

**State of Massachusetts
 Citizens Insurance Company of America (A Member of The Hanover Insurance Group)
 Private Passenger Automobile^{1/}
 Effective April 1, 2012 NB & Ren**

Increased Limits Factors - Property Damage

Limit of Liability	Current Limit Factor	Limit Factor Relative to Category Factor/Base									
		1	2	3	4	5	6	7	8	9	10
\$5,000	0.980	0.580	0.580	0.580	0.580	0.580	0.580	0.580	0.580	0.580	0.580
\$7,500	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080
\$10,000	1.120	1.120	1.120	1.120	1.120	1.120	1.120	1.120	1.120	1.120	1.120
\$15,000	1.130	1.130	1.130	1.130	1.130	1.130	1.130	1.130	1.130	1.130	1.130
\$20,000											
\$25,000	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150
\$35,000	1.160	1.160	1.160	1.160	1.160	1.160	1.160	1.160	1.160	1.160	1.160
\$50,000	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.170	1.170
\$100,000	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200	1.200
\$250,000	1.240	1.240	1.240	1.240	1.240	1.240	1.240	1.240	1.240	1.240	1.240
\$500,000											

Limit of Liability	Relative Change Relative to Current Factor									
	1	2	3	4	5	6	7	8	9	10
\$5,000	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59	0.59
\$7,500	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
\$10,000	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
\$15,000	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
\$20,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$25,000	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
\$35,000	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
\$50,000	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
\$100,000	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
\$250,000	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
\$500,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

^{1/} Excludes data for motorcycles and other miscellaneous vehicle types

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Annual Base Rates

Coverage	Base Limit or Deductible	Base Rate
Bodily Injury	20/40	\$113.00
Optional BI	20/40 included with Bodily Injury	\$113.00
Property Damage	\$5,000 limit ^{2/}	\$179.00
Medical Payment	\$5,000 limit	\$19.00
Personal Injury Protection	No deductible	\$41.00
Uninsured Bodily Injury	20/40	\$10.00
Underinsured Bodily Injury	20/40 included with Uninsured Bodily Injury	\$79.00
Comprehensive	\$500 deductible	\$112.00
Collision	\$500 deductible	\$274.00
Limited Collision	\$500 deductible	\$19.00
Substitute Transportation	\$30/day, \$900 total limit	\$61.00
Towing & Labor	\$50 per disablement limit	\$8.00
Additional Customized Equipment	First \$1,000 automatically included; see Sheet 11 17 for increased limits rating	\$8.00
Comprehensive/Collision Auto Loan/Lease Payoff	Flat rate	\$20.00
Upgraded Rental	Flat rate	\$8.00
Roadside Assistance	Flat rate	\$16.00

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