

COVERAGE SELECTIONS PAGE

This page and any attached endorsements form a part of your policy.

This Policy Is Issued by: **CITIZENS INSURANCE COMPANY OF AMERICA** Massachusetts Personal Auto
 RBWSEF Reason for Coverage Selection Page Policy Number **AYN 1234567**
 ITEM 1. This Policy Is Issued To: **NEW BUSINESS** Agent **32-12345-00**
JANE DOE Phone **508-555-5555**
JOHN DOE ABC INS. AGCY, INC
123 MAIN STREET P.O. BOX 123
NATICK, MA 01760 Effective date **EAST DOUGLAS, MA 01516**

ITEM 2. This policy is effective from: **MAY 01, 2008** To: **MAY 01, 2009**
 ITEM 3. DESCRIPTION of your AUTO (12:01 A.M. Eastern Standard Time) **FALLON CLINIC**

Auto 1 96 INFI J30 JNKAY21D0TM303706	Auto 2 98 HONDA CIVIC JNKAY21DOTM303712
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ITEM 4. This policy provides only the coverages for which a premium charge is shown.

COVERAGES, Parts 1-12	AUTO 1		PREMIUM		AUTO 2		PREMIUM	
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ 20,000 Per person \$ 40,000 Per accident	NONE	\$127		\$ 20,000 Per person 40,000 Per accident	NONE	\$127	
2. Personal Injury Protection	\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41		\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41	
3. Bodily Injury Caused By an Uninsured AUTO (Compulsory Limit \$20,000/\$40,000)	50,000 Per person 100,000 Per accident	NONE	\$14		\$ 50,000 Per person 100,000 Per accident	NONE	\$14	
4. Damage To Someone Else's Property (Compulsory Limit \$5000)	\$ 100,000 Per accident	NONE	\$201		\$ 100,000 Per accident	NONE	\$201	
OPTIONAL INSURANCE								
5. Optional Bodily Injury To Others	\$ 100,000 Per person \$ 300,000 Per accident	NONE	\$95		\$ 100,000 Per person 300,000 Per accident	NONE	\$95	
6. Medical Payments	\$ Per person	NONE			\$ Per person	NONE		
7. Collision	Actual Cash Value	\$1000	\$177		Actual Cash Value	\$1000	\$177	
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$		
9. Comprehensive	Actual Cash Value	\$ 500	\$122		Actual Cash Value	\$ 500	\$122	
10. Substitute Transportation	Up to \$ 30 a day, maximum 900	NONE	\$63		Up to \$ 30 a day, maximum 900	NONE	\$63	
11. Towing And Labor	Up to \$ for each disablement	NONE			Up to \$ for each disablement	NONE		
12. Bodily Injury Caused By An Underinsured Auto	\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$16		\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$16	
MERIT RATING								
ADJUSTMENT					ADJUSTMENT			
TOTAL PREMIUM FOR AUTO			SEE	PAGE 03	TOTAL PREMIUM FOR AUTO			SEE PAGE 03

Identification Numbers of Endorsements Forming A Part Of This Policy SEE PAGE 03	TOTAL PREMIUM	\$2,904.00
ITEM 5. Place of Principal Garaging		
Auto 1	Auto 2	

DISCOUNTS See pg 3 for additional discounts								
Anti-Theft	Auto 1 N	Auto 2 Y	Age 65 and older	Auto 1 Y	Auto 2 N	Multi-car	Auto 1 Y	Auto 2 Y
Annual Mileage	Auto 1 Y	Auto 2 N	Passive Restraint	Auto 1 N	Auto 2 Y			
Group Deviation	Auto 1 Y	Auto 2 Y	SDIP Discount	Auto 1 NA	Auto 2 NA			

ITEM 6. Secured Lender/
Lessor-Additional Insured, if rented auto.

DRIVER INFORMATION - CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW						
OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic State	Status		
				VEH 1	VEH 2	
JOHN DOE	02/02/38	S12345678	MA	PR	O	
JANE DOE	11/23/59	S87654321	MA	O	PR	

Issue Date 05/21/08
 AGENCY BILL
 INSURED COPY

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have serious consequences.

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the Merit Rating Plan.

