

***Occidental Fire & Casualty  
Company  
of North Carolina***

**Personal Automobile  
Rule & Rate Guide**

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***MASSACHUSETTS***

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**Effective: *April 26, 2010***

*Customer Service: 800-233-1880*

*Claims Service: 800-223-5994*

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## **INTRODUCTION**

Occidental Insurance is pleased to present guidelines for insuring personal automobile customers. Contained in this manual is our Premium program which allows our independent agency partners to provide coverage to nearly any licensed driver.

While this manual addresses most situations that you will encounter, there will be special circumstances when you will need to seek assistance. Please call us at any time so we may help you provide the proper coverage for your clients.

Please utilize our website, which is available 24/7: [www.occiquote.com](http://www.occiquote.com)

## **BINDING AUTHORITY**

All applications for insurance are accepted via the **OcciQuote<sup>sm</sup>** web site. Any exception must be approved beforehand by the Company.

Applications may be effective no earlier than 24 hours prior to the time of submission. If an earlier date and time is not requested on the Internet process, the date and time of uploading will be used.

We expect and require agents to verify that vehicles are in good condition prior to submitting an application that includes physical damage coverage in accordance with 211 CMR 94.00.

The Binding Authority also applies for requests to change or add any coverage(s), driver(s), or vehicle(s).

**OcciQuote<sup>sm</sup>** is designed to address nearly all the acceptable risks and situations that we will insure. Occasionally, there may be a risk or situation that you feel is acceptable which **OcciQuote<sup>sm</sup>** will not allow. In those instances, please contact underwriting to discuss the issue.

If there are any questions regarding the acceptability of a risk, please call the Underwriting Department prior to submitting.

Whenever the National Weather Service issues a tropical storm or hurricane watch or warning within 100 miles of the location of the proposed risk, the following restrictions apply:

1. No policy may be written or bound as new business.
2. No endorsement of existing policies may be requested which will increase the Company's exposure (e.g. adding vehicles or reducing deductibles).
3. Agents who submit new business applications with an effective date/postmark combination which would violate the prohibitions listed above will have the application rejected and no coverage will have existed.
4. Normal binding authority will resume after the watches and/or warnings are lifted by the National Weather Service.

## CLAIMS

All claims should be reported to:

**Occidental Fire & Casualty**  
**PO Box 771270**  
**Coral Springs, FL 33077-1270**  
**Phone: 800-223-5994 or 954-346-3323**  
**Fax: 954-753-0668**  
**email: [sbu\\_flclaims@ofc-wic.com](mailto:sbu_flclaims@ofc-wic.com)**  
**website: [www.occiquote.com](http://www.occiquote.com)**

Please provide a policy number and claim number on all correspondence.

## COMPANY CODES

NAIC	23248
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## APPLICATIONS & SUPPORTING DOCUMENTATION

Our **OcciQuote<sup>sm</sup>** Internet process helps guarantee that required information is supplied before the application is uploaded.

Signature pages and required, supporting documentation may be handled as follows:

1. Retain the documents at the agency for seven (7) years, until requested by the Company, or required by the state;
2. Upon company request scan and email the documents to [sbu\\_underwriting@ofc-wic.com](mailto:sbu_underwriting@ofc-wic.com).

The entire application must be completed. If any area of the application does not apply, then "N/A's", "None", or similar indication must be shown. **OcciQuote<sup>sm</sup>** applications will not upload unless all required fields are completed.

Original signatures for both the applicant and the agent are required. Power of Attorney signatures will **not** be accepted.

Occidental personal automobile policies **may not** be used to insure commercial entities. Corporations, business names, company names, and "DBA's" may **not** be listed as Named Insured or additional interest. We will **not** provide certificates of insurance to third parties.

## MISREPRESENTATION OF RISK

The agent must ask the applicant **ALL QUESTIONS** on the application, clearly explaining the importance of providing accurate information. The agent must also have the applicant read the Applicant's Statement. Statements are provided in English. If the applicant cannot read the English language, the agent should arrange for a third party to translate such information to the applicant.

The applicant has a responsibility and an obligation to truthfully and fully complete an application for insurance. Any misrepresentations on the application may render the policy null and void and could result in the denial of claims.

Policies terminated because of material misrepresentation will be rescinded (No Coverage Afforded). The required notice will be sent to the Registry of Motor Vehicles and premiums will be returned to the applicant.

### **POLICY FEES**

If an insured's check made payable to the company is returned to us by the financial institution not honored upon first presentation, a \$15.00 Non-Sufficient Fund (NSF) fee will be assessed, and will be added to the next installment billing.

A delinquency charge of \$10.00 will apply to any installment payment in default for 6 or more days, and will be added to the next installment billing or renewal offer.

A \$25.00 policy fee will be charged each policy term, per policy, to cover the costs required to attract and write a customer. The costs include advertising and call center/Internet expenses associated with new business quoting and binding.

The above fees shall be fully earned, and no commission will be paid.

### **FINANCIAL RESPONSIBILITY FILINGS**

At the insured's request the Company will issue a financial responsibility filing (SR-22) for any listed driver on the policy.

Financial Responsibility filings will be made for the State of Residence Only.

Any policy with a filing must offer liability limits that satisfy minimum financial responsibility requirements for the state of Massachusetts.

Any driver requesting a filing must have a verifiable driving record and cannot be excluded from the policy.

All Financial Responsibility filings are subject to a \$25.00 fee.

The Company will cancel the filing upon lapse or expiration of the policy. The filing will be reinstated if the policy reinstates or renews.

### **ENDORSEMENTS/CHANGE REQUESTS**

All change requests should be uploaded the same day as requested by the policyholder through the Company's website. **DO NOT MAIL.** Change requests will be processed by the Company **only when they are uploaded.** Contact the Company if an exception is needed.

All premium adjustments reflect the rates and rules in force at the time of the policy or the latest renewal effective date and are calculated pro-rata.

Mid-term premium adjustments are made as a result of a change in address, vehicles, drivers, coverage, etc. Mid-term premium adjustments are not made as a result of a change in points or age of existing drivers.

An instruction sheet will print following the upload of the change request, stating what information, if any, needs to be submitted to the Company. Supporting documentation may include inspection forms, rejection forms, etc. (same as new business).

Changes which result in an increase in policy premium must be uploaded with the requested additional premium that is calculated and displayed by the **OcciQuote<sup>sm</sup>** system.

Reduction or deletion of Medical Payments or Underinsured Motorists Coverage requires the insured's signature on the Selection/Rejection form. This form must be retained in the agent's office unless otherwise requested by the Company.

Suspension of coverage is **not** permitted.

Requests to correct a policy will be honored for the current policy term only.

## **POLICY RENEWAL**

Policies are underwritten and adjusted on their renewal date to reflect class changes and the removal of out-dated, chargeable accidents and violations.

Renewals will be classified and rated in accordance with the underwriting and rate guide in use at the time of renewal. The renewal will reflect changes indicated on new Motor Vehicle Records and chargeable accidents of all operators for the past 36 months.

Approximately 30 days before the policy expiration date, the Company will send a renewal offer to eligible policyholders. A notice will also be provided to the agent.

Policies will be renewed for each policyholder who makes payment for the amount billed. Payments must be postmarked no later than the policy's expiration date.

Policies on which the renewal payment is postmarked after the expiration date and up to and including 30 days after the policy expiration date may be renewed the day after postmark or on the day of upload.

## **CANCELLATIONS**

Flat cancellations are permitted when approved by the Company.

The Named Insured shown on the Declarations page may cancel by:

1. Returning the current Declarations page with a signed and dated cancellation request. If there is more than one (1) Named Insured, both must sign the cancellation request or Lost Policy Release, unless they are married;
2. Providing the Company with advance written notice of the date cancellation is to take effect. If advance written notice is not received, the policy will be canceled effective at 12:01 a.m. on the date the request is received at the Company's office;
3. Completing a Lost Policy Receipt form.

Cancellations will be computed pro rata.

If a Loss Payee or other interest exists, the effective date of cancellation may be adjusted to comply with regulatory requirements.

## **REINSTATEMENTS**

Reinstatements will be made entirely at the Company's discretion.

Policies canceled for nonpayment of premium may be reinstated only if the full balance due is post marked or received by the Company on or **before** the cancellation date shown on the formal cancellation notice.

A vehicle inspection report for all vehicles with physical damage coverage may be requested, when a reinstatement without a lapse in coverage is requested by the Policyholder. The inspection must be maintained by the agent and produced at the Company's request.

Agents may not accept premium payments after cancellation without the prior authorization of the Company. Any agent that does so will be responsible for any coverage the insured may claim and must reimburse the Company for any losses the Company pays, including legal fees.

Policies with unpaid additional premium balances will not be reinstated unless the balance is paid in full.

We will not reinstate when:

1. A policy is canceled for material misrepresentation.
2. An insured has moved out of state.
3. We have already notified you of our decision to non-renew the policy.

## **DIRECT BILL PROCEDURES**

Down payments or full policy premiums must be submitted during the application internet upload process.

Installment billing notices are sent approximately 15 days prior to the due date.

Each installment bill gives the policyholder the option to pay the amount due or the total balance. A late fee of \$10.00 will be charged to any installment payment in default for 6 or more days.

A service fee of 1.5% times the outstanding, unpaid premium balance will be added to each installment at the time of billing.

A \$25.00 fee will be assessed when a policy is reinstated.

All additional premiums, including rating differences due to Motor Vehicle Records, C.L.U.E. reports and/or endorsements, will be billed directly to the insured by the Company. The additional premium will be divided into any remaining installments. The Named Insured will be billed for the total additional premium if the original premium was paid in full or if the last installment has been billed or paid.

Return premiums, if any, are first applied to any balance due the Company. Once a policy has been paid in full, return premiums will be mailed to the Named Insured.

A renewal offer will be sent to the Named Insured approximately 30 days prior to renewal with a copy to the agent.

Installment and renewal payments received in the agent's office are subject to the same binding procedure as new business. The agent must document the date and time that the premium payment was received, and the agent must upload the premium payment to the Company.

Installment and renewal payments that are submitted via Internet upload are subject to the following:



1. Internet payments will be deemed postmarked as of the date and time of uploading.
2. Any installment payment that is uploaded after the cancellation date will be applied to the account and return premium (if any) will be returned to the policyholder. The policy will remain canceled.
3. Any renewal payment uploaded/postmarked after the policy expiration date up to and including 30 days will result in the policy being renewed with a lapse in coverage. Renewal payments received after 30 days will be applied to the account, and return premium (if any) will be returned to the policyholder. The policy will ***not*** be renewed.
4. Any installment payment uploaded with ***incorrect*** credit card or checking account numbers (including bank routing numbers) will be treated as insufficient funds transactions and the policy will cancel for nonpayment.

When payments are submitted via the Internet, ***DO NOT SEND THE ORIGINAL OR COPY OF THE POLICYHOLDERS CHECKS OR CREDIT CARD FORMS TO THE COMPANY.*** Such forms will be considered as additional payment requests. The Agent will be held responsible for errors or problems that result.

If an insured's check, made payable to the Company, is not honored and is returned to us by the financial institution, a \$15.00 Non-Sufficient Fund (NSF) fee will be added to the next installment or renewal down payment. Replacement funds must be a money order or certified funds. A \$25.00 Non-Sufficient Fund (NSF) fee also applies to Agency checks returned by the bank. If an insured's check, made payable to the Agent for the down payment, is returned by the financial institution not honored, upon first presentation, the policy will be flat cancelled. If an insured's check, made payable to the Agent for an installment payment, is returned by the financial institution not honored, upon first presentation, the agent ***will not*** be reimbursed.

Payment plans may not be changed after a policy has been issued.

The Paid in Full Discount will not apply mid-term; full premium must be paid at the beginning of the term.

Inception dates may not be changed after a policy has been issued.

## ***REGISTRY OF MOTOR VEHICLES PROCEDURES***

The following is a general summary of Registry of Motor Vehicles procedures. For specific details about procedures, contact the Registry.

### **1. Registration Requirements**

A Registration is required for all vehicles and trailers. A complete "RMV-1" form must be submitted, along with the previous owner's title or certificate of origin, or a bill of sale for a vehicle that has not been titled previously.

Six to eight weeks prior to the expiration date of registration, the Registry will mail an "RMV-2" renewal card, which will show the current registration data for the owner of the vehicle and the vehicle. Certain changes may be made by the owner on the application.

An "RMV-3" Amendment of Registration form may be used to change information on a current registration, renew a current registration if an "RMV-2" form has not been received, swap from one license plate to another type of plates such as a vanity plate, and re-register a vehicle for the same owner, if a new title is not required.

### **2. Registration Transfer**

Valid plates from a previously-owned vehicle may be transferred to a newly acquired vehicle provided the owner is at least eighteen and has lost possession of the vehicle through either a transfer of ownership or sale of the vehicle.

An owner has seven (7) calendar days to operate a newly acquired vehicle with current plates before the transfer is processed at the Registry, and the intent of the owner is to transfer the registration from the previous vehicle to a newly acquired vehicle of the same type.

Restrictions on a registration transfer are: the owner must be the same on both vehicles, the transferred registration must be active, and the new vehicle must have the same type of plate.

### 3. Salvage Title

All vehicles for which an insurance company has made a total loss payment must be titled as a salvage vehicle except for vehicles 10 years or older. A vehicle which has a Salvage Title may not be provided with physical damage insurance until a new Certificate of Title is issued by the Registry. The Reconstructed or Recovered Theft Title will be awarded after the vehicle has passed a salvage inspection. The vehicle must be either towed to the salvage inspection site or a repair plate must be attached.

## ***DRIVER EXCLUSIONS***

The Named Insured cannot be excluded or deleted without canceling the policy.

A spouse may be excluded only if both the Insured and Spouse sign the exclusion form.

All household members 15 years and older must be identified on the application.

The title owner of a vehicle cannot be excluded (exception: if there is a co-owner, then one may be excluded).

Requests to exclude driver(s) from coverage must be signed by the Named Insured on the designated space located on the application or the Driver Exclusion Request form.

Requests to remove driver exclusions must be in writing with a signature from the Insured. The request will be effective the date received by the Company.

## ***ADDITIONAL INTERESTS***

Lienholders and co-owners of a vehicle insured under an Occidental personal automobile policy may be included for coverage and listed on the Declarations.

The named insured's employer or a business owned by the named insured may **not** be included as additional interests.

Certificates of Insurance **will not** be issued.

## ***POLICY TERM***

Policies are available for six (6) and twelve (12) month term.

**COVERAGES AND LIMITS**

**Compulsory Insurance Coverages**

**Part 1/Part 5 - Bodily Injury To Others and Optional Bodily Injury To Others**

The basic limits are \$20,000 each person and \$40,000 each accident. The basic limits are \$20,000 each person and \$40,000 each accident. Increased limits are available.

**Part 2 - Personal Injury Protection**

The basic limit is \$8,000 for each person.

**Part 3 - Bodily Injury Caused By An Uninsured Auto**

The basic limits are \$20,000 each person and \$40,000 each accident. Increased limits are available. The limits may not exceed the limits of Part 5, or if Part 5 is not purchased, Part 1 of this policy. This coverage is excess over Personal Injury Protection.

**Part 4 – Damage To Someone Else’s Property (Property Damage)**

The basic limit is \$5,000 each accident. Increased limits are available.

**Optional Insurance Coverages**

**Part 6 - Medical Payments**

The basic limit is \$2,500 each person. Higher limits are available for all motor vehicles rated in this manual. This coverage is excess over Personal Injury Protection.

**Part 7 - Collision**

This coverage is subject to a basic deductible of \$500. A deductible of \$300 is available subject to underwriting requirements established by the insurer, as permitted by law. Higher deductibles are available at the option of the insured. For an additional premium, policyholders may purchase a “waiver of deductible.” With this waiver, the collision deductible will not apply when an accident is caused by an identifiable driver.

**Part 8 - Limited Collision**

This coverage is subject to a basic deductible of \$500. A deductible of \$300 is available subject to underwriting requirements established by the insurer, as permitted by law. Other deductibles or full coverage are available at the option of the insured.

**Part 9 – Other than Collision (Comprehensive)**

This coverage is subject to a basic deductible of \$500. A deductible of \$300 is available subject to underwriting requirements established by the insurer, as permitted by law. Higher deductibles are available at the option of the insured.

**Part 12 - Bodily Injury Caused By An Underinsured Auto**

The basic limits are \$20,000 each person and \$40,000 each accident. Increased limits are available. The limits may not exceed the limits of Part 5, or if Part 5 is not purchased, Part 1 of this policy. This coverage is excess over Personal Injury Protection.

**Glass Coverage**

\$0 or \$100 glass deductibles are available at the option of the insured. This glass deductible is in addition to the otherwise applicable deductible for Other than Collision (Comprehensive).

**Road Protection Coverage**

We offer rental reimbursement, towing and labor and other optional coverages. Please refer to the Road Protection Coverage (RPC) Section on page 28.

## **MANDATORY OFFER OF COVERAGE**

Massachusetts law requires the company that provides Compulsory Insurance Coverages to make a mandatory offer to issue, to any person so insured, additional coverage consisting of:

1. Limits up to \$35,000 each person and \$80,000 each accident for Parts 3, 5, and 12.
2. \$5,000 each person for Part 6.
3. Fire, Theft and Combined Additional Coverages subject to a basic deductible of \$500.

## **PERSONAL AUTO ACCEPTABILITY**

### **STANDARD PROCEDURES**

#### **A. Renewals**

Approximately 30 days before the policy expiration date, the Company will send a renewal offer to eligible policyholders. A notice will also be provided to the agent. Policyholders who would receive an increased premium due to coverage enhancements resulting from a Company filing will also receive a notice allowing them to accept or reject the added enhancements and the resultant premium increase.

Policies will be renewed for each policyholder who makes payment for the amount billed. Payments must be postmarked no later than the policy's expiration date. Policies on which the renewal payment is postmarked after the expiration date and up to and including 30 days after the policy expiration date may be renewed the day after postmark or on the day of upload.

Failure to pay the deposit premium may result in cancellation of the policy or removal of the annual mileage discount. The specific reason for cancellation is non-payment of any required premium.

#### **The Cancellation Notice must also contain the following statement:**

**“This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.”**

#### **B. Non-Renewals**

No company shall refuse to renew a policy unless written notice is given by the company to the insured, or the producer or broker producing the business, at least forty-five days prior to the expiration of the policy. The notice shall be on a standard form prescribed by the Commissioner of Insurance.

A notice required to be sent by the company to the insured may be by regular mail for which a certificate of mailing receipt has been obtained from the United States Postal Service. Unless another company has replaced the insurance, the notice should be electronically transmitted to the Registry of Motor Vehicles not earlier than the policy expiration date. If the insurance and registration are coterminous, it will not be necessary to notify the Registry of Motor Vehicles.

If the notice is required to be sent by the company to the producer or broker producing the business, such producer or broker shall, within fifteen days of receiving such notice, send a copy to the insured by regular mail for which a certificate of mailing receipt has been obtained from the United States Postal Service. The producer or broker must notify the company not later than the policy expiration date if the insurance is not replaced so that the company may, in turn, electronically transmit the notice to the Registry of Motor Vehicles. Notice to the company is not required if the insurance and registration are coterminous.

### **C. New Business**

The producer is required to obtain from the applicant for insurance a new business application in all cases except when the producer is transferring a book of business from one company to another and the acquiring company waives this requirement.

If the Coverage is being replaced mid-term, the producer must verify that there is no automobile insurance premium owed to the former company or producer.

### **D. Transfer of Insurer**

The producer of record must provide information necessary for a company to transmit data to the Registry of Motor Vehicles for each vehicle insured.

In addition to reporting the necessary information to the company, the producer shall prepare a "RMV 3 Form", for processing by the Registry of Motor Vehicles, if an insured requests a corrected registration certificate.

The producer of record for the new policy must notify the prior producer of record, if known, or the prior insurer of the transfer or other forms of insurance verification from insured's, insurers or producers of record for the new policies, provided the notices meet at least the following standards.

- (1) The notice must be signed by the producer of record for the new policy or, it must be on the company's letterhead, if it is issued by the new insurer; and
- (2) The notice must bear the registry stamp of the new insurer. The stamp may be in electronic form.

Producers must accept these notices regardless of whether they are generated in hard copy or in electronic format. They must forward such notices to the prior insurer as soon as possible so that consumers' rights are not affected negatively. Producers also are expected to assist their customers to correct any perceived inaccurate information on a notice of transfer rather than reject these notices automatically.

No notice of cancellation is required.

**EXCEPTION** - Except for D-1 above, Section D of this Rule is not applicable to those specific instances when a producer transfers a block of business from one carrier to another. In such situations the producer should refer to the former carrier for specific procedures. No Notice of Transfer of Insurer is required, but the producer of record must provide the new carrier with information necessary for that carrier to transmit registration data to the Registry of Motor Vehicles.

### **E. Cancellation (Other Than Transfer of Insurer)**

Notice of cancellation must be given in a timely manner as required by Massachusetts law on a form approved by the Commissioner and shall include the specific reason(s) for cancellation.

The company must electronically notify the Registry of Motor Vehicles immediately upon the intended effective date of cancellation.

## **RESIDENCE AND LOCATION**

The proper rate schedules and rules are those effective in the city or town where the automobile is principally garaged. Motor vehicles used by salesmen or solicitors, or those with similar duties, requiring the operation of the motor vehicle in more than one rating territory in Massachusetts, shall be assigned to the territory determined by the place of principal garaging, or, if there is no specific city or town of principal garaging, then, by the residential address of the operator, or, if the residential address of the operator cannot be determined, then, by the Massachusetts business address of the operator. No adjustment of the amount shall be made by reason of a change in the place of principal garaging during the policy period unless such change is permanent.

Massachusetts registration is required of non-residents in accordance with reciprocal agreements with the various states as determined by the Registrar of Motor Vehicles.

Any motor vehicle owned by a NON-RESIDENT of Massachusetts for which Massachusetts registration is required, regularly garaged INSIDE the Commonwealth, shall be charged the rate for the territory in which the motor vehicle is principally garaged by such NON-RESIDENT during the period of Massachusetts registration.

### **UNVERIFIABLE MOTOR VEHICLE RECORDS**

If no evidence of prior licensure is available, a vehicle operator may be assigned to Class 20 or Class 21. The Massachusetts driving experience will be used thereafter to assign the operator classification.

### **TERMINATION OF INSURANCE**

#### **A. Cancellations**

The following provisions apply when a policy is cancelled:

1. If a policy is cancelled by the company or by the insured at any time, the return premium shall be computed pro rata.
2. Theft of Vehicle or Plates
  - a. If the insured automobile is stolen or destroyed (total or constructive total loss) and cancellation is requested by the insured within thirty days following the date the automobile is stolen or destroyed, the return premium for all coverages (including the premium for the coverages under which loss was paid) shall be calculated on a pro rata basis from the day following the date of such loss.
  - b. If the insured registration plates are stolen or destroyed, a lost plate affidavit is to be issued to the Registry of Motor Vehicles canceling only coverage with respect to such plates effective the day following the date of such loss, and the policy shall continue to provide coverage with respect to any replacement plates.
  - c. If the insured files a lost plate affidavit with the Registry of Motor Vehicles, the company may cancel the policy.
3. Except as otherwise provided by law, no cancellation of the policy, or any of its parts, whether by the company or by the insured, shall be valid unless written notice thereof is given by the party proposing cancellation to the other party at least twenty days in each case prior to the intended effective date thereof. Notice of cancellation sent by the company to the insured and the loss payee at the addresses stated in the policy by regular mail for which a certificate of mailing receipt has been obtained from the United States Postal Service, shall be a sufficient notice and that an affidavit of any officer, producer, or employee of the company, duly authorized for the purpose that he has so sent such addressed as aforesaid, shall be prima facie evidence of the sending thereof as aforesaid. When the cancellation becomes effective, the company shall electronically transmit the pertinent data to the Registry of Motor Vehicles in the manner prescribed by the Uninsured Motorists System (UMS). The written notice to the insured shall specify the reason or reasons for cancellation. If the reason for cancellation is nonpayment of premium, the Notice of Cancellation shall state the amount of deficiency owed to the company for all the insurance provided and shall state in substance that the cancellation will not be effective if the insured pays the amount of such deficiency on or prior to the effective date of the cancellation. If a cancellation of the policy results in a return premium of less than \$5.00, no refund need be made except at the request of the insured, in which case the actual return premium shall be allowed.

No policy in effect prior to a rate level revision shall be endorsed or cancelled and rewritten to take advantage of such a revision or to avoid the application of such a revision.

## **B. Sale or Transfer of Motor Vehicle, Surrender of Registration Plates, or Filing of a New Certificate**

The policy shall terminate upon:

1. The sale or transfer of title by the owner of the motor vehicle or trailer thirty (30) days after the transfer unless the owner has registered a replacement motor vehicle.
2. The surrender to the Registry of Motor Vehicles of the registration plates issued to the owner of the motor vehicle by the Registrar of Motor Vehicles under Chapter 90, with a written statement, in such form as the said Registrar may require, (plates returned receipt) that they are surrendered to cancel the registration of, and the insurance under, the policy for such motor vehicle or trailer.
3. The filing with the Registry a certificate of insurance of another company as of the effective date of such certificate.

NOTE: If more than one motor vehicle or trailer is described in the policy, the termination of coverage applies only to the motor vehicle or trailer involved in one of the situations described above.

## **C. Reinstatement**

If a policy has been cancelled by an insurance company, and such policy is later reinstated by the Board of Appeal or by the Superior Court or Municipal Court of the City of Boston, the premium charge for the unexpired term of the policy shall be calculated pro rata on the premium applicable to the policy when originally issued.

## **D. Plates Returned Receipt**

In the event that a policy has been terminated by:

1. sale or transfer of the motor vehicle, or
2. surrender of the registration plates by the owner of the motor vehicle with a written statement in such form as the Registrar may require, that they are surrendered to cancel the registration of, and the insurance under, the policy for such motor vehicle or trailer.

A receipt from the Registry of Motor Vehicles stating that the registration plates have been surrendered must be furnished to the insurance company.

## **VEHICLE USE DEFINITIONS**

The manner and frequency in which a vehicle is used has a direct bearing on the rate for that vehicle. Occidental applications for insurance contain questions regarding the use of vehicles. Please call if there are any questions about the way a customer uses their vehicle.

Vehicles use is defined as follows:

1. **Pleasure:** vehicle is not used in any of the ways described below;
2. **Commute:** vehicle is used primarily to commute to and from work or school;
3. **Business:** vehicle is used during the course of the driver's occupation during the day, and it requires visiting multiple places during the day. Commuting to and from a place of business at the beginning and end of the day only is not considered business use. Examples include, but are not limited to sales representatives, job supervisors, meter readers;
4. **Artisan:** vehicle is used by a tradesman or artisan to haul tools and equipment to job sites. Examples include, but are not limited to, carpenters, dry-wallers, electricians, landscapers, masons, painters, plasterers, plumbers, roofers, surveyors;
5. **Delivery:** vehicle is used for the delivery of products, such as pizzas, newspapers, USPS mail;
6. **Farm:** vehicles used almost exclusively on a farm or ranch with only occasional use on public roads may be classified as farm use.

## **DRIVER RATING POINTS**

**Auto Plan Acceptability** - Drivers with more accidents or violations, as shown below, during the 36 months prior to application for insurance with Occidental are not eligible for coverage without underwriting review and approval.

<b>Incidents</b>	<b>Per Driver Maximums</b>	
	<b>Licensed More than 6 Years</b>	<b>Licensed 6 Years or Less</b>
Accidents	3	1
Major Violations	3	1
Intermediate Violations	3	1
Minor Violations	6	1

**Driving record points**-Driver rating points are assigned to operators for their driving history. Points are not assigned for non-chargeable incidents and not-at-fault accidents. An MVR may be requested for each applicant.

**Chargeable Period** – All accidents and violations occurring in the 36-month period prior to the initial policy inception, or in the 36-month period prior to the renewal date for renewal policies, are considered in developing a driver's policy premiums. The chargeable period for drivers being endorsed onto a policy after inception is 36 months prior to the endorsement effective date.

**Chargeable Date** – The occurrence date is used to determine if the accident or violation took place in the chargeable period. If we cannot obtain the date, it will be deemed to be the day before the policy inception date.

**Same Day Offenses** – If there were multiple violations or accidents that occurred on the same day, charge only for the one violation or accident with the highest point charge.

NOTE: The experience of persons associated with the operation of a vehicle or train as a public conveyance or as part of their employment for a local transit system shall not be used when determining additional point charges.

### **ACCIDENTS:**

**At-Fault Accidents:** Accidents noted on a) a Motor Vehicle Report (accompanied by a violation on the same day), b) CLUE reports, c) the application, or d) accidents noted on a Motor Vehicle Report and substantiated by either CLUE or the application will be assumed to be at-fault unless proof is received to verify that the insured was not-at-fault.

<b>Chargeable Accidents</b>	<b>Points</b>
First	3
Second	4
Each Additional	7

**Non-chargeable Incidents:** a) comprehensive claims, b) accidents resulting in \$500 or less damage and c) violations which are not assigned considered chargeable. Points are not assigned for non-chargeable incidents.

**Not-At-Fault Accidents** – Points are not assigned for not-at-fault accidents.



Accidents that are considered to be not-at-fault include, but are not limited to, the following:

1. The accident was caused by collision with a bird or animal. Accidents involving collision with another vehicle or object as a result of swerving to avoid an animal are at-fault;
2. The insured vehicle was legally parked;
3. The insured vehicle was struck in the rear while legally stopped;
4. The insured vehicle was struck by a hit-and-run driver and was reported to the proper authorities within 24 hours.
5. The owner or operator of the insured's automobile has been reimbursed for more than 50% of the property damage loss by, or on behalf of, another person responsible for the accident or has judgment against such other person for more than 50% of the property damage loss; or
6. The driver was at fault, but the accident is not chargeable under applicable state laws and regulations or other Company procedures.

**MAJOR VIOLATIONS:**

Any Alcohol or Drug Conviction  
 Driving on Suspended License  
 Negligent Homicide  
 Felony while operating a motor vehicle  
 Unlawful use of driver's license  
 Speed contest or racing  
 Hit and Run  
 Failure to stop at the scene of an accident  
 Reckless or careless driving

Major Violations	Points
First Conviction	2
Second Conviction	5
Each Additional	10

**INTERMEDIATE VIOLATIONS:**

Aggressive Driving  
 Illegal Passing  
 Operating an automobile without a valid driver's license  
 Driving too fast for conditions  
 Failure to have the vehicle under control  
 Driving on the wrong side of the highway  
 Open container  
 Violation of traffic sign or light signal

Intermediate Violations	Points
First Conviction	2
Second through Third Conviction	3
Each Additional	4

**MINOR VIOLATIONS:**

All other moving violations not listed as major or intermediate (Speeding, Failure to Yield, etc...)

Minor Violations	Points
First Conviction	1
Second through Fourth	2
Each Additional	3

## **MID-TERM DRIVING HISTORY RE-EVALUATION**

At the named insured's request during a policy term, the Company will re-evaluate the driving history of all drivers insured on the policy by removing points associated with accidents and violations that occurred more than 36 months prior to the date of re-evaluation if none of the drivers have had new accidents or violations since the premium for that policy term was determined. The policy premium shall be adjusted accordingly as of the date of the named insured's request based on the revised point total.

