_				
^	 Managed Medical Care Endorsement (Applicable to PIP and Medical Payments Coverages only) 	9				

Part VI - Coding Section

ANNUAL STATEMENT LINE OF BUSINESS CODE

Description	Line of Business	Code
Private Passenger Auto No-Fault (Personal Injury Protection)	19.1	191
Other Private Passenger Auto Liability	19.2	192
Commercial Auto No-Fault (Personal Injury Protection)	19.3	193
Other Commercial Auto Liability	19.4	194
Private Passenger Auto Physical Damage	21.1	211
Commercial Auto Physical Damage	21.2	212

Part VI - Coding Section

SUBLINE CODE

Subline	Code		
Liability	621		
PIP (No-Fault)	625		
Physical Damage	628		

Part VI - Coding Section

CLASSIFICATION CODE

STATISTICAL CLASS CODE ASSIGNMENT

- Statistical Class Code assignments shall be based on the characteristics of the individual used to rate the vehicle.
- For specific details relative to the classification of operators and the assignment of operators to vehicles, refer to Rule 28 (Classifications) of the AIB's Private Passenger Automobile Insurance Manual.
- Below is a list of Statistical Class Code definitions that follow on the subsequent pages:

Private Passenger Miscellaneous Rated as Private Passenger Private Passenger Motorcycles Non-Owned Automobiles Special Rating and Adjustment







Part VI - Coding Section

CLASSIFICATION CODE

PRIVATE PASSENGER DEFINITION

Description: First Three Positions (Statistical Class)	Code
For single vehicle policies, there is no operator of the automobile under 25 years of age residing in the same household as the applicant or employed as a chauffeur for the automobile or who customarily operates the automobile and the automobile is not customarily used in the occupation, profession or business of the insured. Refer to Rule 28 of the AIB's Private Passenger Automobile Insurance Manual for information regarding multi-vehicle policies.	110
Qualifies for Class 110 except the operator of the automobile is age 65 through 74.	115
Qualifies for Class 110 except the operator of the automobile is age 75 or over.	116
There is a male operator under 25 years of age that is not principal operator of the automobile.	120
There is a male operator under 25 years of age that is principal operator of the automobile.	122
There is a female operator of the automobile under 25 years of age.	124
Qualifies for Class 124 except all female operators of the automobile who are under 25 years of age have completed a satisfactory Driver Training Program as defined in the Massachusetts Private Passenger Automobile Insurance Manual.	126
The automobile is owned by an individual and is used in the occupation, profession or business of the insured.	130
Qualifies for Class 120 except all male operators of the automobile who are under 25 years of age have completed a satisfactory Driver Training Program as defined in the Massachusetts Private Passenger Automobile Insurance Manual.	140
Qualifies for Class 122 except all male operators of the automobile who are under 25 years of age have completed a satisfactory Driver Training Program as defined in the Massachusetts Private Passenger Automobile Insurance Manual.	142

Description: Fourth Position (Rating Class)	Code
Rate Class 10: Experienced Operator - licensed at least 6 years	1
Rate Class 15: Experienced Operator - Licensed at least 6 years - Age sixty-five (65) or more	2
Rate Class 17: Inexperienced Principal Operator – Licensed at least 3 years and less than 6 years	3
Rate Class 18: Inexperienced Occasional Operator - Licensed at least 3 years and less than 6 years	4
Rate Class 30: Business Use	5
Rate Class 20: Inexperienced Principal Operator – Licensed less than 3 years - No Driver Training	6
Rate Class 21: Inexperienced Occasional Operator - Licensed less than 3 years - No Driver Training	7
Rate Class 25: Inexperienced Principal Operator – Licensed less than 3 years - Driver Training	8
Rate Class 26: Inexperienced Occasional Operator - Licensed less than 3 years - Driver Training	9

Description: Fifth and Sixth Positions			
Premium, Loss and Outstanding Loss Records			
Regular Premium Records Only			
Excellent Driver Discount Plus Credit Records	99		
Excellent Driver Discount Credit Records	98		
Safe Driver Insurance Plan Surcharge Records	00 – 45		

Part VI - Coding Section

CLASSIFICATION CODE

PRIVATE PASSENGER DEFINITION (continued)

Valid Statistical Class Code Reporting Table

Stat	Rate Class (Fourth position of Class Code)								
Class	10 (1)	15 (2)	17 (3)	18 (4)	30 (5)	20 (6)	21 (7)	25 (8)	26 (9)
110	1101		1103	1104		1106	1107	1108	1109
115		1152	1153	1154		1156	1157	1158	1159
116		1162	1163	1164		1166	1167	1168	1169
120	1201			1204			1207		
122	1221		1223			1226			
124	1241		1243	1244		1246	1247		
126	1261		1263	1264				1268	1269
130					1305				
140	1401			1404					1409
142	1421		1423					1428	

Part VI - Coding Section

CLASSIFICATION CODE

MISCELLANEOUS RATED AS PRIVATE PASSENGER DEFINITION

Description (SDIP does not apply)	Code	
	Liability	Physical Damage
Snowmobiles	042600	042600
Antique Motor Cars and Antique Motorcycles	048300	048300
Golfmobiles (motorized)	049500	049500
Lawnmowers (motorized)	049500	049500

Description: First Four Positions (SDIP does apply)	Code	
	Liability	Physical Damage
Electric (Private Passenger)	0400	0400
Trailers designed for use with Private Passenger Motor Vehicles		0453
Travel Trailers – Including Mobile Home Trailers not on an enclosed foundation		0459
Motor Homes (Self Propelled) – Not including Camping Trailers, Travel Trailers and Mobile Homes	0455	0455
Vehicles Carrying School Children (Seating 0-9 passengers) Not registered for Carrying Passengers for hire	0539	0539

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Description: Fifth and Sixth Positions	Code
Premium, Loss and Outstanding Loss Records	OGGC
Regular Premium Records Only	00
Excellent Driver Discount Plus Credit Records	99
Excellent Driver Discount Credit Records	98
Safe Driver Insurance Plan Surcharge Records	00 – 45

Part VI - Coding Section

CLASSIFICATION CODE

PRIVATE PASSENGER MOTORCYCLE DEFINITION

- Motorcycles (including Motorbikes)
- Motorscooters (including Scootmobiles, Safticycles, Motorglides)
- Mopeds
- Similar Motor Vehicles

Description: First Four Positions (Statistical Class)		Code		
Dating	Cubic Centimeter Engine Displacement	Standard Class		
Rating Group		Experienced Operator 🖈	Inexperienced Operator	Age sixty-five (65) or more
Group A	C.C. Displacement to 70	0408	0508	0608
	C.C. Displacement 71 – 100	0409	0509	0609
Group B	C.C. Displacement 101 – 125	0410	0510	0610
	C.C. Displacement 126 – 200	0411	0511	0611
	C.C. Displacement 201 – 275	0412	0512	0612
	C.C. Displacement 276 – 350	0413	0513	0613
Group C	C.C. Displacement 351 – 500	0414	0514	0614
	C.C. Displacement 501 – 650	0415	0515	0615
Group D	C.C. Displacement 651 – 750	0416	0516	0616
	C.C. Displacement 751 – 850	0417	0517	0617
	C.C. Displacement 851 - 950	0418	0518	0618
	C.C. Displacement 951 – 1050	0419	0519	0619
	C.C. Displacement 1051 – 1150	0420	0520	0620
	C.C. Displacement 1151 – 1250	0421	0521	0621
	C.C. Displacement 1251 – 1350	0422	0522	0622
	C.C. Displacement 1351 – 1450	0423	0523	0623
	C.C. Displacement 1451 – 1550	0424	0524	0624
	C.C. Displacement 1551 – 1650	0425	0525	0625
	C.C. Displacement 1651 – 1750	0427	0527	0627
	C.C. Displacement 1751 – 1850	0428	0528	0628
	C.C. Displacement 1851 – 1950	0429	0529	0629
	C.C. Displacement 1951 – 2050	0430	0530	0630
	C.C. Displacement over 2050	0431	0531	0631

Part VI - Coding Section

CLASSIFICATION CODE

PRIVATE PASSENGER MOTORCYCLE DEFINITION (continued)

 \star

Description: Fifth and Sixth Positions	Code
Premium, Loss and Outstanding Loss Records	Code
Regular Premium Records Only	00
Excellent Driver Discount Plus Credit Records	99
Excellent Driver Discount Credit Records	98
Safe Driver Insurance Plan Surcharge Records	00 – 45

Part VI - Coding Section

CLASSIFICATION CODE

NON-OWNED AUTOMOBILES DEFINITION

	Code	
Description	Liability	Physical Damage
Use of Other Automobiles Coverage	902000	902000
Named Non-Owner Automobiles Policy	902000	902000
All Other	700000	700000

SPECIAL RATING AND ADJUSTMENT DEFINITION

Description	Code	
	Liability	Physical Damage
Public Transit Discount (Commuter Discount)	190000	190000
Non-Cedable Limits	800000	
All Other	998000	998000

Part VI - Coding Section

MODEL YEAR CENTURY CODE

• Model Year Century Code is a one digit numeric code that corresponds to the century of the model year of the vehicle which is denoted by the first position of the model year

Examples:

Vehicle	Model Year	Century	Code
Dodge Colt	1989	1900	1
Ford Escort	1996	1900	1
Toyota Camry	2000	2000	2

Part VI - Coding Section

★ ANNUAL MILEAGE CODE

- The Annual Mileage Code is a three digit numeric code that shall be reported on all Private Passenger records
- The vehicle's annual mileage shall be rounded to the nearest hundred miles and the rounded miles are used to develop the Annual Mileage Code
- If the annual mileage is 100,000 or greater, report Annual Mileage Code 999
- If the annual mileage is not available, report Annual Mileage Code 999

Examples:

Annual Mileage	Annual Mileage (rounded to the nearest hundred miles)	Code
100,000	100,000	999
15,065	15,100	151
5,000	5,000	050
500	500 005	
Not Available	Not Available	999

Part VI - Coding Section

MODEL YEAR CODE

• Model Year Code is a two digit numeric code that corresponds to the third and fourth positions of the model year of the vehicle

Examples:

Vehicle	Model Year	Code
Dodge Colt	1989	89
Ford Escort	1996	96
Toyota Camry	2000	00

Part VI - Coding Section

CLASS GROUP CODE

- \star
- This code is valid for Policy Effective Years 2002 and prior.
- For voluntary business, companies may optionally use Class Group Code 1.

Description	Code
Voluntary	0
Ceded – Private Passenger	1

Part VI - Coding Section

PARTIAL/TOTAL LOSS INDICATOR

- This field applies to Property Damage Liability and Physical Damage Losses only
- Non-vehicle claims should be coded as a partial loss (Partial/Total Loss Indicator 1)
- For additional information regarding reporting the extent of vehicle loss, refer to Section B Losses of the General Reporting Requirements Section of this Plan

Description	Code
Partial Loss	1
Total Vehicle Loss	2

Part VI - Coding Section

PASSIVE RESTRAINT DEVICE DISCOUNT CODE

• This discount applies to Medical Payments, Uninsured and Underinsured Liability and PIP (No-Fault) coverage only

Description	Code
No Discount	0
Category I Applies Vehicle contains occupant safety features approved by the Massachusetts Division of Insurance	1

Part VI - Coding Section

DISCOUNT CODE

- For policies effective January 1, 2006 through June 30, 2006, the codes contained in either of the charts displayed below may be used at the company's option. For policies effective July 1, 2006 and subsequent, the codes contained in the lower chart must be used.
- For specific details relative to the application of the discounts listed below, refer to Rule 19 (Discounts) of the AIB's Private Passenger Automobile Insurance Manual.

Description	Multi-Car Status * Exists	Multi-Car Status * Does Not Exist
(For Policies Effective Prior to 1/1/06 and Optional for Policies Effective 1/1/06-6/30/06) ★	Co	de
Multi-Car Discount Applies (Rate Class 10 and 15 only)	1	
Annual Mileage Discount Applies **	2	3
Multi-Car Discount (Rate Class 10 and 15 only) and Annual Mileage Discount Apply	4	
Motorcycle Rider Training Discount Applies		6
No Discount Applies	5	9

Description	
(Mandatory for Policies Effective 7/1/06 and Subsequent and Optional for Policies Effective 1/1/06-6/30/06)	Code
Multi-Car Discount Applies	1
Annual Mileage Discount Applies **	2
Multi-Car Discount and Annual Mileage Discount Apply	4
Motorcycle Rider Training Discount Applies	6
No Discount Applies	0

- * Multi-Car Status is defined as "An individual, (or husband and wife resident in the same household) who owns two or more automobiles ... At least two of the automobiles must be classified as use class 10, 15 or 30. The premium reduction applies only to Class 10 and 15 automobiles". Therefore Multi-Car Status may exist but the Multi-Car Discount may not be applicable.
- ** The Annual Mileage Discount does not apply to other than collision coverage, therefore, when only other than collision coverage is afforded and no other discounts apply, code space or zero (0) for the Discount Code.

Part VI - Coding Section

PRODUCER CODE

- Producer Code is a six position alphanumeric code
- Producer Code should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: b)
- ★ Note that a unique Producer Code is required to be reported for each agency office location.

Examples:

Producer Code	Code
A1234	A1234 <i>b</i>
987	987 <i>bbb</i>
AB5678	AB5678

Part VI - Coding Section

ZIP CODE

- ZIP Code is a nine position numeric code
- It is mandatory to report the first five positions of the ZIP Code
- The ZIP Code extension (occupying the last four positions) is optional
- ZIP Code should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: b)

Examples:

ZIP Code	Code
01463-8735	014638735
01463	01463 <i>bbbb</i>
02135-9822	021359822

Part VI - Coding Section

EXPOSURE

Material Continue C								Effective Mor	ith OR Canci	Effective Month OR Cancellation Month					
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inc exposure for a car insured for one year is 12.
 The exposure for a car insured for two years is 2.
 The exposure for a car insured for two years is 2.

Part VI - Coding Section

RATE DEPARTURE FACTOR CODE

- The Rate Departure Factor Code is a three digit numeric code reflecting the decimal complement of the deviation percentage approved by the Division of Insurance for the policy
- If multiple deviation percentages exist for a vehicle, the decimal complements of the deviation percentages must be multiplied and then use the rounded product to develop the Rate Departure Factor Code
- If no rate deviation exists, report Rate Departure Factor Code 100

For Single Deviations:

Examples:

Deviation Percentage	Decimal Complement	Code
3.0	.970	970
10.0	.900	900
12.5	.875	875
None	None	100

For Multiple Deviations:

Examples:

Deviation Percentage #1	Decimal Complement	Deviation Percentage #2	Decimal Complement	Product of Complements	Code
3.0	.970	10.0	.900	.873000	873
5.0	.950	7.5	.925	.878750	879
7.5	.925	12.5	.875	.809375	809

Part VI - Coding Section

CLAIM IDENTIFICATION NUMBER

- Claim Identification Number is a sixteen position alphanumeric code
- It is mandatory to report at least three characters
- Claim ID should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)
- Refer to Section B Losses of the General Reporting Requirements Section for additional information on accident reporting

Examples:

Claim Identification Number	Code	
CL014638735	CL014638735bbbbb	
123456789	123456789 <i>bbbbbbb</i>	
ABCDEF1234567890	ABCDEF1234567890	

Part VI - Coding Section

POLICY IDENTIFICATION NUMBER

- Policy Identification Number is a sixteen position alphanumeric code
- It is mandatory to report at least three characters
- Policy ID should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)

Examples:

Policy Identification Number	Code	
PL014638735	PL014638735bbbbb	
123456789	123456789 <i>bbbbbbb</i>	
ABCDEF1234567890	ABCDEF1234567890	

Part VI - Coding Section

VEHICLE IDENTIFICATION NUMBER

- Vehicle Identification Number (VIN) is a five to seventeen position alphanumeric code
- VIN should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)
- For Losses: If a claim is incurred on an insured's policy, that does not involve a vehicle named on said policy, the losses may be coded as 97 followed by fifteen zeros (9700000000000000000)

Examples:

Vehicle Identification Number	Code	
1FABP28A6FF143890	1FABP28A6FF143890	
1C3BH41J6MN109186	1C3BH41J6MN109186	
ZC2FP1101KB202230	ZC2FP1101KB202230	
GV5VK3212B	GV5VK3212B <i>bbbbbbb</i>	
MA12345	MA12345bbbbbbbbbbb	

Liability Only

This section applies to liability records only

Last Revision Date: 01/01/2000 Print Date: 01/01/2000

Part VI - Coding Section

LIABILITY LIMITS CODE

BODILY INJURY		
Limits of Liability		Code
Per Claim	Per Accident	Code
\$ 20,000	\$ 40,000	01
20,000	40,000	04 *
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	500,000	15 #
500,000	1,000,000	10 ***
1,000,000	1,000,000	14 ***
All Other Limits Not Above		49
No Bodily Injury		00

UNINSURED AUTO		
Limits of Liability		Code
Per Claim	Per Accident	Code
\$ 20,000	\$ 40,000	04
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	500,000	15 #
500,000	1,000,000	10 ***
1,000,000	1,000,000	14 ***
All Other Limits Not Above		49
No Uninsured Au	to	00

PROPERTY DAMAGE		
Limits of Liability	Code	
\$ 5,000	01	
10,000	02	
15,000	03	
25,000	04	
35,000	05	
50,000	06	
100,000	07	
250,000	11	
500,000	10 ***	
750,000	12 ***	
1,000,000	13 ***	
All Other Limits Not Above	09	
No Property Damage	00	

MEDICAL PAYMENTS	
Limits of Liability	Code
\$ 500	01
750	02
1,000	03
2,000	04
5,000	05
10,000	06
15,000	07
20,000	80
25,000	09
50,000	10 ***
100,000	11 ***
All Other Limits Not Above	49 ****
No Medical Payments	00

UNDERINSURED AUTO		
Limits of Liability		Code
Per Claim	Per Accident	Code
\$ 20,000	\$ 40,000	04 **
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	500,000	15 #
500,000	1,000,000	10 ***
1,000,000	1,000,000	14 ***
All Other Limits Not Above		49
No Underinsured Auto		00

- * If both mandatory (code 01) and optional (code 04) Bodily Injury coverage are purchased, Limits Code 04 must be reported.
- ** If the 20/40 limit of Underinsured Auto coverage is purchased, although there is no associated cost, Limits Code 04 must be reported.
- *** This limit is available for voluntary business only.
- **** Optional for policies effective 1/1/05 12/31/05 and mandatory for policies effective 1/1/06 and subsequent.
- ★ # Mandatory for policies effective 4/1/07 and subsequent.