DISCOUNTS: Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

	Age 65 and Older	Air Bag/ Automatic Seatbelts	Annual Mileage		Anti- Theft Device */ Vehicle Recovery System	Multi-car Discount	Account Credit	Driver Skills Development
			0-5000	5001-7500				
Coverage	All	Parts 2, 3, 6 and 12	Parts 1-9 and 12	Parts 1-9 and 12	Part 9	Parts 1-9 and 12	Parts 1-9 and 12	Parts 2, 7 and 8
Discount	25%	YES	up to 17%	up to 10%	5-36% * Depending on the category of device.	up to 33%	up to 30%	10%

PART 5 OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Other (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

PART 12 BODILY INJURY CAUSED BY UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the uninsured auto and the limits shown for this Part.

MERIT RATING

The Merit Rating credit or adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If an adjustment is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The Merit Rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

OPERATOR STATUS CODES

P = Principal Operator, O – Occasional Operator, D = Deferred Operator, E = Excluded Operator
R = Rated Operator

Countersigned by: _____

CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS	CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS	

REFER TO NEXT PAGE FOR ADDITIONAL INFORMATION

ENDORSEMENT DETAILS

PER VEHICLE ENDORSEMENT

	LIMITS	VEH 1	VEH 2	VEH 3	VEH 4
Comp/Coll Loan/Lease		\$100	\$100		
Additional Customized Equipment	\$2000	\$100	\$100		
SUBTOTAL		\$200	\$200	\$	\$
TOTAL PREMIUM FOR AUTO		\$1377	\$1377		

POLICY ENDORSEMENT

Connections DriveSmart Advantage			\$ 150		
Second Chance Accident Forgiveness					
Ultimate Towing & Labor					
Ultimate Rental					
New Car Replacement Guard					
Deductible Dividends					

ADDITIONAL DISCOUNTS APPLIED TO YOUR POLICY

	VEH 1	VEH 2	VEH 3	VEH 4
Driver Skills Development	YES	NO	NO	NO
Account Credit	YES	YES	YES	YES

Identification Numbers of Endorsements Forming A Part Of This Policy:

2315952 2316028 M0108S M109S 2312654 A570A 2312649,

The State of Massachusetts
Citizens Insurance Company of America (A Member of The Hanover Insurance Group)
Private Passenger Automobile^{1/}
Effective March 6, 2016 NB & January 21, 2016 RB

Other Discounts and Factors

Other Discounts & Surcharges								
	Level	BI/OBI	PD	PIP	MED	UM/UIM BI	Comp	Coll
Extra Risk Rate - High-Theft	Vehicle	1.00	1.00	1.00	1.00	1.00	1.50	1.00

Vehicle Type Surcharge								
	Level	BI/OBI	PD	PIP	MED	UM/UIM BI	Comp	Coll
Private Passenger Auto	Vehicle	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Antique	Vehicle	0.70	0.70	0.70	0.70	0.70	0.70	0.70
Recreational Trailer	Vehicle	1.00	1.00	1.00	1.00	1.00	0.70	0.70
Trailer	Vehicle	1.00	1.00	1.00	1.00	1.00	0.20	0.20
Motor Homes	Vehicle	0.70	0.70	0.70	0.70	0.70	0.70	0.70
Snowmobile	Vehicle	1.00	1.00		2.00		1.00	0.70
Golf Cart	Vehicle	0.50	0.50	1.00	1.00		0.50	0.50
All Terrain Vehicle	Vehicle	1.00	1.00		2.00		1.00	1.00
Classic	Vehicle	1.00	1.00	1.00	1.00		1.00	1.00
Dune Buggy	Vehicle	1.00	1.00	1.00	1.00		1.50	1.50

1/ Excludes data for motorcycles and other miscellaneous vehicle types

**CITIZENS INSURANCE COMPANY OF AMERICA
MASSACHUSETTS
PRIVATE PASSENGER AUTO
RULE GUIDE**

Effective:
03/06/2016 New and 01/21/2016 Renewal Business

**THE HANOVER INSURANCE GROUP
440 Lincoln Street, Worcester, MA 01653**

SECTION III - MISCELLANEOUS MOTOR VEHICLES AND COVERAGES

Rule No.