## **PERMIT STATUS RATING**

Drivers with a learner's permit will not be included in the rating of the policy. The permit driver will become an "eligible-to-be-rated" driver at the earliest of (a) notification by the named insured that the permit driver has obtained their full license; or (b) the first renewal of the policy. If the latter, we will notify the customer of the change in rating, providing them an opportunity to notify us that the driver continues to hold a learner's permit and return them to non-rated status. Driver's with a learners permit will be listed as a never been licensed operator until a valid driver's license is obtained.

## **DISCOUNTS**

**Annual Mileage** - A annual mileage discount of **10%** applies to any vehicle driven less than 5000 miles a year. The insured shall be entitled to a reduction of the premium applicable to Coverage Parts 1, 2, 4, 5, 6, 7, 8, and 9.

**Multi-Car** - A **10%** multi-car discount applies if there is more than one vehicle on the policy. The insured shall be entitled to a reduction of the premium applicable to Coverage Parts 1, 2, 4, 5, 6, 7, 8 and 9.

**Anti-Theft Device** - Refer to page 18 Anti-Theft Devices Standards and Discounts Section.

**Anti-Lock Brakes** - A **5%** discount applies to Coverage Parts 1, 2, 4, 5, 6, 7 and 8 when a motor vehicle is equipped with Anti-Lock Brakes.

**Renewal** - A **5%** discount may be applied to a renewal when the named insured and all operators have not incurred any chargeable accidents in the last 12 months. An additional discount may be earned every 12 months, subject to the maximum combined discount rule. The insured shall be entitled to a reduction of the premium applicable to Coverage Parts 1, 2, 4, 5, 7, 8 and 9.

If an at-fault accident occurs during the policy term, the renewal discount **will not** be earned.

6 month term = 5% (every 12 months)

12 month term = 5%

**Passive Restraint** - Premiums for Personal Injury Protection, Medical Payments, Uninsured Motorist and Underinsured Motorist Coverages will be reduced by **10%** when the vehicle is equipped with air bags or automatic seat belts

**Paid In Full** - Any 12 month policy that is paid in full at the time of application will receive a **5%** discount applicable to the total policy premium. The policy fee, zero deductible safety glass and Road Protection Coverage are not discounted. The Paid In Full Discount will not apply mid-term; the full premium must be paid at the beginning of the renewal term.

**Transfer Discount** - When there is proof that an applicant has had continuous insurance coverage with another carrier a discount will be applied (refer to Transfer Discount Chart on page 61).

**Class 15 (Age 65 or Older)** – A 25% discount for all coverages will be applied to a premium after all other discounts and rating factors if the driver meets the following conditions:

1. The principal operator is 65 years or older,
2. The vehicle is not customarily used for business.

**Maximum Combined Discounts** - The maximum of all discounts combined shall not exceed **25%**, excluding allowable discount for Anti-Lock Brake Systems and Multi-Car. If required documentation or proof for discounts is not supplied when requested, the discounts will be effective on the date that documentation or proof is received by the Company.

## **SURCHARGES**

**UNACCEPTABLE RISKS:** A surcharge of **25%** applies to Bodily Injury, Property Damage, Personal Injury Protection, Medical Payments, Comprehensive and Collision premiums for Unacceptable Risks added to a policy after inception of the policy.

### Unacceptable Risks

1. Any vehicle not in the ISO Manual (See Surcharges for further information);
2. Vehicles with an ISO symbol greater than 25 (acceptable for Liability only);
3. Vehicles in excess of 15 years old which have physical damage coverage;
4. Pickup trucks and vans that are larger than one (1) ton;
5. Any Flat bed or Stake bed trucks;
6. Antique, classic, replica, custom-kit or limited production vehicles, unless prior approval is received;
7. Vehicles designed for off-road use (all-terrain, dune and swamp buggies, and so forth);
8. Any vehicles that have been customized or altered (including over-sized tires, altered suspensions, or modified to increase the speed), or with an engine which is not an option of the manufacturer;
9. Vehicles with customized paint, customized interior;
10. Gray Market vehicles (vehicles not originally manufactured to meet U.S. standards);
11. Emergency vehicles;
12. Vehicles with salvage titles or restored vehicles for physical damage coverage (acceptable for Liability only);
13. Trailers with physical damage coverage;
14. Commercial vehicles, including vehicles owned, leased, or used by a company, corporation, partnership, or D.B.A. This includes the following uses:
  - a. Vehicles rented to others (“U-Drive” rental vehicles);
  - b. Vehicles used in speed contests or exhibitions;
  - c. Vehicles used for taxi service, or vehicles used to transport nursery or school children, migrant workers, or hotel/motel guests.

15. Vehicles with physical damage coverage that have an ISO symbol greater than 25;

16. Vehicles in the following chart:

Alfa Romeo	Delorean	Jeeps (CJ Series)	Pantera
Amigo	Dodge Ram SRT-10	Jensen Healy	Pininfarina
Aston Martin	Dodge Stealth/Viper	Lamborghini	Porsche
Audi V8	Ferrari	Lancia	Any Shelby models
Austin Healy	Fiat	Lotus	Suzuki Samurai/Sidekick
Avanti	Fiero	Maserati	Tracker
Chevrolet SSR	Ford SVT	MG/MGB	Triumph
Citroen	GMC Cyclone Typhoon	Mitsubishi 3000GT	Wrangler
Corvette	Jaguar	Opel	Yugo

### **DRIVER AND VEHICLE COMBINATION FACTORS**

The number of drivers compared to the number of vehicles on the policy is considered in the rate determination. Drivers include all eligible to be rated drivers and do not include excluded, deferred or permit operators. Vehicles include all vehicles rated on the policy.

### **YEARS DRIVING EXPERIENCE FACTOR**

The number of years driving experience is considered in rating. Driving experience is determined by the number of full or partial years that the operator has held a valid United States license. Other foreign driving experience will be accepted if the company is provided with a certified English language translation of the vehicle operator report from the applicable country. If an English translation cannot be provided please refer to Surcharges. In the event that the operator's driving privileges have ever been suspended for driving related offenses, the years driving experience will be determined by the number of years since the last reinstatement of driving privilege.

## **ANTI-THEFT DEVICE STANDARDS AND DISCOUNTS**

### **Eligibility**

This rule is applicable to Private Passenger Automobiles rated in accordance with this manual.

### **Coverages**

This discount is applicable to the Comprehensive coverage or other combination of specified perils which afford Theft coverage.

### **Discounts Applicable**

The following discounts are to be applied:

<b>Vehicles Qualifying for</b>	<b>Discount</b>
Category I	5%
Category II	15%
Category III	20%
Category IV	20%
Category IV, plus Category II	25%
Category IV, plus Category II	30%
Category IV, plus Category III	35%
Category V	25%
Category V, plus Category I	28%
Category V, plus Category II	32%
Category V, plus Category III	36%

### **Definitions**

As used in this regulation, the following words shall mean:

“Passive” describes an anti-theft device or system which is activated automatically when the operator turns the ignition key to the off position.

“Alarm,” except where otherwise specified, means horn, bell, siren or other sounding device which is audible at 300 feet.

“Tubular” describes a type of lock whose key is cylindrically shaped and which has at least 50,000 combinations.

“Electronic lock or keyless device” is an electronic coding device which must have more than 10,000 combinations. The combination used to unlock the device can be entered through a keyboard or similar data entry device or by means of a remote control device.

### **General**

Stickers identifying the particular anti-theft system installed may not be attached to the car unless specifically permitted in these rules.

If two or more qualifying devices are attached to a vehicle, the total discount shall be that applicable to the device meeting standards for the highest discount. If one of the qualifying devices is a Category IV device, the applicable discount shall be calculated as stated in that section

Insurers may require reasonable evidence of installation of any anti-theft device, but they may not

refuse to grant a discount to a qualifying device solely on the grounds that it was installed by the owner of the auto.

## **Categories Defined**

### **Category I**

Devices qualifying in this category receive 5% discounts.

#### **Ignition or Starter Cut-Off Switch in Combination with Flush or Tapered Door Lock Buttons**

This device is an ignition cut-off switch (sometimes called a “kill switch”) or a starter cut-off switch which is inserted into the ignition wiring of an auto. The switch is tripped upon leaving the auto and must be switched back in order to start the auto.

The switch must be installed so that it is not visible from the driver’s position when the driver is seated. In addition, the vehicle must contain flush or tapered door lock buttons on all doors.

A sticker may identify the presence of this system.

#### **Ignition or Starter Cut-Off Switches**

Such ignition or starter cut-of switches either must be designed so that the wires leading from the switch to the engine compartment are protected by armored tubing or cable, or operate passively.

#### **Non-Passive, Externally-Operated Alarm**

This is a non-passive warning alarm which is installed in an auto and can be set to go off if any door, the trunk or the hood is opened without first turning off the alarm by use of a key inserted in a lock mounted on the outside of the auto.

#### **Internally-Operated Alarm Not Meeting Category II or Category III Criteria**

This is an alarm system which is activated from within the vehicle but which does not meet all the criteria found in Section (5.3) (a) or Section (5.4)(a); alarm must be triggered by entry of doors, hood or trunk.

#### **Steering Column Armored Collar**

This is a device similar to an oversized padlock which clamps on the steering column over the ignition lock and prevents access to it. This device, upon being locked, prevents the vehicle from being started, or if the auto is hot-wired and started, the device prevents it from being steered. No part of the device, when not in operation, is attached to the steering column. A sticker may identify the presence of this device.

#### **Steering Wheel Removal Lock**

This device prevents steering movement of the vehicle from a parked position. This is a high security steering wheel lock assembly manufactured of hardened steel components, which allows removal of the steering wheel from the vehicle. The assembly is permanently attached to the vehicle’s steering column and is located between the column and the steering wheel. Operation of the lock is controlled by a high security configured key. Unlocking the assembly will permit removal of the steering wheel from the vehicle. A fitted security plate is then inserted onto the lock assembly in place of the steering wheel and the lock’s security key is then removed. Reattachment of the steering wheel onto the lock assembly requires use of the security key to first remove the fitted security plate and then to attach the steering wheel. The security key can be removed from the lock assembly only after either the security plate or steering wheel have been locked into place.

## Category II

Devices qualifying in this category receive 15% discounts.

### **Internally-Operated Alarm Systems Not Meeting Category III Criteria**

This is an alarm system which is activated from within the auto but which does not meet all the criteria in Section (5.4) (a). The ignition must be automatically cut off, or the starter must be disconnected automatically. The alarm must be triggered by entry of doors, hood or trunk.

### **Non-Passive Fuel Cut-Off Device**

This is a shut-off device which operates to block the fuel line when a switch is tripped or when the device is engaged by a key. The switch to open or shut off the fuel line must be well hidden from view.

### **Non-Passive Steering Wheel Lock**

This device prevents the steering wheel from turning. A steel collar and barrel, into which the shackle of a lock fits, are permanently attached to the steering post. The shackle, made of case-hardened alloy steel, fits over the steering wheel spoke and into the barrel. A tubular key operates the lock. The collar, barrel and shackle must resist cutting with a file. A sticker may identify the presence of this system.

### **Armored Cable Hood Lock and Ignition Cut-Off Switch**

This system is one which meets all the criteria of Section (5.4)(f)(1) except paragraph (a). Armor must be similar to that used in outdoor telephone booths; it must extend through firewall and be secured so as to prevent retraction.

### **Window Identification System**

Window identification is one in which identification letters and/or numbers are etched by sandblasting, chemical process or other permanent marking into all the windows of the vehicle other than the small vent window. Provision must be made for immediate telephone identification of the owner of the vehicle any time of day or night. A sticker may identify the presence of this identification system.

### **Emergency Handbrake Lock**

This device prevents the release of the emergency handbrake. The lock replaces the handbrake grip, and is permanently attached to the handbrake lever. The lock encasement must be all metal construction. The lock is released by entering a preset digital combination. A sticker may identify the presence of this device.

### **Car Transmission Lock**

The device prevents the vehicle from moving from a parked position by locking the gear shift. A steel encased lock is permanently attached to the floor of the vehicle by a steel stand. The shackle, made of case hardened alloy steel, fits around the gear shift and is inserted into the lock. The device must have a high security locking system with at least 50,000 combinations. The lock, shackle and stand must resist cutting and filing. A sticker may identify this system.

## Category III

Devices qualifying in this category receive 20% discounts.

## **Passive Alarm System**

This is an alarm system meeting the following criteria:

1. Ignition must be cut off automatically, or starter must be disabled automatically.
2. Alarm must be triggered by entry of doors, hood or trunk.
3. Hood must not open unless unlocked from inside the vehicle by a key, or by an electronic keyless device.
4. Alarm must sound for no more than eight minutes, and upon ceasing to sound, must reset itself.
5. Alarm must not emit a pulsating, whooping, or yelping sound which would cause it to be mistaken for the modern police, fire or other emergency vehicle siren.
6. Alarm must be installed in the engine compartment so as to be inaccessible without opening the hood.
7. The system must be engaged passively by turning the ignition key to the off position. To disarm the system a tubular lock or electronic keyless device must be used. The maximum time delay permitted to disarm the system after re-entry is twenty seconds.

## **Passive Fuel Cut-Off Device**

This fuel cut-off device is engaged by turning the ignition key to the off position. The driver must trip a switch to open the fuel line each time the car is started. This device must meet the following criteria:

1. The fuel line must be blocked when the power is off.
2. The switch to open the fuel line must be well hidden from view, but accessible to the driver from the driver's seat. In the alternative a tubular key or an electronic keyless device may be used.
3. A parking/service attendant override switch may be provided. It must be well hidden from view. It must not be accessible from the passenger compartment; alternatively, if the override switch is accessible from the passenger compartment, a warning buzzer must sound (or the operator must be distracted in some other way) while the engine is running and the override switch engaged. If the buzzer is disconnected, it must result in disconnection of the entire anti-theft system.
4. Any under-the-dash wiring installed in connection with this device must blend in color with factory installed wiring.

## **Armored Ignition Cut-Off Switch**

This device is a kill switch designed to resist tampering. To prevent hot-wiring of the auto, a protective cap is attached to the coil or starter solenoid. Such devices must meet the following criteria:

1. Armored cable must run from a separate key to the coil, starter solenoid, or other engine component. Such cable must be similar to that used in outdoor telephone booths, collapse when cut, and preclude quick reconnection of the cut wire inside; alternatively, some other effective means of preventing defeat of the system by cutting the armored cable must be employed.
2. The device must prevent hot-wiring of the car.
3. A separate lock must be of tubular type and must be installed inside the auto so as to facilitate use by the driver; alternatively, an electronic keyless device may be used in lieu of a lock if it does not take significantly longer to engage the device than it takes to remove a key from a lock, and use of the system is otherwise facilitated.

## **Passive Multi-Component Cut-Off Switch**

This device is a kill switch activated when the ignition key is turned to the off position. It is designed to prevent hot-wiring of the auto. Such device must meet the following criteria:



1. The primary wire to the ignition coil must be disconnected.
2. The device must disconnect the starter.
3. One or more wires to the electronic ignition system, or to the points and condenser must be disconnected and grounded to the chassis.
4. The wiring must blend with factory-installed wiring, and the disconnecting/grounding wires must be routed to random points in the electrical system away from the components they affect.
5. The control module, if separate from the electronic locking mechanism, must be hidden in the engine compartment or other part of the car so that it is not easily detectable.
6. In order to start the car, a lock or electronic device must be used to deactivate the system. The lock must be of tubular type and must be installed inside the auto so as to facilitate use by the driver alternatively, an electronic keyless device may be used in lieu of a lock if it does not take significantly longer to engage the device than it takes to remove a key from a lock, and use of the system is otherwise facilitated.

### **Passive Time Delay Ignition System**

This is a device which allows the car to start only if the operator waits a prescribed time, which must vary from device to device in a range of three to twenty seconds, before moving the ignition key from "On" to "Start". If the auto does not start, the operator must be required to wait at least ninety seconds before the device can be operated successfully on a subsequent try.

The device must be resistant to tampering; for example, if it is forcibly removed, reconnection of the electrical system must not be possible with a hot-wire device. Alternatively, the device must be installed with a hood lock operated by a tubular key.

### **Armored Cable or Electrically Operated Hood Lock and Ignition Cut-Off Switch**

This is a supplemental hood lock operated from within the auto which also cuts off the ignition when engaged. Such devices must meet the following criteria:

#### **1. Armored Cable Hood Lock**

- a. The hood lock cable must be armored by case hardened solid steel tubing designed to resist cutting; tubing must extend through firewall and be secured so as to prevent retraction. Otherwise, an alarm meeting the criteria of Section (5.3)(a) must be installed.
- b. The system must be engaged by a push button or other device which facilitates use. The push button or other device must be installed within reach of driver when seated.
- c. No portion of the hood lock cable may be accessible so that it could be grasped from underneath the car; and, if accessible through the grillwork, armor must extend to the locking mechanism.

#### **2. Electrically Operated Hood Lock**

- a. The hood lock is electrically operated and functions so that it remains locked even if the wiring operating the hood lock is cut.
- b. The system must be engaged passively by turning the ignition key to the off position. To disarm the system a separate key or electronic keyless device must be used.
- c. If the hood lock can be reached through the grillwork or from underneath the car, the hood lock must be shielded or armored so that it cannot be manually operated. The locks controlling the devices must be of tubular type or operate electronically.

### **Passive, Delayed Ignition Cut-Off System**

This electronic system disables the ignition circuit at a preset engine speed such that the engine cannot be restarted or hot-wired. Such device must meet these criteria:

1. The ignition must cut off automatically as soon as the engine reaches a speed in the range of 1,500 to 2,000 RPM.
2. The system must be automatically armed when the ignition key is turned to the off position.

3. A push button or other type of disarm switch must be well hidden from view. The wiring must blend with factory-installed wiring if placed under the dash. In the alternative, a tubular key or an electronic keyless device may be used.
4. An alarm or horn shall be actuated at the same time the ignition is disabled.
5. If a parking/service attendant switch is provided, a buzzer must sound all the time the engine is running. The switch must be hidden in a remote place.

### **Passive Ignition Lock Protective System**

This is a case hardened steel, protective cap which fits over the ignition lock so as to prevent extraction of the ignition lock cylinder. The cap fastens to a steel collar which fits around the steering post and over the ignition lock. The ignition key fits through a slot in the cap.

A sticker may identify the presence of this system.

### **High Security Ignition Replacement Lock**

This is a high security, case hardened steering column ignition lock, conforming to NHTSA standard No. 1141, which cannot be removed using a conventional slide hammer or lock puller equipment.

A sticker may identify the presence of this system.

### **Hydraulic Brake Lock**

This is a dash-mounted device which, when activated and pressurized with the brake pedal, maintains hydraulic pressure on the brakes at two or more of a vehicle's wheels so that the vehicle cannot be driven. The device must have a high security locking system with at least 50,000 combinations and a lock which cannot be pulled using a conventional slide hammer or lock puller equipment.

## **Category IV**

Devices qualifying in this category receive 20% discounts.

### **Vehicle Recovery System**

This is an electronic unit installed in a vehicle that is activated after that vehicle is stolen. When activated, the device provides information to law enforcement official or another public or private entity regarding the vehicle's location. The system provides for the routine delivery of the information to the appropriate law enforcement organization to assist in the recovery of the vehicle.

## **Category V**

Devices qualifying in this category receive 25% discounts.

### **Vehicle Recovery System with Unauthorized Movement Notification**

This is an electronic unit installed in a vehicle that is activated after that vehicle is moved without authorization. When activated, the device provides information to law enforcement officials or another public or private entity regarding the vehicle's location. The system provides for the routine delivery of the information to the appropriate law enforcement organization to assist in the recovery of the vehicle. Additionally, the device must provide personalized notification to the owner of a vehicle (or his or her authorized user) in the event of a potentially unauthorized movement of the owner's vehicle. Personalized notification shall mean notification delivered directly to the owner or his or her authorized user via automated communication, which is

available beyond the proximity of the vehicle itself, to one or more devices designated in advance by the owner or his or her authorized user, such as to the owner's home telephone, mobile phone, electronic mail service, or wireless text messaging service. If maintaining the system in effect requires the payment of a service fee, insureds must provide the insurer reasonable confirmation of the coverage.

## **DRIVER CLASSIFICATIONS AND DEFINITIONS**

### **Operators**

All operators of the insured automobiles must be listed on the Declarations Page of the Policy. An operator is a person who has an operator's license, but does not include a person who has only a learner's permit.

#### **1. Assignment of Operators to Automobiles**

Each operator listed on the policy shall be assigned to an automobile on the policy based on the operator's class and Driver Record Points in a manner which produces the highest Combined Premium (the sum of the premium for Parts 1, 2, 4, 5, 7, 8, and 9 for the operator's class and the operator's Driver Record Points) for each automobile.

The operators shall be assigned in order of the highest Combined Premium applied to the automobile with highest Base Premium (the automobile's Class 10 premium for Parts 1, 2, 4, 5, 7, 8, and 9) until all operators are assigned to an automobile, except that:

- a. If an inexperienced operator is the principal operator of a specific automobile, the automobile shall be rated with the appropriate, inexperienced, principal operator class and Driver Record Points of that operator;
- b. If an operator age 65 or over is the principal operator of a specific automobile and all operators listed on the policy have been licensed at least six years, the automobile shall be rated as Class 10 and that operator's Driver Record Points and appropriate age discount shall be applied. However, if more than one listed operator is age 65 or over, Class 10 with appropriate age discount and the Driver Record Points of such operators shall be applied in the manner which produces the highest Combined Premium.
- c. If an operator's class and Driver Record Points are rated on an automobile covered by another Massachusetts private passenger insurance policy, that operator shall be deferred from rating on the policy (Deferred Operator). If all operators listed on a policy are Deferred Operators, the operator producing the lowest Combined Premium shall be assigned to the automobile(s).
- d. If only one operator is listed on the policy, the operator shall be assigned to the vehicle which produces the highest premium, including the assignment of the operator's Driver Record Points. Other vehicles shall be rated as Class 10 with no additional Driver Record Points.
- e. If each listed operator has been used in rating an automobile on the policy, including the consideration of their appropriate Driver Record Points, any remaining automobiles shall be assigned Class 10.
- f. If more than one operator is listed on the policy, an operator cannot be assigned as the principal operator of more than one automobile on the policy.

The assignment of operators to automobiles applies regardless of the number of policies or insurers involved.

An inexperienced operator in active military service with the Armed Forces of the United States of America shall not be considered an operator of the automobile unless such individual customarily operates the automobile.

Private passenger automobiles owned by clergy are to be classified as class 10, unless another operator listed on the policy produces a higher premium.

## 2. Excluded Operator

If an operator who is a member of the household is to be excluded in rating a particular automobile to produce a lower premium charge, the policyholder must submit a signed statement that such operator does not and will not operate the automobile to be insured.

If any operator excluded as a result of such signed statement operates the automobile, the appropriate operator classification premium for the full policy period may be charged unless a collision or limited collision claim has been denied in accordance with the provisions of the policy because the excluded operator was driving the automobile at the time of the accident.

## 3. Driving Experience

An operator new to Massachusetts must provide evidence of licensure from the state or country where the operator was previously licensed in order to assign the correct operator classification under this rule. If electronically available, the company will be responsible for obtaining the motor vehicle operator report from the other state or country. If necessary, a certified English translation may be required. No operator shall be assigned to Class 10 unless the operator has six or more years of driving experience.

The classification assigned to the operator is based on the number of years licensed in the other state or country and the completion of driver training, as established by the evidence of licensure. If no evidence of prior licensure is available, the operator may be assigned to

Class 20 (inexperienced principal operator, licensed less than three years, no driver training) or

Class 21 (inexperienced occasional operator, licensed less than three years, no driver training). The Massachusetts driving experience will be used thereafter to assign the operator classification.

## 4. Operators

Operators will be classified by the amount of use of an insured automobile:

**Principal Operator** – a person who has an operator's license and operates the insured automobile more than any other listed operator as determined by the percentage of use of the automobile.

**Occasional Operator** – a person who has an operator's license and operates the insured automobile less than the principal operator.

## Operator Classes

### 1. Class Definitions

- 10 Experienced Operator.** The operator has been licensed at least six years and is under the age of 65 and the automobile is not used in the occupation, profession or business of the insured.
- 15 Experienced Operator - age sixty-five or more.** The operator has been licensed at least six years and is sixty-five years of age or more and the automobile is not used in the occupation, profession or business of the insured.
- 17 Inexperienced Principal Operator - licensed three or more years.** The operator of the automobile has been licensed at least three years and less than six years and is the principal operator of the automobile.

- 18 Inexperienced Occasional Operator - licensed three or more years.** The operator has been licensed at least three years and less than six years and is not the principal operator of the automobile.
- 20 Inexperienced Principal Operator - licensed less than three years. No driver training.** The operator has been licensed less than three years, is the principal operator of the automobile, and has not completed a Satisfactory Driver Training Program.
- 21 Inexperienced Occasional Operator - licensed less than three years. No driver training.** The operator has been licensed less than three years, is not the principal operator of the automobile, and has not completed a Satisfactory Driver Training Program.
- 25 Inexperienced Principal Operator - licensed less than three years. Driver training.** The operator has been licensed less than three years, is the principal operator of the automobile, and has completed a Satisfactory Driver Training Program.
- 26 Inexperienced Occasional Operator - licensed less than three years. Driver training.** The operator has been licensed less than three years, has completed a Satisfactory Driver Training Program, and is not the principal operator of the automobile.

## 2. Classification Changes

Classification of each automobile shall be determined by the facts existing as of the effective date of the policy. Premium adjustments shall be made on a pro rata basis if changes occur during the policy period.

## 3. Satisfactory Driver Training Program

- a. Completion and receipt of a certificate under the Massachusetts Behind The Wheel Driver Training Program prescribed by the Registrar of Motor Vehicles, or
- b. The presenting of satisfactory evidence (certificate signed by school officials) that such operators have successfully completed a driver education course in a state other than Massachusetts meeting the following standards:
  - 1) The course had the official approval of the State Department of Education or other responsible state agency, and was conducted by:
    - a) a recognized secondary school, college or university, or
    - b) other school approved and supervised by the State Department of Education or other responsible state agency.
- c. The course was conducted by instructors certified by the State Department of Education or other responsible state agency.
- d. The course was composed of a minimum of thirty clock hours for classroom instruction, plus a minimum of six clock hours per student in the practice driving phase. The practice driving requirement may be met in either of the following ways:
  - 1) A minimum of six clock hours per student for actual driving experience exclusive of observation time in the car. In this case, time spent in an approved simulated practice driving trainer, the use of which is authorized by the State Department of Education or other responsible state agency, may be counted as part of the required thirty clock hours of classroom instruction.

2) A minimum of three clock hours per student for actual driving experience exclusive of observation time in the car, and a minimum of twelve clock hours per student in an approved device which simulates practice driving, the use of which is authorized by the State Department of Education or other responsible state agency. In this case, only the time spent in excess of twelve clock hours may be counted as part of the required thirty clock hours of classroom instruction.

## **PERSONAL INJURY PROTECTION**

The policyholder, at his/her option, may elect an amount to be deducted from the amounts otherwise due each person subject to the deduction, under the following conditions:

1. The option of electing a deductible shall be limited to individual insureds and shall apply only to private passenger vehicles as defined in this Section and motor homes owned by such insureds. As used herein, "individual" includes joint ownership by lawfully married individuals residing in the same household.
2. The eligible policyholder may select a deductible amount of \$0, \$100, \$250, \$500, \$1,000, \$2,000, \$4,000 or \$8,000.
3. The deductible applicable to the "Policyholder alone" is the only deductible available if the policyholder is the only member of the household, regardless of the number of vehicles which he owns. Lawfully married individuals having joint ownership and registration of a single motor vehicle which is the only vehicle in the household shall be considered to be an individual for purposes of paragraph 4 of this rule. In such a case the same form of deductible must apply to both of the lawfully married individuals.
4. Either the deductible for the policyholder "alone" or the policyholder and household members is available to a policyholder who has two or more members in his household and there is one motor vehicle in the household.
5. The deductible applicable to the policyholder and household members is the only deductible available for election if there are two or more members in the household, and also two or more motor vehicles insured for Personal Injury Protection by household members.
6. If two or more vehicles are insured under a single policy, the same deductible election shall apply to all vehicles insured under such a policy.
7. As used in this rule, the term "household members" means those persons living in the policyholder's household who are related to the policyholder by blood, marriage or adoption. This includes wards or foster children.

The Personal Injury Protection premium otherwise applicable shall be reduced by the dollar amount determined by applying the percentage shown on the Miscellaneous Rating Factors page to the manual premium.

## ROAD PROTECTION COVERAGE

The Road Protection Coverage (RPC) may be purchased on any personal auto policy, which meets our liability and physical damage eligibility criteria.

This Coverage is available with or without Comprehensive and Collision. A policy that only has liability coverage may also have RPC.

RPC may be added to existing personal auto policies by endorsement. The premium will be pro rated.

For a detailed description of the coverages, please refer to the policy form. The following chart summarizes the coverages and available limit options.