TYPE OF LOSS CODE - LIABILITY

Description	Code
Bodily Injury to Others – Excluding claims covered under Type of Loss Code 02	01
Bodily Injury to Others – Guest claims, claims arising out of accidents occurring off the ways of the Commonwealth or claims out of Massachusetts	02
Damage to Someone Else's Property (Property Damage Liability)	03
Medical Payments	05
Bodily Injury Caused by an Uninsured Automobile	06
Bodily Injury Caused by an Underinsured Automobile	07
Bodily Injury to Others – Inter or Intra Company Reimbursements resulting from PIP (No-Fault) claims (excluding claims covered under Type of Loss Code 14)	11
Bodily Injury to Others – Inter or Intra Company Reimbursements resulting from PIP (No-Fault) claims arising out of accidents occurring off the ways of the Commonwealth or claims out of Massachusetts	14

No-Fault Only

This section applies to no-fault records only

Last Revision Date: 01/01/2000 Print Date: 01/01/2000

PIP COVERAGE CODE

Description	Code	
Basic PIP (No-Fault) Coverage Only	1	

PIP DEDUCTIBLE CODE

Description	Deductible Amount	Code
Full Coverage	\$ 0	01
	\$ 100	12
	250	13
	500	14
Named Insured	1,000	15
	2,000	16
	4,000	17
	8,000	18
	\$ 100	22
	250	23
	500	24
Named Insured and Members of Household	1,000	25
	2,000	26
	4,000	27
	8,000	28

TYPE OF CLAIMANT CODE

Description	Code
Named Insured	1
Member of Insured's Household	2
Other Occupant	3
Pedestrian	4

TYPE OF LOSS CODE – PIP (NO-FAULT)

Description	Code
Non-Split Outstanding Loss	23
Medical Loss	24
Wage Loss	34
Other Economic Loss	44
Subrogation Recovery	45

Physical Damage Only

This section applies to physical damage records only

Last Revision Date: 01/01/2000 Print Date: 01/01/2000

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		
Description	Towing and Labor Costs Coverage		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		
Description	Towing and Labor Costs Coverage		Coverage
	\$50		
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 Deductible	364	564	104
Fire Only	365	565	105
Fire and Theft	366	566	106
Fire, Theft and Combined Additional Coverage	368	568	108

OTHER THAN COLLISION COVERAGE CODE

MISCELLANEOUS COVERAGES

Description	Code
Non-Owned Automobiles – Broad Form	056
Non-Owned Automobiles – Limited Form	057
 Towing and Labor – \$100 per disablement 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 No other comprehensive coverage afforded	082
Substitute Transportation - \$15 per day/ \$450 maximum	083
Substitute Transportation - \$45 per day/\$1,350 maximum 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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COLLISION COVERAGE CODE

Collision Coverage Without Waiver of Deductible			
Description	Code	Type of Loss Code	
\$ 300 Deductible	076	10	
\$ 500 Deductible	077	10	
\$1,000 Deductible	078	10	
\$2,000 Deductible	072	10	
All Other Deductibles	079	10	

Collision Coverage With Waiver of Deductible			
Description	Code	Type of Loss Code	
\$ 300 Deductible	015	11 or 12	
\$ 500 Deductible	016	11 or 12	
\$1,000 Deductible	017	11 or 12	
\$2,000 Deductible	012	11 or 12	
All Other Deductibles	019	11 or 12	

Limited Collision Coverage		
Description Code Type of Loss Co		
Full Coverage	040	12
\$ 300 Deductible	045	10
\$ 500 Deductible	042	10
\$1,000 Deductible	043	10
\$2,000 Deductible	046	10
All Other Deductibles	049	10

Miscellaneous Coverages		
Description	Code	
Stated Amount – Limited Collision	041	
Stated Amount – Collision	092	
Non-Owned Automobiles – Broad Form	096	
Non-Owned Automobiles – Limited Form	097	
All Other	099	

SYMBOL CODE

PRIVATE PASSENGER VEHICLES

• For records with Stated Amount coverage, use the value of Stated Amount coverage in the chart below, rather than the Cost New dollar value, to determine the Symbol Code

Model Years 1989 & Prior		
Symbol	Cost New	Code
1	\$ 0 - 1,600	01
2	1,601 – 2,100	02
3	2,101 – 2,750	03
4	2,751 – 3,700	04
5	3,701 – 5,000	05
6	5,001 - 6,500	06
7	6,501 - 8,000	07
8	8,001 – 10,000	08
10	10,001 – 12,500	10
11	12,501 – 15,000	11
12	15,001 – 17,500	12
13	17,501 – 20,000	13
14	20,001 – 24,000	14
15	24,001 – 28,000	15*
16	28,001 - 33,000	16*
17	33,001 – 39,000	17*
18	39,001 – 46,000	18*
19	46,001 - 55,000	19*
20	55,001 - 65,000	20*
21	65,001 & above	21*
	Sedans and Panel rated as Private r cars	09**

- * Applies to Model Years 1981 and subsequent only. For Model Years 1980 and prior, to indicate \$20,001 and above, use Symbol Code 14.
- ** Symbol Code 09 should only be used when no Symbol exists in the Symbol and Identification Section of the Massachusetts Private Passenger Automobile Insurance Manual.

Madel Very 1000 9 Cube suppl		
Model Years 1990 & Subsequent		
Symbol	Cost New	Code
1	\$ 0-6,500	01
2	6,501 - 8,000	02
3	8,001 – 9,000	03
4	9,001 – 10,000	04
5	10,001 – 11,250	05
6	11,251 – 12,500	06
7	12,501 – 13,750	07
8	13,751 – 15,000	08
10	15,001 – 16,250	10
11	16,251 – 17,500	11
12	17,501 – 18,750	12
13	18,751 – 20,000	13
14	20,001 – 22,000	14
15	22,001 – 24,000	15
16	24,001 – 26,000	16
17	26,001 – 28,000	17
18	28,001 – 30,000	18
19	30,001 – 33,000	19
20	33,001 – 36,000	20
21	36,001 – 40,000	21
22	40,001 – 45,000	22
23	45,001 – 50,000	23
24	50,001 - 60,000	24
25	60,001 - 70,000	25
26	70,001 – 80,000	26
27	80,001 & above	27
	Sedans and Panel rated as Private cars	09**

Part VI - Coding Section

★ VALUE CODE

PRIVATE PASSENGER MOTORCYCLES

- Motorcycles (including Motorbikes), Motorscooters (including Scootmobiles, Safticycles, Motorglides), Mopeds and similar Motor Vehicles
- Motorcyle Value is a three digit numeric code that shall be reported on all Private Passenger Motorcycle records
- The motorcycle's value shall be rounded up to the nearest hundred dollars and the rounded value is used to develop the Value Code
- If the motorcycle value is \$99,900 or greater, report Value Code 999

Examples:

Motorcycle Value	Motorcycle Value (rounded up to the nearest hundred dollars)	Code
\$101	\$200	002
\$2,550	\$2,600	026
\$15, 225	\$15,300	153
\$24,786	\$24,800	248
\$102, 322	\$102,400	999

Part VI - Coding Section

PRE-INSURANCE INSPECTION IDENTIFICATION CODE

Description	Code
Eligible for Pre-Insurance Inspection and Inspected	1
Eligible for Pre-Insurance Inspection and Not Inspected	2
Not Eligible or Waived	9

Part VI - Coding Section

INTENSIFIED APPRAISAL IDENTIFICATION CODE

• This code is valid for Policy Effective Years 1995 and prior

Description	Claims <= \$4,000	Claims > \$4,000
Eligible for Intensified Appraisal and Appraised	3	5
Eligible for Intensified Appraisal and Not Appraised	4	6
Not Eligible	9	8

Part VI - Coding Section

ANTI-THEFT DEVICE DISCOUNT CODE

- Applies to other than collision coverage only
- Refer to the Anti-Theft Device Standards and Discounts Rule which is contained in the Massachusetts Private Passenger Automobile Insurance Manual for detailed descriptions of each category
- Reporting Anti-Theft Discount Codes which pertain to a Category V anti-theft device or a Category V device in combination with another device is optional for policies effective January 1, 2004 through June 30, 2004 and mandatory for policies effective July 1, 2004 and subsequent.

Description	Code
No Discount Applies	0
Category I Applies	1
Category II Applies	2
Category III Applies	3
Category IV Applies	4
Category IV plus Category I Apply	5
Category IV plus Category II Apply	6
Category IV plus Category III Apply	7
Category V Applies	8
Category V plus Category I Apply	9
Category V plus Category II Apply	A
Category V plus Category III Apply	В

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Part VI - Coding Section

OEM COVERAGE CODE

★ • If OEM Coverage exists on a policy, but is only applicable to one of the written physical damage coverages, separate collision and other than collision physical damage statistical records must be reported.

Description	Code
OEM Coverage Applies	1
OEM Coverage Does Not Apply	0

Part VI - Coding Section

HIGH-THEFT VEHICLE CODE

- Applies to other than collision coverage only
- Refer to the High Theft Vehicle List section of the Massachusetts Private Passenger Automobile Insurance Manual for a list of such vehicles

Description	Code
Not Applicable	0
High-Theft Vehicle	1
High-Theft Vehicle – No Rate Adjustment Vehicle contains Category III, IV or V Anti-Theft Device or Vehicle Recovery System	2

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Part VI - Coding Section

EXTRA-RISK RATING CODE

OTHER THAN COLLISION

- When multiple categories of extra-risk rating apply, code the lowest of the applicable codes
- For additional information regarding reporting extra-risk rating, refer to Section A Premiums of the General Reporting Requirements Section of this Plan

Description	Code
Not Applicable	0
Convicted of motor vehicle theft Within the last five years	1
Convicted of auto insurance related fraud Within the last five years	2
 Material misrepresentation of a Physical Damage claim Within the last five years Rated at 1.5 times the otherwise applicable total rate 	3
Two or more total fire claims OR two or more total theft claims Within the last three years	4
Material misrepresentation of a Physical Damage claim Within the last five years Rated at 1.2 times the otherwise applicable total rate	5
Convicted of vehicular homicide Within the last five years	6
Convicted of driving under the influence of alcohol or drugs • Within the last three years	7
Four or more greater than 50% at-fault accidents Within the last three years	8
Salvage Title – No new certificate issued	9

Part VI - Coding Section

EXTRA-RISK RATING CODE

COLLISION

- When multiple categories of extra-risk rating apply, code the lowest of the applicable codes
- For additional information regarding reporting extra-risk rating, refer to Section A Premiums of the General Reporting Requirements Section of this Plan

Description	Code
Not Applicable	0
Convicted of vehicular homicide • Within the last five years	1
Convicted of motor vehicle theft Within the last five years	2
Convicted of auto insurance related fraud Within the last five years	3
Material misrepresentation of a Physical Damage claim Within the last five years Rated at 1.5 times the otherwise applicable total rate	4
Material misrepresentation of a Physical Damage claim Within the last five years Rated at 1.2 times the otherwise applicable total rate	5
Convicted of driving under the influence of alcohol or drugs Within the last three years	6
Four or more greater than 50% at-fault accidents Within the last three years	7
Two or more total fire claims OR two or more total theft claims Within the last three years	8
Salvage Title – No new certificate issued	9

Part VI - Coding Section

TYPE OF LOSS CODE – PHYSICAL DAMAGE

OTHER THAN COLLISION

Description	Code
Fire	01
Theft	02
Glass	
 For additional information on Glass Losses, refer to Section B – Losses of the General Reporting Requirements Section of this Plan 	03
Malicious Mischief and Vandalism	05
Cyclone, Earthquake, Explosion, Hail, Tornado, Water Damage and Windstorm	06
Flood and Rising Water	07
Towing and Labor Costs Refer to the Coverage Code Decision Table in Appendix A for reportable fields	08
All other types – excluding Collision	09

COLLISION

Description	Code
Without Waiver of Deductible – Collision loss payment when deductible is applied Limited Collision with a deductible	10
With Waiver of Deductible – Collision loss payment when deductible is applied	11
With Waiver of Deductible – Collision loss payment when deductible is waived Limited Collision with full coverage	12

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

The Statistical Data Quality Program consists of the components noted below. Each component identifies a specific company requirement or responsibility relative to the reporting of statistics to CAR and is intended to assure that CAR receives complete and accurate statistical data on a timely basis. This Section also describes the special edits or methods used by CAR to verify the quality of reported statistical data.

1. STATISTICAL SUBMISSIONS

Companies are responsible for assuring that all of the data for a particular accounting month is received at CAR on or before the submission due date, and that the data is in processable and statistically acceptable condition. For those companies affiliated with a group, data must be reported at the individual company number level, rather than at the group level, as described in Part II – General Rules of the Plan. If any portion of the submission does not meet these requirements, Statistical Data Quality Penalties will be assessed. The key date to be used for determining penalty amounts will be the date upon which the last portion of the particular accounting month's shipment is received at CAR in processable and statistically acceptable condition. Refer to Section B - Statistical Data Quality Penalties Section of the Statistical Data Quality Program for specific penalty information.

In order to assure that a company's submission of data for a particular accounting month is complete, all premium and paid loss data for each accounting month must be submitted to CAR in a single mailing. However, it is acceptable for quarterly outstanding loss data to be submitted separately.

If a company is not able to consolidate their shipments for mailing to CAR, a request for waiver from this requirement must be filed with CAR. If CAR grants a waiver to this requirement, it is necessary for the company to continue to submit their data shipments to CAR in the same manner for each subsequent accounting month.

Companies may request the ability to report a supplemental submission to CAR after their original shipment for the accounting month has been submitted. Such supplemental submissions will not be accepted unless CAR has agreed in advance to accept the shipment. If CAR agrees to accept the supplemental submission, but it is not received by CAR until after the shipment due date, the shipment will be subject to applicable Statistical Data Quality Penalties in the same manner as other statistical submissions. Refer to Section B - Statistical Data Quality Penalties of the Statistical Data Quality Program for specific penalty information.

a. Compliance For Newly Reporting Companies

If a company or company group exceeds the established private passenger reporting thresholds of \$100,000 in written premiums or \$50,000 in paid losses, as identified through the Annual Statement Reconciliation Process, statistical reporting to CAR must commence. Although the determination of whether a company exceeds the established thresholds is based upon the writings of an affiliated company group, statistical data must be reported to CAR on an individual company basis. Companies identified as exceeding the reporting thresholds will be required to report detailed statistical data no later than the December shipment of the second following year.

Example: The 2000 Massachusetts Annual Statement Page 15 indicates that a company has exceeded the reporting thresholds. This company will be instructed to begin reporting to CAR no later than the December, 2002 submission.