39	Motor Homes/Camper Bodies.....	19
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41	Rental Coverage Upgrade	17
42	Roadside Assistance Coverage.....	17
43	Miscellaneous Type Vehicles.....	18
44	Reserved for Future Use.....	18
45	Agreed Amount Coverage – Comprehensive.....	19
46	Additional Customized Equipment Coverage (ACE)	19
47	Loan/Lease Gap Coverage.....	20
48	DriveSmart and DriveSmart Advantage Coverage Endorsements	20
49	Connections Total Household Rewards	21

SECTION IV - NON-OWNED AUTOMOBILES

Rule No.

50-53	Reserved for Future Use.....	21
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SECTION V - SUPPLEMENTAL INFORMATION

Rule No.

54	Anti-Theft Device Standards and Discounts	22
55	Pre-Insurance Inspection Program	28
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RATING FACTORS SECTION

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RULE 19. DISCOUNTS

Multi-Car

An individual (or lawfully married individuals residing in the same household), who owns two or more automobiles insured on the same policy, shall be entitled to a reduction of the premium applicable to Coverage Parts 1, 2, 3, 4, 5, 6, 7, 8, 9 and 12. At least two of the automobiles must be private passenger vehicles as defined in Rule 27 – Private Passenger Definition, except that vehicles classified as antiques are not eligible. This is part of the Core Discount. Refer to Section R (Sheet 10-12 – Core Discount Factors) for applicable discount.

Anti-Theft Device

Refer to Anti-Theft Devices Standards and Discounts Section.

COVERAGE SELECTIONS PAGE

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JOHN DOE ABC INS. AGCY, INC
123 MAIN STREET P.O. BOX 123
NATICK, MA 01760 Effective date **EAST DOUGLAS, MA 01516**

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Auto 1 96 INFI J30 JNKAY21D0TM303706	Auto 2 98 HONDA CIVIC JNKAY21DOTM303712
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COVERAGES, Parts 1-12	AUTO 1		PREMIUM		AUTO 2		PREMIUM	
COMPULSORY INSURANCE	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED	LIMITS	DEDUCTIBLE	ANNUAL	ADJUSTED
1. Bodily Injury To Others	\$ 20,000 Per person \$ 40,000 Per accident	NONE	\$127		\$ 20,000 Per person 40,000 Per accident	NONE	\$127	
2. Personal Injury Protection	\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41		\$ 8,000 Per person	<input type="checkbox"/> For yourself <input type="checkbox"/> Yourself and household members	\$41	
3. Bodily Injury Caused By an Uninsured AUTO (Compulsory Limit \$20,000/\$40,000)	50,000 Per person 100,000 Per accident	NONE	\$14		\$ 50,000 Per person 100,000 Per accident	NONE	\$14	
4. Damage To Someone Else's Property (Compulsory Limit \$5000)	\$ 100,000 Per accident	NONE	\$201		\$ 100,000 Per accident	NONE	\$201	
OPTIONAL INSURANCE								
5. Optional Bodily Injury To Others	\$ 100,000 Per person \$ 300,000 Per accident	NONE	\$95		\$ 100,000 Per person 300,000 Per accident	NONE	\$95	
6. Medical Payments	\$ Per person	NONE			\$ Per person	NONE		
7. Collision	Actual Cash Value	\$1000	\$177		Actual Cash Value	\$1000	\$177	
8. Limited Collision	Actual Cash Value	\$			Actual Cash Value	\$		
9. Comprehensive	Actual Cash Value	\$ 500	\$122		Actual Cash Value	\$ 500	\$122	
10. Substitute Transportation	Up to \$ 30 a day, maximum 900	NONE	\$63		Up to \$ 30 a day, maximum 900	NONE	\$63	
11. Towing And Labor	Up to \$ for each disablement	NONE			Up to \$ for each disablement	NONE		
12. Bodily Injury Caused By An Underinsured Auto	\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$16		\$ 50,000 Per person \$ 100,000 Per accident	NONE	\$16	
MERIT RATING								
ADJUSTMENT					ADJUSTMENT			
TOTAL PREMIUM FOR AUTO			SEE	PAGE 03	TOTAL PREMIUM FOR AUTO			SEE PAGE 03

Identification Numbers of Endorsements Forming A Part Of This Policy SEE PAGE 03	TOTAL PREMIUM	\$2,904.00
ITEM 5. Place of Principal Garaging		
Auto 1	Auto 2	