<b>COVERAGES</b>	<b>BASIC</b>	<b>DELUXE</b>	<b>PREMIER</b>
Bail Bond Premium	\$200	\$300	\$500
Emergency Transportation	Max.\$100 per occurrence	Max. \$150 per occurrence	Max. \$200 per occurrence
Towing and Labor	Max. \$50 per occurrence	Max. \$75 per occurrence	Max. \$100 per occurrence
Rental Reimbursement	\$20 per day up to \$300	\$30 per day up to \$600	\$40 per day up to \$800
Personal Effects (in rental car)	Up to limit of \$200	Up to limit of \$300	Up to limit of \$500
Vacation Protection	\$30 per day up to \$300	\$45 per day up to \$450	\$60 per day up to \$600
<b>Premium (12 months)</b>	<b>\$70.00</b>	<b>\$110.00</b>	<b>\$160.00</b>

**TERRITORY DEFINITIONS**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02536	EAST FALMOUTH	MA	BARNSTABLE	3
02537	EAST SANDWICH	MA	BARNSTABLE	3
02532	BUZZARDS BAY	MA	BARNSTABLE	3
02534	CATAUMET	MA	BARNSTABLE	3
02540	FALMOUTH	MA	BARNSTABLE	3
02541	FALMOUTH	MA	BARNSTABLE	3
02542	BUZZARDS BAY	MA	BARNSTABLE	3
02543	WOODS HOLE	MA	BARNSTABLE	3
02601	HYANNIS	MA	BARNSTABLE	4
02630	BARNSTABLE	MA	BARNSTABLE	5
02631	BREWSTER	MA	BARNSTABLE	27
02632	CENTERVILLE	MA	BARNSTABLE	4
02633	CHATHAM	MA	BARNSTABLE	27
02634	CENTERVILLE	MA	BARNSTABLE	4
02635	COTUIT	MA	BARNSTABLE	4
02636	CENTERVILLE	MA	BARNSTABLE	4
02637	CUMMAQUID	MA	BARNSTABLE	4
02638	DENNIS	MA	BARNSTABLE	3
02639	DENNIS PORT	MA	BARNSTABLE	4
02641	EAST DENNIS	MA	BARNSTABLE	3
02642	EASTHAM	MA	BARNSTABLE	27
02643	EAST ORLEANS	MA	BARNSTABLE	27
02644	FORESTDALE	MA	BARNSTABLE	5
02645	HARWICH	MA	BARNSTABLE	1
02646	HARWICH PORT	MA	BARNSTABLE	1
02647	HYANNIS PORT	MA	BARNSTABLE	4
02648	MARSTONS MILLS	MA	BARNSTABLE	4
02649	MASHPEE	MA	BARNSTABLE	5
02650	NORTH CHATHAM	MA	BARNSTABLE	27
02651	NORTH EASTHAM	MA	BARNSTABLE	27
02652	NORTH TRURO	MA	BARNSTABLE	1
02653	ORLEANS	MA	BARNSTABLE	27
02655	OSTERVILLE	MA	BARNSTABLE	4
02657	PROVINCETOWN	MA	BARNSTABLE	27
02659	SOUTH CHATHAM	MA	BARNSTABLE	27
02660	SOUTH DENNIS	MA	BARNSTABLE	3
02661	SOUTH HARWICH	MA	BARNSTABLE	1
02662	SOUTH ORLEANS	MA	BARNSTABLE	27
02663	SOUTH WELLFLEET	MA	BARNSTABLE	27
02664	SOUTH YARMOUTH	MA	BARNSTABLE	4
02666	TRURO	MA	BARNSTABLE	1
02667	WELLFLEET	MA	BARNSTABLE	27
02668	WEST BARNSTABLE	MA	BARNSTABLE	5
02669	WEST CHATHAM	MA	BARNSTABLE	27
02670	WEST DENNIS	MA	BARNSTABLE	3
02671	WEST HARWICH	MA	BARNSTABLE	1
02672	WEST HYANNISPORT	MA	BARNSTABLE	4
02673	WEST YARMOUTH	MA	BARNSTABLE	4
02675	YARMOUTH PORT	MA	BARNSTABLE	4
02559	POCASSET	MA	BARNSTABLE	3
02561	SAGAMORE	MA	BARNSTABLE	3
02562	SAGAMORE BEACH	MA	BARNSTABLE	3



**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02563	SANDWICH	MA	BARNSTABLE	3
02565	SILVER BEACH	MA	BARNSTABLE	3
02556	NORTH FALMOUTH	MA	BARNSTABLE	3
02574	WEST FALMOUTH	MA	BARNSTABLE	3
02553	MONUMENT BEACH	MA	BARNSTABLE	3
01029	EAST OTIS	MA	BERKSHIRE	27
01201	PITTSFIELD	MA	BERKSHIRE	4
01202	PITTSFIELD	MA	BERKSHIRE	4
01203	PITTSFIELD	MA	BERKSHIRE	4
01220	ADAMS	MA	BERKSHIRE	27
01222	ASHLEY FALLS	MA	BERKSHIRE	27
01223	BECKET	MA	BERKSHIRE	2
01224	BERKSHIRE	MA	BERKSHIRE	27
01225	CHESHIRE	MA	BERKSHIRE	27
01226	DALTON	MA	BERKSHIRE	27
01227	DALTON	MA	BERKSHIRE	27
01229	GLENDALE	MA	BERKSHIRE	27
01230	GREAT BARRINGTON	MA	BERKSHIRE	1
01235	HINSDALE	MA	BERKSHIRE	2
01236	HOUSATONIC	MA	BERKSHIRE	27
01237	LANESBORO	MA	BERKSHIRE	1
01238	LEE	MA	BERKSHIRE	27
01240	LENOX	MA	BERKSHIRE	27
01242	LENOX DALE	MA	BERKSHIRE	27
01244	MILL RIVER	MA	BERKSHIRE	27
01245	MONTEREY	MA	BERKSHIRE	27
01247	NORTH ADAMS	MA	BERKSHIRE	27
01252	NORTH EGREMONT	MA	BERKSHIRE	27
01253	OTIS	MA	BERKSHIRE	27
01254	RICHMOND	MA	BERKSHIRE	27
01255	SANDISFIELD	MA	BERKSHIRE	27
01256	SAVOY	MA	BERKSHIRE	27
01257	SHEFFIELD	MA	BERKSHIRE	27
01258	SOUTH EGREMONT	MA	BERKSHIRE	27
01259	SOUTHFIELD	MA	BERKSHIRE	27
01260	SOUTH LEE	MA	BERKSHIRE	27
01262	STOCKBRIDGE	MA	BERKSHIRE	1
01263	STOCKBRIDGE	MA	BERKSHIRE	1
01264	TYRINGHAM	MA	BERKSHIRE	27
01266	WEST STOCKBRIDGE	MA	BERKSHIRE	1
01267	WILLIAMSTOWN	MA	BERKSHIRE	27
01270	WINDSOR	MA	BERKSHIRE	1
01343	DRURY	MA	BERKSHIRE	27
02771	SEEKONK	MA	BRISTOL	4
02777	SWANSEA	MA	BRISTOL	5
02779	BERKLEY	MA	BRISTOL	6
02780	TAUNTON	MA	BRISTOL	9
02783	TAUNTON	MA	BRISTOL	9
02790	WESTPORT	MA	BRISTOL	5
02791	WESTPORT POINT	MA	BRISTOL	5
02763	ATTLEBORO FALLS	MA	BRISTOL	5
02764	NORTH DIGHTON	MA	BRISTOL	5

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
2766	NORTON	MA	BRISTOL	5
02767	RAYNHAM	MA	BRISTOL	6
02768	RAYNHAM CENTER	MA	BRISTOL	6
02769	REHOBOTH	MA	BRISTOL	4
02740	NEW BEDFORD	MA	BRISTOL	13
02741	NEW BEDFORD	MA	BRISTOL	13
02742	NEW BEDFORD	MA	BRISTOL	13
02743	ACUSHNET	MA	BRISTOL	7
02744	NEW BEDFORD	MA	BRISTOL	13
02745	NEW BEDFORD	MA	BRISTOL	13
02746	NEW BEDFORD	MA	BRISTOL	13
02747	NORTH DARTMOUTH	MA	BRISTOL	7
02748	SOUTH DARTMOUTH	MA	BRISTOL	7
02760	NORTH ATTLEBORO	MA	BRISTOL	5
02761	NORTH ATTLEBORO	MA	BRISTOL	5
02714	DARTMOUTH	MA	BRISTOL	7
02715	DIGHTON	MA	BRISTOL	5
02717	EAST FREETOWN	MA	BRISTOL	5
02718	EAST TAUNTON	MA	BRISTOL	9
02719	FAIRHAVEN	MA	BRISTOL	7
02720	FALL RIVER	MA	BRISTOL	13
02721	FALL RIVER	MA	BRISTOL	13
02722	FALL RIVER	MA	BRISTOL	13
02723	FALL RIVER	MA	BRISTOL	13
02724	FALL RIVER	MA	BRISTOL	13
02725	SOMERSET	MA	BRISTOL	6
02726	SOMERSET	MA	BRISTOL	6
02702	ASSONET	MA	BRISTOL	6
02703	ATTLEBORO	MA	BRISTOL	5
02712	CHARTLEY	MA	BRISTOL	5
02031	EAST MANSFIELD	MA	BRISTOL	3
02048	MANSFIELD	MA	BRISTOL	3
02356	NORTH EASTON	MA	BRISTOL	7
02357	NORTH EASTON	MA	BRISTOL	7
02334	EASTON	MA	BRISTOL	7
02375	SOUTH EASTON	MA	BRISTOL	7
02713	CUTTYHUNK	MA	DUKES	27
02552	MENEMSHA	MA	DUKES	27
02535	CHILMARK	MA	DUKES	27
02539	EDGARTOWN	MA	DUKES	27
02568	VINEYARD HAVEN	MA	DUKES	27
02557	OAK BLUFFS	MA	DUKES	27
02573	WEST CHOP	MA	DUKES	27
02575	WEST TISBURY	MA	DUKES	27
05501	ANDOVER	MA	ESSEX	3
05544	ANDOVER	MA	ESSEX	3
01810	ANDOVER	MA	ESSEX	3
01812	ANDOVER	MA	ESSEX	3
01830	HAVERHILL	MA	ESSEX	8
01831	HAVERHILL	MA	ESSEX	8
01832	HAVERHILL	MA	ESSEX	8
01833	GEORGETOWN	MA	ESSEX	3

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01834	GROVELAND	MA	ESSEX	3
01835	HAVERHILL	MA	ESSEX	8
01840	LAWRENCE	MA	ESSEX	44
01841	LAWRENCE	MA	ESSEX	44
01842	LAWRENCE	MA	ESSEX	44
01843	LAWRENCE	MA	ESSEX	44
01844	METHUEN	MA	ESSEX	10
01845	NORTH ANDOVER	MA	ESSEX	3
01899	ANDOVER	MA	ESSEX	3
01901	LYNN	MA	ESSEX	43
01902	LYNN	MA	ESSEX	43
01903	LYNN	MA	ESSEX	43
01904	LYNN	MA	ESSEX	43
01905	LYNN	MA	ESSEX	43
01906	SAUGUS	MA	ESSEX	12
01907	SWAMPSCOTT	MA	ESSEX	9
01908	NAHANT	MA	ESSEX	8
01910	LYNN	MA	ESSEX	43
01913	AMESBURY	MA	ESSEX	2
01915	BEVERLY	MA	ESSEX	5
01921	BOXFORD	MA	ESSEX	3
01922	BYFIELD	MA	ESSEX	3
01923	DANVERS	MA	ESSEX	5
01929	ESSEX	MA	ESSEX	2
01930	GLOUCESTER	MA	ESSEX	5
01931	GLOUCESTER	MA	ESSEX	5
01936	HAMILTON	MA	ESSEX	1
01937	HATHORNE	MA	ESSEX	6
01938	IPSWICH	MA	ESSEX	2
01940	LYNNFIELD	MA	ESSEX	7
01944	MANCHESTER	MA	ESSEX	27
01945	MARBLEHEAD	MA	ESSEX	4
01949	MIDDLETON	MA	ESSEX	6
01950	NEWBURYPORT	MA	ESSEX	1
01951	NEWBURY	MA	ESSEX	1
01952	SALISBURY	MA	ESSEX	5
01960	PEABODY	MA	ESSEX	10
01961	PEABODY	MA	ESSEX	10
01965	PRIDES CROSSING	MA	ESSEX	5
01966	ROCKPORT	MA	ESSEX	2
01969	ROWLEY	MA	ESSEX	3
01970	SALEM	MA	ESSEX	12
01971	SALEM	MA	ESSEX	12
01982	SOUTH HAMILTON	MA	ESSEX	1
01983	TOPSFIELD	MA	ESSEX	4
01984	WENHAM	MA	ESSEX	2
01985	WEST NEWBURY	MA	ESSEX	1
01860	MERRIMAC	MA	ESSEX	3
01885	WEST BOXFORD	MA	ESSEX	3
01344	ERVING	MA	FRANKLIN	27
01346	HEATH	MA	FRANKLIN	2
01347	LAKE PLEASANT	MA	FRANKLIN	3

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01349	MILLERS FALLS	MA	FRANKLIN	3
01350	MONROE BRIDGE	MA	FRANKLIN	2
01351	MONTAGUE	MA	FRANKLIN	27
01354	GILL	MA	FRANKLIN	27
01355	NEW SALEM	MA	FRANKLIN	27
01360	NORTHFIELD	MA	FRANKLIN	27
01364	ORANGE	MA	FRANKLIN	2
01370	SHELBURNE FALLS	MA	FRANKLIN	27
01373	SOUTH DEERFIELD	MA	FRANKLIN	27
01375	SUNDERLAND	MA	FRANKLIN	27
01376	TURNERS FALLS	MA	FRANKLIN	3
01378	WARWICK	MA	FRANKLIN	27
01379	WENDELL	MA	FRANKLIN	27
01380	WENDELL DEPOT	MA	FRANKLIN	27
01367	ROWE	MA	FRANKLIN	27
01301	GREENFIELD	MA	FRANKLIN	3
01302	GREENFIELD	MA	FRANKLIN	3
01330	ASHFIELD	MA	FRANKLIN	27
01072	SHUTESBURY	MA	FRANKLIN	2
01093	WHATELY	MA	FRANKLIN	27
01337	BERNARDSTON	MA	FRANKLIN	27
01338	BUCKLAND	MA	FRANKLIN	27
01339	CHARLEMONT	MA	FRANKLIN	27
01340	COLRAIN	MA	FRANKLIN	1
01341	CONWAY	MA	FRANKLIN	27
01342	DEERFIELD	MA	FRANKLIN	27
01054	LEVERETT	MA	FRANKLIN	1
01056	LUDLOW	MA	HAMPDEN	7
01057	MONSON	MA	HAMPDEN	3
01040	HOLYOKE	MA	HAMPDEN	40
01041	HOLYOKE	MA	HAMPDEN	40
01036	HAMPDEN	MA	HAMPDEN	5
01069	PALMER	MA	HAMPDEN	4
01030	FEEDING HILLS	MA	HAMPDEN	7
01008	BLANDFORD	MA	HAMPDEN	3
01009	BONDSVILLE	MA	HAMPDEN	4
01010	BRIMFIELD	MA	HAMPDEN	3
01011	CHESTER	MA	HAMPDEN	1
01028	EAST LONGMEADOW	MA	HAMPDEN	6
01034	GRANVILLE	MA	HAMPDEN	2
01001	AGAWAM	MA	HAMPDEN	7
01013	CHICOPEE	MA	HAMPDEN	9
01014	CHICOPEE	MA	HAMPDEN	9
01020	CHICOPEE	MA	HAMPDEN	9
01021	CHICOPEE	MA	HAMPDEN	9
01022	CHICOPEE	MA	HAMPDEN	9
01101	SPRINGFIELD	MA	HAMPDEN	42
01102	SPRINGFIELD	MA	HAMPDEN	42
01103	SPRINGFIELD	MA	HAMPDEN	42
01104	SPRINGFIELD	MA	HAMPDEN	42
01105	SPRINGFIELD	MA	HAMPDEN	42
01106	LONGMEADOW	MA	HAMPDEN	4

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01107	SPRINGFIELD	MA	HAMPDEN	42
01108	SPRINGFIELD	MA	HAMPDEN	42
01109	SPRINGFIELD	MA	HAMPDEN	42
01111	SPRINGFIELD	MA	HAMPDEN	42
01115	SPRINGFIELD	MA	HAMPDEN	42
01116	LONGMEADOW	MA	HAMPDEN	4
01118	SPRINGFIELD	MA	HAMPDEN	42
01119	SPRINGFIELD	MA	HAMPDEN	42
01128	SPRINGFIELD	MA	HAMPDEN	42
01129	SPRINGFIELD	MA	HAMPDEN	42
01133	SPRINGFIELD	MA	HAMPDEN	42
01138	SPRINGFIELD	MA	HAMPDEN	42
01139	SPRINGFIELD	MA	HAMPDEN	42
01144	SPRINGFIELD	MA	HAMPDEN	42
01151	INDIAN ORCHARD	MA	HAMPDEN	7
01152	SPRINGFIELD	MA	HAMPDEN	42
01195	SPRINGFIELD	MA	HAMPDEN	42
01199	SPRINGFIELD	MA	HAMPDEN	42
01089	WEST SPRINGFIELD	MA	HAMPDEN	10
01090	WEST SPRINGFIELD	MA	HAMPDEN	10
01071	RUSSELL	MA	HAMPDEN	3
01077	SOUTHWICK	MA	HAMPDEN	4
01079	THORNDIKE	MA	HAMPDEN	4
01080	THREE RIVERS	MA	HAMPDEN	4
01081	WALES	MA	HAMPDEN	2
01085	WESTFIELD	MA	HAMPDEN	6
01086	WESTFIELD	MA	HAMPDEN	6
01095	WILBRAHAM	MA	HAMPDEN	5
01097	WORONOCO	MA	HAMPDEN	3
01521	HOLLAND	MA	HAMPDEN	1
01098	WORTHINGTON	MA	HAMPSHIRE	1
01096	WILLIAMSBURG	MA	HAMPSHIRE	27
01088	WEST HATFIELD	MA	HAMPSHIRE	27
01082	WARE	MA	HAMPSHIRE	3
01007	BELCHERTOWN	MA	HAMPSHIRE	3
01073	SOUTHAMPTON	MA	HAMPSHIRE	1
01075	SOUTH HADLEY	MA	HAMPSHIRE	4
01084	WEST CHESTERFIELD	MA	HAMPSHIRE	27
01243	MIDDLEFIELD	MA	HAMPSHIRE	1
01026	CUMMINGTON	MA	HAMPSHIRE	27
01027	EASTHAMPTON	MA	HAMPSHIRE	3
01002	AMHERST	MA	HAMPSHIRE	5
01003	AMHERST	MA	HAMPSHIRE	5
01004	AMHERST	MA	HAMPSHIRE	5
01035	HADLEY	MA	HAMPSHIRE	27
01032	GOSHEN	MA	HAMPSHIRE	27
01033	GRANBY	MA	HAMPSHIRE	4
01012	CHESTERFIELD	MA	HAMPSHIRE	27
01070	PLAINFIELD	MA	HAMPSHIRE	27
01038	HATFIELD	MA	HAMPSHIRE	27
01039	HAYDENVILLE	MA	HAMPSHIRE	3
01050	HUNTINGTON	MA	HAMPSHIRE	2

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01053	LEEDS	MA	HAMPSHIRE	3
01059	NORTH AMHERST	MA	HAMPSHIRE	5
01060	NORTHAMPTON	MA	HAMPSHIRE	3
01061	NORTHAMPTON	MA	HAMPSHIRE	3
01062	FLORENCE	MA	HAMPSHIRE	3
01063	NORTHAMPTON	MA	HAMPSHIRE	3
01066	NORTH HATFIELD	MA	HAMPSHIRE	27
01431	ASHBY	MA	MIDDLESEX	1
01432	AYER	MA	MIDDLESEX	3
01434	DEVENS	MA	MIDDLESEX	14
01746	HOLLISTON	MA	MIDDLESEX	2
01741	CARLISLE	MA	MIDDLESEX	27
01742	CONCORD	MA	MIDDLESEX	27
01469	TOWNSEND	MA	MIDDLESEX	27
01470	GROTON	MA	MIDDLESEX	27
01471	GROTON	MA	MIDDLESEX	27
01472	WEST GROTON	MA	MIDDLESEX	27
01773	LINCOLN	MA	MIDDLESEX	1
01775	STOW	MA	MIDDLESEX	27
01776	SUDBURY	MA	MIDDLESEX	27
01778	WAYLAND	MA	MIDDLESEX	2
01784	WOODVILLE	MA	MIDDLESEX	27
01801	WOBURN	MA	MIDDLESEX	7
01803	BURLINGTON	MA	MIDDLESEX	4
01805	BURLINGTON	MA	MIDDLESEX	4
01806	WOBURN	MA	MIDDLESEX	7
01807	WOBURN	MA	MIDDLESEX	7
01808	WOBURN	MA	MIDDLESEX	7
01850	LOWELL	MA	MIDDLESEX	41
01851	LOWELL	MA	MIDDLESEX	41
01852	LOWELL	MA	MIDDLESEX	41
01853	LOWELL	MA	MIDDLESEX	41
01854	LOWELL	MA	MIDDLESEX	41
01813	WOBURN	MA	MIDDLESEX	7
01815	WOBURN	MA	MIDDLESEX	7
01821	BILLERICA	MA	MIDDLESEX	5
01822	BILLERICA	MA	MIDDLESEX	5
01824	CHELMSFORD	MA	MIDDLESEX	5
01826	DRACUT	MA	MIDDLESEX	6
01827	DUNSTABLE	MA	MIDDLESEX	1
01760	NATICK	MA	MIDDLESEX	3
01770	SHERBORN	MA	MIDDLESEX	1
01886	WESTFORD	MA	MIDDLESEX	27
01887	WILMINGTON	MA	MIDDLESEX	4
01888	WOBURN	MA	MIDDLESEX	7
01889	NORTH READING	MA	MIDDLESEX	5
01890	WINCHESTER	MA	MIDDLESEX	3
01748	HOPKINTON	MA	MIDDLESEX	27
01749	HUDSON	MA	MIDDLESEX	3
01752	MARLBOROUGH	MA	MIDDLESEX	5
01754	MAYNARD	MA	MIDDLESEX	27
01862	NORTH BILLERICA	MA	MIDDLESEX	5

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01863	NORTH CHELMSFORD	MA	MIDDLESEX	2
01864	NORTH READING	MA	MIDDLESEX	5
01865	NUTTING LAKE	MA	MIDDLESEX	5
01866	PINEHURST	MA	MIDDLESEX	5
01867	READING	MA	MIDDLESEX	3
01876	TEWKSBURY	MA	MIDDLESEX	5
01879	TYNGSBORO	MA	MIDDLESEX	3
01880	WAKEFIELD	MA	MIDDLESEX	6
01474	WEST TOWNSEND	MA	MIDDLESEX	27
01450	GROTON	MA	MIDDLESEX	27
01460	LITTLETON	MA	MIDDLESEX	27
01463	PEPPERELL	MA	MIDDLESEX	27
01464	SHIRLEY	MA	MIDDLESEX	2
01701	FRAMINGHAM	MA	MIDDLESEX	9
01702	FRAMINGHAM	MA	MIDDLESEX	9
01703	FRAMINGHAM	MA	MIDDLESEX	9
01704	FRAMINGHAM	MA	MIDDLESEX	9
01705	FRAMINGHAM	MA	MIDDLESEX	9
01718	VILLAGE OF NAGOG WOODS	MA	MIDDLESEX	27
01719	BOXBOROUGH	MA	MIDDLESEX	27
01720	ACTON	MA	MIDDLESEX	27
01721	ASHLAND	MA	MIDDLESEX	5
01730	BEDFORD	MA	MIDDLESEX	2
01731	HANSCOM AFB	MA	MIDDLESEX	2
02495	NONANTUM	MA	MIDDLESEX	6
02493	WESTON	MA	MIDDLESEX	3
02458	NEWTON	MA	MIDDLESEX	6
02459	NEWTON CENTER	MA	MIDDLESEX	6
02460	NEWTONVILLE	MA	MIDDLESEX	6
02461	NEWTON HIGHLANDS	MA	MIDDLESEX	6
02462	NEWTON LOWER FALLS	MA	MIDDLESEX	6
02464	NEWTON UPPER FALLS	MA	MIDDLESEX	6
02465	WEST NEWTON	MA	MIDDLESEX	6
02466	AUBURNDALE	MA	MIDDLESEX	6
02467	CHESTNUT HILL	MA	MIDDLESEX	6
02468	WABAN	MA	MIDDLESEX	6
02471	WATERTOWN	MA	MIDDLESEX	7
02472	WATERTOWN	MA	MIDDLESEX	7
02474	ARLINGTON	MA	MIDDLESEX	4
02475	ARLINGTON HEIGHTS	MA	MIDDLESEX	4
02476	ARLINGTON	MA	MIDDLESEX	4
02477	WATERTOWN	MA	MIDDLESEX	7
02478	BELMONT	MA	MIDDLESEX	3
02479	WAVERLEY	MA	MIDDLESEX	3
02420	LEXINGTON	MA	MIDDLESEX	2
02421	LEXINGTON	MA	MIDDLESEX	2
02451	WALTHAM	MA	MIDDLESEX	7
02452	WALTHAM	MA	MIDDLESEX	7
02453	WALTHAM	MA	MIDDLESEX	7
02454	WALTHAM	MA	MIDDLESEX	7
02455	NORTH WALTHAM	MA	MIDDLESEX	7
02456	NEW TOWN	MA	MIDDLESEX	27

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02176	MELROSE	MA	MIDDLESEX	6
02180	STONEHAM	MA	MIDDLESEX	8
02238	CAMBRIDGE	MA	MIDDLESEX	11
02239	CAMBRIDGE	MA	MIDDLESEX	11
02138	CAMBRIDGE	MA	MIDDLESEX	11
02139	CAMBRIDGE	MA	MIDDLESEX	11
02140	CAMBRIDGE	MA	MIDDLESEX	11
02141	CAMBRIDGE	MA	MIDDLESEX	11
02142	CAMBRIDGE	MA	MIDDLESEX	11
02143	SOMERVILLE	MA	MIDDLESEX	12
02144	SOMERVILLE	MA	MIDDLESEX	12
02145	SOMERVILLE	MA	MIDDLESEX	12
02148	MALDEN	MA	MIDDLESEX	14
02149	EVERETT	MA	MIDDLESEX	14
02153	MEDFORD	MA	MIDDLESEX	12
02155	MEDFORD	MA	MIDDLESEX	12
02156	WEST MEDFORD	MA	MIDDLESEX	12
02554	NANTUCKET	MA	NANTUCKET	27
02584	NANTUCKET	MA	NANTUCKET	27
02564	SIASCONSET	MA	NANTUCKET	27
02762	PLAINVILLE	MA	NORFOLK	4
02481	WELLESLEY HILLS	MA	NORFOLK	1
02482	WELLESLEY	MA	NORFOLK	1
02492	NEEDHAM	MA	NORFOLK	2
02494	NEEDHAM HEIGHTS	MA	NORFOLK	2
02169	QUINCY	MA	NORFOLK	12
02170	QUINCY	MA	NORFOLK	12
02171	QUINCY	MA	NORFOLK	12
02052	MEDFIELD	MA	NORFOLK	27
02053	MEDWAY	MA	NORFOLK	27
02054	MILLIS	MA	NORFOLK	27
02056	NORFOLK	MA	NORFOLK	1
02032	EAST WALPOLE	MA	NORFOLK	4
02035	FOXBORO	MA	NORFOLK	3
02038	FRANKLIN	MA	NORFOLK	1
02067	SHARON	MA	NORFOLK	6
02070	SHELDONVILLE	MA	NORFOLK	4
02071	SOUTH WALPOLE	MA	NORFOLK	4
02072	STOUGHTON	MA	NORFOLK	12
02081	WALPOLE	MA	NORFOLK	4
02090	WESTWOOD	MA	NORFOLK	4
02093	WRENTHAM	MA	NORFOLK	2
02269	QUINCY	MA	NORFOLK	12
02062	NORWOOD	MA	NORFOLK	7
02322	AVON	MA	NORFOLK	11
02184	BRAINTREE	MA	NORFOLK	8
02185	BRAINTREE	MA	NORFOLK	8
02186	MILTON	MA	NORFOLK	11
02187	MILTON VILLAGE	MA	NORFOLK	11
02188	WEYMOUTH	MA	NORFOLK	9
02189	EAST WEYMOUTH	MA	NORFOLK	9
02190	SOUTH WEYMOUTH	MA	NORFOLK	9



**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02191	NORTH WEYMOUTH	MA	NORFOLK	9
02457	BABSON PARK	MA	NORFOLK	1
02445	BROOKLINE	MA	NORFOLK	8
02446	BROOKLINE	MA	NORFOLK	8
02447	BROOKLINE VILLAGE	MA	NORFOLK	8
02019	BELLINGHAM	MA	NORFOLK	3
02368	RANDOLPH	MA	NORFOLK	14
02343	HOLBROOK	MA	NORFOLK	11
02021	CANTON	MA	NORFOLK	8
02025	COHASSET	MA	NORFOLK	4
02026	DEDHAM	MA	NORFOLK	8
02027	DEDHAM	MA	NORFOLK	8
02030	DOVER	MA	NORFOLK	2
02018	ACCORD	MA	PLYMOUTH	4
02344	MIDDLEBORO	MA	PLYMOUTH	6
02345	MANOMET	MA	PLYMOUTH	7
02346	MIDDLEBORO	MA	PLYMOUTH	6
02347	LAKEVILLE	MA	PLYMOUTH	5
02348	LAKEVILLE	MA	PLYMOUTH	5
02349	MIDDLEBORO	MA	PLYMOUTH	6
02350	MONPONSETT	MA	PLYMOUTH	5
02351	ABINGTON	MA	PLYMOUTH	8
02355	NORTH CARVER	MA	PLYMOUTH	7
02358	NORTH PEMBROKE	MA	PLYMOUTH	6
02359	PEMBROKE	MA	PLYMOUTH	6
02360	PLYMOUTH	MA	PLYMOUTH	7
02361	PLYMOUTH	MA	PLYMOUTH	7
02362	PLYMOUTH	MA	PLYMOUTH	7
02364	KINGSTON	MA	PLYMOUTH	4
02366	SOUTH CARVER	MA	PLYMOUTH	7
02367	PLYMPTON	MA	PLYMOUTH	6
02370	ROCKLAND	MA	PLYMOUTH	9
02020	BRANT ROCK	MA	PLYMOUTH	9
02379	WEST BRIDGEWATER	MA	PLYMOUTH	8
02381	WHITE HORSE BEACH	MA	PLYMOUTH	7
02382	WHITMAN	MA	PLYMOUTH	8
02337	ELMWOOD	MA	PLYMOUTH	6
02338	HALIFAX	MA	PLYMOUTH	5
02339	HANOVER	MA	PLYMOUTH	4
02340	HANOVER	MA	PLYMOUTH	4
02341	HANSON	MA	PLYMOUTH	5
02324	BRIDGEWATER	MA	PLYMOUTH	6
02325	BRIDGEWATER	MA	PLYMOUTH	6
02327	BRYANTVILLE	MA	PLYMOUTH	5
02330	CARVER	MA	PLYMOUTH	7
02331	DUXBURY	MA	PLYMOUTH	3
02332	DUXBURY	MA	PLYMOUTH	3
02333	EAST BRIDGEWATER	MA	PLYMOUTH	6
02065	OCEAN BLUFF	MA	PLYMOUTH	7
02066	SCITUATE	MA	PLYMOUTH	6
02301	BROCKTON	MA	PLYMOUTH	45
02302	BROCKTON	MA	PLYMOUTH	45