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Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

1. STATISTICAL SUBMISSIONS (continued)



b. Low Volume Company

A company or company group that has written less than \$500,000 in premium <u>and</u> \$500,000 in paid losses for reportable coverages during the prior calendar year, based on the information contained on their Massachusetts Annual Statement Page 15, is referred to as a low volume company. A low volume company may request the option of reporting data to CAR on a quarterly, rather than monthly, basis.

c. Due Date

The due date is generally the first CAR business day 45 days after the close of each accounting month. CAR will notify the industry on a yearly basis of the specific submission due dates that will be in effect for the upcoming calendar year via the Call Schedule, which is issued as an Accounting and Statistical Notice. All premium, paid loss and outstanding loss submissions for a particular accounting month must be received in processable and statistically acceptable condition at the offices of CAR by the close of business on the established due date.

d. Turnaround Time Commitment

CAR provides companies with a turnaround time commitment relative to the receipt and processing of monthly submissions. The turnaround time commitment guarantees that all shipments received at CAR prior to the first business day of each month will be processed such that the company will be notified of any reporting problems or rejections no later than the fifth business day of that calendar month. In addition, if required by the company, these rejected tapes will be sent back to the company via Federal Express, no later than the fifth business day of the month, for the receipt by the company no later than the sixth business day of the month. The turnaround time commitment is subject to modification by CAR's Operations Committee.

If the established turnaround time commitment cannot be met by CAR, and as a result, a company's shipment is rejected and cannot be resubmitted by the shipment due date, the key dates used to calculate Statistical Data Quality Penalties for the affected shipments would be adjusted accordingly. However, the cut-off dates for monthly accounting/statistical shipments to be included in CAR's processing cycles would not be adjusted. For those companies that are financially impacted due to the exclusion of their monthly accounting/statistical shipment from a processing cycle because CAR did not meet its turnaround time commitment, CAR will reimburse the company for loss of investment income or provide another appropriate financial remedy.

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

1. STATISTICAL SUBMISSIONS (Continued)

e. Acceptable Shipments

For a shipment to be accepted by CAR, it must be received in processable condition as specified in the Accounting/Statistical Submission Reporting Instructions contained in the CAR Statistical Edit Package. In addition, the shipment must be in balance with its corresponding statistical and accounting summary control totals, and in statistically acceptable condition such that its statistical error content must be less than 15% of the shipment or less than 100 records. Note that the statistical error criteria will apply separately for premiums, paid losses, and outstanding losses, and on a subline basis. Additionally, for those companies affiliated with a group, statistical data must be reported at the individual company number level or the shipment will be considered incomplete and unacceptable.

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A record is considered to be a statistical error record when it has one or more statistical errors (S01-S49). A record is considered to be a verification only error record when it has no statistical errors, but has one or more verification errors (V50-V53). Refer to CAR's Statistical Edit Package for a description of these error records. Verification errors are not included in the determination of error percentages or error record counts. The statistical error criteria will be waived for a particular shipment if the company confirms in writing to CAR that the shipment's error content exceeds the 15% tolerance because the submission contains offsets for previously reported error records, and consequently these offsets have caused the error percentage to exceed 15%.

Companies that have not reported complete and acceptable shipments to CAR by the shipment due date will be subject to Statistical Data Quality Penalties. Note that penalties are based on the receipt date at CAR of the last acceptable portion of the particular accounting month's shipment, and will therefore be the same if one portion of the shipment or the entire shipment is late or unacceptable. In addition, note that shipments received on weekends or holidays will be assigned the receipt date of the next CAR business day following the weekend or holiday. Refer to Section B – Statistical Data Quality Penalties of the Statistical Data Quality Program for specific penalty information.

f. Limits In Excess (LEX) Records

Any record with an extremely high exposure, premium dollar amount, or loss dollar amount (according to the chart below) will be identified for CAR Staff to review. Note that for the premium dollar tolerances, bodily injury and property damage premium amounts are checked separately for liability records and collision and other than collision premium amounts are checked separately for physical damage records. Also, note that Commuter Discount records are excluded from the relevant exposure checks.

LEX Tolerance Levels	
Field Tolerance	
Exposure -120 to +120 exposures	
Premium Dollar Amount -\$10,000 to +\$10,000	
Loss Dollar Amount -\$500,000 to +\$500,000	

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

1. STATISTICAL SUBMISSIONS (Continued)

f. Limits In Excess (LEX) Records (Continued)

CAR Staff will review records that exceed the established LEX tolerance levels. If it is determined that the records will significantly distort CAR's database, CAR will reject the affected shipments(s) and instruct the company to correct the records and resubmit the data immediately (prior to the shipment due date). Otherwise, CAR will accept the data and instruct the company to offset the records in a future submission.

2. STATISTICAL ERRORS

a. Due Date

On a weekly basis, CAR updates its On-Line Telecommunications System, provides companies with statistical error files and establishes a due date for the necessary corrections to be completed. The established due date for the completion of on-line corrections is approximately 60 calendar days from the date the listings are available on-line.

b. Acceptability

- Companies are responsible for assuring that statistical errors are corrected in a timely manner so that the number of uncorrected error records within an error file is reduced to no greater than 5%. Verification errors will be identified separately and will not be included in the determination of error percentages. If the submitted number of error corrections does not reduce the error content within the error file to the 5% tolerance by the due date, the error records will be re-listed on-line with a new due date. The company is required to make additional corrections to the error file until the 5% tolerance has been met.
- Companies that are provided with statistical error files for several accounting months at the same time will be provided with additional time to correct these errors as long as the pertinent shipments were received at CAR in a timely and acceptable manner. Such cases will be handled on an individual basis. Taken into consideration will be the reason that several accounting months' files were provided at the same time, the volume of error records and any extenuating circumstances that may affect the timely correction of data.

c. Low Volume

A statistical error file is considered low volume if both the total number of error records contained within the file and the total exposures, premiums or losses in error fall within the ranges indicated below. Statistical error files that meet this criteria will not be considered in an overdue status and will not be required to be corrected to reduce the error content to the 5% tolerance level.

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

2. STATISTICAL ERRORS (Continued)

c. Low Volume (Continued)

Statistical Error Tolerance Levels			
Private Passenger	Total Number Of Error Records	Total Exposures or Loss Dollars In Error	
Liability, No-Fault and Physical Damage Premiums	1 to 25	-60 to +60 exposures	
Liability Losses	1 to 20	-\$5,000 to +\$5,000 losses	
No-Fault Losses	1 to 20	-\$2,000 to +\$2,000 losses	
Physical Damage Losses	1 to 20	-\$2,000 to +\$2,000 losses	

3. RATE EDIT

CAR will edit voluntary and ceded private passenger premium data for the latest two policy effective years to assure that it has been rated properly. Only data that has successfully passed CAR's statistical edits will be rate edited, and companies will be notified by CAR of the rate edit results of their data.

a. Tolerance

Companies are responsible for assuring that their cumulative percentage of rate errors, for each line of business and policy effective year, remains below the established rate edit error tolerance of 2%. Once a company exceeds the rate edit error tolerance, and provided that there is a minimum of two hundred error records per line of business, the company will be provided with six accounting months from the error listing cycle in which the tolerance was exceeded to reduce their cumulative rate edit error percentage, for that line of business and policy effective year, to within the established tolerance. In order to correct rate edit errors, companies are required to submit offset and re-enter adjustment records. Refer to the General Rules and Section A – Premiums of the General Reporting Requirements Sections of this Plan for information on reporting adjustment records.

b. Appeal Process For Exceeding Established Tolerance

Companies with errors in excess of the established tolerance may appeal to CAR for a reduction of the Statistical Data Quality Penalty if it can be clearly demonstrated that the rate error condition does not impact the ratemaking database. The granting of an appeal will be allowed for one policy year only, and companies will be required to correct their reporting systems for the next reporting year in order to prevent the assessment of rate edit penalties in the subsequent reporting year.

Part VII - Statistical Data Quality Program

Section A - Statistical Data Quality Components

★ 4. MASSACHUSETTS ANNUAL STATEMENT

For each calendar year, all companies licensed to write automobile insurance in Massachusetts are required to submit an electronic copy of their NAIC Annual Statement filings to CAR by approximately March 15th of the following year. CAR also requires that companies submit a hard copy of their Annual Statement. For each of the other three calendar quarters, CAR collects Massachusetts' statutory Page 14 data (also known as Page 15 or Page 24 data) from companies. Note that for all quarters, Annual Statement data must be submitted for each individual company within a group via CAR's on-line Annual Statement Reconciliation System. CAR will inform the industry on an annual basis, via the Annual Call Schedule, of the exact quarterly and final Annual Statement due dates on a calendar year basis.

On a quarterly basis, CAR reconciles each company's Massachusetts Annual Statement data to the statistical data reported by the company through the particular quarter. The reconciliation is performed at the individual company level, not on a group company basis. The reconciliation is performed each quarter in an effort to identify, as soon as possible, reporting problems that may impact the quality of CAR's statistical database. Companies are provided with the results of their reconciliation. If it is determined that a company's statistically reported totals for a given quarter and their quarterly Annual Statement totals vary by more than 5% for any premium or loss line of business, CAR requests that the company provide a satisfactory written response explaining the difference(s). Additionally, if the difference is due to missing statistical data, then the company will be expected to provide an action plan that details when the missing data will be reported to CAR and how the situation that created the missing data will be rectified. Company responses must be provided to CAR within (30) calendar days from the date that the reconciliation results were initially provided to the company.

5. MASSACHUSETTS AUTOMOBILE INSURANCE EXPENSE CALL

The Massachusetts Automobile Insurance Expense Call pertaining to a particular calendar year will be due at CAR by approximately June 1 of the following year. CAR will notify the industry each year via an Accounting and Statistical Notice of the exact due date of the Massachusetts Automobile Insurance Expense Call for the particular calendar year.

Part VII - Statistical Data Quality Program

Section B – Statistical Data Quality Penalties

In order to encourage companies to report complete and accurate statistical data on a timely basis, CAR has established the Statistical Data Quality Penalties described below. The Statistical Data Quality Program only establishes those penalties that will apply for statistical purposes. Additional penalties may result due to accounting errors on ceded data, and these penalty provisions are contained in the CAR Manual of Administrative Procedures.

Mandated legislative changes and other contingencies that would delay the reporting or processing of data or require substantial operational changes will be reviewed as to their impact on the Statistical Data Quality Program. If sufficient lead time is not available to the companies to submit any of the required reportings to CAR, the Operations Committee will consider the potential need for temporary revisions or suspensions to the provisions of the Statistical Data Quality Program and its associated penalties.

1. STATISTICAL SUBMISSIONS

This section details the Statistical Data Quality Penalty amounts assessed for late or unreported statistical submissions.

a. Compliance for Newly Reporting Companies

Companies that fail to report statistical submissions to CAR, after being identified as exceeding the established private passenger reporting thresholds for written premiums and/or paid losses, will be assessed a \$10,000 Statistical Data Quality Penalty the first calendar year. If non-compliance continues, a \$25,000 penalty will be assessed after the second calendar year, and a \$50,000 penalty will be assessed each calendar year thereafter until statistical data reporting begins. Although the determination of whether a company exceeds the established thresholds is based upon the writings of the entire group, this penalty will be assessed on an individual company basis. It will be applied to each company within the identified group, regardless of whether the company on an individual basis has exceeded the reporting thresholds. In addition, the Division of Insurance will be notified of the company's non-compliance.

Example: The 2000 Massachusetts Annual Statement Page 15 indicates that a company has exceeded the reporting thresholds. The company must begin reporting to CAR no later than the December 2002 submission. If a submission is not reported to CAR on or before this deadline, the company will be assessed a \$10,000 Statistical Data Quality Penalty. If the company again fails to report by the December 2003 submission, the company will be assessed a \$25,000 penalty. If the company fails to report by December 2004 submission, the company will be assessed a \$50,000 penalty, and the Division of Insurance will be notified of the company's non-compliance.



Part VII - Statistical Data Quality Program

Section B – Statistical Data Quality Penalties

1. STATISTICAL SUBMISSIONS (Continued)

b. Low Volume Company

Low volume companies have a maximum penalty amount of \$1,000 for any one submission. Accordingly, low volume companies reporting on a quarterly basis will never be assessed more than \$4,000 in a calendar year, and low volume companies electing to report on a monthly basis will never be assessed more than \$12,000 in a calendar year.

c. Late And Unacceptable Shipments

The Statistical Data Quality Penalty amounts accumulate based on the receipt date of the shipment. Statistical Data Quality penalty amounts accrue up to \$2,000 for a particular range of shipment receipt dates as shown in the chart below. An additional \$2,000 penalty is incurred for each additional calendar month that passes until the shipment is received. Since each company that is affiliated with a group is required to report their statistical data on an individual company basis, these penalties are also assessed on an individual company basis. For the shipment in the example below, a penalty of \$2,000/month would be added to the \$2,000 amount previously accrued on the shipment since the displayed receipt date had passed.

Receipt Date at CAR of Last Acceptable Portion	Penalty Amount
After the shipment due date, but before the end of the month in which the shipment due date occurs	\$ 300
After the end of the month in which the shipment due date occurs, but on or before the due date of the next month's shipment	\$ 800
After the due date of the next accounting month's shipment, but before the end of the month in which this due date occurs	\$ 2,000
Each additional calendar month	\$ 2,000/month

Example: January Monthly Accounting Shipment Due 3/15			
Receipt Date of Shipment Calculation of Penalty Penalty Dollars			
3/16 – 3/31	\$300	\$300	
4/1 – 4/15	\$800	\$800	
4/16 – 4/30	\$2,000	\$2,000	
5/1	\$2,000 + \$2,000	\$4,000	
6/1	\$4,000 + \$2,000	\$6,000	

Part VII - Statistical Data Quality Program

Section B – Statistical Data Quality Penalties

★ 2. <u>STATISTICAL ERRORS</u>

This section details the Statistical Data Quality Penalty amounts that companies will be assessed if an insufficient volume of statistical error corrections are applied.

Statistical Error Files Meeting the Following Criteria	Penalty Amount
The initial due date has expired and the error percentage has not been reduced to less than or equal to 5%	\$ 100
The error file has been re-listed, the second due date has expired, and the error percentage has not been reduced to less than or equal to 5%	\$ 400
Each additional re-listing with error percentages not less than or equal to 5%	\$ 800

Example: Statistical Error Percentage Not Reduced to Less Than or Equal to 5%: Error Corrections Due 4/30			
Due Date Calculation of Penalty Penalty Dollars			
4/30	\$100	\$100	
6/30	\$400	\$400	
8/30 \$800 \$800			
10/30	\$800 + \$800	\$1,600	

3. RATE EDIT

This section details the Statistical Data Quality Penalties assessed for Rate Edit errors.

a. Error Penalties

Any company that does not reduce their error percentage to no greater than established rate edit tolerance within the six month timeframe will be assessed a Statistical Data Quality Penalty of \$1 per error record in excess of the tolerance level, with a minimum penalty of \$2,000 assessed. Additionally, a penalty of \$2,000 per month will be assessed for each subsequent month that the error percentage remains uncorrected and a company remains over the rate edit tolerance.

b. Penalty Reduction

A penalty reduction will be granted only if it can be verified that the reported premiums and exposures are correct on a policy or summary level and are not in violation of the Massachusetts Private Passenger Statistical Plan. A penalty will be assessed based upon \$1 per error record for each error record over the established rate edit tolerance with a minimum penalty of \$2,000 being assessed. However, the \$2,000 per month penalty for each subsequent month will not be assessed in this situation.

Part VII - Statistical Data Quality Program

Section B – Statistical Data Quality Penalties

★ 4. MASSACHUSETTS ANNUAL STATEMENT

A Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for the late submission of Fourth Quarter NAIC Annual Statement filings and corresponding copy of the Massachusetts Annual Statement. Also, a Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for a late Fourth Quarter Massachusetts Annual Statement Reconciliation response until CAR receives the response. Since each company that is affiliated with a group is required to report their statistical data on an individual company number level and is required to report separate Massachusetts Annual Statement data, the Annual Statement penalties will also be assessed on an individual company basis.

5. MASSACHUSETTS AUTOMOBILE INSURANCE EXPENSE CALL

A Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for the late submission of the Massachusetts Automobile Insurance Expense Call.

6. DISPUTED PENALTY FEES

CAR shall maintain its own records for the purpose of determining whether or not a company has submitted all required data. In case of a disagreement regarding whether a company is delinquent in submitting data, the records of CAR shall become the deciding factor. Statistical Data Quality Penalties may be appealed to CAR's Operations Committee. However, it is necessary for the company to pay the penalty amount before such an appeal can be considered. Any company aggrieved by the findings of the Operations Committee may appeal the decision to CAR's Governing Committee. All decisions of the Governing Committee shall be final.

