

**MASSACHUSETTS  
PERSONAL LINES AUTO MANUAL  
STANDARD VEHICLE PREMIUM CALCULATION**

**Base Rates by Coverage**

	<b>BI</b>	<b>PD</b>	<b>PIP</b>	<b>COMP</b>	<b>COLL</b>
<=1 NFA/COMP	\$153.30	\$152.30	\$75.00	\$79.20	\$303.85
>1 NFA/COMP	\$153.30	\$152.30	\$75.00	\$79.20	\$303.85

**Increased Limit Factors - BI**

20/40	1.00
35/80	1.17
50/100	1.28
100/300	1.43
250/500	1.76

**Increased Limit Factors - PD**

\$5,000	1.00
\$10,000	1.20
\$25,000	1.24
\$50,000	1.26
\$100,000	1.28

**PIP Deductible**

\$0	1.00
\$100	0.99
\$250	0.97
\$500	0.93
\$1,000	0.84
\$2,000	0.67
\$4,000	0.54
\$8,000	0.42

**Medical Base Rate**

\$5,000	\$17
\$10,000	\$22
\$25,000	\$34

**PIP Deductible Application**

Full ( \$0 Deductible )	1.00
Named Insured	0.99
Named + Household	0.97

**UM Base Rates by Increased Limit**

20/40	\$12
35/80	\$16
50/100	\$17
100/300	\$20
250/500	\$23

**UIM Base Rates by Increased Limit**

35/80	\$10
50/100	\$14
100/300	\$24
250/500	\$40