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02303	BROCKTON	MA	PLYMOUTH	45
02304	BROCKTON	MA	PLYMOUTH	45
02305	BROCKTON	MA	PLYMOUTH	45
02040	GREENBUSH	MA	PLYMOUTH	6
02041	GREEN HARBOR	MA	PLYMOUTH	7
02043	HINGHAM	MA	PLYMOUTH	4
02044	HINGHAM	MA	PLYMOUTH	4
02045	HULL	MA	PLYMOUTH	9
02047	HUMAROCK	MA	PLYMOUTH	7
02059	NORTH MARSHFIELD	MA	PLYMOUTH	7
02060	NORTH SCITUATE	MA	PLYMOUTH	6
02061	NORWELL	MA	PLYMOUTH	3
02055	MINOT	MA	PLYMOUTH	6
02050	MARSHFIELD	MA	PLYMOUTH	7
02051	MARSHFIELD HILLS	MA	PLYMOUTH	7
02538	EAST WAREHAM	MA	PLYMOUTH	8
02558	ONSET	MA	PLYMOUTH	8
02770	ROCHESTER	MA	PLYMOUTH	3
02571	WAREHAM	MA	PLYMOUTH	8
02738	MARION	MA	PLYMOUTH	3
02739	MATTAPOISETT	MA	PLYMOUTH	3
02576	WEST WAREHAM	MA	PLYMOUTH	8
02163	BOSTON	MA	SUFFOLK	23
02150	CHELSEA	MA	SUFFOLK	16
02151	REVERE	MA	SUFFOLK	15
02152	WINTHROP	MA	SUFFOLK	13
02108	BOSTON	MA	SUFFOLK	23
02109	BOSTON	MA	SUFFOLK	23
02110	BOSTON	MA	SUFFOLK	23
02111	BOSTON	MA	SUFFOLK	23
02112	BOSTON	MA	SUFFOLK	23
02113	BOSTON	MA	SUFFOLK	23
02114	BOSTON	MA	SUFFOLK	23
02115	BOSTON	MA	SUFFOLK	23
02116	BOSTON	MA	SUFFOLK	23
02117	BOSTON	MA	SUFFOLK	23
02118	BOSTON	MA	SUFFOLK	23
02119	BOSTON	MA	SUFFOLK	23
02120	BOSTON	MA	SUFFOLK	23
02121	BOSTON	MA	SUFFOLK	23
02122	BOSTON	MA	SUFFOLK	23
02123	BOSTON	MA	SUFFOLK	23
02124	BOSTON	MA	SUFFOLK	23
02125	BOSTON	MA	SUFFOLK	23
02126	MATTAPAN	MA	SUFFOLK	23
02127	BOSTON	MA	SUFFOLK	23
02128	BOSTON	MA	SUFFOLK	23
02129	CHARLESTOWN	MA	SUFFOLK	26
02130	JAMAICA PLAIN	MA	SUFFOLK	19
02131	ROSLINDALE	MA	SUFFOLK	18
02132	WEST ROXBURY	MA	SUFFOLK	17
02133	BOSTON	MA	SUFFOLK	23

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02134	ALLSTON	MA	SUFFOLK	24
02135	BRIGHTON	MA	SUFFOLK	24
02136	HYDE PARK	MA	SUFFOLK	20
02137	READVILLE	MA	SUFFOLK	20
02283	BOSTON	MA	SUFFOLK	23
02284	BOSTON	MA	SUFFOLK	23
02293	BOSTON	MA	SUFFOLK	23
02295	BOSTON	MA	SUFFOLK	23
02297	BOSTON	MA	SUFFOLK	23
02298	BOSTON	MA	SUFFOLK	23
02241	BOSTON	MA	SUFFOLK	23
02266	BOSTON	MA	SUFFOLK	23
02196	BOSTON	MA	SUFFOLK	23
02199	BOSTON	MA	SUFFOLK	23
02201	BOSTON	MA	SUFFOLK	23
02203	BOSTON	MA	SUFFOLK	23
02204	BOSTON	MA	SUFFOLK	23
02205	BOSTON	MA	SUFFOLK	23
02206	BOSTON	MA	SUFFOLK	23
02207	BOSTON	MA	SUFFOLK	23
02210	BOSTON	MA	SUFFOLK	23
02211	BOSTON	MA	SUFFOLK	23
02212	BOSTON	MA	SUFFOLK	23
02215	BOSTON	MA	SUFFOLK	23
02216	BOSTON	MA	SUFFOLK	23
02217	BOSTON	MA	SUFFOLK	23
02222	BOSTON	MA	SUFFOLK	23
02228	EAST BOSTON	MA	SUFFOLK	26
01756	MENDON	MA	WORCESTER	27
01757	MILFORD	MA	WORCESTER	5
01772	SOUTHBOROUGH	MA	WORCESTER	27
01473	WESTMINSTER	MA	WORCESTER	1
01745	FAYVILLE	MA	WORCESTER	27
01747	HOPEDALE	MA	WORCESTER	2
01740	BOLTON	MA	WORCESTER	1
01467	STILL RIVER	MA	WORCESTER	27
01468	TEMPLETON	MA	WORCESTER	27
01462	LUNENBURG	MA	WORCESTER	1
01451	HARVARD	MA	WORCESTER	27
01452	HUBBARDSTON	MA	WORCESTER	1
01453	LEOMINSTER	MA	WORCESTER	5
01475	WINCHENDON	MA	WORCESTER	3
01477	WINCHENDON SPRINGS	MA	WORCESTER	3
01501	AUBURN	MA	WORCESTER	6
01503	BERLIN	MA	WORCESTER	27
01504	BLACKSTONE	MA	WORCESTER	2
01505	BOYLSTON	MA	WORCESTER	2
01506	BROOKFIELD	MA	WORCESTER	3
01507	CHARLTON	MA	WORCESTER	4
01508	CHARLTON CITY	MA	WORCESTER	4
01509	CHARLTON DEPOT	MA	WORCESTER	4
01510	CLINTON	MA	WORCESTER	6

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01515	EAST BROOKFIELD	MA	WORCESTER	2
01516	DOUGLAS	MA	WORCESTER	2
01517	EAST PRINCETON	MA	WORCESTER	27
01518	FISKDALE	MA	WORCESTER	1
01519	GRAFTON	MA	WORCESTER	3
01520	HOLDEN	MA	WORCESTER	3
01522	JEFFERSON	MA	WORCESTER	3
01523	LANCASTER	MA	WORCESTER	2
01524	LEICESTER	MA	WORCESTER	7
01525	LINWOOD	MA	WORCESTER	3
01526	MANCHAUG	MA	WORCESTER	27
01527	MILLBURY	MA	WORCESTER	4
01529	MILLVILLE	MA	WORCESTER	1
01531	NEW BRAINTREE	MA	WORCESTER	27
01532	NORTHBOROUGH	MA	WORCESTER	27
01534	NORTHBRIDGE	MA	WORCESTER	3
01535	NORTH BROOKFIELD	MA	WORCESTER	3
01536	NORTH GRAFTON	MA	WORCESTER	3
01537	NORTH OXFORD	MA	WORCESTER	5
01538	NORTH UXBRIDGE	MA	WORCESTER	27
01540	OXFORD	MA	WORCESTER	5
01541	PRINCETON	MA	WORCESTER	27
01542	ROCHDALE	MA	WORCESTER	6
01543	RUTLAND	MA	WORCESTER	3
01545	SHREWSBURY	MA	WORCESTER	5
01546	SHREWSBURY	MA	WORCESTER	5
01550	SOUTHBRIDGE	MA	WORCESTER	6
01560	SOUTH GRAFTON	MA	WORCESTER	3
01561	SOUTH LANCASTER	MA	WORCESTER	2
01562	SPENCER	MA	WORCESTER	6
01564	STERLING	MA	WORCESTER	27
01566	STURBRIDGE	MA	WORCESTER	1
01568	UPTON	MA	WORCESTER	27
01569	UXBRIDGE	MA	WORCESTER	27
01570	WEBSTER	MA	WORCESTER	7
01571	DUDLEY	MA	WORCESTER	3
01580	WESTBOROUGH	MA	WORCESTER	2
01581	WESTBOROUGH	MA	WORCESTER	2
01582	WESTBOROUGH	MA	WORCESTER	2
01583	WEST BOYLSTON	MA	WORCESTER	2
01585	WEST BROOKFIELD	MA	WORCESTER	27
01586	WEST MILLBURY	MA	WORCESTER	4
01588	WHITINSVILLE	MA	WORCESTER	3
01590	SUTTON	MA	WORCESTER	27
01601	WORCESTER	MA	WORCESTER	13
01602	WORCESTER	MA	WORCESTER	13
01603	WORCESTER	MA	WORCESTER	13
01604	WORCESTER	MA	WORCESTER	13
01605	WORCESTER	MA	WORCESTER	13
01606	WORCESTER	MA	WORCESTER	13
01607	WORCESTER	MA	WORCESTER	13
01608	WORCESTER	MA	WORCESTER	13

**TERRITORY DEFINITIONS (continued)**

<b>ZIP CODE</b>	<b>CITY</b>	<b>STATE</b>	<b>COUNTY NAME</b>	<b>TERRITORY</b>
01609	WORCESTER	MA	WORCESTER	13
01610	WORCESTER	MA	WORCESTER	13
01611	CHERRY VALLEY	MA	WORCESTER	7
01612	PAXTON	MA	WORCESTER	5
01613	WORCESTER	MA	WORCESTER	13
01614	WORCESTER	MA	WORCESTER	13
01615	WORCESTER	MA	WORCESTER	13
01653	WORCESTER	MA	WORCESTER	13
01654	WORCESTER	MA	WORCESTER	13
01655	WORCESTER	MA	WORCESTER	13
01436	BALDWINVILLE	MA	WORCESTER	3
01438	EAST TEMPLETON	MA	WORCESTER	27
01440	GARDNER	MA	WORCESTER	3
01441	WESTMINSTER	MA	WORCESTER	1
01368	ROYALSTON	MA	WORCESTER	1
01420	FITCHBURG	MA	WORCESTER	7
01430	ASHBURNHAM	MA	WORCESTER	1
01366	PETERSHAM	MA	WORCESTER	27
01094	WHEELWRIGHT	MA	WORCESTER	27
01092	WEST WARREN	MA	WORCESTER	3
01074	SOUTH BARRE	MA	WORCESTER	2
01083	WARREN	MA	WORCESTER	3
01331	ATHOL	MA	WORCESTER	3
01068	OAKHAM	MA	WORCESTER	1
01037	HARDWICK	MA	WORCESTER	27
01031	GILBERTVILLE	MA	WORCESTER	27
01005	BARRE	MA	WORCESTER	2

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY**

BODILY INJURY							
Terr.	Class						
	10	17	18	20	21	25	26
1	132	239	150	447	236	403	212
2	144	261	167	487	267	438	240
3	152	274	181	528	286	476	258
4	164	303	187	586	332	526	297
5	167	302	210	615	355	554	318
6	182	336	207	660	405	594	366
7	186	324	229	700	413	631	371
8	198	360	237	737	444	663	399
9	226	387	270	763	464	686	416
10	228	453	301	812	534	730	481
11	221	492	297	798	537	718	483
12	246	469	325	800	577	719	519
13	279	510	350	801	581	720	522
14	312	534	393	788	599	708	540
15	371	595	411	786	648	707	584
16	311	607	537	769	627	693	565
17	237	458	289	781	463	702	415
18	241	598	327	801	577	720	519
19	294	586	390	765	586	690	526
20	272	597	367	793	601	715	542
21	333	601	498	771	633	694	570
22	327	601	486	773	622	695	561
23	250	555	388	781	575	703	517
24	252	495	319	785	515	705	465
25	250	561	336	787	594	707	534
26	307	608	430	768	632	692	569
27	115	218	128	401	199	361	180
40	289	542	357	793	566	715	510
41	299	539	394	798	598	718	539
42	369	595	425	791	646	710	583
43	330	587	415	788	646	709	583
44	299	618	543	781	634	703	572
45	343	576	410	790	643	709	578

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

PROPERTY DAMAGE							
Terr.	Class						
	10	17	18	20	21	25	26
1	172	307	218	605	375	545	338
2	186	323	224	652	402	587	362
3	190	331	239	678	406	609	364
4	202	345	242	726	435	653	391
5	202	349	241	749	461	674	415
6	215	355	255	754	476	679	430
7	220	360	270	776	508	699	458
8	222	382	277	801	509	722	459
9	230	389	275	815	512	735	461
10	232	395	277	822	516	739	463
11	229	419	283	814	513	734	461
12	254	427	303	834	549	750	495
13	265	426	301	833	549	750	495
14	227	461	319	836	568	752	510
15	297	507	339	849	614	765	552
16	261	498	336	832	551	748	496
17	240	461	287	833	485	749	437
18	263	518	319	851	552	767	497
19	274	510	328	826	532	745	480
20	254	508	309	846	539	761	485
21	299	560	360	833	603	749	542
22	378	597	446	831	648	748	583
23	229	521	336	845	559	760	504
24	278	521	334	848	536	763	482
25	264	565	331	850	593	766	534
26	316	579	409	831	633	747	569
27	166	293	196	572	333	516	299
40	245	459	304	833	524	749	472
41	250	447	315	833	557	749	501
42	251	482	342	855	605	770	545
43	288	495	340	854	614	767	552
44	229	486	330	832	551	748	495
45	293	496	334	854	609	769	548

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

PERSONAL INJURY PROTECTION							
Terr.	Class						
	10	17	18	20	21	25	26
1	43	73	47	135	75	121	67
2	45	79	53	145	83	131	74
3	50	83	56	157	88	142	79
4	52	91	58	174	100	156	90
5	54	90	65	184	107	165	97
6	57	100	65	196	122	176	110
7	56	97	70	208	124	187	111
8	62	107	73	219	134	196	120
9	72	113	83	226	139	204	125
10	72	134	91	237	160	212	144
11	70	145	90	232	160	209	145
12	75	139	98	232	173	209	155
13	86	155	105	232	174	209	156
14	96	163	118	229	178	206	162
15	110	180	122	229	193	205	174
16	96	184	160	222	186	201	167
17	74	135	88	231	139	208	124
18	75	176	99	233	173	209	155
19	90	177	118	222	174	200	156
20	83	182	110	230	180	208	162
21	101	182	151	223	187	201	169
22	100	182	149	224	185	201	166
23	75	169	117	227	172	204	154
24	79	146	97	228	154	205	139
25	77	169	101	229	177	205	158
26	94	184	128	222	187	201	169
27	36	66	41	121	63	109	56
40	89	164	107	230	168	208	153
41	90	164	118	232	177	209	160
42	111	180	128	230	191	206	174
43	100	177	124	230	193	206	174
44	91	186	162	227	189	205	169
45	103	174	122	230	191	206	173



**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

<b>MEDICAL PAYMENTS</b>							
<b>Terr.</b>	<b>Class</b>						
	10	17	18	20	21	25	26
1	26	45	29	83	46	74	41
2	27	48	32	89	51	81	46
3	31	51	34	97	54	87	48
4	32	56	36	107	62	96	55
5	33	55	40	113	66	102	60
6	35	62	40	120	75	108	67
7	34	60	43	128	76	115	68
8	38	66	45	134	82	120	74
9	44	69	51	139	85	125	77
10	44	82	56	146	98	130	88
11	43	89	55	143	98	128	89
12	46	85	60	143	106	128	95
13	53	95	64	143	107	128	96
14	59	100	72	141	109	127	99
15	67	111	75	141	118	126	107
16	59	113	98	137	114	123	102
17	46	83	54	142	85	128	76
18	46	108	61	144	106	128	95
19	55	109	72	137	107	123	96
20	51	112	67	141	111	128	99
21	62	112	92	137	115	123	104
22	62	112	92	138	113	123	102
23	46	104	71	139	106	125	95
24	48	90	60	140	95	126	85
25	47	104	62	141	109	126	97
26	57	113	78	137	115	123	104
27	22	41	25	74	39	67	34
40	55	101	66	141	103	128	94
41	55	101	72	143	109	128	98
42	68	111	78	141	118	127	107
43	62	109	76	141	118	127	107
44	56	114	99	139	116	126	104
45	63	107	75	141	118	127	106

<b>UNINSURED MOTORIST</b>	
U.M. All Territories:	18
UIM All Territories:	3

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

COLLISION							
Terr.	Class						
	10	17	18	20	21	25	26
1	259	571	343	1,043	577	938	519
2	270	579	345	1,089	565	980	509
3	274	606	369	1,109	596	998	538
4	286	630	374	1,145	636	1,031	572
5	289	635	384	1,162	667	1,045	601
6	308	678	407	1,197	706	1,078	636
7	326	694	439	1,193	738	1,074	665
8	333	686	459	1,191	736	1,072	662
9	333	685	436	1,185	738	1,067	664
10	325	702	438	1,189	759	1,070	683
11	351	784	479	1,157	769	1,042	692
12	389	806	503	1,163	843	1,045	757
13	392	731	535	1,171	849	1,054	764
14	435	810	582	1,144	888	1,030	799
15	520	849	627	1,141	928	1,027	835
16	459	824	568	1,112	790	1,001	712
17	366	773	482	1,175	733	1,058	660
18	447	856	570	1,146	859	1,032	773
19	463	870	649	1,112	895	1,001	805
20	496	869	630	1,130	891	1,016	803
21	517	884	724	1,122	1,013	1,010	912
22	573	876	744	1,111	979	1,000	881
23	395	877	697	1,143	926	1,030	834
24	432	843	613	1,141	865	1,027	778
25	455	889	672	1,159	929	1,043	837
26	538	885	735	1,112	966	1,001	869
27	246	544	316	1,010	535	909	481
40	397	766	543	1,154	830	1,038	748
41	370	788	570	1,163	871	1,047	784
42	428	844	649	1,155	929	1,039	837
43	460	838	627	1,138	933	1,024	839
44	418	843	552	1,141	790	1,027	712
45	479	827	631	1,143	928	1,028	836

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

COMPREHENSIVE							
Terr.	Class						
	10	17	18	20	21	25	26
1	82	82	82	82	82	82	82
2	83	83	83	83	83	83	83
3	87	87	87	87	87	87	87
4	85	85	85	85	85	85	85
5	89	89	89	89	89	89	89
6	92	92	92	92	92	92	92
7	95	95	95	95	95	95	95
8	98	98	98	98	98	98	98
9	97	97	97	97	97	97	97
10	104	104	104	104	104	104	104
11	111	111	111	111	111	111	111
12	114	114	114	114	114	114	114
13	129	129	129	129	129	129	129
14	134	134	134	134	134	134	134
15	166	166	166	166	166	166	166
16	268	268	268	268	268	268	268
17	95	95	95	95	95	95	95
18	195	195	195	195	195	195	195
19	214	214	214	214	214	214	214
20	193	193	193	193	193	193	193
21	264	264	264	264	264	264	264
22	298	298	298	298	298	298	298
23	179	179	179	179	179	179	179
24	134	134	134	134	134	134	134
25	204	204	204	204	204	204	204
26	242	242	242	242	242	242	242
27	77	77	77	77	77	77	77
40	123	123	123	123	123	123	123
41	124	124	124	124	124	124	124
42	151	151	151	151	151	151	151
43	158	158	158	158	158	158	158
44	259	259	259	259	259	259	259
45	167	167	167	167	167	167	167

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

GLASS							
Terr.	Class						
	10	17	18	20	21	25	26
1	21	21	21	21	21	21	21
2	21	21	21	21	21	21	21
3	22	22	22	22	22	22	22
4	21	21	21	21	21	21	21
5	22	22	22	22	22	22	22
6	23	23	23	23	23	23	23
7	24	24	24	24	24	24	24
8	25	25	25	25	25	25	25
9	24	24	24	24	24	24	24
10	26	26	26	26	26	26	26
11	28	28	28	28	28	28	28
12	29	29	29	29	29	29	29
13	32	32	32	32	32	32	32
14	34	34	34	34	34	34	34
15	42	42	42	42	42	42	42
16	67	67	67	67	67	67	67
17	24	24	24	24	24	24	24
18	49	49	49	49	49	49	49
19	54	54	54	54	54	54	54
20	48	48	48	48	48	48	48
21	66	66	66	66	66	66	66
22	75	75	75	75	75	75	75
23	45	45	45	45	45	45	45
24	34	34	34	34	34	34	34
25	51	51	51	51	51	51	51
26	61	61	61	61	61	61	61
27	19	19	19	19	19	19	19
40	31	31	31	31	31	31	31
41	31	31	31	31	31	31	31
42	38	38	38	38	38	38	38
43	40	40	40	40	40	40	40
44	65	65	65	65	65	65	65
45	42	42	42	42	42	42	42

**ROAD PROTECTION COVERGE RATES**

Level	Annual Rate per Policy
Basic	\$70
Deluxe	\$110
Premier	\$160

## LIABILITY SYMBOL DEFINITIONS

The Liability Symbols are defined as follows, in accordance with ISO Class Code definitions:

Mini 2-Door	12	All 2-Door non-sports and non-luxury vehicles with wheelbase less than 94.5 inches.
Mini 4-Door	14	All 4-Door non-sports and non-luxury vehicles with wheelbase less than 94.5 inches.
Subcompact 2-Door	22	All 2-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 94.5 inches but less than 99.5 inches.
Subcompact 4-Door	24	All 4-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 94.5 inches but less than 99.5 inches.
Midsize 2-Door	32	All 2-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 99.5 inches but less than 109.5 inches
Midsize 4-Door	34	All 4-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 99.5 inches but less than 109.5 inches.
Large 2-Door	42	All 2-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 109.5 inches.
Large 4-Door	44	All 4-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 109.5 inches.
Sports	61	All vehicle series for which only a two-passenger body type is manufactured and which have a net weight to horsepower ratio less than or equal to 30 to 1 but greater than 20 to 1. The Sports Group does not include station wagon, sedan, pickup, utility or van types. If a two-plus-two version of a two-passenger body type is also manufactured and the two-plus-two version also meets the net weight to horsepower qualification, the two-plus-two will be included in horsepower the Sports Group.
Sports Premium	63	All vehicle series for which only a two-passenger body type is manufactured and which have a net weight to horsepower ratio less than or equal to 20 to 1. Sports Premium Group does not include station wagon, sedan, pickup, utility or van types. If a two-plus-two version of a two-passenger body type is also manufactured and the two-plus-two version also meets the net weight to horsepower qualification, the two-plus-two will be included in the Sports Premium Group.
Luxury 2-Door	52	All 2-Door non-sports vehicles with a Manufacturer's Suggested Retail Price (including all optional equipment that is factory-installed in 75% or more of the vehicles in the particular vehicle series) in excess of the "Luxury Threshold"* for the model year.
Luxury 4-Door	54	All 4-Door non-sports vehicles with a Manufacturer's Suggested Retail Price (including all optional equipment that is factory-installed in 75% or more of the vehicles in the particular vehicle series) in excess of the "Luxury Threshold"* for the model year.
Small Utility	91	Utility vehicles with a wheelbase less than 100 inches.
Large Utility	93	Utility vehicles with a wheelbase greater than or equal to 100 inches.
Small Pickup	81	Pickup trucks with a curb weight less than 3,000 pounds.
Large Pickup	83	Pickup trucks with a curb weight less greater than or equal to 3,000 pounds.
Van	70	All Vans.

\*For model years 1993 and subsequent, ISO indexes the "Luxury Threshold" based on the change in the "New Car Prices" annual price index, as published by the Bureau of Labor Statistics (BLS). To get the annual adjustment for Model Year 19xx, the Index for Year Ended 12/31/(19xx-2) is divided by the Index for Year Ended 12/31(19xx-3). The percentage change in the Index is rounded to one decimal. The Luxury Threshold is rounded to the nearest \$500.

Example: The model year 1997 Luxury Group threshold is \$34,000. The BLS New Car Price Index for year ended 12/31/95 is 139.0, while the BLS New Car Price Index for year ended 12/31/96 is 141.4. This is an increase of 1.7%. The resulting 1998 Luxury Threshold, rounded to the nearest \$500 is \$34,500.

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**POLICY TERM FACTORS**

TERM LENGTH	FACTOR
12 Months	1.000
6 Months	0.500

**VEHICLE USE FACTORS**

VEHICLE USE	FACTOR	VEHICLE USE	FACTOR
Pleasure	1.00	Commute 21 – 30 miles	1.00
Commute 0 – 5 miles	1.00	Commute 31 + miles	1.00
Commute 6 – 10 miles	1.00	Artisan	1.15
Commute 11- 15 miles	1.00	Business	1.20
Commute 16 – 20 miles	1.00	Delivery	1.25

**LIABILITY LIMIT OPTIONS AND FACTORS**

Liability Factors			
Limit	Mand. B.I.	Opt. B.I.	UM/UIM
20/40	0.875	1.000	1.000
25/50		1.050	1.150
35/80		1.180	1.350
50/100		1.300	1.500
100/300		1.500	2.000

**PROPERTY DAMAGE FACTORS**

Property Damage	
Limit	Factor
5	1.000
10	1.150
15	1.200
25	1.250
50	1.300
100	1.350

**MODEL YEAR FACTORS**

\*Newest model years will be subject to a 1.04 factor higher than the previous year.

Model * Year	Factors	
	COLL	COMP
2012	1.165	1.138
2011	1.120	1.094
2010	1.077	1.052
2009	1.038	1.026
2008	1.000	1.000
2007	0.962	0.975
2006	0.925	0.951
2005	0.890	0.927
2004	0.856	0.904
2003	0.824	0.881
2002	0.740	0.859
2001	0.698	0.838
2000	0.656	0.817
1999 & prior	0.613	0.797

**PHYSICAL DAMAGE DEDUCTIBLES**

DEDUCT	COLL	LTD COLL	COMP	GLASS
0				1.200
100				1.000
300	1.250	1.000	1.250	
500	1.000	0.800	1.000	
1,000	0.800	0.640	0.800	
1,500	0.700	0.560	0.700	

**WAIVER OF DEDUCTIBLE (COLLISION ONLY)**

DEDUCTIBLE	ANNUAL RATE
300	\$15
500	\$25
1,000	\$50
1,500	\$75

**LIABILITY SYMBOL FACTORS**

**Liability Symbol Factors**

Symbol	Vehicle Type	BI/PD	PIP/MED UM/UIM
12	Mini 2-door	0.925	1.050
14	Mini 4-door	0.975	1.100
22	Subcompact 2-door	0.950	1.000
24	Subcompact 4-door	1.000	1.050
32	Midsize 2-door	1.000	0.975
34	Midsize 4-door	1.100	1.025
42	Large 2-door	1.000	0.950
44	Large 4-door	1.100	1.000
52	Sports	0.950	1.100
54	Sports, Premium	1.000	1.050
61	Luxury 2-door	1.000	0.950
63	Luxury 4-door	1.100	1.000
70	Van	1.000	0.950
81	Small Pick-up	0.950	1.000
83	Large Pick-up	1.000	0.950
91	Small SUV	1.000	0.950
93	Large SUV	1.050	0.900

**PHYSICAL DAMAGE SYMBOL FACTORS**

Symbol	COLL	COMP	Symbol	COLL	COMP
<b>1</b>	0.755	0.526	<b>15</b>	1.550	1.490
<b>2</b>	0.792	0.605	<b>16</b>	1.650	1.560
<b>3</b>	0.830	0.684	<b>17</b>	1.750	1.648
<b>4</b>	0.868	0.763	<b>18</b>	1.793	1.735
<b>5</b>	0.906	0.842	<b>19</b>	1.875	1.823
<b>6</b>	0.943	0.921	<b>20</b>	1.958	1.910
<b>7</b>	1.000	1.000	<b>21</b>	2.123	2.395
<b>8</b>	1.065	1.070	<b>22</b>	2.288	2.620
<b>10</b>	1.135	1.140	<b>23</b>	2.453	2.845
<b>11</b>	1.200	1.210	<b>24</b>	2.618	3.070
<b>12</b>	1.275	1.280	<b>25</b>	2.783	3.295
<b>13</b>	1.350	1.350	<b>26</b>	3.025	3.625
<b>14</b>	1.450	1.420	<b>27</b>	3.300	4.000

\*Occidental relies on the symbols maintained by ISO.



**DRIVER AND VEHICLE COMBINATION FACTORS**

# of Drivers	# of Vehicles	BI	PD	PIP	MED	COLL	COMP
1	1	1.000	1.000	1.000	1.000	1.000	1.000
1	2	0.980	0.980	0.970	0.970	0.980	0.950
1	3	0.950	0.950	0.940	0.940	0.950	0.920
2	1	1.030	1.030	1.025	1.025	1.030	1.010
2	2	1.000	1.000	1.000	1.000	1.000	0.960
2	3	0.980	0.980	0.980	0.980	0.980	0.930
3	1	1.050	1.050	1.050	1.050	1.050	1.020
3	2	1.020	1.020	1.020	1.020	1.020	0.970
3	3	1.000	1.000	1.000	1.000	1.000	0.940

**COVERAGE ALIGNMENT FACTOR (Applies on a policy level- BIPD PIP MED)**

Full Coverage	Single Car	Factor
Y	Y	0.93
Y	N	1.00
N	Y	0.96
N	N	1.03

\*Full coverage is defined as carrying both Collision or Limited Collision and Comprehensive.

**RISK STABILITY FACTORS (Applies on a policy level – BIPD PIP MED COMP COLL)**

\*Factors are based on all drivers in the household and apply to endorsements and renewals.

\*Prior Insurance is 6 months continuous coverage with no lapse in coverage.