PRIVATE PASSENGER RECORD LAYOUT MODIFICATION KEY

The Private Passenger Record Layout Modification Key should be used in conjunction with the Private Passenger Record Layouts contained on the following pages. The key identifies those fields to which modifications were made in prior policy years. For example, the field may have been reported in an alternate field position, or the field was added to or eliminated from the Private Passenger Record Layout. For reporting instructions for prior effective years, refer to the Massachusetts Private Passenger Automobile Statistical Plan in effect for the specific year (which can be found on CAR's website (www.commauto.com)).

No.	Valid Policy Effective Date(s)	Field	Subline Codes	Reporting Position
1	1989 through 1995	Intensified Appraisal ID Code	628 Losses	47
2	1991 and subsequent	Producer Code	All	61 – 66
3	1995 and prior	Model Year Code	628	43 – 44
	1995 and subsequent	ZIP Code	All	72 – 80
4	1995 and subsequent	Vehicle Identification Number	All	131 – 147
		Model Year Code	All	51 – 52
5	(5) 1996 and subsequent	Rate Departure Factor Code	All Premiums	88 – 90
6	2001 and subsequent	OEM Coverage Code	628	56
7	2001 and subsequent Optional 1/1/1999-12/31/2000	Model Year Century Code	All	36
	2001 and subsequent	Property Damage Limit Code	621	39 – 40
8	2000 and prior	Froperty Damage Limit Code	021	40
0	2002 and prior	Class Group Code	All	54
9	2003 and subsequent	Reserved for Future Use	All	
100	2002 and prior	Claim Count	All Losses	90
10	2003 and subsequent	nd subsequent Reserved for Future Use		
11)	2002 and prior 2003 and subsequent	Estimated Annual Mileage Code Annual Mileage Code	All	48-50

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LIABILITY PREMIUM

1	COMPANY OR	
2	GROUP NUMBER CODE	
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11	TRANSACTION	Month
12	EFFECTIVE	Year
13	DATE	Year
14	POLICY	Month
15	EXPIRATION	Year
16	DATE	Year
17	STATE CODE	
18		
19	PREMIUM TOWN	١
20	CODE	
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEME	:NT
25	LINE OF BUSINESS O	CODE
26		
27	OUDUNE CODE	
28	SUBLINE CODE	
29		
30		
31		
32	CLASSIFICATION CODE	N
33	CODE	
34		
35		
36	MODEL YEAR CENTURY C	_
37	BODILY INJURY	,
38	LIMITS CODE	
39	PROPERTY DAMAGE LIN	IIT CODE
40	8	
41	MEDICAL PAYMEN	ITS
42	LIMIT CODE	
43	BODILY INJURY CAUSE	
44	UNINSURED AUTO LIMIT	
45	BODILY INJURY CAUSED	
46	UNDERINSURED AUTO LIMITS CODE	
47	Reserved for Future	Use
48	ANNUAL MILEAGE	(11)
49	×	
50	CODE	

51	MODEL YEAR CODE (5)
52	MODEL 12/41 GODE
53	Reserved for Future Use
54	9
55	
56	PASSIVE RESTRAINT DISC. CODE
57	DISCOUNT CODE
58	
59	Reserved for Future Use
60	
61	
62	PRODUCER CODE
63	
64	2
65	
66	
67	
68	
69	Reserved for Future Use
70	
71	
72	
73	
74	
75	ZIP CODE
76	4
77	•
78	
79	
80	
81	
82	
83	
84	EXPOSURE
85	000
86	
87	
88	RATE DEPARTURE FACTOR CODE
89	
90	(5)
91	
92	
93	Reserved for Future Use
94	
95	
96	
97	BODILY INJURY
98	PREMIUM
99	. rezivilolvi
100	

101	BODILY INJURY
102	PREMIUM (Continued)
103	1 KEMIOW (Gonariada)
104	
105	
106	
107	PROPERTY DAMAGE
108	PREMIUM
109	
110	
111	
112	Description
113	Reserved for Future Use
114	Future Ose
115	
116	
117	
118	
119	
120	
121	DOLLOY.
122	POLICY IDENTIFICATION
123	NUMBER
124	INUIVIDER
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	VEHICLE
138	IDENTIFICATION
139	NUMBER
140	4
141	
142	
143	
144	
145	
146	
147	
148	
149	COMPANY USE
1-10	00m, 441 00L

Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

Last Revision Date: 01/01/2003 Page: VIII:2 Print Date: 03/14/2003

LIABILITY LOSS

1	COMPANY OR	
2	GROUP NUMBER CODE	
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING Month	
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11		Month
12	ACCIDENT	Day
13	DATE	Day
14		Year
15	Departural for Fut	Year
16	Reserved for Future	Use
17 18	STATE CODE	
19		
20	PREMIUM TOWN	1
21	CODE	
22	CAR IDENTIFICATION	CODE
23	TYPE OF RISK CO	
24	THE OF MOROO	DL
25	ANNUAL STATEME	
26	LINE OF BUSINESS O	CODE
27		
28	SUBLINE CODE	
29	GODEINE CODE	
30		
31		
32	CLASSIFICATION	١
33	CODE	
34		
35		
36	MODEL YEAR CENTURY (CODE 7
37	LIABILITY LIMITS CO)DE
38	LIADILITI LIIVIITS CC	<i>,</i> ,,,,
39	Reserved for Future	Jse
40	ACCIDENT TOWI	v l
41	CODE	•
42		
43		
44	5 1/ -	
45	Reserved for Future	Jse
46		
47		
48	ANNUAL MILEAGE	(11)
49	^	
50	CODE	

51	MODEL YEAR CODE ⑤	
52	WODEL YEAR CODE	
53	Reserved for Future Use 9	
54	Reserved for Future Use (9)	
55	PARTIAL/TOTAL LOSS INDICATOR	
56	PASSIVE RESTRAINT DISC. CODE	
57	DISCOUNT CODE	
58		
59	Reserved for Future Use	
60		
61		
62		
63	PRODUCER CODE	
64	2	
65		
66		
67		
68		
69	Reserved for Future Use	
70		
71		
72		
73		
74		
75	ZIP CODE	
76	4	
77	4	
78		
79		
80		
81	Reserved for Future Use	
82	REPORTING Month	
83	DATE Year	
84	Year	
85		
86	Reserved for Future Use	
87	TYPE OF LOSS CODE	
88	111 2 31 2000 0002	
89	Reserved for Future Use 0	
90	Reserved for Future Use (10)	
91		
92		
93		
94	LOSS AMOUNT	
95	LOGO, AWOOTAT	
96		
97		
98		
99	CLAIM IDENTIFICATION	
100	NUMBER	

101	
102	
103	
104	
105	
106	
107	CLAIM
108	IDENTIFICATION
109	NUMBER (Continued)
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	POLICY
123	IDENTIFICATION
123	NUMBER
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	VEHICLE
138	IDENTIFICATION
139	NUMBER
140	4
141	
142	
143	
144	
145	
146	
147	
148	
149	COMPANY USE
1-10	33M / 441 00L

Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

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Last Revision Date: 01/01/2003 Page: VIII:3 Print Date: 03/14/2003

NO-FAULT PREMIUM

1			
2	COMPANY OR		
3	GROUP NUMBER CODE		
4			
5	TRANSACTION TYPE CODE		
6	ACCOUNTING	Month	
7	DATE	Year	
8	POLICY	Month	
9	EFFECTIVE	Year	
10	DATE	Year	
11	TRANSACTION	Month	
12	EFFECTIVE	Year	
13	DATE	Year	
14	POLICY	Month	
15	EXPIRATION	Year	
16	DATE	Year	
17			
18	STATE CODE		
19			
20	PREMIUM TOWN	١	
21	CODE		
22	CAR IDENTIFICATION CODE		
23	TYPE OF RISK CODE		
24			
25	ANNUAL STATEME		
26	LINE OF BUSINESS COD	ODE	
27			
28	SUBLINE CODE		
29			
30			
31			
32	CLASSIFICATION	١	
33	CODE		
34			
35			
36	MODEL YEAR CENTURY CODE (7)		
37	PIP COVERAGE CO	DDE	
38	PIP DEDUCTIBLE C	ODE	
39	THE DEDOCTIBLE OF	JJL	
40			
41			
42			
43	Reserved for Future	Use	
44	1.000.100 for ratale	- 30	
45			
46			
47			
48	ANNUAL MILEAG	F 111)	
49	X		
50	CODE		

51	MODEL YEAR CODE ⑤	
52	WODEL TEAR CODE	
53		
54	Reserved for Future Use 9	
55		
56	PASSIVE RESTRAINT DISC. CODE	
57	DISCOUNT CODE	
58		
59	Reserved for Future Use	
60		
61		
62		
63	PRODUCER CODE	
64	2	
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66		
67		
68		
69	Reserved for Future Use	
70		
71		
72		
73		
74		
75	ZIP CODE	
76	4	
77	•	
78		
79		
80		
81		
82		
83		
84	EXPOSURE	
85		
86		
87		
88	RATE DEPARTURE FACTOR CODE	
89	_	
90	(5)	
91		
92		
93	Reserved for Future Use	
94		
95		
96		
97	DID 410	
98	PIP (NO-FAULT)	
99	PREMIUM	
100		

101	PIP (NO-FAULT)
102	PREMIUM (Continued)
103	FREIMIOM (Continued)
104	
105	
106	
107	
108	
109	Reserved for Future Use
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	POLICY
122	IDENTIFICATION
123	NUMBER
124	
125	
126	
127	
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129 130	
131	
132	
133	
134	
135	
136	
137	VEHICLE
138	IDENTIFICATION
139	NUMBER
140	4
141	
142	
143	
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147	
148	
149	COMPANY USE

Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

NO-FAULT LOSS

	T	
1	COMPANY OR	
2	GROUP NUMBER CODE	
3		
5	TRANSACTION TYPE CODE	
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11		Month
12		Day
13	ACCIDENT	Day
14	DATE	Year
15		Year
16	Reserved for Future	Use
17		
18	STATE CODE	
19		
20	PREMIUM TOWN	١
21	CODE	
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNULAL STATEME	NIT
25	ANNUAL STATEMENT LINE OF BUSINESS CODE	
26	LINE OF BUSINESS CODE	
27	SUBLINE CODE	
28		
29		
30		
31		
32	CLASSIFICATION	١
33	CODE	
34		
35		
36	MODEL YEAR CENTURY (CODE 7
37	PIP COVERAGE CODE	
38	PIP DEDUCTIBLE CO	ODE
39	5150011511 00	
40	ACCIDENT TOWI	_v
41	CODE	
42		
43		
44	D 1/ 5	l la a
45	Reserved for Future	use
46		
47		
48	ANNUAL MILEAGE	111
49	CODE	-
50	CODE	

51	MODEL YEAR CODE 5	
52		
53	TYPE OF CLAIMANT	
54	Reserved for Future Use 9	
55		
56	PASSIVE RESTRAINT DISC. CODE	
57	DISCOUNT CODE	
58	Reserved for Future Use	
59 60	Reserved for radiale ose	
61		
62		
63	PRODUCER CODE	
64	2	
65		
66 67		
68		
69	Reserved for Future Use	
70	Reserved for Future OSE	
71		
72		
73		
74		
75	ZIP CODE	
76		
77	4	
78		
79		
80		
81		
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83		
84	Reserved for Future Use	
85		
86		
87	TYPE OF LOSS CODE	
88	711 E OI EOOO CODE	
89	Reserved for Future Use 10	
90	Reserved for Future Use (10)	
91		
92		
93		
94	LOSS AMOUNT	
95		
96		
97		
98	OLABADENTIFICATION	
99	CLAIM IDENTIFICATION	
100	NUMBER	

101	
102	
103	
104	
105	
106	
	CLAIM
107	IDENTIFICATION
108	NUMBER (Continued)
109	
110	
111	
112	
113	
114	
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116	
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119	
120	
121	DOLLOY.
122	POLICY
123	IDENTIFICATION
124	NUMBER
125	
126	
127	
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129	
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133	
134	
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136	
137	VEHICLE
138	IDENTIFICATION
139	NUMBER
140	4
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149	COMPANY USE
	COWII AINT USE
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Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

PHYSICAL DAMAGE PREMIUM

		1
1	COMPANY OR	
2	GROUP NUMBER CODE	
3		
5	TRANSACTION TYPE CODE	
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11	TRANSACTION	Month
12	EFFECTIVE	Year
13	DATE	Year
14	POLICY	Month
15	EXPIRATION	Year
16	DATE	Year
17	STATE CODE	
18	STATE CODE	
19	PREMIUM TOWN	
20	CODE	١
21	CODE	
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEME	NIT
25	LINE OF BUSINESS CODE	
26	LINE OF BOOKINESS CODE	
27		
28	SUBLINE CODE	
29		
30		
31		
32	CLASSIFICATION	١
33	CODE	
34		
35		
36	MODEL YEAR CENTURY C	ODE ⑦
37	OTHER THAN COLLI	SION
38	COVERAGE COD	
39		
40	COLLISION	
41	COVERAGE COD	E
42		
43	Reserved for Future Use	∍ ③
44		
45	SYMBOL CODE	
47	PRE-INSURANCE INSP. ID CODE	
48	I INE-INOUNAINOL INOF.	D OODL
49	★ ANNUAL MILEAGE	111
50	CODE	
- 00		

51	MODEL YEAR CODE (5)	
52		
53	ANTI-THEFT DEVICE DISC. CODE	
54	Reserved for Future Use 9	
55		
56	OEM COVERAGE CODE 6	
57	DISCOUNT CODE	
58	-	
59	VALUE CODE	
60		
61		
62	PRODUCER CODE	
63		
64	2	
65		
66	LIIOU TUEETA EL IIOU E CORS	
67	HIGH-THEFT VEHICLE CODE	
68	Reserved for Future Use	
69	EXTRA-RISK RATING CODE – OTC	
70	Reserved for Future Use	
71	EXTRA-RISK RATING CODE – COLL	
72		
73		
74		
75	ZIP CODE	
76	4	
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84		
85	EXPOSURE	
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87	•	
88	DATE DEDARTURE SACTOR COST	
	RATE DEPARTURE FACTOR CODE	
90	(5)	
90		
92		
93	Reserved for Future Use	
94	1000/100 for Future Ode	
95		
96		
97	OTHER THAN	
98	COLLISION	
99	PREMIUM	
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101	OTHER THAN
102	COLLISION PREMIUM
103	(Continued)
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106	0011101011
107	COLLISION PREMIUM
108	PREIMIOIM
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112	Reserved for
113	Future Use
114	
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119	
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121	POLICY
122	IDENTIFICATION
123	NUMBER
124	
125	
126	
127	
128 129	
130	
131	
132	
133	
134	
135	
136	
137	VEHICLE
138	IDENTIFICATION
139	NUMBER
140	4
141	
142	
143	
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148	
149	COMPANY USE

Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

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Part VIII - Record Layouts

PHYSICAL DAMAGE LOSS

1	COMPANY OR	
2	GROUP NUMBER CO	ODE
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING DATE	Month
7		Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11		Month
12	ACCIDENT	Day
13	DATE	Day
14		Year
15		Year
16	Reserved for Future	Jse
17	STATE CODE	
18		
19	PREMIUM TOWN	1
20	CODE	
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEME	NT
25	LINE OF BUSINESS (
26		
27		
28	SUBLINE CODE	
29		
30		
31		
32	CLASSIFICATION	1
33	CODE	
34		
35		
36	MODEL YEAR CENTURY (ODE ⑦
37		
38	COVERAGE COD	E
39		
40	ACCIDENT TOWI	N.
41	CODE	٧
42	0000	
43	_	
44	Reserved for Future Use	3
45	CVMPOL CODE	
46	SYMBOL CODE	
47	INTENSIFIED APPRAISAL II	CODE(1)
48		(f)
49	★ ANNUAL MILEAGE	
50	CODE	