DISCOUNTS See pg 3 for additional discounts								
Anti-Theft	Auto 1 N	Auto 2 Y	Age 65 and older	Auto 1 Y	Auto 2 N	Transit	Auto 1 Y	Auto 2 N
Annual Mileage	Auto 1 Y	Auto 2 N	Passive Restraint	Auto 1 N	Auto 2 Y	Multi-car	Auto 1 Y	Auto 2 Y
Group Deviation	Auto 1 Y	Auto 2 Y	SDIP Discount	Auto 1 NA	Auto 2 NA			

ITEM 6. Secured Lender/
Lessor-Additional Insured, if rented auto.

DRIVER INFORMATION - CHECK CAREFULLY THAT ALL OPERATORS OF YOUR AUTO(S) ARE SHOWN BELOW						
OPERATOR NAME	Date of Birth Mo. Day Yr.	License Number	Lic State	Status		
				VEH 1	VEH 2	
JOHN DOE	02/02/38	S12345678	MA	PR	O	
JANE DOE	11/23/59	S87654321	MA	O	PR	

Issue Date 05/21/08
 AGENCY BILL
 INSURED COPY

REFER TO OTHER SIDE FOR ADDITIONAL INFORMATION

Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have serious consequences.

NOTICE: If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers given above for all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the Merit Rating Plan.

DISCOUNTS: Several discounts are available and your premium has been reduced if one or more of the following categories is indicated in Item 4. If a listed operator purchased a monthly public transit commuter pass for 11 of the 12 months preceding the effective date of the policy you may be entitled to the public transit commuter discount. Contact your agent or company representative for further details.

	Age 65 and Older	Air Bag/ Automatic Seatbelts	Annual Mileage		Anti- Theft Device */ Vehicle Recovery System	Multi-car Discount	Account Credit	Public Transit	Driver Skills Development
			0-5000	5001-7500					
Coverage	All	Parts 2, 3, 6 and 12	Parts 1-8 9 and 12	Parts 1-8 9 and 12	Part 9	Parts 1-9 and 12	Parts 1-9 and 12	Parts 4 and 7	Parts 2, 7 and 8
Discount	25%	YES	up to 17%	up to 10%	5-36% * Depending on the category of device.	up to 33%	up to 30%	40%	10%

PART 5 OPTIONAL BODILY INJURY TO OTHERS

The limits shown for this Part are the total limits you have under Compulsory Bodily Injury to Other (Part 1) and this Part. This means that the Compulsory limits are included within the limits shown for this Part and are not in addition to them.

PART 12 BODILY INJURY CAUSED BY UNDERINSURED AUTO

The limits shown for this Part are subject to adjustment. We will only pay for any unpaid damages up to the difference between the total amount collected from the automobile bodily injury liability insurance covering the owner and operator of the uninsured auto and the limits shown for this Part.

MERIT RATING

The Merit Rating credit or adjustment shown on the reverse side for each auto is based on the driving records of the operators listed on your policy. Credits result from incident-free driving. If an adjustment is shown for any auto, refer to the statement furnished with your Coverage Selections Page to determine how the points for each listed operator were calculated. The Merit Rating points and class of each operator are used in assigning the operators to the autos in the manner described in the rating manual.

OPERATOR STATUS CODES

P = Principal Operator, O – Occasional Operator, D = Deferred Operator, E = Excluded Operator
R = Rated Operator

Countersigned by: _____

CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS	CAR	TERR	SYM	VT	RATE CLASS	COST NEW	STATED AMT	HIGH THEFT	EXT CMP	EXT COL	WAIVE DED	COMP GLASS

REFER TO NEXT PAGE FOR ADDITIONAL INFORMATION

ENDORSEMENT DETAILS

PER VEHICLE ENDORSEMENT

	LIMITS	VEH 1	VEH 2	VEH 3	VEH 4
Comp/Coll Loan/Lease		\$100	\$100		
Additional Customized Equipment	\$2000	\$100	\$100		
SUBTOTAL		\$200	\$200	\$	\$
TOTAL PREMIUM FOR AUTO		\$1377	\$1377		

POLICY ENDORSEMENT

Connections DriveSmart Advantage			\$ 150		
Second Chance Accident Forgiveness					
Ultimate Towing & Labor					
Ultimate Rental					
New Car Replacement Guard					
Deductible Dividends					