Prior Insurance (6 Months)	Full Coverage (PIP/PD and Phys. Dam)	At Fault Accident Free >3 yrs	Total Policy Points	BI	PD	PIP	MED	COLL	COMP
Y	Y	Y	0	0.950	0.950	0.950	0.950	0.950	0.975
Y	Y	Y	1 - 2	0.960	0.960	0.960	0.960	0.960	0.985
Y	Y	Y	3 - 5	0.969	0.969	0.969	0.969	0.969	0.995
Y	Y	Y	6 - 8	0.979	0.979	0.979	0.979	0.979	1.004
Y	Y	Y	9 +	0.998	0.998	0.998	0.998	0.998	1.024
Y	Y	N	0	1.000	1.000	1.000	1.000	1.000	1.000
Y	Y	N	1 - 2	1.010	1.010	1.010	1.010	1.010	1.010
Y	Y	N	3 - 5	1.020	1.020	1.020	1.020	1.020	1.020
Y	Y	N	6 - 8	1.030	1.030	1.030	1.030	1.030	1.030
Y	Y	N	9 +	1.050	1.050	1.050	1.050	1.050	1.050
Y	N	Y	0	1.000	1.000	1.000	1.000	1.000	0.985
Y	N	Y	1 - 2	1.010	1.010	1.010	1.010	1.010	0.995
Y	N	Y	3 - 5	1.020	1.020	1.020	1.020	1.020	1.005
Y	N	Y	6 - 8	1.030	1.030	1.030	1.030	1.030	1.015
Y	N	Y	9 +	1.050	1.050	1.050	1.050	1.050	1.034
Y	N	N	0	1.050	1.050	1.050	1.050	1.050	1.005
Y	N	N	1 - 2	1.061	1.061	1.061	1.061	1.061	1.015
Y	N	N	3 - 5	1.071	1.071	1.071	1.071	1.071	1.025
Y	N	N	6 - 8	1.082	1.082	1.082	1.082	1.082	1.035
Y	N	N	9 +	1.103	1.103	1.103	1.103	1.103	1.055
N	Y	Y	0	0.985	0.985	0.985	0.985	0.985	0.993
N	Y	Y	1 - 2	0.995	0.995	0.995	0.995	0.995	1.003
N	Y	Y	3 - 5	1.005	1.005	1.005	1.005	1.005	1.013
N	Y	Y	6 - 8	1.015	1.015	1.015	1.015	1.015	1.023
N	Y	Y	9 +	1.034	1.034	1.034	1.034	1.034	1.043
N	Y	N	0	1.030	1.030	1.030	1.030	1.030	1.015
N	Y	N	1 - 2	1.040	1.040	1.040	1.040	1.040	1.025
N	Y	N	3 - 5	1.051	1.051	1.051	1.051	1.051	1.035
N	Y	N	6 - 8	1.061	1.061	1.061	1.061	1.061	1.045
N	Y	N	9 +	1.082	1.082	1.082	1.082	1.082	1.066
N	N	Y	0	1.020	1.020	1.020	1.020	1.020	1.000
N	N	Y	1 - 2	1.030	1.030	1.030	1.030	1.030	1.010
N	N	Y	3 - 5	1.040	1.040	1.040	1.040	1.040	1.020
N	N	Y	6 - 8	1.050	1.050	1.050	1.050	1.050	1.030
N	N	Y	9 +	1.070	1.070	1.070	1.070	1.070	1.050
N	N	N	0	1.070	1.070	1.070	1.070	1.070	1.025
N	N	N	1 - 2	1.080	1.080	1.080	1.080	1.080	1.035
N	N	N	3 - 5	1.090	1.090	1.090	1.090	1.090	1.046
N	N	N	6 - 8	1.100	1.100	1.100	1.100	1.100	1.056
N	N	N	9 +	1.120	1.120	1.120	1.120	1.120	1.076

**CATEGORY FACTORS (Applies on a policy level – BI PD PIP MED COMP COLL)**

Category #	Prior. Insurance 6 + mos.	# of At-Fault Accidents < 2 in 3 yrs	Free of SR22	Free of Excl. Dr.	No Lien Holder?	Factor
1	Y	Y	Y	Y	Y	1.000
2	Y	Y	Y	Y	N	1.004
3	Y	Y	Y	N	Y	1.008
4	Y	Y	Y	N	N	1.012
5	Y	Y	N	Y	Y	1.016
6	Y	Y	N	Y	N	1.020
7	Y	Y	N	N	Y	1.024
8	Y	Y	N	N	N	1.028
9	Y	N	Y	Y	Y	1.033
10	Y	N	Y	Y	N	1.037
11	Y	N	Y	N	Y	1.041
12	Y	N	Y	N	N	1.045
13	Y	N	N	Y	Y	1.049
14	Y	N	N	Y	N	1.053
15	Y	N	N	N	Y	1.057
16	Y	N	N	N	N	1.061
17	N	Y	Y	Y	Y	1.065
18	N	Y	Y	Y	N	1.069
19	N	Y	Y	N	Y	1.073
20	N	Y	Y	N	N	1.077
21	N	Y	N	Y	Y	1.081
22	N	Y	N	Y	N	1.085
23	N	Y	N	N	Y	1.089
24	N	Y	N	N	N	1.093
25	N	N	Y	Y	Y	1.098
26	N	N	Y	Y	N	1.102
27	N	N	Y	N	Y	1.106
28	N	N	Y	N	N	1.110
29	N	N	N	Y	Y	1.114
30	N	N	N	Y	N	1.118
31	N	N	N	N	Y	1.122
32	N	N	N	N	N	1.126

**MASSACHUSETTS DRIVING EXPERIENCE FACTORS**

<b>Years Driving Experience</b>	<b>BI, OBI, PD</b>	<b>P.I.P. &amp; MED.</b>	<b>UM &amp; UIM</b>	<b>Coll.</b>	<b>Comp. &amp; Glass</b>
0	1.100	1.100	1.000	1.100	1.000
1	1.000	1.000	1.000	1.000	1.000
2	1.000	1.000	1.000	1.000	1.000
3	1.000	1.000	1.000	1.000	1.000
4	1.000	1.000	1.000	1.000	1.000
5	1.000	1.000	1.000	1.000	1.000
6	1.000	1.000	1.000	1.000	1.000
7	1.000	1.000	1.000	1.000	1.000
8	1.000	1.000	1.000	1.000	1.000
9	1.000	1.000	1.000	1.000	1.000
10	0.995	0.998	1.000	0.985	1.000
11	0.990	0.995	1.000	0.970	1.000
12	0.985	0.993	1.000	0.955	1.000
13	0.980	0.990	1.000	0.940	1.000
14	0.975	0.988	1.000	0.925	1.000
15	0.970	0.985	1.000	0.910	1.000
16	0.965	0.983	1.000	0.895	1.000
17	0.960	0.980	1.000	0.880	1.000
18	0.955	0.978	1.000	0.865	1.000
19	0.950	0.975	1.000	0.850	1.000
20	0.945	0.973	1.000	0.835	1.000
21	0.940	0.970	1.000	0.820	1.000
22	0.935	0.968	1.000	0.805	1.000
23	0.930	0.965	1.000	0.790	1.000
24	0.925	0.963	1.000	0.775	1.000
25	0.925	0.963	1.000	0.775	1.000
26	0.925	0.963	1.000	0.775	1.000
27	0.925	0.963	1.000	0.775	1.000
28	0.925	0.963	1.000	0.775	1.000
29	0.925	0.963	1.000	0.775	1.000
30	0.925	0.963	1.000	0.775	1.000
31	0.925	0.963	1.000	0.775	1.000
32	0.925	0.963	1.000	0.775	1.000
33	0.925	0.963	1.000	0.775	1.000
34	0.925	0.963	1.000	0.775	1.000
35	0.930	0.965	1.000	0.790	1.000
36	0.935	0.968	1.000	0.805	1.000
37	0.940	0.970	1.000	0.820	1.000
38	0.945	0.973	1.000	0.835	1.000
39	0.950	0.975	1.000	0.850	1.000
40	0.955	0.978	1.000	0.865	1.000
41	0.960	0.980	1.000	0.880	1.000
42	0.965	0.983	1.000	0.895	1.000
43	0.970	0.985	1.000	0.910	1.000

**MASSACHUSETTS DRIVING EXPERIENCE FACTORS (continued)**

<b>Years Driving Experience</b>	<b>BI OBI PD</b>	<b>P.I.P. MED.</b>	<b>UM / UIM</b>	<b>Coll.</b>	<b>Glass</b>
44	0.975	0.988	1.000	0.925	1.000
45	0.980	0.990	1.000	0.940	1.000
46	0.985	0.993	1.000	0.955	1.000
47	0.990	0.995	1.000	0.970	1.000
48	0.995	0.998	1.000	0.985	1.000
49	1.000	1.000	1.000	1.000	1.000
50	1.020	1.010	1.000	1.020	1.000
51	1.040	1.020	1.000	1.040	1.000
52	1.060	1.030	1.000	1.060	1.000
53	1.080	1.040	1.000	1.080	1.000
54	1.100	1.050	1.000	1.100	1.000
55 +	1.120	1.060	1.000	1.120	1.000

**MEDICAL PAYMENT FACTORS**

<b>Medical Payments</b>	
<b>Limit</b>	<b>Factor</b>
2,500	0.700
5,000	1.000
10,000	1.330
15,000	1.700
20,000	1.850
25,000	2.000

**PERSONAL INJURY PROTECTION DEDUCTIBLE FACTORS**

<b>Limit</b>	<b>1 Driver Factor</b>	<b>Multiple Drivers Factor</b>
0	1.000	1.000
100	0.980	0.980
250	0.960	0.950
500	0.920	0.900
1,000	0.860	0.810
2,000	0.740	0.650
4,000	0.630	0.520
8,000	0.550	0.410

**DRIVER POINT FACTORS (LIABILITY and COLLISION)**

<b>POINTS</b>	<b>BI &amp; OBI</b>	<b>PD</b>	<b>PIP &amp; MED</b>	<b>COLL &amp; LTD</b>	<b>POINTS</b>	<b>BI &amp; OBI</b>	<b>PD</b>	<b>PIP &amp; MED</b>	<b>COLL &amp; LTD</b>
0	1.00	1.00	1.00	1.00	41	6.55	6.55	5.96	6.55
1	1.10	1.10	1.06	1.10	42	6.70	6.70	6.11	6.70
2	1.20	1.20	1.12	1.20	43	6.85	6.85	6.26	6.85
3	1.30	1.30	1.18	1.30	44	7.00	7.00	6.41	7.00
4	1.40	1.40	1.24	1.40	45	7.15	7.15	6.56	7.15
5	1.50	1.50	1.30	1.50	46	7.30	7.30	6.71	7.30
6	1.60	1.60	1.36	1.60	47	7.45	7.45	6.86	7.45
7	1.70	1.70	1.46	1.70	48	7.60	7.60	7.01	7.60
8	1.80	1.80	1.56	1.80	49	7.75	7.75	7.16	7.75
9	1.90	1.90	1.66	1.90	50	7.90	7.90	7.31	7.90
10	2.00	2.00	1.76	2.00	51	8.05	8.05	7.46	8.05
11	2.10	2.10	1.86	2.10	52	8.20	8.20	7.61	8.20
12	2.20	2.20	1.96	2.20	53	8.35	8.35	7.76	8.35
13	2.35	2.35	2.06	2.35	54	8.50	8.50	7.91	8.50
14	2.50	2.50	2.16	2.50	55	8.65	8.65	8.06	8.65
15	2.65	2.65	2.26	2.65	56	8.80	8.80	8.21	8.80
16	2.80	2.80	2.36	2.80	57	8.95	8.95	8.36	8.95
17	2.95	2.95	2.46	2.95	58	9.10	9.10	8.51	9.10
18	3.10	3.10	2.56	3.10	59	9.25	9.25	8.66	9.25
19	3.25	3.25	2.66	3.25	60	9.40	9.40	8.81	9.40
20	3.40	3.40	2.81	3.40	61	9.55	9.55	8.96	9.55
21	3.55	3.55	2.96	3.55	62	9.70	9.70	9.11	9.70
22	3.70	3.70	3.11	3.70	63	9.85	9.85	9.26	9.85
23	3.85	3.85	3.26	3.85	64	10.00	10.00	9.41	10.00
24	4.00	4.00	3.41	4.00	65	10.15	10.15	9.56	10.15
25	4.15	4.15	3.56	4.15	66	10.30	10.30	9.71	10.30
26	4.30	4.30	3.71	4.30	67	10.45	10.45	9.86	10.45
27	4.45	4.45	3.86	4.45	68	10.60	10.60	10.01	10.60
28	4.60	4.60	4.01	4.60	69	10.75	10.75	10.16	10.75
29	4.75	4.75	4.16	4.75	70	10.90	10.90	10.31	10.90
30	4.90	4.90	4.31	4.90	71	11.05	11.05	10.46	11.05
31	5.05	5.05	4.46	5.05	72	11.20	11.20	10.61	11.20
32	5.20	5.20	4.61	5.20	73	11.35	11.35	10.76	11.35
33	5.35	5.35	4.76	5.35	74	11.50	11.50	10.91	11.50
34	5.50	5.50	4.91	5.50	75	11.65	11.65	11.06	11.65
35	5.65	5.65	5.06	5.65	76	11.80	11.80	11.21	11.80
36	5.80	5.80	5.21	5.80	77	11.95	11.95	11.36	11.95
37	5.95	5.95	5.36	5.95	78	12.10	12.10	11.51	12.10
38	6.10	6.10	5.51	6.10	79	12.25	12.25	11.66	12.25
39	6.25	6.25	5.66	6.25	80	12.40	12.40	11.81	12.40
40	6.40	6.40	5.81	6.40					

## CLEAN DRIVING RECORD

Drivers under the Massachusetts AIB rating plan noted as Excellent Driver Discount (incident free for five years) and Excellent Driver Discount Plus (incident free for six years), also referred to as “98” or “99” will receive the following rating factors.

	<b>BI/OBI</b>	<b>PD</b>	<b>PIP/MED</b>	<b>CLL/LTD</b>
<b>98</b>	0.95	0.95	0.95	0.95
<b>99</b>	0.90	0.90	0.90	0.90

## **DISCOUNT FACTORS**

<b>Description</b>	<b>Applicable Coverages</b>	<b>Factor</b>
Age 65 & over (Class 15)	BI, OBI, PD, PIP, Med., UM, UIM, Coll, Ltd., Comp.	25%
Annual Mileage < 5,000 miles	BI, OBI, PD, PIP, Med., UM, UIM, Coll, Ltd.	10%
Anti-lock Brakes	BI, OBI, PD, PIP, Med., Coll, Ltd.	5%
Multiple Car	BI, OBI, PD, PIP, Med., Coll, Ltd., Comp.	10%
Passive Restraint	PIP, Med., UM, UIM	10%
Paid in full	BI, OBI, PD, PIP, Med., UM, UIM, Coll, Ltd., Comp.	5%
Renewal – annual	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5%

<b>Transfer (Years with prior co.)</b>	<b>Applicable Coverages</b>	<b>Factor</b>
0	BI, OBI, PD, PIP, Coll, Ltd., Comp.	0.0%
1	BI, OBI, PD, PIP, Coll, Ltd., Comp.	0.5%
2	BI, OBI, PD, PIP, Coll, Ltd., Comp.	1.0%
3	BI, OBI, PD, PIP, Coll, Ltd., Comp.	1.5%
4	BI, OBI, PD, PIP, Coll, Ltd., Comp.	2.0%
5	BI, OBI, PD, PIP, Coll, Ltd., Comp.	2.5%
6	BI, OBI, PD, PIP, Coll, Ltd., Comp.	3.0%
7	BI, OBI, PD, PIP, Coll, Ltd., Comp.	3.5%
8	BI, OBI, PD, PIP, Coll, Ltd., Comp.	4.0%
9	BI, OBI, PD, PIP, Coll, Ltd., Comp.	4.5%
10	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
11	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
12	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
13	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
14	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
15	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
16	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
17	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
18	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
19	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
20	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%

**DISCOUNT FACTORS (continued)**

Anti-Theft	Applicable Coverages	Factor
Category I	Comp.	5%
Category II	Comp.	15%
Category III	Comp.	20%
Category IV	Comp.	20%
Category V	Comp.	25%
Categories IV & I	Comp.	25%
Categories IV & II	Comp.	30%
Categories IV & III	Comp.	35%
Categories V & I	Comp.	28%
Categories V & II	Comp.	32%
Categories V & III	Comp.	36%

**SURCHARGE FACTORS**

Surcharge Description	Applicable Coverages	Factor
Unacceptable Risk	BI, OBI, PD, PIP, Med. Coll, Ltd., Comp.	25%

**ROUNDING**

The premium for each coverage and vehicle shall be rounded to the nearest dollar (\$.50 and over rounds up). This procedure applies to all premium transactions.

**MASSACHUSETTS ALGORITHMS****BI**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard limit factor. No rounding.
3. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No Rounding.
4. Multiply with total Category Factor. No rounding.
5. Multiply with total Risk Stability Factor. No Rounding.
6. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
7. Multiply with total Coverage Alignment Factor. No Rounding.
8. Multiply with total Years Experience Factor. No Rounding.
9. Multiply with total Point Factors Indexed by Total Points 50 Cent Rounding. Round to the dollar.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.



**PD**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard limit factor. No rounding.
3. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No Rounding.
4. Multiply with total Category Factor. No Rounding.
5. Multiply with total Risk Stability Factor. No Rounding.
6. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
7. Multiply with total Coverage Alignment Factor. No Rounding.
8. Multiply with total Years Experience Factor. No Rounding.
9. Multiply with total Point Factors Indexed by Total Points 50 Cent Rounding. Round to the dollar.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent Rounding. Round to dollar.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.

**COMP**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard deductible factor 50 Cent Rounding. Round to dollars.
3. Multiply with total Symbol Factors Indexed by Vehicle Symbol. No rounding.
4. Multiply with total Vehicle Age factors Indexed by Vehicle Year. No rounding.
5. Multiply with total Category Factor. No Rounding.
6. Multiply with total Risk Stability Factor. No Rounding.
7. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
8. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
9. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
10. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.

**COLL**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard deductible factor 50 Cent Rounding. Round to dollars.
3. Multiply with total Symbol Factors Indexed by Vehicle Symbol. No rounding.
4. Multiply with total Vehicle Age factors Indexed by Vehicle Year. No rounding.
5. Multiply with total Category Factor. No Rounding.
6. Multiply with total Risk Stability Factor. No Rounding.
7. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
8. Multiply with total Years Experience Factor. No Rounding.
9. Multiply with total Point Factors Indexed by Total Points. No rounding.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.

**PIP/MPIP**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No rounding.
3. Multiply with total Category Factor. No Rounding.
4. Multiply with total Risk Stability Factor. No Rounding.
5. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
6. Multiply with total Coverage Alignment Factor. No Rounding.
7. Multiply with total Years Experience Factor. No Rounding.
8. Multiply with total Point Factors Indexed by Total Points. No rounding.
9. Apply standard deductible factor 50 Cent Rounding. Round to dollars.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollars.

**MED**

1. Add to total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard limit factor 50 Cent rounding. Round to dollars.
3. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No rounding.
4. Multiply with total Category Factor. No rounding.
5. Multiply with total Risk Stability Factor. No rounding.
6. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No rounding.
7. Multiply with total Coverage Alignment Factor. No rounding.
8. Multiply with total Years Experience Factor. No rounding.
9. Multiply with total Point Factors Indexed by Total Points. No rounding.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent rounding. Round to dollars.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent rounding. Round to dollars.

**UM**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No rounding.
3. Apply standard limit factor. No rounding.
4. Multiply with total Years Experience Factor. No rounding.
5. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
6. Divide with total Cost Factors Indexed by Policy Term 50 Cent rounding.

**UIM**

1. Add To total Territory Base Rates Indexed by Territory No rounding
2. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No rounding.
3. Apply standard limit factor. No rounding.
4. Multiply with total Years Experience Factor. No rounding.
5. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
6. Divide with total Cost Factors Indexed by Policy Term 50 Cent rounding.

**GLASS**

1. Territory Base Rates Indexed by Territory. No rounding.
2. Apply Standard deductible factor. No rounding.
3. Multiply with total Symbol Factors Indexed by Vehicle Symbol. No rounding.
4. Multiply with total Vehicle Model Year factors Indexed by Model Year. No rounding.
5. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.

\*Discount factors are determined by adding all applicable discounts, then subtracting from 1.00.

SERFF Tracking Number: OCCD-126527681 State: Massachusetts  
 Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: 10MAR04-681  
 Company Tracking Number: 10-097  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Massachusetts Personal Automobile  
 Project Name/Number: Policy Fees Addition/10-097

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification of Compliance Form		
<b>Comments:</b>		
<b>Attachment:</b> Certification of Compliance _signed.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Checklist(s)		
<b>Comments:</b> Updated checklist attached.		
<b>Attachment:</b> Private Passenger Motor Vehicle Rate Rule Filing checklist-completed.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Copy of Approved Application		
<b>Comments:</b> The Application is approved under State Tracking Number: 10JAN11-23, on 02/12/2010.		
<b>Attachment:</b> PA 16 06 01 10 Mass application (Occiquote).pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Rate Filing Abstract		
<b>Bypass Reason:</b> n/a.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>

## AUTOMOBILE INSURANCE APPLICATION

Agent: \_\_\_\_\_ Customer Service: (800) 233-1880  
 Claims Service: (800) 223-5994  
 Online Service: [www.occiquote.com](http://www.occiquote.com)

Applicant: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_, \_\_\_\_\_ AM or PM  
 Expiration Date: \_\_\_\_\_, 12:01 a.m.

Email: \_\_\_\_\_

DRIVER INFORMATION					
LIST ALL MEMBERS OF THE HOUSEHOLD 15 YEARS AND OLDER AND ANY OTHER OPERATOR(S)					
Name	D/O/B	License #	Date First Licensed	Driver Training Y/N	SR22: Case #/SS #

ACCIDENT/VIOLATION HISTORY	

VEHICLE INFORMATION				
Year/Make/Model	V.I.N.	Sym.	Lienholder/Additional Interest	Plate #

COVERAGE SELECTIONS & PREMIUMS					
COVERAGES	VEHICLE 1	VEHICLE 2	VEHICLE 3		
Bodily Injury					
Property Damage					
Personal Injury Protection					
Work Loss Income					
Uninsured Motorists					
Optional Bodily Injury					
Medical Payment					
Collision w/ waiver of ded.					
Limited Collision					
Other than Collision					
Underinsured Motorist					
Glass Coverage					
Road Protection Coverage					
<b>Subtotal</b>					
Policy Fee		\$25.00	SR22 Fee	\$25.00	

<b>Total Policy Cost:</b>	<b>Down Payment:</b>	<b>Monthly Installments:</b>
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Underwriting Questions	Y/N	Explanations
1. Have there been any Comprehensive or Personal Injury Protection claims in the past three years?		
2. Been convicted of vehicular homicide, auto related fraud, auto theft, or DUI of alcohol or drugs?		
3. If the named insured is excluded or not listed as a driver, please explain why.		
4. Do you presently owe any motor vehicle premium, payable in the last 12 months?		
5. Are there any household members not listed on this policy that currently do not have a Massachusetts auto policy? If yes, either list as driver or exclude		
6. Are any listed operators included on another policy or do they have their own Massachusetts personal automobile policy? (List operator #, insurance company, and policy #)		
7. Is any auto used to transport (To or from work or school): A. Fellow employees, passengers or students, for a fee? B. Persons employed by you?		
8. Is any van or pick-up equipped with custom furnishings or custom equipment? If yes, custom equipment is not covered.		
9. Is any auto equipped with electronic equipment permanently installed but not in locations used by the auto manufacturer for such equipment? If yes, custom equipment is not covered.		
10. Is any auto used or registered as a commercial vehicle?		
11. If any auto(s) to be insured is titled with a salvage title issued by the Mass Registry of Motor Vehicles, Please indicate. (Salvage title vehicles are not eligible for Physical Damage Coverage)		

Veh	Terr	Class	Use	Pts	Passive Restraint	Anti-Lock	Anti-Theft	Class 15 discount	Annual Mileage	Paid in Full	Unv. MVR	Special Risk
1												
2												
3												

### NAMED DRIVER EXCLUSION

It is agreed that the person named below will not operate the vehicles(s) described below, or any replacement thereof, under any circumstances whatsoever.

Name & Date of Birth of Excluded Driver(s): \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

I am aware that under the terms of my Massachusetts Automobile Insurance Policy, if I, or someone on my behalf, provides false, deceptive, misleading or incomplete information in any application or policy change request, and if such false, deceptive, misleading or incomplete information increases the company's risk of loss, the company may refuse to pay claims under any or all of the Optional Insurance Parts of this policy. Such information includes the description and the place of garaging of the vehicles to be insured, the names of all household members and customary operators required to be listed and then answers given for all listed operators. Payments under Uninsured Motorist & Property Damage may also be limited to those amounts that the company is required to sell.

In addition, I am aware Massachusetts law requires that the company withhold payment of a Collision or Limited Collision loss if the insured auto is being operated by a household member who is not listed as an operator on my policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on my policy because the household member would be classified as an inexperienced operator or would required payment of additional premium on my policy under the Merit Rating Plan.

Applicant's Signature:  
PA 16 11 04 09

Date:

**NEVER BEEN LICENSED DRIVER STATEMENT**

I declare that \_\_\_\_\_, a resident of my household who is of legal driving age, does not have a driver's license, whether valid, suspended or revoked, in any state.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INTERNET PAYMENT AUTHORIZATION & CUSTOMER RECEIPT**

I authorize Occidental Fire & Casualty and/or its assigns, to use Electronic Funds Transfer (EFT), a bank draft, or my credit/debit card for an insurance premium payment across the Internet for the amount of \$\_\_\_\_\_.

This authorization applies to this one payment only. This payment is to be applied to policy #: \_\_\_\_\_.

Account Identification: \_\_\_\_\_

\_\_\_\_\_  
Payee Name

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE TO APPLICANT AND APPLICANT'S STATEMENT**

I apply to the Company for a policy of insurance based upon the information I have supplied and the statements I have made herein. I agree that if such information is false, misleading, or would materially affect acceptance of the risk by the Company, or if the payment for this policy made by me or on my behalf (except by the agent or broker), is not honored by the payer (bank), coverage may be canceled.

I understand that if my premium check, intended to be the down payment or full payment, is returned unpaid by the bank, the policy will be null and void, no coverage will be provided, and I will be subject to applicable fees.

If information developed by the Company indicates there should be a different classification or premium than indicated above, I authorize the Company to endorse or issue the policy to reflect the proper rate(s) and terms.

I declare that all the statements contained in this application are complete and true to the best of my knowledge as to this date. I understand that the company may exchange payment of premium information and accident or claim information with my previous automobile insurance company.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The information contained in this application is as told to me by the applicant and is true and complete to the best of my knowledge.

Brokering Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print/Type Brokering Agent's Name: \_\_\_\_\_

Massachusetts License #: \_\_\_\_\_

***Occidental Fire & Casualty  
Company  
of North Carolina***

**Personal Automobile  
Rule & Rate Guide**

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***MASSACHUSETTS***

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**Effective: *April 26, 2010***

*Customer Service: 800-233-1880*

*Claims Service: 800-223-5994*



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## **INTRODUCTION**

Occidental Insurance is pleased to present guidelines for insuring personal automobile customers. Contained in this manual is our Premium program which allows our independent agency partners to provide coverage to nearly any licensed driver.

While this manual addresses most situations that you will encounter, there will be special circumstances when you will need to seek assistance. Please call us at any time so we may help you provide the proper coverage for your clients.

Please utilize our website, which is available 24/7: [www.occiquote.com](http://www.occiquote.com)

## **BINDING AUTHORITY**

All applications for insurance are accepted via the **OcciQuote<sup>sm</sup>** web site. Any exception must be approved beforehand by the Company.

Applications may be effective no earlier than 24 hours prior to the time of submission. If an earlier date and time is not requested on the Internet process, the date and time of uploading will be used.

We expect and require agents to verify that vehicles are in good condition prior to submitting an application that includes physical damage coverage in accordance with 211 CMR 94.00.

The Binding Authority also applies for requests to change or add any coverage(s), driver(s), or vehicle(s).

**OcciQuote<sup>sm</sup>** is designed to address nearly all the acceptable risks and situations that we will insure. Occasionally, there may be a risk or situation that you feel is acceptable which **OcciQuote<sup>sm</sup>** will not allow. In those instances, please contact underwriting to discuss the issue.

If there are any questions regarding the acceptability of a risk, please call the Underwriting Department prior to submitting.

Whenever the National Weather Service issues a tropical storm or hurricane watch or warning within 100 miles of the location of the proposed risk, the following restrictions apply:

1. No policy may be written or bound as new business.
2. No endorsement of existing policies may be requested which will increase the Company's exposure (e.g. adding vehicles or reducing deductibles).
3. Agents who submit new business applications with an effective date/postmark combination which would violate the prohibitions listed above will have the application rejected and no coverage will have existed.
4. Normal binding authority will resume after the watches and/or warnings are lifted by the National Weather Service.

## CLAIMS

All claims should be reported to:

**Occidental Fire & Casualty**  
**PO Box 771270**  
**Coral Springs, FL 33077-1270**  
**Phone: 800-223-5994 or 954-346-3323**  
**Fax: 954-753-0668**  
**email: [sbu\\_flclaims@ofc-wic.com](mailto:sbu_flclaims@ofc-wic.com)**  
**website: [www.occiquote.com](http://www.occiquote.com)**

Please provide a policy number and claim number on all correspondence.

## COMPANY CODES

NAIC

23248

## APPLICATIONS & SUPPORTING DOCUMENTATION

Our **OcciQuote<sup>sm</sup>** Internet process helps guarantee that required information is supplied before the application is uploaded.

Signature pages and required, supporting documentation may be handled as follows:

1. Retain the documents at the agency for seven (7) years, until requested by the Company, or required by the state;
2. Upon company request scan and email the documents to [sbu\\_underwriting@ofc-wic.com](mailto:sbu_underwriting@ofc-wic.com).

The entire application must be completed. If any area of the application does not apply, then "N/A's", "None", or similar indication must be shown. **OcciQuote<sup>sm</sup>** applications will not upload unless all required fields are completed.

Original signatures for both the applicant and the agent are required. Power of Attorney signatures will **not** be accepted.

Occidental personal automobile policies **may not** be used to insure commercial entities. Corporations, business names, company names, and "DBA's" may **not** be listed as Named Insured or additional interest. We will **not** provide certificates of insurance to third parties.

## MISREPRESENTATION OF RISK

The agent must ask the applicant **ALL QUESTIONS** on the application, clearly explaining the importance of providing accurate information. The agent must also have the applicant read the Applicant's Statement. Statements are provided in English. If the applicant cannot read the English language, the agent should arrange for a third party to translate such information to the applicant.

The applicant has a responsibility and an obligation to truthfully and fully complete an application for insurance. Any misrepresentations on the application may render the policy null and void and could result in the denial of claims.

Policies terminated because of material misrepresentation will be rescinded (No Coverage Afforded). The required notice will be sent to the Registry of Motor Vehicles and premiums will be returned to the applicant.

### **POLICY FEES**

If an insured's check made payable to the company is returned to us by the financial institution not honored upon first presentation, a \$15.00 Non-Sufficient Fund (NSF) fee will be assessed, and will be added to the next installment billing.

A delinquency charge of \$10.00 will apply to any installment payment in default for 6 or more days, and will be added to the next installment billing or renewal offer.

A \$25.00 policy fee will be charged each policy term, per policy, to cover the costs required to attract and write a customer. The costs include advertising and call center/Internet expenses associated with new business quoting and binding.

The above fees shall be fully earned, and no commission will be paid.

### **FINANCIAL RESPONSIBILITY FILINGS**

At the insured's request the Company will issue a financial responsibility filing (SR-22) for any listed driver on the policy.

Financial Responsibility filings will be made for the State of Residence Only.

Any policy with a filing must offer liability limits that satisfy minimum financial responsibility requirements for the state of Massachusetts.

Any driver requesting a filing must have a verifiable driving record and cannot be excluded from the policy.

All Financial Responsibility filings are subject to a \$25.00 fee.

The Company will cancel the filing upon lapse or expiration of the policy. The filing will be reinstated if the policy reinstates or renews.

### **ENDORSEMENTS/CHANGE REQUESTS**

All change requests should be uploaded the same day as requested by the policyholder through the Company's website. **DO NOT MAIL.** Change requests will be processed by the Company **only when they are uploaded.** Contact the Company if an exception is needed.

All premium adjustments reflect the rates and rules in force at the time of the policy or the latest renewal effective date and are calculated pro-rata.

Mid-term premium adjustments are made as a result of a change in address, vehicles, drivers, coverage, etc. Mid-term premium adjustments are not made as a result of a change in points or age of existing drivers.

An instruction sheet will print following the upload of the change request, stating what information, if any, needs to be submitted to the Company. Supporting documentation may include inspection forms, rejection forms, etc. (same as new business).

Changes which result in an increase in policy premium must be uploaded with the requested additional premium that is calculated and displayed by the **OcciQuote<sup>sm</sup>** system.

Reduction or deletion of Medical Payments or Underinsured Motorists Coverage requires the insured's signature on the Selection/Rejection form. This form must be retained in the agent's office unless otherwise requested by the Company.

Suspension of coverage is **not** permitted.

Requests to correct a policy will be honored for the current policy term only.

## **POLICY RENEWAL**

Policies are underwritten and adjusted on their renewal date to reflect class changes and the removal of out-dated, chargeable accidents and violations.

Renewals will be classified and rated in accordance with the underwriting and rate guide in use at the time of renewal. The renewal will reflect changes indicated on new Motor Vehicle Records and chargeable accidents of all operators for the past 36 months.

Approximately 30 days before the policy expiration date, the Company will send a renewal offer to eligible policyholders. A notice will also be provided to the agent.

Policies will be renewed for each policyholder who makes payment for the amount billed. Payments must be postmarked no later than the policy's expiration date.

Policies on which the renewal payment is postmarked after the expiration date and up to and including 30 days after the policy expiration date may be renewed the day after postmark or on the day of upload.

## **CANCELLATIONS**

Flat cancellations are permitted when approved by the Company.