51	MODEL YEAR CODE (5)
52	WODEL YEAR CODE
53	ANTI-THEFT DEVICE DISC. CODE
54	Reserved for Future Use 9
55	PARTIAL/TOTAL LOSS INDICATOR
56	OEM COVERAGE CODE ⑥
57	DISCOUNT CODE
58	
59	VALUE CODE
60	
61	
62	PRODUCER CODE
63	
64	2
65	
66	
67	HIGH-THEFT VEHICLE CODE
68	Reserved for Future Use
69	EXTRA-RISK RATING CODE – OTC
70	Reserved for Future Use
71	EXTRA-RISK RATING CODE – COLL.
72	
73	
74	
75	ZIP CODE
76	4
77	, and the second
78	
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81	
82	Reserved for Future Use
83	
84	
85	CATASTROPHE CODE
86	OMMOTIVOI FILE GODE
87	TYPE OF LOSS CODE
88	
89	Reserved for Future Use 10
90	Reserved for rulate use
91	
92	
93	
94	LOSS ANAOLINIT
95	LOSS AMOUNT
96	
97	
98	OLANAIDENTIFICATION
99	CLAIM IDENTIFICATION
100	NUMBER

101	
102	
103	
104	
105	
106	CLAIM
107	IDENTIFICATION
108	NUMBER (Continued)
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	POLICY
122	IDENTIFICATION
123	NUMBER
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	VEHICLE
138	IDENTIFICATION
139	NUMBER
140	4
141	
142	
143	
144	
145	
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149	COMPANY USE
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Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

A

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IV:8, IV:14, V:2, V:8, V:14, VI:5
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VI:41

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Effective Date of the Plan, I:2
Endorsements
reporting changes in coverage, III:1–III:2
as of policy effective date, III:1
subsequent to policy effective date, III:2
Exposure, IV:5, IV:10, IV:17, VI:23
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Extra-Risk Rating, III:4, III:13
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Liability Limits Codes Bodily Injury Limit Code, IV:3 Liability Limits Code (Losses), V:3 Medical Payments Limit Code, IV:3 Property Damage Limit Code, IV:3 Limits in Excess (LEX) Records, VII:3	PIP Deductible Code, IV:9, V:9, VI:31 Policy Effective Date, IV:1, IV:7, IV:13, V:1, V:7, V:13 Policy Expiration Date, IV:2, IV:8, IV:14 Policy Extension, III:5 Policy Identification Number, IV:6, IV:11, IV:18,
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OEM Coverage Code, III:1, IV:16, V:16, VI:42 Other Than Collision Coverage Code, IV:15, VI:34 miscellaneous coverages, VI:35 Outstanding Losses, III:13	Rate Edit appeal process, VII:5 associated penalties, VII:9 error tolerances, VII:5 penalty reduction, VII:9

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Transaction Effective Date, IV:1, IV:7, IV:13 **R** (continued) Transaction Type Code, IV:1, IV:7, IV:13, V:1, Record Layout Modification Key, VIII:1 V:7, V:13, VI:1 Record Layouts Turnaround Time Commitment, VII:2 Liability Loss, VIII:3 Type of Claimant Code, V:10, VI:32 Liability Premium, VIII:2 Type of Loss Code, V:5, V:11, V:18 No-Fault Loss, VIII:5 liability, VI:29 No-Fault Premium, VIII:4 physical damage Physical Damage Loss, VIII:7 collision, VI:46 Physical Damage Premium, VIII:6 other than collision, VI:46 Reinsurance, II:4 PIP (no-fault), VI:33 Reporting Date, V:5 Type of Risk Code, IV:2, IV:8, IV:14, V:2, V:8, Reporting Thresholds, II:1, VII:1 V:14, VI:4 non-compliance penalties, VII:7 Risks Ceded to Commonwealth Automobile IJ Reinsurers, II:4 Unallocated Loss Adjustment Expenses, III:10 S Updates to the Plan, I:2 ◆ Safe Driver Insurance Plan (SDIP), III:4, III:13 \mathbf{V} Salvage Recoveries/Expenses, III:12 Shipment Due Dates, VII:2 Value Code, V:16, VI:38 State Code, IV:2, IV:8, IV:14, V:2, V:8, V:14, VI:2 Vehicle Identification Number, IV:6, IV:12, IV:18, Statistical Data Quality Program V:6, V:12, V:19, VI:27 Components, VII:1-VII:6 VIN. See Vehicle Identification Number Penalties, VII:7-VII:10 **Statistical Error Listings** \mathbf{Z} acceptability, VII:4 ZIP Code, IV:5, IV:10, IV:17, V:5, V:11, V:17, due dates, VII:4 VI:22 insufficient volume of corrections applied, VII:9 late return of corrections, VII:9 low volume, VII:4-VII:5 **Statistical Submissions** acceptability criteria, VII:3 late and unacceptable shipments, VII:8 company responsibilities, VII:1 Subline Code, IV:2, IV:8, IV:14, V:2, V:8, V:14, Subrogation Recoveries/Expenses, III:12 allocated loss adjustment expense recoveries, indemnity recoveries, III:11–III:12 Symbol Code, IV:15, V:15, VI:37

Appendix A - Classification and Coverage Code Decision Tables

CLASSIFICATION CODE DECISION TABLE

• Reporting of Anti-Theft Device Discount Code for the Private Passenger Motorcycle classifications (0408##, 0409##, 041###, 0608##, 0609## and 061###) is optional for policies effective 1/1/2003 – 12/31/2003 and mandatory for policies effective 1/1/2004 and subsequent.

	Classification Code	Rating Class	Accident Town Code	Anti-Theft Device Discount	Coverage Code (Phys. Dam.)	Discount Code	Annual Mileage Code	Exposure	Extra-Risk Rating Codes	High-Theft Vehicle Code	Intensified Appraisal Code	Limits Codes (Liability)	Model Year Century Code	Model Year Code	OEM Coverage Code	Partial/Total Loss Indicator	Passive Restraint Device	Pre-Insurance Insp. ID Code	Premium Town Code	Rate Departure Factor Code	Symbol Code	Type of Risk Code	Value Code	Vehicle Identification	ZIP Code
	###1##	10	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ
	###2##	15	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ
	###3##	17	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ
	###4##	18	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	Υ	N	Υ	Υ
	###5##	30	Υ	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Υ
	###6## ###7##	20 21	Υ	Y	Y	Y	Y	Y	Y	Y	Y	Υ	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
	###8##	25	Y	Y Y	Y	Y	Y Y	Y	Y	Y Y	Y	Y Y	Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y	Y Y	Y Y	N N	Y	Y
	###9##	26	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
	0400##		Ϋ́	N	Y	N	N	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y
۲	0408##, 0. 041### 0420## - 0427## - 0 043###, 0. 0509##, 0. 0531##, 0. 0609##, 0.	0425##)429## 508## 51### 530## 608## 61###	Υ	Υ	Υ	Υ	N	Υ	Υ	Υ	N	Υ	Υ	Υ	N	Υ	N	N	Υ	Υ	N	Υ	Υ	Υ	Υ
	042600		Υ	N	Υ	N	N	Υ	Υ	Υ	N	Υ	N	N	N	N	N	N	Υ	Υ	N	Υ	N	N	Υ
	0453##		Υ	N	Υ	N	N	Υ	Υ	Υ	N	N	N	N	N	N	N	N	Υ	Υ	N	Υ	N	Υ	Υ
	0455##		Y	N	Y	N	N	Υ	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Υ	N	Y	Υ
	0459## 048300		Y	N	Y	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	Y	N	Y	Y
	048300		Y	N N	Y	N N	N N	Y	Y	Y	Y N	Y	N N	N N	N N	Y N	N N	Y N	Y Y	Y	N N	Y	N N	Y N	Y
	0539##		Ϋ́	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
	190000		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	700000		N	N	Y	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	Y	N	Y	N	N	N
	800000		N	N	Y	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	Y	N	Y	N	N	N
ì	902000		N	N	Υ	N	N	N	N	N	N	Υ	N	N	N	N	N	N	N	Υ	N	Υ	N	N	N
	998000		N	N	Υ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Υ	N	Υ	N	N	N

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	Classification Code	Discount Code	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	Υ	Ν	N	N	N	N	N	N	N	N	N	Ν	N	Υ	N	Υ	N	N	N
060,063			Υ							N	N					Υ		Υ			
080 - 082	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	N	N	N	N	N	N	N	Ν	Ν	Ν	N	N	N	N	Ν	N	Ν	Ν	N
089	N	N	Υ	N	N	N	N	N	N	Ν	Ν	Ν	N	N	N	N	Ν	N	N	Ν	N
Other OTC Cov.			Υ			_		_	Ĺ			Ĺ				Υ	Ĺ	Υ			_

	Collision																				
Coverage Code	Accident Town Code	Anti-Theft Device Discount	Classification Code	Discount Code	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	Υ													Υ		Υ			
041		Z	Υ				N			Z	Ν					Υ		Υ			
040, 042- 049		Z	Υ				N									Υ		Υ			
072-079		N	Υ													Υ		Υ			
092		N	Υ							N	N					Υ		Υ			
096,097	N	N	Υ	N	N	N	N	N	N	N	N	N	N	N	N	Υ	N	Υ	N	N	N
					N	N	N		N				N							N	N

Appendix A - Classification and Coverage Code Decision Tables

TABLES OF REQUIRED PRIVATE PASSENGER FIELDS

The fields identified below are required to be reported on all private passenger statistical records and are therefore not listed in the Decision Tables contained on the following pages. For all other fields not noted below, refer to the Classification Code and Coverage Code Decision Tables to determine which fields are required to be reported.

Fields Common to All Records



Accounting Date

Annual Statement Line of Business Code

CAR Identification Code

PIP Coverage Code (No-Fault)

PIP Deductible Code (No-Fault)

Policy Effective Date

Policy Identification Code

Producer Code

State Code

Subline Code

Transaction Type Code

Fields Common to Premium Records Only

Policy Expiration Date

Premium Amounts

Transaction Effective Date

Fields Common to Loss Records Only

Accident Date

Catastrophe Code (Physical Damage)

Claim Identification Number

Loss Amount

Reporting Date (Liability)

Type of Claimant Code (No-Fault)

Type of Loss Code

Appendix B - Premium and Accident Town Tables

PREMIUM TOWN CODE - ACCIDENT TOWN CODE

ALPHABETICAL LISTING

- 1. Cities and Towns are printed in Capital Letters.
- 2. Villages, Sections of Cities and Towns, and Local Designations are printed in Small Type with the name of the corresponding City or Town in the adjacent column.
- 3. Sections of Cities and Towns designated "North", "East", "South" and "West" or with a prefix or suffix that is merely supplemental to the principal name (such as West Newton or Arlington Heights) are not separately listed (see principal designation). In some instances there are two distinct townships, such as Reading and North Reading, in which case both towns are listed.
- 4. Counties are indicated by code, using the first position of the Town Code as follows:

First Position	County	First Position	County
0	Barnstable	4	Franklin
	Dukes		Hampden
	Nantucket	5	Hampshire
	Plymouth	6	Middlesex
1	Berkshire	7	Norfolk
2	Bristol	8	Suffolk
3	Essex	9	Worcester

5. The City of Boston is divided into sections as follows:

City of Boston									
Definition	ZIP Code	Statistical Code							
BOSTON CENTRAL	02101-02118, 02123, 02133, 02199, 02201, 02202, 02203, 02210, 02215, 02241	821							
BRIGHTON	02134, 02135, 02163	822							
CHARLESTOWN-EAST BOSTON	02128, 02129	824							
DORCHESTER	02122, 02124, 02125, 02126	819							
HYDE PARK	02136, 02137	818							
JAMAICA PLAIN	02130	817							
ROSLINDALE	02131	816							
ROXBURY	02119, 02120, 02121	820							
SOUTH BOSTON	02127	823							
WEST ROXBURY	02132	815							

6. The appropriate Out of State Town Codes are as follows:

Location	Code
Connecticut	991
Maine	992
New Hampshire	993
New York	994
Rhode Island	995
Vermont	996
Other	999

Appendix B - Premium and Accident Town Tables

Code	Village or Local	City or Town	Code	Village or Local	City or Town
No	Designation	Name	No	Designation	Name
	Α		933	BERLIN	BERLIN
040		ADINIOTONI	471	BERNARDSTON	BERNARDSTON
010	ABINGTON	ABINGTON	312	BEVERLY	BEVERLY
041 240	Accord Acoaxet	NORWELL WESTPORT	634	BILLERICA	BILLERICA
630	ACTON	ACTON	719	Bird Mills	WALPOLE
230	ACUSHNET	ACUSHNET	112 934	Blackington BLACKSTONE	NORTH ADAMS BLACKSTONE
110	ADAMS	ADAMS	490	BLANDFORD	BLANDFORD
215	Adamsdale	NORTH ATTLEBORO	970	BOLTON	BOLTON
431	Adamsville	COLRAIN	423	Bondsville	PALMER
420	AGAWAM	AGAWAM	821	BOSTON (Central)	BOSTON (Central)
170	ALFORD	ALFORD	050	BOURNE	BOURNE
035	Allerton	HULL	050	Bournedale	BOURNE
822	Allston	BRIGHTON (Boston)	201	Bowenville	FALL RIVER
310	AMESBURY	AMESBURY	671	BOXBOROUGH	BOXBOROUGH
510	AMHERST	AMHERST	370	BOXFORD	BOXFORD
311	ANDOVER	ANDOVER	971	BOYLSTON	BOYLSTON
314	Annisquam	GLOUCESTER	302	Bradford	HAVERHILL
040	Antassawamock Neck ARLINGTON	MATTAPOISETT	532	Bradstreet	HATFIELD
610 333	Asbury Grove	ARLINGTON HAMILTON	637	Braggville BRAINTREE	HOLLISTON
930	ASHBURNHAM	ASHBURNHAM	710 039	Brant Rock	BRAINTREE MARSHFIELD
670	ASHBY	ASHBY	080	BREWSTER	BREWSTER
712	Ashcroft	DEDHAM	011	BRIDGEWATER	BRIDGEWATER
470	ASHFIELD	ASHFIELD	183	Brier	SAVOY
631	ASHLAND	ASHLAND	131	Briggsville	CLARKSBURG
137	Ashley Falls	SHEFFIELD	822	BRIGHTON	BRIGHTON (Boston)
033	Assinippi	HANOVER	400	Brightwood	SPRINGFIELD
233	Assonet	FREETOWN	491	BRIMFIELD	BRIMFIELD
910	ATHOL	ATHOL	002	BROCKTON	BROCKTON
703	Atlantic	QUINCY	935	BROOKFIELD	BROOKFIELD
210	ATTLEBORO	ATTLEBORO	702	BROOKLINE	BROOKLINE
215	Attleboro Falls	NORTH ATTLEBORO	735	Brookville	HOLBROOK
931 605	AUBURN	AUBURN NEWTON	042	Bryantville	PEMBROKE
715	Auburndale	NEEDHAM	430	BUCKLAND	BUCKLAND
730	Avery AVON	AVON	635 034	BURLINGTON Burrage	BURLINGTON HANSON
632	AYER	AYER	050	Buzzards Bay	BOURNE
302	Ayers Village	HAVERHILL	339	Byfield	NEWBURY
		THE THE PARTY OF T	000		INCARDOLLI
	В	_		С	
956	Baldwinville	TEMPLETON	600	CAMBRIDGE	CAMBRIDGE
311	Ballard Vale	ANDOVER	102	Camp Merrill	PITTSFIELD
576	Bancroft	MIDDLEFIELD	002	Campello	BROCKTON
900	Barbers	WORCESTER	711	CANTON	CANTON
932	BARNSTABLE BARRE	BARNSTABLE BARRE	672	CARLISLE	CARLISLE
234	Barrowsville	NORTON	933	Carters CARVER	BERLIN CARVER
062	Bass River	YARMOUTH	731	Caryville	BELLINGHAM
512	Bay State Village	NORTHAMPTON	050	Cataumet	BOURNE
322	Beach Bluff	SWAMPSCOTT	030	Centerville	BARNSTABLE
803	Beachmont	REVERE	240	Central Village	WESTPORT
171	BECKET	BECKET	472	CHARLEMONT	CHARLEMONT
633	BEDFORD	BEDFORD	715	Charles River Village	NEEDHAM
732	Beechwood	COHASSET	824	CHARLESTOWN	CHARLESTOWN (Bos)
530	BELCHERTOWN	BELCHERTOWN	936	CHARLTON	CHARLTON
731	BELLINGHAM	BELLINGHAM	234	Chartley	NORTON
611	BELMONT	BELMONT	051	CHATHAM	CHATHAM
231	BERKLEY	BERKLEY	051	Chathamport	CHATHAM
134	Berkshire	LANESBOROUGH	612	CHELMSFORD	CHELMSFORD