ADDITIONAL DISCOUNTS APPLIED TO YOUR POLICY

	VEH 1	VEH 2	VEH 3	VEH 4
Driver Skills Development	YES	NO	NO	NO
Account Credit	YES	YES	YES	YES

Identification Numbers of Endorsements Forming A Part Of This Policy:

2315952 2316028 M0108S M109S 2312654 A570A 2312649,

The State of Massachusetts
Citizens Insurance Company of America (A Member of The Hanover Insurance Group)
Private Passenger Automobile^{1/}
Effective March 6, 2016 NB & January 21, 2016 RB

Other Discounts and Factors

Other Discounts & Surcharges								
	Level	BI/OBI	PD	PIP	MED	UM/UIM BI	Comp	Coll
Extra Risk Rate - High-Theft	Vehicle	1.00	1.00	1.00	1.00	1.00	1.50	1.00
Public Transit Discount	Vehicle	4.00	0.90	4.00	4.00	4.00	4.00	0.90

Vehicle Type Surcharge								
	Level	BI/OBI	PD	PIP	MED	UM/UIM BI	Comp	Coll
Private Passenger Auto	Vehicle	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Antique	Vehicle	0.70	0.70	0.70	0.70	0.70	0.70	0.70
Recreational Trailer	Vehicle	1.00	1.00	1.00	1.00	1.00	0.70	0.70
Trailer	Vehicle	1.00	1.00	1.00	1.00	1.00	0.20	0.20
Motor Homes	Vehicle	0.70	0.70	0.70	0.70	0.70	0.70	0.70
Snowmobile	Vehicle	1.00	1.00		2.00		1.00	0.70
Golf Cart	Vehicle	0.50	0.50	1.00	1.00		0.50	0.50
All Terrain Vehicle	Vehicle	1.00	1.00		2.00		1.00	1.00
Classic	Vehicle	1.00	1.00	1.00	1.00		1.00	1.00
Dune Buggy	Vehicle	1.00	1.00	1.00	1.00		1.50	1.50

1/ Excludes data for motorcycles and other miscellaneous vehicle types

**CITIZENS INSURANCE COMPANY OF AMERICA
MASSACHUSETTS
PRIVATE PASSENGER AUTO
RULE GUIDE**

Effective:

~~05/01/2015~~ **03/06/2016** New and ~~03/09/2015~~ **01/21/2016** Renewal Business

**THE HANOVER INSURANCE GROUP
440 Lincoln Street, Worcester, MA 01653**

SECTION III - MISCELLANEOUS MOTOR VEHICLES AND COVERAGES

Rule No.

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SECTION IV - NON-OWNED AUTOMOBILES

Rule No.

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SECTION V - SUPPLEMENTAL INFORMATION

Rule No.

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RATING FACTORS SECTION

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RULE 19. DISCOUNTS

Multi-Car

An individual (or lawfully married individuals residing in the same household), who owns two or more automobiles insured on the same policy, shall be entitled to a reduction of the premium applicable to Coverage Parts 1, 2, 3, 4, 5, 6, 7, 8, 9 and 12. At least two of the automobiles must be private passenger vehicles as defined in Rule 27 – Private Passenger Definition, except that vehicles classified as antiques are not eligible. This is part of the Core Discount. Refer to Section R (Sheet 10-12 – Core Discount Factors) for applicable discount.

Public Transit

~~A discount of the premiums paid for Part 4 and Part 7 coverages will be given to eligible policyholders who provide evidence of purchase of eleven monthly passes or tickets from a qualifying mass transit system during the automobile policy period. Refer to Section R (Sheet 11-16 – Other Discounts & Surcharges) for the applicable discount.~~

~~1. Eligibility~~

~~The vehicle must be a private passenger vehicle as defined in Rule 27 – Private Passenger Definition and be classified as use class 10, 15, 17, 18, 20, 21, 25 or 26 for a minimum of eleven of twelve months of the policy year. In addition, the vehicle must not be driven to work or school ten days or more per month. A minimum of eight of the eleven monthly passes or tickets may be submitted, provided other evidence of purchase is submitted for the missing passes or tickets. The Company shall collect all such passes and other evidence used by a policyholder to obtain the discount.~~