The Named Insured shown on the Declarations page may cancel by:

1. Returning the current Declarations page with a signed and dated cancellation request. If there is more than one (1) Named Insured, both must sign the cancellation request or Lost Policy Release, unless they are married;
2. Providing the Company with advance written notice of the date cancellation is to take effect. If advance written notice is not received, the policy will be canceled effective at 12:01 a.m. on the date the request is received at the Company's office;
3. Completing a Lost Policy Receipt form.

Cancellations will be computed pro rata.

If a Loss Payee or other interest exists, the effective date of cancellation may be adjusted to comply with regulatory requirements.

## **REINSTATEMENTS**

Reinstatements will be made entirely at the Company's discretion.

Policies canceled for nonpayment of premium may be reinstated only if the full balance due is post marked or received by the Company on or **before** the cancellation date shown on the formal cancellation notice.

A vehicle inspection report for all vehicles with physical damage coverage may be requested, when a reinstatement without a lapse in coverage is requested by the Policyholder. The inspection must be maintained by the agent and produced at the Company's request.

Agents may not accept premium payments after cancellation without the prior authorization of the Company. Any agent that does so will be responsible for any coverage the insured may claim and must reimburse the Company for any losses the Company pays, including legal fees.

Policies with unpaid additional premium balances will not be reinstated unless the balance is paid in full.

We will not reinstate when:

1. A policy is canceled for material misrepresentation.
2. An insured has moved out of state.
3. We have already notified you of our decision to non-renew the policy.

## **DIRECT BILL PROCEDURES**

Down payments or full policy premiums must be submitted during the application internet upload process.

Installment billing notices are sent approximately 15 days prior to the due date.

Each installment bill gives the policyholder the option to pay the amount due or the total balance. A late fee of \$10.00 will be charged to any installment payment in default for 6 or more days.

A service fee of 1.5% times the outstanding, unpaid premium balance will be added to each installment at the time of billing.

A \$25.00 fee will be assessed when a policy is reinstated.

All additional premiums, including rating differences due to Motor Vehicle Records, C.L.U.E. reports and/or endorsements, will be billed directly to the insured by the Company. The additional premium will be divided into any remaining installments. The Named Insured will be billed for the total additional premium if the original premium was paid in full or if the last installment has been billed or paid.

Return premiums, if any, are first applied to any balance due the Company. Once a policy has been paid in full, return premiums will be mailed to the Named Insured.

A renewal offer will be sent to the Named Insured approximately 30 days prior to renewal with a copy to the agent.

Installment and renewal payments received in the agent's office are subject to the same binding procedure as new business. The agent must document the date and time that the premium payment was received, and the agent must upload the premium payment to the Company.

Installment and renewal payments that are submitted via Internet upload are subject to the following:

1. Internet payments will be deemed postmarked as of the date and time of uploading.
2. Any installment payment that is uploaded after the cancellation date will be applied to the account and return premium (if any) will be returned to the policyholder. The policy will remain canceled.
3. Any renewal payment uploaded/postmarked after the policy expiration date up to and including 30 days will result in the policy being renewed with a lapse in coverage. Renewal payments received after 30 days will be applied to the account, and return premium (if any) will be returned to the policyholder. The policy will ***not*** be renewed.
4. Any installment payment uploaded with ***incorrect*** credit card or checking account numbers (including bank routing numbers) will be treated as insufficient funds transactions and the policy will cancel for nonpayment.

When payments are submitted via the Internet, ***DO NOT SEND THE ORIGINAL OR COPY OF THE POLICYHOLDERS CHECKS OR CREDIT CARD FORMS TO THE COMPANY.*** Such forms will be considered as additional payment requests. The Agent will be held responsible for errors or problems that result.

If an insured's check, made payable to the Company, is not honored and is returned to us by the financial institution, a \$15.00 Non-Sufficient Fund (NSF) fee will be added to the next installment or renewal down payment. Replacement funds must be a money order or certified funds. A \$25.00 Non-Sufficient Fund (NSF) fee also applies to Agency checks returned by the bank. If an insured's check, made payable to the Agent for the down payment, is returned by the financial institution not honored, upon first presentation, the policy will be flat cancelled. If an insured's check, made payable to the Agent for an installment payment, is returned by the financial institution not honored, upon first presentation, the agent ***will not*** be reimbursed.

Payment plans may not be changed after a policy has been issued.

The Paid in Full Discount will not apply mid-term; full premium must be paid at the beginning of the term.

Inception dates may not be changed after a policy has been issued.

## ***REGISTRY OF MOTOR VEHICLES PROCEDURES***

The following is a general summary of Registry of Motor Vehicles procedures. For specific details about procedures, contact the Registry.

### **1. Registration Requirements**

A Registration is required for all vehicles and trailers. A complete "RMV-1" form must be submitted, along with the previous owner's title or certificate of origin, or a bill of sale for a vehicle that has not been titled previously.

Six to eight weeks prior to the expiration date of registration, the Registry will mail an "RMV-2" renewal card, which will show the current registration data for the owner of the vehicle and the vehicle. Certain changes may be made by the owner on the application.

An "RMV-3" Amendment of Registration form may be used to change information on a current registration, renew a current registration if an "RMV-2" form has not been received, swap from one license plate to another type of plates such as a vanity plate, and re-register a vehicle for the same owner, if a new title is not required.

### **2. Registration Transfer**

Valid plates from a previously-owned vehicle may be transferred to a newly acquired vehicle provided the owner is at least eighteen and has lost possession of the vehicle through either a transfer of ownership or sale of the vehicle.



An owner has seven (7) calendar days to operate a newly acquired vehicle with current plates before the transfer is processed at the Registry, and the intent of the owner is to transfer the registration from the previous vehicle to a newly acquired vehicle of the same type.

Restrictions on a registration transfer are: the owner must be the same on both vehicles, the transferred registration must be active, and the new vehicle must have the same type of plate.

### 3. Salvage Title

All vehicles for which an insurance company has made a total loss payment must be titled as a salvage vehicle except for vehicles 10 years or older. A vehicle which has a Salvage Title may not be provided with physical damage insurance until a new Certificate of Title is issued by the Registry. The Reconstructed or Recovered Theft Title will be awarded after the vehicle has passed a salvage inspection. The vehicle must be either towed to the salvage inspection site or a repair plate must be attached.

## ***DRIVER EXCLUSIONS***

The Named Insured cannot be excluded or deleted without canceling the policy.

A spouse may be excluded only if both the Insured and Spouse sign the exclusion form.

All household members 15 years and older must be identified on the application.

The title owner of a vehicle cannot be excluded (exception: if there is a co-owner, then one may be excluded).

Requests to exclude driver(s) from coverage must be signed by the Named Insured on the designated space located on the application or the Driver Exclusion Request form.

Requests to remove driver exclusions must be in writing with a signature from the Insured. The request will be effective the date received by the Company.

## ***ADDITIONAL INTERESTS***

Lienholders and co-owners of a vehicle insured under an Occidental personal automobile policy may be included for coverage and listed on the Declarations.

The named insured's employer or a business owned by the named insured may **not** be included as additional interests.

Certificates of Insurance **will not** be issued.

## ***POLICY TERM***

Policies are available for six (6) and twelve (12) month term.

**COVERAGES AND LIMITS**

**Compulsory Insurance Coverages**

**Part 1/Part 5 - Bodily Injury To Others and Optional Bodily Injury To Others**

The basic limits are \$20,000 each person and \$40,000 each accident. The basic limits are \$20,000 each person and \$40,000 each accident. Increased limits are available.

**Part 2 - Personal Injury Protection**

The basic limit is \$8,000 for each person.

**Part 3 - Bodily Injury Caused By An Uninsured Auto**

The basic limits are \$20,000 each person and \$40,000 each accident. Increased limits are available. The limits may not exceed the limits of Part 5, or if Part 5 is not purchased, Part 1 of this policy. This coverage is excess over Personal Injury Protection.

**Part 4 – Damage To Someone Else’s Property (Property Damage)**

The basic limit is \$5,000 each accident. Increased limits are available.

**Optional Insurance Coverages**

**Part 6 - Medical Payments**

The basic limit is \$2,500 each person. Higher limits are available for all motor vehicles rated in this manual. This coverage is excess over Personal Injury Protection.

**Part 7 - Collision**

This coverage is subject to a basic deductible of \$500. A deductible of \$300 is available subject to underwriting requirements established by the insurer, as permitted by law. Higher deductibles are available at the option of the insured. For an additional premium, policyholders may purchase a “waiver of deductible.” With this waiver, the collision deductible will not apply when an accident is caused by an identifiable driver.

**Part 8 - Limited Collision**

This coverage is subject to a basic deductible of \$500. A deductible of \$300 is available subject to underwriting requirements established by the insurer, as permitted by law. Other deductibles or full coverage are available at the option of the insured.

**Part 9 – Other than Collision (Comprehensive)**

This coverage is subject to a basic deductible of \$500. A deductible of \$300 is available subject to underwriting requirements established by the insurer, as permitted by law. Higher deductibles are available at the option of the insured.

**Part 12 - Bodily Injury Caused By An Underinsured Auto**

The basic limits are \$20,000 each person and \$40,000 each accident. Increased limits are available. The limits may not exceed the limits of Part 5, or if Part 5 is not purchased, Part 1 of this policy. This coverage is excess over Personal Injury Protection.

**Glass Coverage**

\$0 or \$100 glass deductibles are available at the option of the insured. This glass deductible is in addition to the otherwise applicable deductible for Other than Collision (Comprehensive).

**Road Protection Coverage**

We offer rental reimbursement, towing and labor and other optional coverages. Please refer to the Road Protection Coverage (RPC) Section on page 28.

## **MANDATORY OFFER OF COVERAGE**

Massachusetts law requires the company that provides Compulsory Insurance Coverages to make a mandatory offer to issue, to any person so insured, additional coverage consisting of:

1. Limits up to \$35,000 each person and \$80,000 each accident for Parts 3, 5, and 12.
2. \$5,000 each person for Part 6.
3. Fire, Theft and Combined Additional Coverages subject to a basic deductible of \$500.

## **PERSONAL AUTO ACCEPTABILITY**

### **STANDARD PROCEDURES**

#### **A. Renewals**

Approximately 30 days before the policy expiration date, the Company will send a renewal offer to eligible policyholders. A notice will also be provided to the agent. Policyholders who would receive an increased premium due to coverage enhancements resulting from a Company filing will also receive a notice allowing them to accept or reject the added enhancements and the resultant premium increase.

Policies will be renewed for each policyholder who makes payment for the amount billed. Payments must be postmarked no later than the policy's expiration date. Policies on which the renewal payment is postmarked after the expiration date and up to and including 30 days after the policy expiration date may be renewed the day after postmark or on the day of upload.

Failure to pay the deposit premium may result in cancellation of the policy or removal of the annual mileage discount. The specific reason for cancellation is non-payment of any required premium.

#### **The Cancellation Notice must also contain the following statement:**

**“This cancellation will not take effect if the full amount due shown above is paid on or prior to the effective date of cancellation.”**

#### **B. Non-Renewals**

No company shall refuse to renew a policy unless written notice is given by the company to the insured, or the producer or broker producing the business, at least forty-five days prior to the expiration of the policy. The notice shall be on a standard form prescribed by the Commissioner of Insurance.

A notice required to be sent by the company to the insured may be by regular mail for which a certificate of mailing receipt has been obtained from the United States Postal Service. Unless another company has replaced the insurance, the notice should be electronically transmitted to the Registry of Motor Vehicles not earlier than the policy expiration date. If the insurance and registration are coterminous, it will not be necessary to notify the Registry of Motor Vehicles.

If the notice is required to be sent by the company to the producer or broker producing the business, such producer or broker shall, within fifteen days of receiving such notice, send a copy to the insured by regular mail for which a certificate of mailing receipt has been obtained from the United States Postal Service. The producer or broker must notify the company not later than the policy expiration date if the insurance is not replaced so that the company may, in turn, electronically transmit the notice to the Registry of Motor Vehicles. Notice to the company is not required if the insurance and registration are coterminous.

### **C. New Business**

The producer is required to obtain from the applicant for insurance a new business application in all cases except when the producer is transferring a book of business from one company to another and the acquiring company waives this requirement.

If the Coverage is being replaced mid-term, the producer must verify that there is no automobile insurance premium owed to the former company or producer.

### **D. Transfer of Insurer**

The producer of record must provide information necessary for a company to transmit data to the Registry of Motor Vehicles for each vehicle insured.

In addition to reporting the necessary information to the company, the producer shall prepare a "RMV 3 Form", for processing by the Registry of Motor Vehicles, if an insured requests a corrected registration certificate.

The producer of record for the new policy must notify the prior producer of record, if known, or the prior insurer of the transfer or other forms of insurance verification from insured's, insurers or producers of record for the new policies, provided the notices meet at least the following standards.

- (1) The notice must be signed by the producer of record for the new policy or, it must be on the company's letterhead, if it is issued by the new insurer; and
- (2) The notice must bear the registry stamp of the new insurer. The stamp may be in electronic form.

Producers must accept these notices regardless of whether they are generated in hard copy or in electronic format. They must forward such notices to the prior insurer as soon as possible so that consumers' rights are not affected negatively. Producers also are expected to assist their customers to correct any perceived inaccurate information on a notice of transfer rather than reject these notices automatically.

No notice of cancellation is required.

**EXCEPTION** - Except for D-1 above, Section D of this Rule is not applicable to those specific instances when a producer transfers a block of business from one carrier to another. In such situations the producer should refer to the former carrier for specific procedures. No Notice of Transfer of Insurer is required, but the producer of record must provide the new carrier with information necessary for that carrier to transmit registration data to the Registry of Motor Vehicles.

### **E. Cancellation (Other Than Transfer of Insurer)**

Notice of cancellation must be given in a timely manner as required by Massachusetts law on a form approved by the Commissioner and shall include the specific reason(s) for cancellation.

The company must electronically notify the Registry of Motor Vehicles immediately upon the intended effective date of cancellation.

## **RESIDENCE AND LOCATION**

The proper rate schedules and rules are those effective in the city or town where the automobile is principally garaged. Motor vehicles used by salesmen or solicitors, or those with similar duties, requiring the operation of the motor vehicle in more than one rating territory in Massachusetts, shall be assigned to the territory determined by the place of principal garaging, or, if there is no specific city or town of principal garaging, then, by the residential address of the operator, or, if the residential address of the operator cannot be determined, then, by the Massachusetts business address of the operator. No adjustment of the amount shall be made by reason of a change in the place of principal garaging during the policy period unless such change is permanent.

Massachusetts registration is required of non-residents in accordance with reciprocal agreements with the various states as determined by the Registrar of Motor Vehicles.

Any motor vehicle owned by a NON-RESIDENT of Massachusetts for which Massachusetts registration is required, regularly garaged INSIDE the Commonwealth, shall be charged the rate for the territory in which the motor vehicle is principally garaged by such NON-RESIDENT during the period of Massachusetts registration.

### **UNVERIFIABLE MOTOR VEHICLE RECORDS**

If no evidence of prior licensure is available, a vehicle operator may be assigned to Class 20 or Class 21. The Massachusetts driving experience will be used thereafter to assign the operator classification.

### **TERMINATION OF INSURANCE**

#### **A. Cancellations**

The following provisions apply when a policy is cancelled:

1. If a policy is cancelled by the company or by the insured at any time, the return premium shall be computed pro rata.
2. Theft of Vehicle or Plates
  - a. If the insured automobile is stolen or destroyed (total or constructive total loss) and cancellation is requested by the insured within thirty days following the date the automobile is stolen or destroyed, the return premium for all coverages (including the premium for the coverages under which loss was paid) shall be calculated on a pro rata basis from the day following the date of such loss.
  - b. If the insured registration plates are stolen or destroyed, a lost plate affidavit is to be issued to the Registry of Motor Vehicles canceling only coverage with respect to such plates effective the day following the date of such loss, and the policy shall continue to provide coverage with respect to any replacement plates.
  - c. If the insured files a lost plate affidavit with the Registry of Motor Vehicles, the company may cancel the policy.
3. Except as otherwise provided by law, no cancellation of the policy, or any of its parts, whether by the company or by the insured, shall be valid unless written notice thereof is given by the party proposing cancellation to the other party at least twenty days in each case prior to the intended effective date thereof. Notice of cancellation sent by the company to the insured and the loss payee at the addresses stated in the policy by regular mail for which a certificate of mailing receipt has been obtained from the United States Postal Service, shall be a sufficient notice and that an affidavit of any officer, producer, or employee of the company, duly authorized for the purpose that he has so sent such addressed as aforesaid, shall be prima facie evidence of the sending thereof as aforesaid. When the cancellation becomes effective, the company shall electronically transmit the pertinent data to the Registry of Motor Vehicles in the manner prescribed by the Uninsured Motorists System (UMS). The written notice to the insured shall specify the reason or reasons for cancellation. If the reason for cancellation is nonpayment of premium, the Notice of Cancellation shall state the amount of deficiency owed to the company for all the insurance provided and shall state in substance that the cancellation will not be effective if the insured pays the amount of such deficiency on or prior to the effective date of the cancellation. If a cancellation of the policy results in a return premium of less than \$5.00, no refund need be made except at the request of the insured, in which case the actual return premium shall be allowed.

No policy in effect prior to a rate level revision shall be endorsed or cancelled and rewritten to take advantage of such a revision or to avoid the application of such a revision.

## **B. Sale or Transfer of Motor Vehicle, Surrender of Registration Plates, or Filing of a New Certificate**

The policy shall terminate upon:

1. The sale or transfer of title by the owner of the motor vehicle or trailer thirty (30) days after the transfer unless the owner has registered a replacement motor vehicle.
2. The surrender to the Registry of Motor Vehicles of the registration plates issued to the owner of the motor vehicle by the Registrar of Motor Vehicles under Chapter 90, with a written statement, in such form as the said Registrar may require, (plates returned receipt) that they are surrendered to cancel the registration of, and the insurance under, the policy for such motor vehicle or trailer.
3. The filing with the Registry a certificate of insurance of another company as of the effective date of such certificate.

NOTE: If more than one motor vehicle or trailer is described in the policy, the termination of coverage applies only to the motor vehicle or trailer involved in one of the situations described above.

## **C. Reinstatement**

If a policy has been cancelled by an insurance company, and such policy is later reinstated by the Board of Appeal or by the Superior Court or Municipal Court of the City of Boston, the premium charge for the unexpired term of the policy shall be calculated pro rata on the premium applicable to the policy when originally issued.

## **D. Plates Returned Receipt**

In the event that a policy has been terminated by:

1. sale or transfer of the motor vehicle, or
2. surrender of the registration plates by the owner of the motor vehicle with a written statement in such form as the Registrar may require, that they are surrendered to cancel the registration of, and the insurance under, the policy for such motor vehicle or trailer.

A receipt from the Registry of Motor Vehicles stating that the registration plates have been surrendered must be furnished to the insurance company.

## **VEHICLE USE DEFINITIONS**

The manner and frequency in which a vehicle is used has a direct bearing on the rate for that vehicle. Occidental applications for insurance contain questions regarding the use of vehicles. Please call if there are any questions about the way a customer uses their vehicle.

Vehicles use is defined as follows:

1. **Pleasure:** vehicle is not used in any of the ways described below;
2. **Commute:** vehicle is used primarily to commute to and from work or school;
3. **Business:** vehicle is used during the course of the driver's occupation during the day, and it requires visiting multiple places during the day. Commuting to and from a place of business at the beginning and end of the day only is not considered business use. Examples include, but are not limited to sales representatives, job supervisors, meter readers;
4. **Artisan:** vehicle is used by a tradesman or artisan to haul tools and equipment to job sites. Examples include, but are not limited to, carpenters, dry-wallers, electricians, landscapers, masons, painters, plasterers, plumbers, roofers, surveyors;
5. **Delivery:** vehicle is used for the delivery of products, such as pizzas, newspapers, USPS mail;
6. **Farm:** vehicles used almost exclusively on a farm or ranch with only occasional use on public roads may be classified as farm use.

## **DRIVER RATING POINTS**

**Auto Plan Acceptability** - Drivers with more accidents or violations, as shown below, during the 36 months prior to application for insurance with Occidental are not eligible for coverage without underwriting review and approval.

<b>Incidents</b>	<b>Per Driver Maximums</b>	
	<b>Licensed More than 6 Years</b>	<b>Licensed 6 Years or Less</b>
Accidents	3	1
Major Violations	3	1
Intermediate Violations	3	1
Minor Violations	6	1

**Driving record points**-Driver rating points are assigned to operators for their driving history. Points are not assigned for non-chargeable incidents and not-at-fault accidents. An MVR may be requested for each applicant.

**Chargeable Period** – All accidents and violations occurring in the 36-month period prior to the initial policy inception, or in the 36-month period prior to the renewal date for renewal policies, are considered in developing a driver's policy premiums. The chargeable period for drivers being endorsed onto a policy after inception is 36 months prior to the endorsement effective date.

**Chargeable Date** – The occurrence date is used to determine if the accident or violation took place in the chargeable period. If we cannot obtain the date, it will be deemed to be the day before the policy inception date.

**Same Day Offenses** – If there were multiple violations or accidents that occurred on the same day, charge only for the one violation or accident with the highest point charge.

NOTE: The experience of persons associated with the operation of a vehicle or train as a public conveyance or as part of their employment for a local transit system shall not be used when determining additional point charges.

### **ACCIDENTS:**

**At-Fault Accidents:** Accidents noted on a) a Motor Vehicle Report (accompanied by a violation on the same day), b) CLUE reports, c) the application, or d) accidents noted on a Motor Vehicle Report and substantiated by either CLUE or the application will be assumed to be at-fault unless proof is received to verify that the insured was not-at-fault.

<b>Chargeable Accidents</b>	<b>Points</b>
First	3
Second	4
Each Additional	7

**Non-chargeable Incidents:** a) comprehensive claims, b) accidents resulting in \$500 or less damage and c) violations which are not assigned considered chargeable. Points are not assigned for non-chargeable incidents.

**Not-At-Fault Accidents** – Points are not assigned for not-at-fault accidents.

Accidents that are considered to be not-at-fault include, but are not limited to, the following:

1. The accident was caused by collision with a bird or animal. Accidents involving collision with another vehicle or object as a result of swerving to avoid an animal are at-fault;
2. The insured vehicle was legally parked;
3. The insured vehicle was struck in the rear while legally stopped;
4. The insured vehicle was struck by a hit-and-run driver and was reported to the proper authorities within 24 hours.
5. The owner or operator of the insured's automobile has been reimbursed for more than 50% of the property damage loss by, or on behalf of, another person responsible for the accident or has judgment against such other person for more than 50% of the property damage loss; or
6. The driver was at fault, but the accident is not chargeable under applicable state laws and regulations or other Company procedures.

**MAJOR VIOLATIONS:**

Any Alcohol or Drug Conviction  
 Driving on Suspended License  
 Negligent Homicide  
 Felony while operating a motor vehicle  
 Unlawful use of driver's license  
 Speed contest or racing  
 Hit and Run  
 Failure to stop at the scene of an accident  
 Reckless or careless driving

Major Violations	Points
First Conviction	2
Second Conviction	5
Each Additional	10

**INTERMEDIATE VIOLATIONS:**

Aggressive Driving  
 Illegal Passing  
 Operating an automobile without a valid driver's license  
 Driving too fast for conditions  
 Failure to have the vehicle under control  
 Driving on the wrong side of the highway  
 Open container  
 Violation of traffic sign or light signal

Intermediate Violations	Points
First Conviction	2
Second through Third Conviction	3
Each Additional	4

**MINOR VIOLATIONS:**

All other moving violations not listed as major or intermediate (Speeding, Failure to Yield, etc...)

Minor Violations	Points
First Conviction	1
Second through Fourth	2
Each Additional	3



## **MID-TERM DRIVING HISTORY RE-EVALUATION**

At the named insured's request during a policy term, the Company will re-evaluate the driving history of all drivers insured on the policy by removing points associated with accidents and violations that occurred more than 36 months prior to the date of re-evaluation if none of the drivers have had new accidents or violations since the premium for that policy term was determined. The policy premium shall be adjusted accordingly as of the date of the named insured's request based on the revised point total.

## **PERMIT STATUS RATING**

Drivers with a learner's permit will not be included in the rating of the policy. The permit driver will become an "eligible-to-be-rated" driver at the earliest of (a) notification by the named insured that the permit driver has obtained their full license; or (b) the first renewal of the policy. If the latter, we will notify the customer of the change in rating, providing them an opportunity to notify us that the driver continues to hold a learner's permit and return them to non-rated status. Driver's with a learners permit will be listed as a never been licensed operator until a valid driver's license is obtained.

## **DISCOUNTS**

**Annual Mileage** - A annual mileage discount of **10%** applies to any vehicle driven less than 5000 miles a year. The insured shall be entitled to a reduction of the premium applicable to Coverage Parts 1, 2, 4, 5, 6, 7, 8, and 9.

**Multi-Car** - A **10%** multi-car discount applies if there is more than one vehicle on the policy. The insured shall be entitled to a reduction of the premium applicable to Coverage Parts 1, 2, 4, 5, 6, 7, 8 and 9.

**Anti-Theft Device** - Refer to page 18 Anti-Theft Devices Standards and Discounts Section.

**Anti-Lock Brakes** - A **5%** discount applies to Coverage Parts 1, 2, 4, 5, 6, 7 and 8 when a motor vehicle is equipped with Anti-Lock Brakes.

**Renewal** - A **5%** discount may be applied to a renewal when the named insured and all operators have not incurred any chargeable accidents in the last 12 months. An additional discount may be earned every 12 months, subject to the maximum combined discount rule. The insured shall be entitled to a reduction of the premium applicable to Coverage Parts 1, 2, 4, 5, 7, 8 and 9.

If an at-fault accident occurs during the policy term, the renewal discount **will not** be earned.

6 month term = 5% (every 12 months)

12 month term = 5%

**Passive Restraint** - Premiums for Personal Injury Protection, Medical Payments, Uninsured Motorist and Underinsured Motorist Coverages will be reduced by **10%** when the vehicle is equipped with air bags or automatic seat belts

**Paid In Full** - Any 12 month policy that is paid in full at the time of application will receive a **5%** discount applicable to the total policy premium. The policy fee, zero deductible safety glass and Road Protection Coverage are not discounted. The Paid In Full Discount will not apply mid-term; the full premium must be paid at the beginning of the renewal term.

**Transfer Discount** - When there is proof that an applicant has had continuous insurance coverage with another carrier a discount will be applied (refer to Transfer Discount Chart on page 61).

**Class 15 (Age 65 or Older)** – A 25% discount for all coverages will be applied to a premium after all other discounts and rating factors if the driver meets the following conditions:

1. The principal operator is 65 years or older,
2. The vehicle is not customarily used for business.

**Maximum Combined Discounts** - The maximum of all discounts combined shall not exceed **25%**, excluding allowable discount for Anti-Lock Brake Systems and Multi-Car. If required documentation or proof for discounts is not supplied when requested, the discounts will be effective on the date that documentation or proof is received by the Company.

## **SURCHARGES**

**UNACCEPTABLE RISKS:** A surcharge of **25%** applies to Bodily Injury, Property Damage, Personal Injury Protection, Medical Payments, Comprehensive and Collision premiums for Unacceptable Risks added to a policy after inception of the policy.

### Unacceptable Risks

1. Any vehicle not in the ISO Manual (See Surcharges for further information);
2. Vehicles with an ISO symbol greater than 25 (acceptable for Liability only);
3. Vehicles in excess of 15 years old which have physical damage coverage;
4. Pickup trucks and vans that are larger than one (1) ton;
5. Any Flat bed or Stake bed trucks;
6. Antique, classic, replica, custom-kit or limited production vehicles, unless prior approval is received;
7. Vehicles designed for off-road use (all-terrain, dune and swamp buggies, and so forth);
8. Any vehicles that have been customized or altered (including over-sized tires, altered suspensions, or modified to increase the speed), or with an engine which is not an option of the manufacturer;
9. Vehicles with customized paint, customized interior;
10. Gray Market vehicles (vehicles not originally manufactured to meet U.S. standards);
11. Emergency vehicles;
12. Vehicles with salvage titles or restored vehicles for physical damage coverage (acceptable for Liability only);
13. Trailers with physical damage coverage;
14. Commercial vehicles, including vehicles owned, leased, or used by a company, corporation, partnership, or D.B.A. This includes the following uses:
  - a. Vehicles rented to others (“U-Drive” rental vehicles);
  - b. Vehicles used in speed contests or exhibitions;
  - c. Vehicles used for taxi service, or vehicles used to transport nursery or school children, migrant workers, or hotel/motel guests.

15. Vehicles with physical damage coverage that have an ISO symbol greater than 25;

16. Vehicles in the following chart:

Alfa Romeo	Delorean	Jeeps (CJ Series)	Pantera
Amigo	Dodge Ram SRT-10	Jensen Healy	Pininfarina
Aston Martin	Dodge Stealth/Viper	Lamborghini	Porsche
Audi V8	Ferrari	Lancia	Any Shelby models
Austin Healy	Fiat	Lotus	Suzuki Samurai/Sidekick
Avanti	Fiero	Maserati	Tracker
Chevrolet SSR	Ford SVT	MG/MGB	Triumph
Citroen	GMC Cyclone Typhoon	Mitsubishi 3000GT	Wrangler
Corvette	Jaguar	Opel	Yugo

### ***DRIVER AND VEHICLE COMBINATION FACTORS***

The number of drivers compared to the number of vehicles on the policy is considered in the rate determination. Drivers include all eligible to be rated drivers and do not include excluded, deferred or permit operators. Vehicles include all vehicles rated on the policy.

### ***YEARS DRIVING EXPERIENCE FACTOR***

The number of years driving experience is considered in rating. Driving experience is determined by the number of full or partial years that the operator has held a valid United States license. Other foreign driving experience will be accepted if the company is provided with a certified English language translation of the vehicle operator report from the applicable country. If an English translation cannot be provided please refer to Surcharges. In the event that the operator's driving privileges have ever been suspended for driving related offenses, the years driving experience will be determined by the number of years since the last reinstatement of driving privilege.

## **ANTI-THEFT DEVICE STANDARDS AND DISCOUNTS**

### **Eligibility**

This rule is applicable to Private Passenger Automobiles rated in accordance with this manual.

### **Coverages**

This discount is applicable to the Comprehensive coverage or other combination of specified perils which afford Theft coverage.

### **Discounts Applicable**

The following discounts are to be applied:

<b>Vehicles Qualifying for</b>	<b>Discount</b>
Category I	5%
Category II	15%
Category III	20%
Category IV	20%
Category IV, plus Category II	25%
Category IV, plus Category II	30%
Category IV, plus Category III	35%
Category V	25%
Category V, plus Category I	28%
Category V, plus Category II	32%
Category V, plus Category III	36%

### **Definitions**

As used in this regulation, the following words shall mean:

“Passive” describes an anti-theft device or system which is activated automatically when the operator turns the ignition key to the off position.

“Alarm,” except where otherwise specified, means horn, bell, siren or other sounding device which is audible at 300 feet.

“Tubular” describes a type of lock whose key is cylindrically shaped and which has at least 50,000 combinations.

“Electronic lock or keyless device” is an electronic coding device which must have more than 10,000 combinations. The combination used to unlock the device can be entered through a keyboard or similar data entry device or by means of a remote control device.