Appendix B - Premium and Accident Town Tables

Code	Village or Local	City or Town	Code	Village or Local	City or Town
No	Designation	Name	No	Designation	Name
802	CHELSEA	CHELSEA		E	
944 130	Cherry Valley CHESHIRE	LEICESTER CHESHIRE	824	East Boston	CHARLESTOWN (Bos)
440	CHESTER	CHESTER	032	EAST BRIDGEWATER	EAST BRIDGEWATER
570	CHESTERFIELD	CHESTERFIELD	973	EAST BROOKFIELD	EAST BROOKFIELD
402	CHICOPEE	CHICOPEE	441	EAST LONGMEADOW	EAST LONGMEADOW
081	CHILMARK	CHILMARK	082	EASTHAM	EASTHAM
014	Chiltonville	PLYMOUTH	511	EASTHAMPTON	EASTHAMPTON
739	City Mills	NORFOLK	212	EASTON	EASTON
131	CLARKSBURG	CLARKSBURG	212	Eastondale	EASTON
178	Clayton	NEW MARLBOROUGH	053	EDGARTOWN	EDGARTOWN
021	Clement	BARNSTABLE	603	Edgeworth	MALDEN
200	Clifford	NEW BEDFORD	172	EGREMONT	EGREMONT
316	Clifton	MARBLEHEAD	044	Egypt	SCITUATE
321	Cliftondale	SAUGUS	712	Ellis	DEDHAM
911	CLINTON	CLINTON	431	Elmgrove	COLRAIN
045	Cochessett	WEST BRIDGEWATER	032	Elmwood Endicott	EAST BRIDGEWATER DEDHAM
649 732	COLASSET	WAYLAND	712 433	ERVING	ERVING
976	COHASSET Coldbrook Spring	COHASSET OAKHAM	330	ESSEX	ESSEX
650	Coldspring	WESTFORD	602	EVERETT	EVERETT
614	Collinsville	DRACUT	002		EVERETT
431	COLRAIN	COLRAIN		F	
613	CONCORD	CONCORD	213	FAIRHAVEN	FAIRHAVEN
444	Congamond	SOUTHWICK	402	Fairview	CHICOPEE
473	CONWAY	CONWAY	201	FALL RIVER	FALL RIVER
480	Cooleyville	NEW SALEM	054	FALMOUTH	FALMOUTH
952	Cordaville	SOUTHBOROUGH	433	Farley	ERVING
021	Cotuit	BARNSTABLE	130	Farnhams	CHESHIRE
616	Cove Landing	HUDSON	913	Farnumsville	GRAFTON
021	Craigville	BARNSTABLE	603	Faulkner	MALDEN
021	Cummaquid	BARNSTABLE	952	Fayville	SOUTHBOROUGH
571	CUMMINGTON	CUMMINGTON	420	Feeding Hills	AGAWAM
342	Cushing	SALISBURY	621 712	Felchville Findlen	NATICK DEDHAM
510	Cushman	AMHERST	913	Fisherville	GRAFTON
084	Cuttyhunk	GOSNOLD	954	Fiskdale	STURBRIDGE
	D		902	FITCHBURG	FITCHBURG
132	DALTON	DALTON	201	Flint	FALL RIVER
313	DANVERS	DANVERS	512	Florence	NORTHAMPTON
313	Danversport	DANVERS	173	FLORIDA	FLORIDA
211	DARTMOUTH	DARTMOUTH	060	Forestdale	SANDWICH
481	Davis	ROWE	650	Forge Village	WESTFORD
712	DEDHAM	DEDHAM	734	FOXBOROUGH	FOXBOROUGH
432	DEERFIELD	DEERFIELD	615	FRAMINGHAM	FRAMINGHAM
476	Dell	HEATH	713	FRANKLIN	FRANKLIN
052	DENNIS	DENNIS	233	FREETOWN	FREETOWN
052	Dennisport	DENNIS	311	Frye Village	ANDOVER
232	DIGHTON	DIGHTON	939	Furnace	HARDWICK
936	Dodge	CHARLTON		G	
210	Dodgeville	ATTLEBORO	912	GARDNER	GARDNER
819	DORCHESTER	DORCHESTER (Boston)	083	GAY HEAD	GAY HEAD
937	DOUGLAS	DOUGLAS	331	GEORGETOWN	GEORGETOWN
733	DOVER	DOVER	939	Gilbertville	HARDWICK
614 173	DRACUT Drury	DRACUT FLORIDA	474	GILL	GILL
938	DUDLEY	DUDLEY	644	Gleasondale	STOW
673	DUNSTABLE	DUNSTABLE	138	Glendale	STOCKBRIDGE
031	DUXBURY	DUXBURY	604	Glenwood	MEDFORD
	Dwight	BELCHERTOWN	919	Globe Village	SOUTHBRIDGE
530					

Appendix B - Premium and Accident Town Tables

Code	Village or Local	City or Town	Code Village or Local		City or Town
No	Designation	Name	No	Designation	Name
573	GOSHEN	GOSHEN	021	Hyannis	BARNSTABLE
084	GOSNOLD	GOSNOLD	021	Hyannisport	BARNSTABLE
913	GRAFTON	GRAFTON	818	HYDE PARK	HYDE PARK (Boston)
574	GRANBY	GRANBY		1	•
650	Graniteville	WESTFORD		-	
492	GRANVILLE	GRANVILLE	400	Indian Orchard	SPRINGFIELD
111	GREAT BARRINGTON	GREAT BARRINGTON	403	Ingleside	HOLYOKE
039	Green Harbor	MARSHFIELD	138	Interlaken	STOCKBRIDGE
044	Greenbush	SCITUATE	315	IPSWICH	IPSWICH
900	Greendale	WORCESTER	031	Island Creek	DUXBURY
410	GREENFIELD	GREENFIELD	742	Islington	WESTWOOD
624	Greenwood	WAKEFIELD		J	
112	Greylock	NORTH ADAMS			
431	Griswoldville	COLRAIN	817	JAMAICA PLAIN	JAMAICA PLAIN (Bos)
636	GROTON	GROTON	940	Jefferson	HOLDEN
332	GROVELAND	GROVELAND		K	
	Н		651	Kendall Green	WESTON
531	HADLEY	HADLEY	036	KINGSTON	KINGSTON
070	HALIFAX	HALIFAX		L	
333	HAMILTON	HAMILTON			I
493	HAMPDEN	HAMPDEN	644	Lake Boon	STOW
174	HANCOCK	HANCOCK	411	Lake Pleasant	MONTAGUE
033	HANOVER	HANOVER	037	LAKEVILLE	LAKEVILLE
034	HANSON	HANSON	943	LANCASTER	LANCASTER
736	Harding	MEDFIELD	134	LANESBOROUGH	LANESBOROUGH
939	HARDWICK	HARDWICK	314	Lanesville	GLOUCESTER
178	Hartsville	NEW MARLBOROUGH	512	Laurel Park	NORTHAMPTON
974	HARVARD	HARVARD	303	LAWRENCE	LAWRENCE
055	HARWICH	HARWICH	135	LEE	LEE
055	Harwichport	HARWICH	512	Leeds	NORTHAMPTON
054	Hatchville	FALMOUTH	944	LEICESTER	LEICESTER
532	HATFIELD	HATFIELD	136	LENOX	LENOX
313	Hathorne	DANVERS	136	Lenoxdale	LENOX
302	HAVERHILL	HAVERHILL	914	LEOMINSTER	LEOMINSTER
475	HAWLEY	HAWLEY	477	LEVERETT	LEVERETT
638	Hayden Row	HOPKINTON	617	LEXINGTON	LEXINGTON
534	Haydenville	WILLIAMSBURG	478	LEYDEN	LEYDEN
476	HEATH	HEATH	639	LINCOLN	LINCOLN
210	Hebronville	ATTLEBORO	603	Linden	MALDEN
715	Highlandville	NEEDHAM	917	Linwood	NORTHBRIDGE
477	Hillsboro	LEVERETT	573	Lithia	GOSHEN
012	HINGHAM	HINGHAM	315	Little Neck	IPSWICH
133	HINSDALE	HINSDALE	640	LITTLETON	LITTLETON
735	HOLBROOK	HOLBROOK	484	Locks Village	WENDELL
940	HOLDEN	HOLDEN	230	Long Plain	ACUSHNET
494	HOLLAND	HOLLAND	442	LONGMEADOW	LONGMEADOW
637	HOLLISTON	HOLLISTON	054	Longview	FALMOUTH
403	HOLYOKE	HOLYOKE	953	Loring	STERLING
173	Hoosac Tunnel	FLORIDA	601	LOWELL	LOWELL
941	HOPEDALE	HOPEDALE	421	LUDLOW	LUDLOW
638	HOPKINTON	HOPKINTON	945	LUNENBURG	LUNENBURG
240	Horseneck Beach	WESTPORT	300	LYNN	LYNN
239	Hortonville	SWANSEA	334	LYNNFIELD	LYNNFIELD
111	Housatonic	GREAT BARRINGTON	431	Lyonsville	COLRAIN
942	HUBBARDSTON	HUBBARDSTON		M	
616	HUDSON	HUDSON			
035	HULL	HULL	314	Magnolia	GLOUCESTER
044	Humarock	SCITUATE	603	MALDEN	MALDEN
533	HUNTINGTON	HUNTINGTON	955	Manchaug	SUTTON
135	Hurlburt	LEE	335	MANCHESTER	MANCHESTER
100	Tranburt		_		

Appendix B - Premium and Accident Town Tables

Code	Village or Local	City or Town	Code	Village or Local	City or Town
No	Designation	Name	No	Designation	Name
930	Manns Crossing	ASHBURNHAM	338	NAHANT	NAHANT
014	Manomet	PLYMOUTH	035	Nantasket Beach	HULL
214	MANSFIELD	MANSFIELD	056	NANTUCKET	NANTUCKET
110	Maple Grove	ADAMS	650	Nashoba	WESTFORD
603	Maplewood	MALDEN	621	NATICK	NATICK
316 038	MARBLEHEAD MARION	MARBLEHEAD MARION	715 177	NEEDHAM NEW ASHFORD	NEEDHAM NEW ASHFORD
618	MARLBOROUGH	MARLBOROUGH	200	NEW BEDFORD	NEW BEDFORD
039	MARSHFIELD	MARSHFIELD	182	New Boston	SANDISFIELD
021	Marston Mills	BARNSTABLE	975	NEW BRAINTREE	NEW BRAINTREE
085	MASHPEE	MASHPEE	136	New Lenox	LENOX
045	Matfield	WEST BRIDGEWATER	178	NEW MARLBOROUGH	NEW MARLBOROUGH
819	Mattapan	DORCHESTER (Boston)	480	NEW SALEM	NEW SALEM
040	MATTAPOISETT	MATTAPOISETT	339	NEWBURY	NEWBURY
620	MAYNARD	MAYNARD	318	NEWBURYPORT	NEWBURYPORT
736	MEDFIELD	MEDFIELD	183	Newstate	SAVOY
604	MEDFORD	MEDFORD	605	NEWTON	NEWTON
737	MEDWAY	MEDWAY	136	Niagara	LENOX
054	Megansett	FALMOUTH	615	Nobscot	FRAMINGHAM
619	MELROSE	MELROSE	605	Nonantum	NEWTON
946	MENDON	MENDON	211	Nonquitt NORFOLK	DARTMOUTH
081 425	Menemsha Merrick	CHILMARK WEST SPRINGFIELD	739 703	Norfolk Downs	NORFOLK QUINCY
336	MERRIMAC	MERRIMAC	055	Norman	HARWICH
336	Merrimacport	MERRIMAC	112	NORTH ADAMS	NORTH ADAMS
637	Metcalfs	HOLLISTON	319	NORTH ANDOVER	NORTH ANDOVER
317	METHUEN	METHUEN	215	NORTH ATTLEBORO	NORTH ATTLEBORO
013	MIDDLEBOROUGH	MIDDLEBOROUGH	948	NORTH BROOKFIELD	NORTH BROOKFIELD
576	MIDDLEFIELD	MIDDLEFIELD	819	North Dorchester	DORCHESTER (Boston)
645	Middlesex	SUDBURY	641	NORTH READING	NORTH READING
337	MIDDLETON	MIDDLETON	039	North River	MARSHFIELD
731	Midland	BELLINGHAM	512	NORTHAMPTON	NORTHAMPTON
915	MILFORD	MILFORD	949	NORTHBOROUGH	NORTHBOROUGH
178	Mill River	NEW MARLBOROUGH	917	NORTHBRIDGE	NORTHBRIDGE
031	Millbrook	DUXBURY	434	NORTHFIELD	NORTHFIELD
916	MILLBURY	MILLBURY	234	NORTON	NORTON
411	Millers Falls	MONTAGUE	041	NORWELL	NORWELL
480 738	Millington	NEW SALEM	716 634	NORWOOD Northing Lake	NORWOOD
947	MILLIS MILLVILLE	MILLIS MILLVILLE	034	Nutting Lake	BILLERICA
714	MILTON	MILTON		0	
044	Minot	SCITUATE	057	OAK BLUFFS	OAK BLUFFS
425	Mitteneague	WEST SPRINGFIELD	959	Oakdale	WEST BOYLSTON
479	MONROE	MONROE	976	OAKHAM	OAKHAM
479	Monroe Bridge	MONROE	039	Ocean Bluff	MARSHFIELD
422	MONSON	MONSON	239	Ocean Grove	SWANSEA
411	MONTAGUE	MONTAGUE	939	Old Furnace	HARDWICK
002	Montello	BROCKTON	215	Old Town	NORTH ATTLEBORO
175	MONTEREY	MONTEREY	016	Onset	WAREHAM
495	MONTGOMERY	MONTGOMERY	412	ORANGE	ORANGE
050	Monument Beach	BOURNE	058	ORLEANS	ORLEANS
477	Moores Corner	LEVERETT	021	Osterville	BARNSTABLE
086	Moorland	TRURO	179	OTIS Otton Diver	OTIS
971	Morningdale	BOYLSTON	956	Otter River	TEMPLETON
434	Mount Hermom	NORTHFIELD	950	OXFORD	OXFORD
511	Mount Tom	EASTHAMPTON MOUNT WASHINGTON		Р	
176 231	MOUNT WASHINGTON	MOUNT WASHINGTON	423	PALMER	PALMER
231	Myricks	BERKLEY	977	PAXTON	PAXTON
	N		320	PEABODY	PEABODY
650	Nabnasset	WESTFORD	577	PELHAM	PELHAM
555					,