~~**NOTE:** If a policyholder purchases a pre-paid non-refundable annual pass and furnishes proof of such purchase, the discount will be applied to the current policy rather than the expiring policy.~~

~~2. Replaced Vehicles~~

~~The discount will be computed on the basis of combined earned premium for Parts 4 and 7 provided the replacement vehicle otherwise qualifies for the discount. If the insured changes insurance companies and replaces the vehicle at the same time, the second company will be responsible for the discount provided the policy has been in effect six months or more.~~

~~3. Application of Discount~~

~~A discount will be applied to Part 4 and 7 premiums for each eligible vehicle. If there is only one eligible operator with more than one vehicle, the discount will be applied to the vehicle with the higher combined premium. If the policy insures only one vehicle, but there are two or more eligible operators, the discount shall be applied only once. If two or more vehicles and operators are eligible for discount, the discount shall first be applied to the vehicle which develops the highest combined premium for Parts 4 and 7, and then in descending order to the vehicle with the lowest combined premium.~~

~~This discount is fully earned and returnable directly to the policyholder unless the policyholder directs that the discount be applied as a credit to premium charges for a renewal policy or it is used to offset undisputed outstanding premium due the insurer.~~

~~4. Qualifying Massachusetts Transit Systems~~

~~Refer to the Rate Section for a list of approved public transit systems.~~

~~5. The public transit discount shall be applied to the final premium as previously calculated and as previously adjusted by the applicable Merit Rating Plan Rating points or credit, including class 15.~~

Anti-Theft Device

Refer to Anti-Theft Devices Standards and Discounts Section.

CITIZENS PRIVATE PASSENGER AUTOMOBILE RULE GUIDE

Qualifying Massachusetts Transit Systems

The following transit systems have been approved by the Commissioner of Insurance for inclusion in the Public Transit Discount (Rule 19):

	Approved As Of
American Eagle Motor Coach, Inc. —— (formerly Medeiros Bus Co., Inc.)	February 1, 1984
Andre Coachlines, Inc.	January 1, 1984
Arrow Line, Inc., The	January 1, 1980
Bay State Spray & Provincetown	February 1, 1984
Berkshire Regional Transit Authority	January 1, 1982
Bloom's Bus Line	December 1, 1980
Bonanza Bus Lines, Inc.	September 1, 1983
Brockton Area Transit Authority	January 1, 1979
Brush Hill Transportation Co.	October 15, 1992
Burlington Transportation Bus —— (The People Mover/The B Line)	October 15, 1992
Cape Cod Regional Transit Authority	May 18, 1992
Carey's Bus Lines, Inc.	November 1, 1986
Coach Company, The (Kinson Bus Lines)	January 1, 1985
Connecticut Transit Authority (CTTRANSIT)	September 7, 1993
Dee Bus Service	January 1, 1982
Drummond, H.T., Inc.	January 1, 1985
Edmar Limousine Service, The	May 21, 1998
Gray Line Framingham Commuter Corp.	January 1, 1980
Greater Attleboro - Taunton Regional Transit Authority	January 1, 1982
Greenfield Montague Transit Authority	January 1, 1979
Hingham/Boston Commuter Boat Service	January 1, 1979
Interstate Coach	January 1, 1980
Kinson Bus Lines (The Coach Company)	January 1, 1985
Lexpress	January 1, 1982
Logan Express	January 29, 1996
Lowell Regional Transit Authority	January 1, 1980
Massachusetts Bay Transit Authority (includes The Ride)	January 1, 1979
Mass Rides	February 1, 2004
Merrimack Valley Regional Transit Authority	May 1, 1983
Montachusett Regional Transit Authority	January 1, 1980
Peter Pan Bus Lines, Inc. —— (formerly Priority Express)	August 15, 1988
Pioneer Valley Transit Authority	January 1, 1979
Plymouth & Brockton Street Railway Co.	January 1, 1980
Rabbit Transit, Inc.	January 1, 1982
Trembly Motor Coach Service, Inc.	January 1, 1980
Vocell Co., Inc.	January 1, 1980
Worcester Gray Line, Inc.	January 1, 1980
Worcester Regional Transit Authority	January 1, 1980
Yankee Line, Inc., A	March 13, 1994