### **General**

Stickers identifying the particular anti-theft system installed may not be attached to the car unless specifically permitted in these rules.

If two or more qualifying devices are attached to a vehicle, the total discount shall be that applicable to the device meeting standards for the highest discount. If one of the qualifying devices is a Category IV device, the applicable discount shall be calculated as stated in that section

Insurers may require reasonable evidence of installation of any anti-theft device, but they may not

refuse to grant a discount to a qualifying device solely on the grounds that it was installed by the owner of the auto.

## **Categories Defined**

### **Category I**

Devices qualifying in this category receive 5% discounts.

#### **Ignition or Starter Cut-Off Switch in Combination with Flush or Tapered Door Lock Buttons**

This device is an ignition cut-off switch (sometimes called a “kill switch”) or a starter cut-off switch which is inserted into the ignition wiring of an auto. The switch is tripped upon leaving the auto and must be switched back in order to start the auto.

The switch must be installed so that it is not visible from the driver’s position when the driver is seated. In addition, the vehicle must contain flush or tapered door lock buttons on all doors.

A sticker may identify the presence of this system.

#### **Ignition or Starter Cut-Off Switches**

Such ignition or starter cut-of switches either must be designed so that the wires leading from the switch to the engine compartment are protected by armored tubing or cable, or operate passively.

#### **Non-Passive, Externally-Operated Alarm**

This is a non-passive warning alarm which is installed in an auto and can be set to go off if any door, the trunk or the hood is opened without first turning off the alarm by use of a key inserted in a lock mounted on the outside of the auto.

#### **Internally-Operated Alarm Not Meeting Category II or Category III Criteria**

This is an alarm system which is activated from within the vehicle but which does not meet all the criteria found in Section (5.3) (a) or Section (5.4)(a); alarm must be triggered by entry of doors, hood or trunk.

#### **Steering Column Armored Collar**

This is a device similar to an oversized padlock which clamps on the steering column over the ignition lock and prevents access to it. This device, upon being locked, prevents the vehicle from being started, or if the auto is hot-wired and started, the device prevents it from being steered. No part of the device, when not in operation, is attached to the steering column. A sticker may identify the presence of this device.

#### **Steering Wheel Removal Lock**

This device prevents steering movement of the vehicle from a parked position. This is a high security steering wheel lock assembly manufactured of hardened steel components, which allows removal of the steering wheel from the vehicle. The assembly is permanently attached to the vehicle’s steering column and is located between the column and the steering wheel. Operation of the lock is controlled by a high security configured key. Unlocking the assembly will permit removal of the steering wheel from the vehicle. A fitted security plate is then inserted onto the lock assembly in place of the steering wheel and the lock’s security key is then removed. Reattachment of the steering wheel onto the lock assembly requires use of the security key to first remove the fitted security plate and then to attach the steering wheel. The security key can be removed from the lock assembly only after either the security plate or steering wheel have been locked into place.

## **Category II**

Devices qualifying in this category receive 15% discounts.

### **Internally-Operated Alarm Systems Not Meeting Category III Criteria**

This is an alarm system which is activated from within the auto but which does not meet all the criteria in Section (5.4) (a). The ignition must be automatically cut off, or the starter must be disconnected automatically. The alarm must be triggered by entry of doors, hood or trunk.

### **Non-Passive Fuel Cut-Off Device**

This is a shut-off device which operates to block the fuel line when a switch is tripped or when the device is engaged by a key. The switch to open or shut off the fuel line must be well hidden from view.

### **Non-Passive Steering Wheel Lock**

This device prevents the steering wheel from turning. A steel collar and barrel, into which the shackle of a lock fits, are permanently attached to the steering post. The shackle, made of case-hardened alloy steel, fits over the steering wheel spoke and into the barrel. A tubular key operates the lock. The collar, barrel and shackle must resist cutting with a file. A sticker may identify the presence of this system.

### **Armored Cable Hood Lock and Ignition Cut-Off Switch**

This system is one which meets all the criteria of Section (5.4)(f)(1) except paragraph (a). Armor must be similar to that used in outdoor telephone booths; it must extend through firewall and be secured so as to prevent retraction.

### **Window Identification System**

Window identification is one in which identification letters and/or numbers are etched by sandblasting, chemical process or other permanent marking into all the windows of the vehicle other than the small vent window. Provision must be made for immediate telephone identification of the owner of the vehicle any time of day or night. A sticker may identify the presence of this identification system.

### **Emergency Handbrake Lock**

This device prevents the release of the emergency handbrake. The lock replaces the handbrake grip, and is permanently attached to the handbrake lever. The lock encasement must be all metal construction. The lock is released by entering a preset digital combination. A sticker may identify the presence of this device.

### **Car Transmission Lock**

The device prevents the vehicle from moving from a parked position by locking the gear shift. A steel encased lock is permanently attached to the floor of the vehicle by a steel stand. The shackle, made of case hardened alloy steel, fits around the gear shift and is inserted into the lock. The device must have a high security locking system with at least 50,000 combinations. The lock, shackle and stand must resist cutting and filing. A sticker may identify this system.

## **Category III**

Devices qualifying in this category receive 20% discounts.

## **Passive Alarm System**

This is an alarm system meeting the following criteria:

1. Ignition must be cut off automatically, or starter must be disabled automatically.
2. Alarm must be triggered by entry of doors, hood or trunk.
3. Hood must not open unless unlocked from inside the vehicle by a key, or by an electronic keyless device.
4. Alarm must sound for no more than eight minutes, and upon ceasing to sound, must reset itself.
5. Alarm must not emit a pulsating, whooping, or yelping sound which would cause it to be mistaken for the modern police, fire or other emergency vehicle siren.
6. Alarm must be installed in the engine compartment so as to be inaccessible without opening the hood.
7. The system must be engaged passively by turning the ignition key to the off position. To disarm the system a tubular lock or electronic keyless device must be used. The maximum time delay permitted to disarm the system after re-entry is twenty seconds.

## **Passive Fuel Cut-Off Device**

This fuel cut-off device is engaged by turning the ignition key to the off position. The driver must trip a switch to open the fuel line each time the car is started. This device must meet the following criteria:

1. The fuel line must be blocked when the power is off.
2. The switch to open the fuel line must be well hidden from view, but accessible to the driver from the driver's seat. In the alternative a tubular key or an electronic keyless device may be used.
3. A parking/service attendant override switch may be provided. It must be well hidden from view. It must not be accessible from the passenger compartment; alternatively, if the override switch is accessible from the passenger compartment, a warning buzzer must sound (or the operator must be distracted in some other way) while the engine is running and the override switch engaged. If the buzzer is disconnected, it must result in disconnection of the entire anti-theft system.
4. Any under-the-dash wiring installed in connection with this device must blend in color with factory installed wiring.

## **Armored Ignition Cut-Off Switch**

This device is a kill switch designed to resist tampering. To prevent hot-wiring of the auto, a protective cap is attached to the coil or starter solenoid. Such devices must meet the following criteria:

1. Armored cable must run from a separate key to the coil, starter solenoid, or other engine component. Such cable must be similar to that used in outdoor telephone booths, collapse when cut, and preclude quick reconnection of the cut wire inside; alternatively, some other effective means of preventing defeat of the system by cutting the armored cable must be employed.
2. The device must prevent hot-wiring of the car.
3. A separate lock must be of tubular type and must be installed inside the auto so as to facilitate use by the driver; alternatively, an electronic keyless device may be used in lieu of a lock if it does not take significantly longer to engage the device than it takes to remove a key from a lock, and use of the system is otherwise facilitated.

## **Passive Multi-Component Cut-Off Switch**

This device is a kill switch activated when the ignition key is turned to the off position. It is designed to prevent hot-wiring of the auto. Such device must meet the following criteria:

1. The primary wire to the ignition coil must be disconnected.
2. The device must disconnect the starter.
3. One or more wires to the electronic ignition system, or to the points and condenser must be disconnected and grounded to the chassis.
4. The wiring must blend with factory-installed wiring, and the disconnecting/grounding wires must be routed to random points in the electrical system away from the components they affect.
5. The control module, if separate from the electronic locking mechanism, must be hidden in the engine compartment or other part of the car so that it is not easily detectable.
6. In order to start the car, a lock or electronic device must be used to deactivate the system. The lock must be of tubular type and must be installed inside the auto so as to facilitate use by the driver alternatively, an electronic keyless device may be used in lieu of a lock if it does not take significantly longer to engage the device than it takes to remove a key from a lock, and use of the system is otherwise facilitated.

### **Passive Time Delay Ignition System**

This is a device which allows the car to start only if the operator waits a prescribed time, which must vary from device to device in a range of three to twenty seconds, before moving the ignition key from "On" to "Start". If the auto does not start, the operator must be required to wait at least ninety seconds before the device can be operated successfully on a subsequent try.

The device must be resistant to tampering; for example, if it is forcibly removed, reconnection of the electrical system must not be possible with a hot-wire device. Alternatively, the device must be installed with a hood lock operated by a tubular key.

### **Armored Cable or Electrically Operated Hood Lock and Ignition Cut-Off Switch**

This is a supplemental hood lock operated from within the auto which also cuts off the ignition when engaged. Such devices must meet the following criteria:

#### **1. Armored Cable Hood Lock**

- a. The hood lock cable must be armored by case hardened solid steel tubing designed to resist cutting; tubing must extend through firewall and be secured so as to prevent retraction. Otherwise, an alarm meeting the criteria of Section (5.3)(a) must be installed.
- b. The system must be engaged by a push button or other device which facilitates use. The push button or other device must be installed within reach of driver when seated.
- c. No portion of the hood lock cable may be accessible so that it could be grasped from underneath the car; and, if accessible through the grillwork, armor must extend to the locking mechanism.

#### **2. Electrically Operated Hood Lock**

- a. The hood lock is electrically operated and functions so that it remains locked even if the wiring operating the hood lock is cut.
- b. The system must be engaged passively by turning the ignition key to the off position. To disarm the system a separate key or electronic keyless device must be used.
- c. If the hood lock can be reached through the grillwork or from underneath the car, the hood lock must be shielded or armored so that it cannot be manually operated. The locks controlling the devices must be of tubular type or operate electronically.

### **Passive, Delayed Ignition Cut-Off System**

This electronic system disables the ignition circuit at a preset engine speed such that the engine cannot be restarted or hot-wired. Such device must meet these criteria:

1. The ignition must cut off automatically as soon as the engine reaches a speed in the range of 1,500 to 2,000 RPM.
2. The system must be automatically armed when the ignition key is turned to the off position.



3. A push button or other type of disarm switch must be well hidden from view. The wiring must blend with factory-installed wiring if placed under the dash. In the alternative, a tubular key or an electronic keyless device may be used.
4. An alarm or horn shall be actuated at the same time the ignition is disabled.
5. If a parking/service attendant switch is provided, a buzzer must sound all the time the engine is running. The switch must be hidden in a remote place.

### **Passive Ignition Lock Protective System**

This is a case hardened steel, protective cap which fits over the ignition lock so as to prevent extraction of the ignition lock cylinder. The cap fastens to a steel collar which fits around the steering post and over the ignition lock. The ignition key fits through a slot in the cap.

A sticker may identify the presence of this system.

### **High Security Ignition Replacement Lock**

This is a high security, case hardened steering column ignition lock, conforming to NHTSA standard No. 1141, which cannot be removed using a conventional slide hammer or lock puller equipment.

A sticker may identify the presence of this system.

### **Hydraulic Brake Lock**

This is a dash-mounted device which, when activated and pressurized with the brake pedal, maintains hydraulic pressure on the brakes at two or more of a vehicle's wheels so that the vehicle cannot be driven. The device must have a high security locking system with at least 50,000 combinations and a lock which cannot be pulled using a conventional slide hammer or lock puller equipment.

## **Category IV**

Devices qualifying in this category receive 20% discounts.

### **Vehicle Recovery System**

This is an electronic unit installed in a vehicle that is activated after that vehicle is stolen. When activated, the device provides information to law enforcement official or another public or private entity regarding the vehicle's location. The system provides for the routine delivery of the information to the appropriate law enforcement organization to assist in the recovery of the vehicle.

## **Category V**

Devices qualifying in this category receive 25% discounts.

### **Vehicle Recovery System with Unauthorized Movement Notification**

This is an electronic unit installed in a vehicle that is activated after that vehicle is moved without authorization. When activated, the device provides information to law enforcement officials or another public or private entity regarding the vehicle's location. The system provides for the routine delivery of the information to the appropriate law enforcement organization to assist in the recovery of the vehicle. Additionally, the device must provide personalized notification to the owner of a vehicle (or his or her authorized user) in the event of a potentially unauthorized movement of the owner's vehicle. Personalized notification shall mean notification delivered directly to the owner or his or her authorized user via automated communication, which is

available beyond the proximity of the vehicle itself, to one or more devices designated in advance by the owner or his or her authorized user, such as to the owner's home telephone, mobile phone, electronic mail service, or wireless text messaging service. If maintaining the system in effect requires the payment of a service fee, insureds must provide the insurer reasonable confirmation of the coverage.

## **DRIVER CLASSIFICATIONS AND DEFINITIONS**

### **Operators**

All operators of the insured automobiles must be listed on the Declarations Page of the Policy. An operator is a person who has an operator's license, but does not include a person who has only a learner's permit.

#### **1. Assignment of Operators to Automobiles**

Each operator listed on the policy shall be assigned to an automobile on the policy based on the operator's class and Driver Record Points in a manner which produces the highest Combined Premium (the sum of the premium for Parts 1, 2, 4, 5, 7, 8, and 9 for the operator's class and the operator's Driver Record Points) for each automobile.

The operators shall be assigned in order of the highest Combined Premium applied to the automobile with highest Base Premium (the automobile's Class 10 premium for Parts 1, 2, 4, 5, 7, 8, and 9) until all operators are assigned to an automobile, except that:

- a. If an inexperienced operator is the principal operator of a specific automobile, the automobile shall be rated with the appropriate, inexperienced, principal operator class and Driver Record Points of that operator;
- b. If an operator age 65 or over is the principal operator of a specific automobile and all operators listed on the policy have been licensed at least six years, the automobile shall be rated as Class 10 and that operator's Driver Record Points and appropriate age discount shall be applied. However, if more than one listed operator is age 65 or over, Class 10 with appropriate age discount and the Driver Record Points of such operators shall be applied in the manner which produces the highest Combined Premium.
- c. If an operator's class and Driver Record Points are rated on an automobile covered by another Massachusetts private passenger insurance policy, that operator shall be deferred from rating on the policy (Deferred Operator). If all operators listed on a policy are Deferred Operators, the operator producing the lowest Combined Premium shall be assigned to the automobile(s).
- d. If only one operator is listed on the policy, the operator shall be assigned to the vehicle which produces the highest premium, including the assignment of the operator's Driver Record Points. Other vehicles shall be rated as Class 10 with no additional Driver Record Points.
- e. If each listed operator has been used in rating an automobile on the policy, including the consideration of their appropriate Driver Record Points, any remaining automobiles shall be assigned Class 10.
- f. If more than one operator is listed on the policy, an operator cannot be assigned as the principal operator of more than one automobile on the policy.

The assignment of operators to automobiles applies regardless of the number of policies or insurers involved.

An inexperienced operator in active military service with the Armed Forces of the United States of America shall not be considered an operator of the automobile unless such individual customarily operates the automobile.

Private passenger automobiles owned by clergy are to be classified as class 10, unless another operator listed on the policy produces a higher premium.

## 2. Excluded Operator

If an operator who is a member of the household is to be excluded in rating a particular automobile to produce a lower premium charge, the policyholder must submit a signed statement that such operator does not and will not operate the automobile to be insured.

If any operator excluded as a result of such signed statement operates the automobile, the appropriate operator classification premium for the full policy period may be charged unless a collision or limited collision claim has been denied in accordance with the provisions of the policy because the excluded operator was driving the automobile at the time of the accident.

## 3. Driving Experience

An operator new to Massachusetts must provide evidence of licensure from the state or country where the operator was previously licensed in order to assign the correct operator classification under this rule. If electronically available, the company will be responsible for obtaining the motor vehicle operator report from the other state or country. If necessary, a certified English translation may be required. No operator shall be assigned to Class 10 unless the operator has six or more years of driving experience.

The classification assigned to the operator is based on the number of years licensed in the other state or country and the completion of driver training, as established by the evidence of licensure. If no evidence of prior licensure is available, the operator may be assigned to

Class 20 (inexperienced principal operator, licensed less than three years, no driver training) or

Class 21 (inexperienced occasional operator, licensed less than three years, no driver training). The Massachusetts driving experience will be used thereafter to assign the operator classification.

## 4. Operators

Operators will be classified by the amount of use of an insured automobile:

**Principal Operator** – a person who has an operator's license and operates the insured automobile more than any other listed operator as determined by the percentage of use of the automobile.

**Occasional Operator** – a person who has an operator's license and operates the insured automobile less than the principal operator.

## Operator Classes

### 1. Class Definitions

- 10 Experienced Operator.** The operator has been licensed at least six years and is under the age of 65 and the automobile is not used in the occupation, profession or business of the insured.
- 15 Experienced Operator - age sixty-five or more.** The operator has been licensed at least six years and is sixty-five years of age or more and the automobile is not used in the occupation, profession or business of the insured.
- 17 Inexperienced Principal Operator - licensed three or more years.** The operator of the automobile has been licensed at least three years and less than six years and is the principal operator of the automobile.

- 18 Inexperienced Occasional Operator - licensed three or more years.** The operator has been licensed at least three years and less than six years and is not the principal operator of the automobile.
- 20 Inexperienced Principal Operator - licensed less than three years. No driver training.** The operator has been licensed less than three years, is the principal operator of the automobile, and has not completed a Satisfactory Driver Training Program.
- 21 Inexperienced Occasional Operator - licensed less than three years. No driver training.** The operator has been licensed less than three years, is not the principal operator of the automobile, and has not completed a Satisfactory Driver Training Program.
- 25 Inexperienced Principal Operator - licensed less than three years. Driver training.** The operator has been licensed less than three years, is the principal operator of the automobile, and has completed a Satisfactory Driver Training Program.
- 26 Inexperienced Occasional Operator - licensed less than three years. Driver training.** The operator has been licensed less than three years, has completed a Satisfactory Driver Training Program, and is not the principal operator of the automobile.

## 2. Classification Changes

Classification of each automobile shall be determined by the facts existing as of the effective date of the policy. Premium adjustments shall be made on a pro rata basis if changes occur during the policy period.

## 3. Satisfactory Driver Training Program

- a. Completion and receipt of a certificate under the Massachusetts Behind The Wheel Driver Training Program prescribed by the Registrar of Motor Vehicles, or
- b. The presenting of satisfactory evidence (certificate signed by school officials) that such operators have successfully completed a driver education course in a state other than Massachusetts meeting the following standards:
  - 1) The course had the official approval of the State Department of Education or other responsible state agency, and was conducted by:
    - a) a recognized secondary school, college or university, or
    - b) other school approved and supervised by the State Department of Education or other responsible state agency.
- c. The course was conducted by instructors certified by the State Department of Education or other responsible state agency.
- d. The course was composed of a minimum of thirty clock hours for classroom instruction, plus a minimum of six clock hours per student in the practice driving phase. The practice driving requirement may be met in either of the following ways:
  - 1) A minimum of six clock hours per student for actual driving experience exclusive of observation time in the car. In this case, time spent in an approved simulated practice driving trainer, the use of which is authorized by the State Department of Education or other responsible state agency, may be counted as part of the required thirty clock hours of classroom instruction.

2) A minimum of three clock hours per student for actual driving experience exclusive of observation time in the car, and a minimum of twelve clock hours per student in an approved device which simulates practice driving, the use of which is authorized by the State Department of Education or other responsible state agency. In this case, only the time spent in excess of twelve clock hours may be counted as part of the required thirty clock hours of classroom instruction.

## **PERSONAL INJURY PROTECTION**

The policyholder, at his/her option, may elect an amount to be deducted from the amounts otherwise due each person subject to the deduction, under the following conditions:

1. The option of electing a deductible shall be limited to individual insureds and shall apply only to private passenger vehicles as defined in this Section and motor homes owned by such insureds. As used herein, "individual" includes joint ownership by lawfully married individuals residing in the same household.
2. The eligible policyholder may select a deductible amount of \$0, \$100, \$250, \$500, \$1,000, \$2,000, \$4,000 or \$8,000.
3. The deductible applicable to the "Policyholder alone" is the only deductible available if the policyholder is the only member of the household, regardless of the number of vehicles which he owns. Lawfully married individuals having joint ownership and registration of a single motor vehicle which is the only vehicle in the household shall be considered to be an individual for purposes of paragraph 4 of this rule. In such a case the same form of deductible must apply to both of the lawfully married individuals.
4. Either the deductible for the policyholder "alone" or the policyholder and household members is available to a policyholder who has two or more members in his household and there is one motor vehicle in the household.
5. The deductible applicable to the policyholder and household members is the only deductible available for election if there are two or more members in the household, and also two or more motor vehicles insured for Personal Injury Protection by household members.
6. If two or more vehicles are insured under a single policy, the same deductible election shall apply to all vehicles insured under such a policy.
7. As used in this rule, the term "household members" means those persons living in the policyholder's household who are related to the policyholder by blood, marriage or adoption. This includes wards or foster children.

The Personal Injury Protection premium otherwise applicable shall be reduced by the dollar amount determined by applying the percentage shown on the Miscellaneous Rating Factors page to the manual premium.

## **ROAD PROTECTION COVERAGE**

The Road Protection Coverage (RPC) may be purchased on any personal auto policy, which meets our liability and physical damage eligibility criteria.

This Coverage is available with or without Comprehensive and Collision. A policy that only has liability coverage may also have RPC.

RPC may be added to existing personal auto policies by endorsement. The premium will be pro rated.

For a detailed description of the coverages, please refer to the policy form. The following chart summarizes the coverages and available limit options.

<b>COVERAGES</b>	<b>BASIC</b>	<b>DELUXE</b>	<b>PREMIER</b>
Bail Bond Premium	\$200	\$300	\$500
Emergency Transportation	Max.\$100 per occurrence	Max. \$150 per occurrence	Max. \$200 per occurrence
Towing and Labor	Max. \$50 per occurrence	Max. \$75 per occurrence	Max. \$100 per occurrence
Rental Reimbursement	\$20 per day up to \$300	\$30 per day up to \$600	\$40 per day up to \$800
Personal Effects (in rental car)	Up to limit of \$200	Up to limit of \$300	Up to limit of \$500
Vacation Protection	\$30 per day up to \$300	\$45 per day up to \$450	\$60 per day up to \$600
<b>Premium (12 months)</b>	<b>\$70.00</b>	<b>\$110.00</b>	<b>\$160.00</b>

**TERRITORY DEFINITIONS**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02536	EAST FALMOUTH	MA	BARNSTABLE	3
02537	EAST SANDWICH	MA	BARNSTABLE	3
02532	BUZZARDS BAY	MA	BARNSTABLE	3
02534	CATAUMET	MA	BARNSTABLE	3
02540	FALMOUTH	MA	BARNSTABLE	3
02541	FALMOUTH	MA	BARNSTABLE	3
02542	BUZZARDS BAY	MA	BARNSTABLE	3
02543	WOODS HOLE	MA	BARNSTABLE	3
02601	HYANNIS	MA	BARNSTABLE	4
02630	BARNSTABLE	MA	BARNSTABLE	5
02631	BREWSTER	MA	BARNSTABLE	27
02632	CENTERVILLE	MA	BARNSTABLE	4
02633	CHATHAM	MA	BARNSTABLE	27
02634	CENTERVILLE	MA	BARNSTABLE	4
02635	COTUIT	MA	BARNSTABLE	4
02636	CENTERVILLE	MA	BARNSTABLE	4
02637	CUMMAQUID	MA	BARNSTABLE	4
02638	DENNIS	MA	BARNSTABLE	3
02639	DENNIS PORT	MA	BARNSTABLE	4
02641	EAST DENNIS	MA	BARNSTABLE	3
02642	EASTHAM	MA	BARNSTABLE	27
02643	EAST ORLEANS	MA	BARNSTABLE	27
02644	FORESTDALE	MA	BARNSTABLE	5
02645	HARWICH	MA	BARNSTABLE	1
02646	HARWICH PORT	MA	BARNSTABLE	1
02647	HYANNIS PORT	MA	BARNSTABLE	4
02648	MARSTONS MILLS	MA	BARNSTABLE	4
02649	MASHPEE	MA	BARNSTABLE	5
02650	NORTH CHATHAM	MA	BARNSTABLE	27
02651	NORTH EASTHAM	MA	BARNSTABLE	27
02652	NORTH TRURO	MA	BARNSTABLE	1
02653	ORLEANS	MA	BARNSTABLE	27
02655	OSTERVILLE	MA	BARNSTABLE	4
02657	PROVINCETOWN	MA	BARNSTABLE	27
02659	SOUTH CHATHAM	MA	BARNSTABLE	27
02660	SOUTH DENNIS	MA	BARNSTABLE	3
02661	SOUTH HARWICH	MA	BARNSTABLE	1
02662	SOUTH ORLEANS	MA	BARNSTABLE	27
02663	SOUTH WELLFLEET	MA	BARNSTABLE	27
02664	SOUTH YARMOUTH	MA	BARNSTABLE	4
02666	TRURO	MA	BARNSTABLE	1
02667	WELLFLEET	MA	BARNSTABLE	27
02668	WEST BARNSTABLE	MA	BARNSTABLE	5
02669	WEST CHATHAM	MA	BARNSTABLE	27
02670	WEST DENNIS	MA	BARNSTABLE	3
02671	WEST HARWICH	MA	BARNSTABLE	1
02672	WEST HYANNISPORT	MA	BARNSTABLE	4
02673	WEST YARMOUTH	MA	BARNSTABLE	4
02675	YARMOUTH PORT	MA	BARNSTABLE	4
02559	POCASSET	MA	BARNSTABLE	3
02561	SAGAMORE	MA	BARNSTABLE	3
02562	SAGAMORE BEACH	MA	BARNSTABLE	3

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02563	SANDWICH	MA	BARNSTABLE	3
02565	SILVER BEACH	MA	BARNSTABLE	3
02556	NORTH FALMOUTH	MA	BARNSTABLE	3
02574	WEST FALMOUTH	MA	BARNSTABLE	3
02553	MONUMENT BEACH	MA	BARNSTABLE	3
01029	EAST OTIS	MA	BERKSHIRE	27
01201	PITTSFIELD	MA	BERKSHIRE	4
01202	PITTSFIELD	MA	BERKSHIRE	4
01203	PITTSFIELD	MA	BERKSHIRE	4
01220	ADAMS	MA	BERKSHIRE	27
01222	ASHLEY FALLS	MA	BERKSHIRE	27
01223	BECKET	MA	BERKSHIRE	2
01224	BERKSHIRE	MA	BERKSHIRE	27
01225	CHESHIRE	MA	BERKSHIRE	27
01226	DALTON	MA	BERKSHIRE	27
01227	DALTON	MA	BERKSHIRE	27
01229	GLENDALE	MA	BERKSHIRE	27
01230	GREAT BARRINGTON	MA	BERKSHIRE	1
01235	HINSDALE	MA	BERKSHIRE	2
01236	HOUSATONIC	MA	BERKSHIRE	27
01237	LANESBORO	MA	BERKSHIRE	1
01238	LEE	MA	BERKSHIRE	27
01240	LENOX	MA	BERKSHIRE	27
01242	LENOX DALE	MA	BERKSHIRE	27
01244	MILL RIVER	MA	BERKSHIRE	27
01245	MONTEREY	MA	BERKSHIRE	27
01247	NORTH ADAMS	MA	BERKSHIRE	27
01252	NORTH EGREMONT	MA	BERKSHIRE	27
01253	OTIS	MA	BERKSHIRE	27
01254	RICHMOND	MA	BERKSHIRE	27
01255	SANDISFIELD	MA	BERKSHIRE	27
01256	SAVOY	MA	BERKSHIRE	27
01257	SHEFFIELD	MA	BERKSHIRE	27
01258	SOUTH EGREMONT	MA	BERKSHIRE	27
01259	SOUTHFIELD	MA	BERKSHIRE	27
01260	SOUTH LEE	MA	BERKSHIRE	27
01262	STOCKBRIDGE	MA	BERKSHIRE	1
01263	STOCKBRIDGE	MA	BERKSHIRE	1
01264	TYRINGHAM	MA	BERKSHIRE	27
01266	WEST STOCKBRIDGE	MA	BERKSHIRE	1
01267	WILLIAMSTOWN	MA	BERKSHIRE	27
01270	WINDSOR	MA	BERKSHIRE	1
01343	DRURY	MA	BERKSHIRE	27
02771	SEEKONK	MA	BRISTOL	4
02777	SWANSEA	MA	BRISTOL	5
02779	BERKLEY	MA	BRISTOL	6
02780	TAUNTON	MA	BRISTOL	9
02783	TAUNTON	MA	BRISTOL	9
02790	WESTPORT	MA	BRISTOL	5
02791	WESTPORT POINT	MA	BRISTOL	5
02763	ATTLEBORO FALLS	MA	BRISTOL	5
02764	NORTH DIGHTON	MA	BRISTOL	5



**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
2766	NORTON	MA	BRISTOL	5
02767	RAYNHAM	MA	BRISTOL	6
02768	RAYNHAM CENTER	MA	BRISTOL	6
02769	REHOBOTH	MA	BRISTOL	4
02740	NEW BEDFORD	MA	BRISTOL	13
02741	NEW BEDFORD	MA	BRISTOL	13
02742	NEW BEDFORD	MA	BRISTOL	13
02743	ACUSHNET	MA	BRISTOL	7
02744	NEW BEDFORD	MA	BRISTOL	13
02745	NEW BEDFORD	MA	BRISTOL	13
02746	NEW BEDFORD	MA	BRISTOL	13
02747	NORTH DARTMOUTH	MA	BRISTOL	7
02748	SOUTH DARTMOUTH	MA	BRISTOL	7
02760	NORTH ATTLEBORO	MA	BRISTOL	5
02761	NORTH ATTLEBORO	MA	BRISTOL	5
02714	DARTMOUTH	MA	BRISTOL	7
02715	DIGHTON	MA	BRISTOL	5
02717	EAST FREETOWN	MA	BRISTOL	5
02718	EAST TAUNTON	MA	BRISTOL	9
02719	FAIRHAVEN	MA	BRISTOL	7
02720	FALL RIVER	MA	BRISTOL	13
02721	FALL RIVER	MA	BRISTOL	13
02722	FALL RIVER	MA	BRISTOL	13
02723	FALL RIVER	MA	BRISTOL	13
02724	FALL RIVER	MA	BRISTOL	13
02725	SOMERSET	MA	BRISTOL	6
02726	SOMERSET	MA	BRISTOL	6
02702	ASSONET	MA	BRISTOL	6
02703	ATTLEBORO	MA	BRISTOL	5
02712	CHARTLEY	MA	BRISTOL	5
02031	EAST MANSFIELD	MA	BRISTOL	3
02048	MANSFIELD	MA	BRISTOL	3
02356	NORTH EASTON	MA	BRISTOL	7
02357	NORTH EASTON	MA	BRISTOL	7
02334	EASTON	MA	BRISTOL	7
02375	SOUTH EASTON	MA	BRISTOL	7
02713	CUTTYHUNK	MA	DUKES	27
02552	MENEMSHA	MA	DUKES	27
02535	CHILMARK	MA	DUKES	27
02539	EDGARTOWN	MA	DUKES	27
02568	VINEYARD HAVEN	MA	DUKES	27
02557	OAK BLUFFS	MA	DUKES	27
02573	WEST CHOP	MA	DUKES	27
02575	WEST TISBURY	MA	DUKES	27
05501	ANDOVER	MA	ESSEX	3
05544	ANDOVER	MA	ESSEX	3
01810	ANDOVER	MA	ESSEX	3
01812	ANDOVER	MA	ESSEX	3
01830	HAVERHILL	MA	ESSEX	8
01831	HAVERHILL	MA	ESSEX	8
01832	HAVERHILL	MA	ESSEX	8
01833	GEORGETOWN	MA	ESSEX	3