Appendix B - Premium and Accident Town Tables

Code	Village or Local	City or Town	Code	Village or Local	City or Town
No	Designation	Name	No	Designation	Name
042	PEMBROKE	PEMBROKE	021	Santuit	BARNSTABLE
642	PEPPERELL	PEPPERELL	321	SAUGUS	SAUGUS
033	Perry	HANOVER	913	Saundersville	GRAFTON
180	PERU	PERU	183	SAVOY	SAVOY
978	PETERSHAM	PETERSHAM	615	Saxonville	FRAMINGHAM
979	PHILLIPSTON	PHILLIPSTON	044	SCITUATE	SCITUATE
340	Pigeon Cove	ROCKPORT	011	Scotland	BRIDGEWATER
634	Pinehurst	BILLERICA	039	Sea View	MARSHFIELD
102	PITTSFIELD	PITTSFIELD	237	SEEKONK	SEEKONK
578	PLAINFIELD	PLAINFIELD	232	Segreganset	DIGHTON
740	PLAINVILLE	PLAINVILLE	741	SHARON	SHARON
055	Pleasant Lake	HARWICH	431	Shattuckville	COLRAIN
102	Plunkett	PITTSFIELD	634	Shawsheen	BILLERICA
014	PLYMOUTH	PLYMOUTH	311	Shawsheen Village	ANDOVER
071	PLYMPTON	PLYMPTON	137	SHEFFIELD	SHEFFIELD
050	Pocasset	BOURNE	435	SHELBURNE	SHELBURNE
711	Ponkapog	CANTON	743	Sheldonville	WRENTHAM
238	Pottersville	SOMERSET	674	SHERBORN	SHERBORN
312	Prides Crossing	BEVERLY	643	SHIRLEY	SHIRLEY
980	PRINCETON	PRINCETON	044	Shore Acres	SCITUATE
059	PROVINCETOWN	PROVINCETOWN	918	SHREWSBURY	SHREWSBURY
			482	SHUTESBURY	SHUTESBURY
	Q		056	Siasconset	NANTUCKET
940	Quinapoxet	HOLDEN	036	Silver Lake	KINGSTON
703	QUINCY	QUINCY	403	Smiths Ferry	HOLYOKE
900	Quinsigamond	WORCESTER	238	SOMERSET	SOMERSET
054	Quisset	FALMOUTH	606	SOMERVILLE	SOMERVILLE
	R		823	SOUTH BOSTON	SOUTH BOSTON (Bos)
			819	South Dorchester	DORCHESTER (Boston)
717	RANDOLPH	RANDOLPH	513	SOUTH HADLEY	SOUTH HADLEY
235	RAYNHAM	RAYNHAM	434	South Vernon	NORTHFIELD
622	READING	READING	580	SOUTHAMPTON	SOUTHAMPTON
818	Readville	HYDE PARK (Boston)	952	SOUTHBOROUGH	SOUTHBOROUGH
236	REHOBOTH	REHOBOTH	919	SOUTHBRIDGE	SOUTHBRIDGE
110	Renfrew	ADAMS	178	Southfield	NEW MARLBOROUGH
803	REVERE	REVERE	952	Southville	SOUTHBOROUGH
181	RICHMOND	RICHMOND	444	SOUTHWICK	SOUTHWICK
181	Richmond Furnace	RICHMOND	920	SPENCER	SPENCER
582	Ringville	WORTHINGTON	400	SPRINGFIELD	SPRINGFIELD
044	Rivermoor	SCITUATE	703	Squantum	QUINCY
944	Rochdale	LEICESTER	011	State Farm	BRIDGEWATER
043	ROCHESTER	ROCHESTER	139	State Line	WEST STOCKBRIDGE
013	Rock	MIDDLEBOROUGH	953	STERLING	STERLING
015	ROCKLAND	ROCKLAND	974	Still River	HARVARD
340	ROCKPORT	ROCKPORT	138	STOCKBRIDGE	STOCKBRIDGE
816	ROSLINDALE	ROSLINDALE (Boston)	623	STONEHAM	STONEHAM
481	ROWE	ROWE	651	Stonybrook	WESTON
341	ROWLEY	ROWLEY	718	STOUGHTON	STOUGHTON
820	ROXBURY	ROXBURY (Boston)	644	STOW	STOW
981	ROYALSTON	ROYALSTON	954	STURBRIDGE	STURBRIDGE
443	RUSSELL	RUSSELL	645	SUDBURY	SUDBURY
951	RUTLAND	RUTLAND	436	SUNDERLAND	SUNDERLAND
	S		955	SUTTON	SUTTON
050		DOLIDNE	322	SWAMPSCOTT	SWAMPSCOTT
050	Sagamore	BOURNE	239	SWANSEA	SWANSEA
304	SALEM	SALEM	571	Swift River	CUMMINGTON
342	SALISBURY Saliabura Baint	SALISBURY	016	Swifts Beach	WAREHAM
310	Salisbury Point	AMESBURY		Т	
044	Sandhills	SCITUATE			
182	SANDISFIELD	SANDISFIELD	313	Tapleyville	DANVERS
060	SANDWICH	SANDWICH	202	TAUNTON	TAUNTON

Appendix B - Premium and Accident Town Tables

Carla	Village on Least	City on Tarres
Code	Village or Local	City or Town
No	Designation	Name
054	Teaticket	FALMOUTH
956	TEMPLETON	TEMPLETON
646	TEWKSBURY	TEWKSBURY
943	Thayer	LANCASTER
423	Thorndike	PALMER
423	Three Rivers	PALMER
233	Thwaites	FREETOWN
061	TISBURY	TISBURY
011	Titicut	BRIDGEWATER
496	TOLLAND	TOLLAND
371	TOPSFIELD	TOPSFIELD
239	Touisset	SWANSEA
647	TOWNSEND	TOWNSEND
016	Tremont	WAREHAM
086	TRURO	TRURO ORANGE
412 411	Tully Turners Falls	MONTAGUE
	TYNGSBOROUGH	TYNGSBOROUGH
648 184	TYRINGHAM	TYRINGHAM
104	TTRINGHAM	TRINGHAM
	U	
713	Unionville	FRANKLIN
957	UPTON	UPTON
921	UXBRIDGE	UXBRIDGE
021		07.61.11.00.2
	V	
061	Vineyard Haven	TISBURY
	•	
	W	
605	Waban	NEWTON
624	WAKEFIELD	WAKEFIELD
497	WALES	WALES
719	WALPOLE	WALPOLE
607	WALTHAM	WALTHAM
646	Wamesit	TEWKSBURY
054	Waquoit	FALMOUTH
302	Ward Hill	HAVERHILL
514	WARE	WARE
016	WAREHAM	WAREHAM
958	WARREN	WARREN
483	WARWICK	WARWICK
185	WASHINGTON	WASHINGTON
934	Waterford	BLACKSTONE
608	WATERTOWN	WATERTOWN
924	Waterville	WINCHENDON
611	Waverley	BELMONT
649	WAYLAND	WAYLAND
922	WEBSTER	WEBSTER
625	Wedgemere	WINCHESTER
202	Weir WELLESLEY	TAUNTON WELLESLEY
720		
087	WELLFLEET	WELLFLEET
604	Wellington	MEDFORD
484 343	WENDELL	WENDELL
	WENHAM	WENHAM WEST BOYLSTON
959	WEST BOYLSTON	WEST BOYLSTON
045	WEST BRIDGEWATER	WEST BRIDGEWATER
960	West Chan	WEST BROOKFIELD
061	West Chop	TISBURY
344	WEST NEWBURY WEST ROXBURY	WEST NEWBURY WEST ROXBURY (Bos)
815	MESIKOVROKI	MEST KOVROKI (ROS)

		T
Code	Village or Local	City or Town
No	Designation	Name
425	WEST SPRINGFIELD	WEST SPRINGFIELD
139	WEST STOCKBRIDGE	WEST STOCKBRIDGE
088	WEST TISBURY	WEST TISBURY
923	WESTBOROUGH	WESTBOROUGH
045	Westdale	WEST BRIDGEWATER
424	WESTFIELD	WESTFIELD
650	WESTFORD	WESTFORD
581	WESTHAMPTON	WESTHAMPTON
961	WESTMINSTER	WESTMINSTER
651	WESTON	WESTON
240	WESTPORT	WESTPORT
613	Westvale	CONCORD
742	WESTWOOD	WESTWOOD
721	WEYMOUTH	WEYMOUTH
437	WHATELY	WHATELY
939	Wheelwright	HARDWICK
014	White Horse Beach	PLYMOUTH
932	White Valley	BARRE
921	Whitins	UXBRIDGE
917	Whitinsville	NORTHBRIDGE
017	WHITMAN	WHITMAN
202	Whittenton	TAUNTON
021	Wianno	BARNSTABLE
445	WILBRAHAM	WILBRAHAM
955	Wilkonsville	SUTTON
054	Williams	FALMOUTH
534	WILLIAMSBURG	WILLIAMSBURG
140	WILLIAMSTOWN	WILLIAMSTOWN
942	Williamsville	HUBBARDSTON
402	Willimansett	CHICOPEE
511	Williston Mills	EASTHAMPTON
652	WILMINGTON	WILMINGTON
924	WINCHENDON	WINCHENDON
625	WINCHESTER	WINCHESTER
186	WINDSOR	WINDSOR
716	Winslow	NORWOOD
606	Winter Hill	SOMERVILLE
810	WINTHROP	WINTHROP
626	WOBURN	WOBURN
703	Wollaston	QUINCY
054	Woods Hole	FALMOUTH
737	Woodside	MEDWAY
638	Woodville	HOPKINTON
900	WORCESTER	WORCESTER
443	Woronoco	RUSSELL
582	WORTHINGTON	WORTHINGTON
743	WRENTHAM	WRENTHAM
619	Wyoming	MELROSE
	Υ	
062	YARMOUTH	YARMOUTH
062	Yarmouthport	YARMOUTH
	Z	
472	Zoar	CHARLEMONT
110	Zylonite	ADAMS
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Appendix B - Premium and Accident Town Tables

PREMIUM TOWN CODE - ACCIDENT TOWN CODE

NUMERICAL LISTING

- 1. Cities and Towns are printed in Capital Letters.
- 2. Villages, Sections of Cities and Towns, and Local Designations are printed in Small Type with the name of the corresponding City or Town in the adjacent column.
- 3. Sections of Cities and Towns designated "North", "East", "South" and "West" or with a prefix or suffix that is merely supplemental to the principal name (such as West Newton or Arlington Heights) are not separately listed (see principal designation). In some instances there are two distinct townships, such as Reading and North Reading, in which case both towns are listed.
- 4. Counties are indicated by code, using the first position of the Town Code as follows:

First Position	County	First Position	County
0	Barnstable	4	Franklin
	Dukes		Hampden
	Nantucket	5	Hampshire
	Plymouth	6	Middlesex
1	Berkshire	7	Norfolk
2	Bristol	8	Suffolk
3	Essex	9	Worcester

5. The City of Boston is divided into sections as follows:

City of Boston				
Definition	ZIP Code	Statistical Code		
BOSTON CENTRAL	02101-02118, 02123, 02133, 02199, 02201, 02202, 02203, 02210, 02215, 02241	821		
BRIGHTON	02134, 02135, 02163	822		
CHARLESTOWN-EAST BOSTON	02128, 02129	824		
DORCHESTER	02122, 02124, 02125, 02126	819		
HYDE PARK	02136, 02137	818		
JAMAICA PLAIN	02130	817		
ROSLINDALE	02131	816		
ROXBURY	02119, 02120, 02121	820		
SOUTH BOSTON	02127	823		
WEST ROXBURY	02132	815		

6. The appropriate Out of State Town Codes are as follows:

Location	Code
Connecticut	991
Maine	992
New Hampshire	993
New York	994
Rhode Island	995
Vermont	996
Other	999

Appendix B - Premium and Accident Town Tables

Code	City or Town	Village or Local	Code	City or Town	Village or Local
No	Name	Designation	No	Name	Designation
002	BROCKTON	BROCKTON	041	NORWELL	Accord
		Campello	042	PEMBROKE	PEMBROKE
040	ADINICTON	Montello ABINGTON	042	DOCUECTED	Bryantville ROCHESTER
010 011	ABINGTON BRIDGEWATER	BRIDGEWATER	043	ROCHESTER SCITUATE	
011	BRIDGEWATER		044	SCITUATE	SCITUATE
		Scotland State Form	41		Egypt Greenbush
		State Farm Titicut	11		Humarock
012	HINGHAM	HINGHAM	11		Minot
012	MIDDLEBOROUGH	MIDDLEBOROUGH	11		Rivermoor
013	MIDDLEBOROGET	Rock	11		Sandhills
014	PLYMOUTH	PLYMOUTH	11		Shore Acres
014	1 ETWICOTT	Chiltonville	045	WEST BRIDGEWATER	WEST BRIDGEWATER
		Manomet	040	WEST BRIDGEWATER	Cochessett
		White Horse Beach	11		Matfield
015	ROCKLAND	ROCKLAND	11		Westdale
016	WAREHAM	WAREHAM	050	BOURNE	BOURNE
0.0		Onset	11		Bournedale
		Swifts Beach	11		Buzzards Bay
		Tremont	11		Cataumet
017	WHITMAN	WHITMAN	11		Monument Beach
021	BARNSTABLE	BARNSTABLE	11		Pocasset
		Centerville	11		Sagamore
		Clement	051	CHATHAM	CHATHAM
		Cotuit	11		Chathamport
		Craigville	052	DENNIS	DENNIS
021	BARNSTABLE	Cummaquid	11		Dennisport
		Hyannis	053	EDGARTOWN	EDGARTOWN
		Hyannisport	054	FALMOUTH	FALMOUTH
		Marston Mills] [Hatchville
		Osterville] [Longview
		Santuit] [Megansett
		Wianno] [Quisset
030	CARVER	CARVER	<u> </u>		Teaticket
031	DUXBURY	DUXBURY	11		Waquoit
		Island Creek	<u> </u>		Williams
		Millbrook			Woods Hole
032	EAST BRIDGEWATER	EAST BRIDGEWATER	055	HARWICH	HARWICH
		Elmwood	11		Harwichport
033	HANOVER	HANOVER	11		Norman
		Assinippi	 		Pleasant Lake
		Perry	056	NANTUCKET	NANTUCKET
034	HANSON	HANSON		0.41/.01.11550	Siasconset
		Burrage	057	OAK BLUFFS	OAK BLUFFS
035	HULL	HULL	058	ORLEANS	ORLEANS
		Allerton	059	PROVINCETOWN	PROVINCETOWN
000	KINIOOTON	Nantasket Beach	060	SANDWICH	SANDWICH
036	KINGSTON	KINGSTON	004	TIODUDY	Forestdale
007		Silver Lake	061	TISBURY	TISBURY
037	LAKEVILLE	LAKEVILLE	41		Vineyard Haven
038	MARION MARSHELL D	MARION	062	YARMOUTH	West Chop
039	MARSHFIELD	MARSHFIELD Brant Rock	1002	IARWOUTH	YARMOUTH Bass River
			41		Yarmouthport
		Green Harbor	070	HALIFAX	HALIFAX
		North River	070 071	PLYMPTON	PLYMPTON
		Ocean Bluff Sea View	4	BREWSTER	BREWSTER
040	MATTAPOISETT		080 081	CHILMARK	_
040	IVIATIAFUISETT	MATTAPOISETT Antassawamock Neck	1 001	CHILIVIARA	CHILMARK Menemsha
041	NORWELL	NORWELL	082	EASTHAM	EASTHAM
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Appendix B - Premium and Accident Town Tables

Code No	City or Town Name	Village or Local Designation	Code No	City or Town Name	Village or Local Designation
083	GAY HEAD	GAY HEAD	182	SANDISFIELD	SANDISFIELD
084	GOSNOLD	GOSNOLD			New Boston
		Cuttyhunk	183	SAVOY	SAVOY
085	MASHPEE	MASHPEE			Brier
086	TRURO	TRURO			Newstate
		Moorland	184	TYRINGHAM	TYRINGHAM
087	WELLFLEET	WELLFLEET	185	WASHINGTON	WASHINGTON
088	WEST TISBURY	WEST TISBURY	186	WINDSOR	WINDSOR
102	PITTSFIELD	PITTSFIELD	200	NEW BEDFORD	NEW BEDFORD
		Camp Merrill			Clifford
		Plunkett	201	FALL RIVER	FALL RIVER
110	ADAMS	ADAMS			Bowenville
		Maple Grove			Flint
		Renfrew	202	TAUNTON	TAUNTON
		Zylonite			Weir
111	GREAT BARRINGTON	GREAT BARRINGTON			Whittenton
440	NO DELL'ARAMA	Housatonic	210	ATTLEBORO	ATTLEBORO
112	NORTH ADAMS	NORTH ADAMS			Dodgeville
		Blackington	211	D. D. D. T. L. C. L. T. L. C.	Hebronville
400	0.1501.155	Greylock	211	DARTMOUTH	DARTMOUTH
130	CHESHIRE	CHESHIRE		5105011	Nonquitt
404	01.451/051/50	Farnhams	212	EASTON	EASTON
131	CLARKSBURG	CLARKSBURG	040	EAIDHAN (EN	Eastondale
400	541.7011	Briggsville	213	FAIRHAVEN	FAIRHAVEN
132	DALTON	DALTON	214	MANSFIELD	MANSFIELD
133 134	HINSDALE	HINSDALE	215	NORTH ATTLEBORO	NORTH ATTLEBORO
134	LANESBOROUGH	LANESBOROUGH			Adamsdale
405	LEE	Berkshire LEE			Attleboro Falls Old Town
135	LEE		220	ACUSHNET	
136	LENOX	Hurlburt LENOX	230	ACUSHNET	ACUSHNET Long Plain
130	LENOX	Lenoxdale	231	BERKLEY	BERKLEY
		New Lenox	231	DERNLET	Myricks
		Niagara	232	DIGHTON	DIGHTON
137	SHEFFIELD	SHEFFIELD	232	DIGITION	Segreganset
137	SHELLIEED	Ashley Falls	233	FREETOWN	FREETOWN
138	STOCKBRIDGE	STOCKBRIDGE	255	TREETOWN	Assonet
130	OTOOKBRIDGE	Glendale			Thwaites
		Interlaken	234	NORTON	NORTON
139	WEST STOCKBRIDGE	WEST STOCKBRIDGE	201	Northon	Barrowsville
		State Line			Chartley
140	WILLIAMSTOWN	WILLIAMSTOWN	235	RAYNHAM	RAYNHAM
170	ALFORD	ALFORD	236	REHOBOTH	REHOBOTH
171	BECKET	BECKET	237	SEEKONK	SEEKONK
172	EGREMONT	EGREMONT	238	SOMERSET	SOMERSET
173	FLORIDA	FLORIDA	1		Pottersville
		Drury	239	SWANSEA	SWANSEA
		Hoosac Tunnel			Hortonville
174	HANCOCK	HANCOCK			Ocean Grove
175	MONTEREY	MONTEREY			Touisset
176	MOUNT WASHINGTON	MOUNT WASHINGTON	240	WESTPORT	WESTPORT
177	NEW ASHFORD	NEW ASHFORD			Acoaxet
178	NEW MARLBOROUGH	NEW MARLBOROUGH			Central Village
		Clayton			Horseneck Beach
		Hartsville	300	LYNN	LYNN
		Mill River	302	HAVERHILL	HAVERHILL
		Southfield			Ayers Village
179	OTIS	OTIS			Bradford
180	PERU	PERU			Ward Hill
181	RICHMOND	RICHMOND	303	LAWRENCE	LAWRENCE
		Richmond Furnace	304	SALEM	SALEM

Appendix B - Premium and Accident Town Tables

Code No	City or Town Name	Village or Local Designation	Code No	City or Town Name	Village or Local Designation
310	AMESBURY	AMESBURY	411	MONTAGUE	Lake Pleasant
		Salisbury Point			Millers Falls
311	ANDOVER	ANDOVER			Turners Falls
		Ballard Vale	412	ORANGE	ORANGE
		Frye Village			Tully
		Shawsheen Village	420	AGAWAM	AGÁWAM
312	BEVERLY	BEVERLY			Feeding Hills
		Prides Crossing	421	LUDLOW	LUDLOW
313	DANVERS	DANVERS	422	MONSON	MONSON
		Danversport	423	PALMER	PALMER
		Hathorne	41		Bondsville
04.4	OLOUGEOTED.	Tapleyville	41		Thorndike
314	GLOUCESTER	GLOUCESTER	101	MEGTELE	Three Rivers
		Annisquam	424	WESTFIELD	WESTFIELD
		Lanesville	425	WEST SPRINGFIELD	WEST SPRINGFIELD
315	IPSWICH	Magnolia	41		Merrick
315	IPSWICH	IPSWICH Little Neck	430	BUCKLAND	Mitteneague BUCKLAND
316	MARBLEHEAD	MARBLEHEAD	430	COLRAIN	COLRAIN
310	WARBLEHEAD	Clifton	431	COLRAIN	Adamsville
317	METHUEN	METHUEN	-		Elmgrove
318	NEWBURYPORT	NEWBURYPORT	-		Griswoldville
319	NORTH ANDOVER	NORTH ANDOVER	-		Lyonsville
320	PEABODY	PEABODY	- 		Shattuckville
321	SAUGUS	SAUGUS	432	DEERFIELD	DEERFIELD
J2 1	340003	Cliftondale	433	ERVING	ERVING
322	SWAMPSCOTT	SWAMPSCOTT	1 -33		Farley
322	SWAWII GOOTT	Beach Bluff	434	NORTHFIELD	NORTHFIELD
330	ESSEX	ESSEX	11	NORTH ILLE	Mount Hermom
331	GEORGETOWN	GEORGETOWN	11		South Vernon
332	GROVELAND	GROVELAND	435	SHELBURNE	SHELBURNE
333	HAMILTON	HAMILTON	436	SUNDERLAND	SUNDERLAND
		Asbury Grove	437	WHATELY	WHATELY
334	LYNNFIELD	LYNNFIELD	440	CHESTER	CHESTER
335	MANCHESTER	MANCHESTER	441	EAST LONGMEADOW	EAST LONGMEADOW
336	MERRIMAC	MERRIMAC	442	LONGMEADOW	LONGMEADOW
		Merrimacport	443	RUSSELL	RUSSELL
337	MIDDLETON	MIDDLETON			Woronoco
338	NAHANT	NAHANT	444	SOUTHWICK	SOUTHWICK
339	NEWBURY	NEWBURY			Congamond
		Byfield	445	WILBRAHAM	WILBRAHAM
340	ROCKPORT	ROCKPORT	470	ASHFIELD	ASHFIELD
		Pigeon Cove	471	BERNARDSTON	BERNARDSTON
341	ROWLEY	ROWLEY	472	CHARLEMONT	CHARLEMONT
342	SALISBURY	SALISBURY	 		Zoar
		Cushing	473	CONWAY	CONWAY
343	WENHAM	WENHAM	474	GILL	GILL
344	WEST NEWBURY	WEST NEWBURY	475	HAWLEY	HAWLEY
370	BOXFORD	BOXFORD	476	HEATH	HEATH
371	TOPSFIELD	TOPSFIELD			Dell
400	SPRINGFIELD	SPRINGFIELD	477	LEVERETT	LEVERETT
		Brightwood	41		Hillsboro
		Indian Orchard			Moores Corner
402	CHICOPEE	CHICOPEE	478	LEYDEN	LEYDEN
		Fairview	479	MONROE	MONROE
		Willimansett			Monroe Bridge
403	HOLYOKE	HOLYOKE	480	NEW SALEM	NEW SALEM
		Ingleside	 		Cooleyville
		Smiths Ferry	1		Millington
410	GREENFIELD	GREENFIELD	481	ROWE	ROWE
411	MONTAGUE	MONTAGUE	J <u>└</u>		Davis

Appendix B - Premium and Accident Town Tables

Code No	City or Town Name	Village or Local Designation	Code No	City or Town Name	Village or Local Designation
482	SHUTESBURY	SHUTESBURY	606	SOMERVILLE	SOMERVILLE
483	WARWICK	WARWICK		10/01 711004	Winter Hill
484	WENDELL	WENDELL	607	WALTHAM WATERTOWN	WALTHAM
400	DI ANDEODD	Locks Village	608		WATERTOWN
490	BLANDFORD	BLANDFORD BRIMFIELD	610	ARLINGTON	ARLINGTON
491	BRIMFIELD		611	BELMONT	BELMONT
492	GRANVILLE	GRANVILLE	040	CHELMCEODD	Waverley CHELMSFORD
493 494	HAMPDEN HOLLAND	HAMPDEN HOLLAND	612	CHELMSFORD CONCORD	CONCORD
494	MONTGOMERY	MONTGOMERY	613	CONCORD	Westvale
495	TOLLAND	TOLLAND	614	DRACUT	DRACUT
496	WALES	WALES	- 014	DRACUI	Collinsville
510	AMHERST	AMHERST	615	FRAMINGHAM	FRAMINGHAM
310	AWITERST	Cushman	11 013	1 KAWIINGI IAWI	Nobscot
511	EASTHAMPTON	EASTHAMPTON	∄ I		Saxonville
311	LASTITATION	Mount Tom	616	HUDSON	HUDSON
		Williston Mills	-	HODSON	Cove Landing
512	NORTHAMPTON	NORTHAMPTON	617	LEXINGTON	LEXINGTON
312	NOITHAWN TON	Bay State Village	618	MARLBOROUGH	MARLBOROUGH
		Florence	619	MELROSE	MELROSE
		Laurel Park	11 013	WEEKOOL	Wyoming
		Leeds	620	MAYNARD	MAYNARD
513	SOUTH HADLEY	SOUTH HADLEY	621	NATICK	NATICK
514	WARE	WARE	11 02.	TV. TTOIL	Felchville
530	BELCHERTOWN	BELCHERTOWN	622	READING	READING
000	BEEGNERTOWN	Dwight	623	STONEHAM	STONEHAM
531	HADLEY	HADLEY	624	WAKEFIELD	WAKEFIELD
532	HATFIELD	HATFIELD	11		Greenwood
		Bradstreet	625	WINCHESTER	WINCHESTER
533	HUNTINGTON	HUNTINGTON	11		Wedgemere
534	WILLIAMSBURG	WILLIAMSBURG	626	WOBURN	WOBURN
		Haydenville	630	ACTON	ACTON
570	CHESTERFIELD	CHESTERFIELD	631	ASHLAND	ASHLAND
571	CUMMINGTON	CUMMINGTON	632	AYER	AYER
		Swift River	633	BEDFORD	BEDFORD
573	GOSHEN	GOSHEN	634	BILLERICA	BILLERICA
		Lithia			Nutting Lake
574	GRANBY	GRANBY			Pinehurst
576	MIDDLEFIELD	MIDDLEFIELD			Shawsheen
		Bancroft	635	BURLINGTON	BURLINGTON
577	PELHAM	PELHAM	636	GROTON	GROTON
578	PLAINFIELD	PLAINFIELD	637	HOLLISTON	HOLLISTON
580	SOUTHAMPTON	SOUTHAMPTON	<u> </u>		Braggville
581	WESTHAMPTON	WESTHAMPTON			Metcalfs
582	WORTHINGTON	WORTHINGTON	638	HOPKINTON	HOPKINTON
		Ringville	41		Hayden Row
600	CAMBRIDGE	CAMBRIDGE		LINIOGLAI	Woodville
601	LOWELL	LOWELL	639	LINCOLN	LINCOLN
602	EVERETT	EVERETT	640	LITTLETON	LITTLETON
603	MALDEN	MALDEN	641	NORTH READING	NORTH READING
		Edgeworth	642	PEPPERELL	PEPPERELL
		Faulkner	643	SHIRLEY	SHIRLEY
		Linden	644	STOW	STOW
604	MEDEORD	Maplewood	∄ [Gleasondale
604	MEDFORD	MEDFORD	GAF	CLIDBLIDV	Lake Boon
		Glenwood	645	SUDBURY	SUDBURY
605	NEWTON	Wellington	640	TEMICOLION	Middlesex
605	NEWTON	NEWTON	646	TEWKSBURY	TEWKSBURY
		Auburndale	C47	TOWNSEND	Wamesit
		Nonantum	647	TOWNSEND	TOWNSEND
	l .	Waban	648	TYNGSBOROUGH	TYNGSBOROUGH

Appendix B - Premium and Accident Town Tables

Code No	City or Town Name	Village or Local Designation	Code No	City or Town Name	Village or Local Designation
649	WAYLAND	WAYLAND Cochituate	739	NORFOLK	NORFOLK City Mills
650	WESTFORD	WESTFORD	740	PLAINVILLE	PLAINVILLE
000	WESTIONS	Coldspring	741	SHARON	SHARON
		Forge Village	742	WESTWOOD	WESTWOOD
		Graniteville		WESTWOOD	Islington
		Nabnasset	743	WRENTHAM	WRENTHAM
		Nashoba		VINCINITIANI	Sheldonville
651	WESTON	WESTON	802	CHELSEA	CHELSEA
051	WESTON	Kendall Green	803	REVERE	REVERE
		Stonybrook	- 003	REVERE	Beachmont
652	WILMINGTON	WILMINGTON	810	WINTHROP	WINTHROP
670	ASHBY	ASHBY	815	WEST ROXBURY (Bos)	WEST ROXBURY
671	BOXBOROUGH	BOXBOROUGH	816	ROSLINDALE (Boston)	ROSLINDALE
672	CARLISLE	CARLISLE	817	JAMAICA PLAIN (Bos)	JAMAICA PLAIN
673					
	DUNSTABLE	DUNSTABLE	818	HYDE PARK (Boston)	HYDE PARK
674	SHERBORN BROOKLINE	SHERBORN	040	DORCHESTER	Readville DORCHESTER
702		BROOKLINE	819		
703	QUINCY	QUINCY	41	(Boston)	Mattapan
		Atlantic	41		North Dorchester
		Norfolk Downs		DOVELEN (D. 1.)	South Dorchester
	0.111.017	Squantum	820	ROXBURY (Boston)	ROXBURY
703	QUINCY	Wollaston	821	BOSTON (Central)	BOSTON (Central)
710	BRAINTREE	BRAINTREE	822	BRIGHTON (Boston)	BRIGHTON
711	CANTON	CANTON	-		Allston
		Ponkapog	823	SOUTH BOSTON (Bos)	SOUTH BOSTON
712	DEDHAM	DEDHAM	824	CHARLESTOWN	CHARLESTOWN
		Ashcroft		(Boston)	East Boston
		Ellis	900	WORCESTER	WORCESTER
		Endicott	<u> </u>		Barbers
		Findlen	<u> </u>		Greendale
713	FRANKLIN	FRANKLIN			Quinsigamond
		Unionville	902	FITCHBURG	FITCHBURG
714	MILTON	MILTON	910	ATHOL	ATHOL
715	NEEDHAM	NEEDHAM	911	CLINTON	CLINTON
		Avery	912	GARDNER	GARDNER
		Charles River Village	913	GRAFTON	GRAFTON
		Highlandville	<u> </u>		Farnumsville
716	NORWOOD	NORWOOD	<u> </u>		Fisherville
		Winslow			Saundersville
717	RANDOLPH	RANDOLPH	914	LEOMINSTER	LEOMINSTER
718	STOUGHTON	STOUGHTON	915	MILFORD	MILFORD
719	WALPOLE	WALPOLE	916	MILLBURY	MILLBURY
		Bird Mills	917	NORTHBRIDGE	NORTHBRIDGE
720	WELLESLEY	WELLESLEY	41		Linwood
721	WEYMOUTH	WEYMOUTH			Whitinsville
730	AVON	AVON	918	SHREWSBURY	SHREWSBURY
731	BELLINGHAM	BELLINGHAM	919	SOUTHBRIDGE	SOUTHBRIDGE
		Caryville	J		Globe Village
		Midland	920	SPENCER	SPENCER
732	COHASSET	COHASSET	921	UXBRIDGE	UXBRIDGE
		Beechwood	JI		Whitins
733	DOVER	DOVER	922	WEBSTER	WEBSTER
734	FOXBOROUGH	FOXBOROUGH	923	WESTBOROUGH	WESTBOROUGH
735	HOLBROOK	HOLBROOK	924	WINCHENDON	WINCHENDON
		Brookville] [Waterville
736	MEDFIELD	MEDFIELD	930	ASHBURNHAM	ASHBURNHAM
		Harding	11		Manns Crossing
737	MEDWAY	MEDWAY	931	AUBURN	AUBURN
		Woodside	932	BARRE	BARRE
				1	

Appendix B - Premium and Accident Town Tables

Code No	City or Town Name	Village or Local Designation
933	BERLIN	BERLIN
300	DEIXEN Y	Carters
934	BLACKSTONE	BLACKSTONE
304	BENOROTONE	Waterford
935	BROOKFIELD	BROOKFIELD
936	CHARLTON	CHARLTON
330	GHARLION	Dodge
937	DOUGLAS	DOUGLAS
938	DUDLEY	DUDLEY
939	HARDWICK	HARDWICK
333	TIARBWIOK	Furnace
		Gilbertville
		Old Furnace
		Wheelwright
940	HOLDEN	HOLDEN
040	TIOEBEIN	Jefferson
		Quinapoxet
941	HOPEDALE	HOPEDALE
942	HUBBARDSTON	HUBBARDSTON
0.12	11000, 11000	Williamsville
943	LANCASTER	LANCASTER
0.0		Thayer
944	LEICESTER	LEICESTER
		Cherry Valley
		Rochdale
945	LUNENBURG	LUNENBURG
946	MENDON	MENDON
947	MILLVILLE	MILLVILLE
948	NORTH BROOKFIELD	NORTH BROOKFIELD
949	NORTHBOROUGH	NORTHBOROUGH
950	OXFORD	OXFORD
951	RUTLAND	RUTLAND
952	SOUTHBOROUGH	SOUTHBOROUGH
		Cordaville
		Fayville
		Southville
953	STERLING	STERLING
		Loring
954	STURBRIDGE	STURBRIDGE
		Fiskdale
955	SUTTON	SUTTON
		Manchaug
		Wilkonsville

		T
Code	City or Town	Village or Local
No	Name	Designation
956	TEMPLETON	TEMPLETON
		Baldwinville
		Otter River
957	UPTON	UPTON
958	WARREN	WARREN
959	WEST BOYLSTON	WEST BOYLSTON
		Oakdale
960	WEST BROOKFIELD	WEST BROOKFIELD
961	WESTMINSTER	WESTMINSTER
970	BOLTON	BOLTON
971	BOYLSTON	BOYLSTON
		Morningdale
973	EAST BROOKFIELD	EAST BROOKFIELD
974	HARVARD	HARVARD
		Still River
975	NEW BRAINTREE	NEW BRAINTREE
976	OAKHAM	OAKHAM
		Coldbrook Spring
977	PAXTON	PAXTON
978	PETERSHAM	PETERSHAM
979	PHILLIPSTON	PHILLIPSTON
980	PRINCETON	PRINCETON
981	ROYALSTON	ROYALSTON
OUT OF STATE TOWN CODES		
991	CONNECTICUT	
992	MAINE	
993	NEW HAMPSHIRE	
994	NEW YORK	
995	RHODE ISLAND	
996	VERMONT	
999	OTHER	