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01834	GROVELAND	MA	ESSEX	3
01835	HAVERHILL	MA	ESSEX	8
01840	LAWRENCE	MA	ESSEX	44
01841	LAWRENCE	MA	ESSEX	44
01842	LAWRENCE	MA	ESSEX	44
01843	LAWRENCE	MA	ESSEX	44
01844	METHUEN	MA	ESSEX	10
01845	NORTH ANDOVER	MA	ESSEX	3
01899	ANDOVER	MA	ESSEX	3
01901	LYNN	MA	ESSEX	43
01902	LYNN	MA	ESSEX	43
01903	LYNN	MA	ESSEX	43
01904	LYNN	MA	ESSEX	43
01905	LYNN	MA	ESSEX	43
01906	SAUGUS	MA	ESSEX	12
01907	SWAMPSCOTT	MA	ESSEX	9
01908	NAHANT	MA	ESSEX	8
01910	LYNN	MA	ESSEX	43
01913	AMESBURY	MA	ESSEX	2
01915	BEVERLY	MA	ESSEX	5
01921	BOXFORD	MA	ESSEX	3
01922	BYFIELD	MA	ESSEX	3
01923	DANVERS	MA	ESSEX	5
01929	ESSEX	MA	ESSEX	2
01930	GLOUCESTER	MA	ESSEX	5
01931	GLOUCESTER	MA	ESSEX	5
01936	HAMILTON	MA	ESSEX	1
01937	HATHORNE	MA	ESSEX	6
01938	IPSWICH	MA	ESSEX	2
01940	LYNNFIELD	MA	ESSEX	7
01944	MANCHESTER	MA	ESSEX	27
01945	MARBLEHEAD	MA	ESSEX	4
01949	MIDDLETON	MA	ESSEX	6
01950	NEWBURYPORT	MA	ESSEX	1
01951	NEWBURY	MA	ESSEX	1
01952	SALISBURY	MA	ESSEX	5
01960	PEABODY	MA	ESSEX	10
01961	PEABODY	MA	ESSEX	10
01965	PRIDES CROSSING	MA	ESSEX	5
01966	ROCKPORT	MA	ESSEX	2
01969	ROWLEY	MA	ESSEX	3
01970	SALEM	MA	ESSEX	12
01971	SALEM	MA	ESSEX	12
01982	SOUTH HAMILTON	MA	ESSEX	1
01983	TOPSFIELD	MA	ESSEX	4
01984	WENHAM	MA	ESSEX	2
01985	WEST NEWBURY	MA	ESSEX	1
01860	MERRIMAC	MA	ESSEX	3
01885	WEST BOXFORD	MA	ESSEX	3
01344	ERVING	MA	FRANKLIN	27
01346	HEATH	MA	FRANKLIN	2
01347	LAKE PLEASANT	MA	FRANKLIN	3

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01349	MILLERS FALLS	MA	FRANKLIN	3
01350	MONROE BRIDGE	MA	FRANKLIN	2
01351	MONTAGUE	MA	FRANKLIN	27
01354	GILL	MA	FRANKLIN	27
01355	NEW SALEM	MA	FRANKLIN	27
01360	NORTHFIELD	MA	FRANKLIN	27
01364	ORANGE	MA	FRANKLIN	2
01370	SHELBURNE FALLS	MA	FRANKLIN	27
01373	SOUTH DEERFIELD	MA	FRANKLIN	27
01375	SUNDERLAND	MA	FRANKLIN	27
01376	TURNERS FALLS	MA	FRANKLIN	3
01378	WARWICK	MA	FRANKLIN	27
01379	WENDELL	MA	FRANKLIN	27
01380	WENDELL DEPOT	MA	FRANKLIN	27
01367	ROWE	MA	FRANKLIN	27
01301	GREENFIELD	MA	FRANKLIN	3
01302	GREENFIELD	MA	FRANKLIN	3
01330	ASHFIELD	MA	FRANKLIN	27
01072	SHUTESBURY	MA	FRANKLIN	2
01093	WHATELY	MA	FRANKLIN	27
01337	BERNARDSTON	MA	FRANKLIN	27
01338	BUCKLAND	MA	FRANKLIN	27
01339	CHARLEMONT	MA	FRANKLIN	27
01340	COLRAIN	MA	FRANKLIN	1
01341	CONWAY	MA	FRANKLIN	27
01342	DEERFIELD	MA	FRANKLIN	27
01054	LEVERETT	MA	FRANKLIN	1
01056	LUDLOW	MA	HAMPDEN	7
01057	MONSON	MA	HAMPDEN	3
01040	HOLYOKE	MA	HAMPDEN	40
01041	HOLYOKE	MA	HAMPDEN	40
01036	HAMPDEN	MA	HAMPDEN	5
01069	PALMER	MA	HAMPDEN	4
01030	FEEDING HILLS	MA	HAMPDEN	7
01008	BLANDFORD	MA	HAMPDEN	3
01009	BONDSVILLE	MA	HAMPDEN	4
01010	BRIMFIELD	MA	HAMPDEN	3
01011	CHESTER	MA	HAMPDEN	1
01028	EAST LONGMEADOW	MA	HAMPDEN	6
01034	GRANVILLE	MA	HAMPDEN	2
01001	AGAWAM	MA	HAMPDEN	7
01013	CHICOPEE	MA	HAMPDEN	9
01014	CHICOPEE	MA	HAMPDEN	9
01020	CHICOPEE	MA	HAMPDEN	9
01021	CHICOPEE	MA	HAMPDEN	9
01022	CHICOPEE	MA	HAMPDEN	9
01101	SPRINGFIELD	MA	HAMPDEN	42
01102	SPRINGFIELD	MA	HAMPDEN	42
01103	SPRINGFIELD	MA	HAMPDEN	42
01104	SPRINGFIELD	MA	HAMPDEN	42
01105	SPRINGFIELD	MA	HAMPDEN	42
01106	LONGMEADOW	MA	HAMPDEN	4

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01107	SPRINGFIELD	MA	HAMPDEN	42
01108	SPRINGFIELD	MA	HAMPDEN	42
01109	SPRINGFIELD	MA	HAMPDEN	42
01111	SPRINGFIELD	MA	HAMPDEN	42
01115	SPRINGFIELD	MA	HAMPDEN	42
01116	LONGMEADOW	MA	HAMPDEN	4
01118	SPRINGFIELD	MA	HAMPDEN	42
01119	SPRINGFIELD	MA	HAMPDEN	42
01128	SPRINGFIELD	MA	HAMPDEN	42
01129	SPRINGFIELD	MA	HAMPDEN	42
01133	SPRINGFIELD	MA	HAMPDEN	42
01138	SPRINGFIELD	MA	HAMPDEN	42
01139	SPRINGFIELD	MA	HAMPDEN	42
01144	SPRINGFIELD	MA	HAMPDEN	42
01151	INDIAN ORCHARD	MA	HAMPDEN	7
01152	SPRINGFIELD	MA	HAMPDEN	42
01195	SPRINGFIELD	MA	HAMPDEN	42
01199	SPRINGFIELD	MA	HAMPDEN	42
01089	WEST SPRINGFIELD	MA	HAMPDEN	10
01090	WEST SPRINGFIELD	MA	HAMPDEN	10
01071	RUSSELL	MA	HAMPDEN	3
01077	SOUTHWICK	MA	HAMPDEN	4
01079	THORNDIKE	MA	HAMPDEN	4
01080	THREE RIVERS	MA	HAMPDEN	4
01081	WALES	MA	HAMPDEN	2
01085	WESTFIELD	MA	HAMPDEN	6
01086	WESTFIELD	MA	HAMPDEN	6
01095	WILBRAHAM	MA	HAMPDEN	5
01097	WORONOCO	MA	HAMPDEN	3
01521	HOLLAND	MA	HAMPDEN	1
01098	WORTHINGTON	MA	HAMPSHIRE	1
01096	WILLIAMSBURG	MA	HAMPSHIRE	27
01088	WEST HATFIELD	MA	HAMPSHIRE	27
01082	WARE	MA	HAMPSHIRE	3
01007	BELCHERTOWN	MA	HAMPSHIRE	3
01073	SOUTHAMPTON	MA	HAMPSHIRE	1
01075	SOUTH HADLEY	MA	HAMPSHIRE	4
01084	WEST CHESTERFIELD	MA	HAMPSHIRE	27
01243	MIDDLEFIELD	MA	HAMPSHIRE	1
01026	CUMMINGTON	MA	HAMPSHIRE	27
01027	EASTHAMPTON	MA	HAMPSHIRE	3
01002	AMHERST	MA	HAMPSHIRE	5
01003	AMHERST	MA	HAMPSHIRE	5
01004	AMHERST	MA	HAMPSHIRE	5
01035	HADLEY	MA	HAMPSHIRE	27
01032	GOSHEN	MA	HAMPSHIRE	27
01033	GRANBY	MA	HAMPSHIRE	4
01012	CHESTERFIELD	MA	HAMPSHIRE	27
01070	PLAINFIELD	MA	HAMPSHIRE	27
01038	HATFIELD	MA	HAMPSHIRE	27
01039	HAYDENVILLE	MA	HAMPSHIRE	3
01050	HUNTINGTON	MA	HAMPSHIRE	2

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01053	LEEDS	MA	HAMPSHIRE	3
01059	NORTH AMHERST	MA	HAMPSHIRE	5
01060	NORTHAMPTON	MA	HAMPSHIRE	3
01061	NORTHAMPTON	MA	HAMPSHIRE	3
01062	FLORENCE	MA	HAMPSHIRE	3
01063	NORTHAMPTON	MA	HAMPSHIRE	3
01066	NORTH HATFIELD	MA	HAMPSHIRE	27
01431	ASHBY	MA	MIDDLESEX	1
01432	AYER	MA	MIDDLESEX	3
01434	DEVENS	MA	MIDDLESEX	14
01746	HOLLISTON	MA	MIDDLESEX	2
01741	CARLISLE	MA	MIDDLESEX	27
01742	CONCORD	MA	MIDDLESEX	27
01469	TOWNSEND	MA	MIDDLESEX	27
01470	GROTON	MA	MIDDLESEX	27
01471	GROTON	MA	MIDDLESEX	27
01472	WEST GROTON	MA	MIDDLESEX	27
01773	LINCOLN	MA	MIDDLESEX	1
01775	STOW	MA	MIDDLESEX	27
01776	SUDBURY	MA	MIDDLESEX	27
01778	WAYLAND	MA	MIDDLESEX	2
01784	WOODVILLE	MA	MIDDLESEX	27
01801	WOBURN	MA	MIDDLESEX	7
01803	BURLINGTON	MA	MIDDLESEX	4
01805	BURLINGTON	MA	MIDDLESEX	4
01806	WOBURN	MA	MIDDLESEX	7
01807	WOBURN	MA	MIDDLESEX	7
01808	WOBURN	MA	MIDDLESEX	7
01850	LOWELL	MA	MIDDLESEX	41
01851	LOWELL	MA	MIDDLESEX	41
01852	LOWELL	MA	MIDDLESEX	41
01853	LOWELL	MA	MIDDLESEX	41
01854	LOWELL	MA	MIDDLESEX	41
01813	WOBURN	MA	MIDDLESEX	7
01815	WOBURN	MA	MIDDLESEX	7
01821	BILLERICA	MA	MIDDLESEX	5
01822	BILLERICA	MA	MIDDLESEX	5
01824	CHELMSFORD	MA	MIDDLESEX	5
01826	DRACUT	MA	MIDDLESEX	6
01827	DUNSTABLE	MA	MIDDLESEX	1
01760	NATICK	MA	MIDDLESEX	3
01770	SHERBORN	MA	MIDDLESEX	1
01886	WESTFORD	MA	MIDDLESEX	27
01887	WILMINGTON	MA	MIDDLESEX	4
01888	WOBURN	MA	MIDDLESEX	7
01889	NORTH READING	MA	MIDDLESEX	5
01890	WINCHESTER	MA	MIDDLESEX	3
01748	HOPKINTON	MA	MIDDLESEX	27
01749	HUDSON	MA	MIDDLESEX	3
01752	MARLBOROUGH	MA	MIDDLESEX	5
01754	MAYNARD	MA	MIDDLESEX	27
01862	NORTH BILLERICA	MA	MIDDLESEX	5

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01863	NORTH CHELMSFORD	MA	MIDDLESEX	2
01864	NORTH READING	MA	MIDDLESEX	5
01865	NUTTING LAKE	MA	MIDDLESEX	5
01866	PINEHURST	MA	MIDDLESEX	5
01867	READING	MA	MIDDLESEX	3
01876	TEWKSBURY	MA	MIDDLESEX	5
01879	TYNGSBORO	MA	MIDDLESEX	3
01880	WAKEFIELD	MA	MIDDLESEX	6
01474	WEST TOWNSEND	MA	MIDDLESEX	27
01450	GROTON	MA	MIDDLESEX	27
01460	LITTLETON	MA	MIDDLESEX	27
01463	PEPPERELL	MA	MIDDLESEX	27
01464	SHIRLEY	MA	MIDDLESEX	2
01701	FRAMINGHAM	MA	MIDDLESEX	9
01702	FRAMINGHAM	MA	MIDDLESEX	9
01703	FRAMINGHAM	MA	MIDDLESEX	9
01704	FRAMINGHAM	MA	MIDDLESEX	9
01705	FRAMINGHAM	MA	MIDDLESEX	9
01718	VILLAGE OF NAGOG WOODS	MA	MIDDLESEX	27
01719	BOXBOROUGH	MA	MIDDLESEX	27
01720	ACTON	MA	MIDDLESEX	27
01721	ASHLAND	MA	MIDDLESEX	5
01730	BEDFORD	MA	MIDDLESEX	2
01731	HANSCOM AFB	MA	MIDDLESEX	2
02495	NONANTUM	MA	MIDDLESEX	6
02493	WESTON	MA	MIDDLESEX	3
02458	NEWTON	MA	MIDDLESEX	6
02459	NEWTON CENTER	MA	MIDDLESEX	6
02460	NEWTONVILLE	MA	MIDDLESEX	6
02461	NEWTON HIGHLANDS	MA	MIDDLESEX	6
02462	NEWTON LOWER FALLS	MA	MIDDLESEX	6
02464	NEWTON UPPER FALLS	MA	MIDDLESEX	6
02465	WEST NEWTON	MA	MIDDLESEX	6
02466	AUBURNDALE	MA	MIDDLESEX	6
02467	CHESTNUT HILL	MA	MIDDLESEX	6
02468	WABAN	MA	MIDDLESEX	6
02471	WATERTOWN	MA	MIDDLESEX	7
02472	WATERTOWN	MA	MIDDLESEX	7
02474	ARLINGTON	MA	MIDDLESEX	4
02475	ARLINGTON HEIGHTS	MA	MIDDLESEX	4
02476	ARLINGTON	MA	MIDDLESEX	4
02477	WATERTOWN	MA	MIDDLESEX	7
02478	BELMONT	MA	MIDDLESEX	3
02479	WAVERLEY	MA	MIDDLESEX	3
02420	LEXINGTON	MA	MIDDLESEX	2
02421	LEXINGTON	MA	MIDDLESEX	2
02451	WALTHAM	MA	MIDDLESEX	7
02452	WALTHAM	MA	MIDDLESEX	7
02453	WALTHAM	MA	MIDDLESEX	7
02454	WALTHAM	MA	MIDDLESEX	7
02455	NORTH WALTHAM	MA	MIDDLESEX	7
02456	NEW TOWN	MA	MIDDLESEX	27

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02176	MELROSE	MA	MIDDLESEX	6
02180	STONEHAM	MA	MIDDLESEX	8
02238	CAMBRIDGE	MA	MIDDLESEX	11
02239	CAMBRIDGE	MA	MIDDLESEX	11
02138	CAMBRIDGE	MA	MIDDLESEX	11
02139	CAMBRIDGE	MA	MIDDLESEX	11
02140	CAMBRIDGE	MA	MIDDLESEX	11
02141	CAMBRIDGE	MA	MIDDLESEX	11
02142	CAMBRIDGE	MA	MIDDLESEX	11
02143	SOMERVILLE	MA	MIDDLESEX	12
02144	SOMERVILLE	MA	MIDDLESEX	12
02145	SOMERVILLE	MA	MIDDLESEX	12
02148	MALDEN	MA	MIDDLESEX	14
02149	EVERETT	MA	MIDDLESEX	14
02153	MEDFORD	MA	MIDDLESEX	12
02155	MEDFORD	MA	MIDDLESEX	12
02156	WEST MEDFORD	MA	MIDDLESEX	12
02554	NANTUCKET	MA	NANTUCKET	27
02584	NANTUCKET	MA	NANTUCKET	27
02564	SIASCONSET	MA	NANTUCKET	27
02762	PLAINVILLE	MA	NORFOLK	4
02481	WELLESLEY HILLS	MA	NORFOLK	1
02482	WELLESLEY	MA	NORFOLK	1
02492	NEEDHAM	MA	NORFOLK	2
02494	NEEDHAM HEIGHTS	MA	NORFOLK	2
02169	QUINCY	MA	NORFOLK	12
02170	QUINCY	MA	NORFOLK	12
02171	QUINCY	MA	NORFOLK	12
02052	MEDFIELD	MA	NORFOLK	27
02053	MEDWAY	MA	NORFOLK	27
02054	MILLIS	MA	NORFOLK	27
02056	NORFOLK	MA	NORFOLK	1
02032	EAST WALPOLE	MA	NORFOLK	4
02035	FOXBORO	MA	NORFOLK	3
02038	FRANKLIN	MA	NORFOLK	1
02067	SHARON	MA	NORFOLK	6
02070	SHELDONVILLE	MA	NORFOLK	4
02071	SOUTH WALPOLE	MA	NORFOLK	4
02072	STOUGHTON	MA	NORFOLK	12
02081	WALPOLE	MA	NORFOLK	4
02090	WESTWOOD	MA	NORFOLK	4
02093	WRENTHAM	MA	NORFOLK	2
02269	QUINCY	MA	NORFOLK	12
02062	NORWOOD	MA	NORFOLK	7
02322	AVON	MA	NORFOLK	11
02184	BRAINTREE	MA	NORFOLK	8
02185	BRAINTREE	MA	NORFOLK	8
02186	MILTON	MA	NORFOLK	11
02187	MILTON VILLAGE	MA	NORFOLK	11
02188	WEYMOUTH	MA	NORFOLK	9
02189	EAST WEYMOUTH	MA	NORFOLK	9
02190	SOUTH WEYMOUTH	MA	NORFOLK	9

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02191	NORTH WEYMOUTH	MA	NORFOLK	9
02457	BABSON PARK	MA	NORFOLK	1
02445	BROOKLINE	MA	NORFOLK	8
02446	BROOKLINE	MA	NORFOLK	8
02447	BROOKLINE VILLAGE	MA	NORFOLK	8
02019	BELLINGHAM	MA	NORFOLK	3
02368	RANDOLPH	MA	NORFOLK	14
02343	HOLBROOK	MA	NORFOLK	11
02021	CANTON	MA	NORFOLK	8
02025	COHASSET	MA	NORFOLK	4
02026	DEDHAM	MA	NORFOLK	8
02027	DEDHAM	MA	NORFOLK	8
02030	DOVER	MA	NORFOLK	2
02018	ACCORD	MA	PLYMOUTH	4
02344	MIDDLEBORO	MA	PLYMOUTH	6
02345	MANOMET	MA	PLYMOUTH	7
02346	MIDDLEBORO	MA	PLYMOUTH	6
02347	LAKEVILLE	MA	PLYMOUTH	5
02348	LAKEVILLE	MA	PLYMOUTH	5
02349	MIDDLEBORO	MA	PLYMOUTH	6
02350	MONPONSETT	MA	PLYMOUTH	5
02351	ABINGTON	MA	PLYMOUTH	8
02355	NORTH CARVER	MA	PLYMOUTH	7
02358	NORTH PEMBROKE	MA	PLYMOUTH	6
02359	PEMBROKE	MA	PLYMOUTH	6
02360	PLYMOUTH	MA	PLYMOUTH	7
02361	PLYMOUTH	MA	PLYMOUTH	7
02362	PLYMOUTH	MA	PLYMOUTH	7
02364	KINGSTON	MA	PLYMOUTH	4
02366	SOUTH CARVER	MA	PLYMOUTH	7
02367	PLYMPTON	MA	PLYMOUTH	6
02370	ROCKLAND	MA	PLYMOUTH	9
02020	BRANT ROCK	MA	PLYMOUTH	9
02379	WEST BRIDGEWATER	MA	PLYMOUTH	8
02381	WHITE HORSE BEACH	MA	PLYMOUTH	7
02382	WHITMAN	MA	PLYMOUTH	8
02337	ELMWOOD	MA	PLYMOUTH	6
02338	HALIFAX	MA	PLYMOUTH	5
02339	HANOVER	MA	PLYMOUTH	4
02340	HANOVER	MA	PLYMOUTH	4
02341	HANSON	MA	PLYMOUTH	5
02324	BRIDGEWATER	MA	PLYMOUTH	6
02325	BRIDGEWATER	MA	PLYMOUTH	6
02327	BRYANTVILLE	MA	PLYMOUTH	5
02330	CARVER	MA	PLYMOUTH	7
02331	DUXBURY	MA	PLYMOUTH	3
02332	DUXBURY	MA	PLYMOUTH	3
02333	EAST BRIDGEWATER	MA	PLYMOUTH	6
02065	OCEAN BLUFF	MA	PLYMOUTH	7
02066	SCITUATE	MA	PLYMOUTH	6
02301	BROCKTON	MA	PLYMOUTH	45
02302	BROCKTON	MA	PLYMOUTH	45



**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02303	BROCKTON	MA	PLYMOUTH	45
02304	BROCKTON	MA	PLYMOUTH	45
02305	BROCKTON	MA	PLYMOUTH	45
02040	GREENBUSH	MA	PLYMOUTH	6
02041	GREEN HARBOR	MA	PLYMOUTH	7
02043	HINGHAM	MA	PLYMOUTH	4
02044	HINGHAM	MA	PLYMOUTH	4
02045	HULL	MA	PLYMOUTH	9
02047	HUMAROCK	MA	PLYMOUTH	7
02059	NORTH MARSHFIELD	MA	PLYMOUTH	7
02060	NORTH SCITUATE	MA	PLYMOUTH	6
02061	NORWELL	MA	PLYMOUTH	3
02055	MINOT	MA	PLYMOUTH	6
02050	MARSHFIELD	MA	PLYMOUTH	7
02051	MARSHFIELD HILLS	MA	PLYMOUTH	7
02538	EAST WAREHAM	MA	PLYMOUTH	8
02558	ONSET	MA	PLYMOUTH	8
02770	ROCHESTER	MA	PLYMOUTH	3
02571	WAREHAM	MA	PLYMOUTH	8
02738	MARION	MA	PLYMOUTH	3
02739	MATTAPOISETT	MA	PLYMOUTH	3
02576	WEST WAREHAM	MA	PLYMOUTH	8
02163	BOSTON	MA	SUFFOLK	23
02150	CHELSEA	MA	SUFFOLK	16
02151	REVERE	MA	SUFFOLK	15
02152	WINTHROP	MA	SUFFOLK	13
02108	BOSTON	MA	SUFFOLK	23
02109	BOSTON	MA	SUFFOLK	23
02110	BOSTON	MA	SUFFOLK	23
02111	BOSTON	MA	SUFFOLK	23
02112	BOSTON	MA	SUFFOLK	23
02113	BOSTON	MA	SUFFOLK	23
02114	BOSTON	MA	SUFFOLK	23
02115	BOSTON	MA	SUFFOLK	23
02116	BOSTON	MA	SUFFOLK	23
02117	BOSTON	MA	SUFFOLK	23
02118	BOSTON	MA	SUFFOLK	23
02119	BOSTON	MA	SUFFOLK	23
02120	BOSTON	MA	SUFFOLK	23
02121	BOSTON	MA	SUFFOLK	23
02122	BOSTON	MA	SUFFOLK	23
02123	BOSTON	MA	SUFFOLK	23
02124	BOSTON	MA	SUFFOLK	23
02125	BOSTON	MA	SUFFOLK	23
02126	MATTAPAN	MA	SUFFOLK	23
02127	BOSTON	MA	SUFFOLK	23
02128	BOSTON	MA	SUFFOLK	23
02129	CHARLESTOWN	MA	SUFFOLK	26
02130	JAMAICA PLAIN	MA	SUFFOLK	19
02131	ROSLINDALE	MA	SUFFOLK	18
02132	WEST ROXBURY	MA	SUFFOLK	17
02133	BOSTON	MA	SUFFOLK	23

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
02134	ALLSTON	MA	SUFFOLK	24
02135	BRIGHTON	MA	SUFFOLK	24
02136	HYDE PARK	MA	SUFFOLK	20
02137	READVILLE	MA	SUFFOLK	20
02283	BOSTON	MA	SUFFOLK	23
02284	BOSTON	MA	SUFFOLK	23
02293	BOSTON	MA	SUFFOLK	23
02295	BOSTON	MA	SUFFOLK	23
02297	BOSTON	MA	SUFFOLK	23
02298	BOSTON	MA	SUFFOLK	23
02241	BOSTON	MA	SUFFOLK	23
02266	BOSTON	MA	SUFFOLK	23
02196	BOSTON	MA	SUFFOLK	23
02199	BOSTON	MA	SUFFOLK	23
02201	BOSTON	MA	SUFFOLK	23
02203	BOSTON	MA	SUFFOLK	23
02204	BOSTON	MA	SUFFOLK	23
02205	BOSTON	MA	SUFFOLK	23
02206	BOSTON	MA	SUFFOLK	23
02207	BOSTON	MA	SUFFOLK	23
02210	BOSTON	MA	SUFFOLK	23
02211	BOSTON	MA	SUFFOLK	23
02212	BOSTON	MA	SUFFOLK	23
02215	BOSTON	MA	SUFFOLK	23
02216	BOSTON	MA	SUFFOLK	23
02217	BOSTON	MA	SUFFOLK	23
02222	BOSTON	MA	SUFFOLK	23
02228	EAST BOSTON	MA	SUFFOLK	26
01756	MENDON	MA	WORCESTER	27
01757	MILFORD	MA	WORCESTER	5
01772	SOUTHBOROUGH	MA	WORCESTER	27
01473	WESTMINSTER	MA	WORCESTER	1
01745	FAYVILLE	MA	WORCESTER	27
01747	HOPEDALE	MA	WORCESTER	2
01740	BOLTON	MA	WORCESTER	1
01467	STILL RIVER	MA	WORCESTER	27
01468	TEMPLETON	MA	WORCESTER	27
01462	LUNENBURG	MA	WORCESTER	1
01451	HARVARD	MA	WORCESTER	27
01452	HUBBARDSTON	MA	WORCESTER	1
01453	LEOMINSTER	MA	WORCESTER	5
01475	WINCHENDON	MA	WORCESTER	3
01477	WINCHENDON SPRINGS	MA	WORCESTER	3
01501	AUBURN	MA	WORCESTER	6
01503	BERLIN	MA	WORCESTER	27
01504	BLACKSTONE	MA	WORCESTER	2
01505	BOYLSTON	MA	WORCESTER	2
01506	BROOKFIELD	MA	WORCESTER	3
01507	CHARLTON	MA	WORCESTER	4
01508	CHARLTON CITY	MA	WORCESTER	4
01509	CHARLTON DEPOT	MA	WORCESTER	4
01510	CLINTON	MA	WORCESTER	6

**TERRITORY DEFINITIONS (continued)**

ZIP CODE	CITY	STATE	COUNTY NAME	TERRITORY
01515	EAST BROOKFIELD	MA	WORCESTER	2
01516	DOUGLAS	MA	WORCESTER	2
01517	EAST PRINCETON	MA	WORCESTER	27
01518	FISKDALE	MA	WORCESTER	1
01519	GRAFTON	MA	WORCESTER	3
01520	HOLDEN	MA	WORCESTER	3
01522	JEFFERSON	MA	WORCESTER	3
01523	LANCASTER	MA	WORCESTER	2
01524	LEICESTER	MA	WORCESTER	7
01525	LINWOOD	MA	WORCESTER	3
01526	MANCHAUG	MA	WORCESTER	27
01527	MILLBURY	MA	WORCESTER	4
01529	MILLVILLE	MA	WORCESTER	1
01531	NEW BRAINTREE	MA	WORCESTER	27
01532	NORTHBOROUGH	MA	WORCESTER	27
01534	NORTHBRIDGE	MA	WORCESTER	3
01535	NORTH BROOKFIELD	MA	WORCESTER	3
01536	NORTH GRAFTON	MA	WORCESTER	3
01537	NORTH OXFORD	MA	WORCESTER	5
01538	NORTH UXBRIDGE	MA	WORCESTER	27
01540	OXFORD	MA	WORCESTER	5
01541	PRINCETON	MA	WORCESTER	27
01542	ROCHDALE	MA	WORCESTER	6
01543	RUTLAND	MA	WORCESTER	3
01545	SHREWSBURY	MA	WORCESTER	5
01546	SHREWSBURY	MA	WORCESTER	5
01550	SOUTHBRIDGE	MA	WORCESTER	6
01560	SOUTH GRAFTON	MA	WORCESTER	3
01561	SOUTH LANCASTER	MA	WORCESTER	2
01562	SPENCER	MA	WORCESTER	6
01564	STERLING	MA	WORCESTER	27
01566	STURBRIDGE	MA	WORCESTER	1
01568	UPTON	MA	WORCESTER	27
01569	UXBRIDGE	MA	WORCESTER	27
01570	WEBSTER	MA	WORCESTER	7
01571	DUDLEY	MA	WORCESTER	3
01580	WESTBOROUGH	MA	WORCESTER	2
01581	WESTBOROUGH	MA	WORCESTER	2
01582	WESTBOROUGH	MA	WORCESTER	2
01583	WEST BOYLSTON	MA	WORCESTER	2
01585	WEST BROOKFIELD	MA	WORCESTER	27
01586	WEST MILLBURY	MA	WORCESTER	4
01588	WHITINSVILLE	MA	WORCESTER	3
01590	SUTTON	MA	WORCESTER	27
01601	WORCESTER	MA	WORCESTER	13
01602	WORCESTER	MA	WORCESTER	13
01603	WORCESTER	MA	WORCESTER	13
01604	WORCESTER	MA	WORCESTER	13
01605	WORCESTER	MA	WORCESTER	13
01606	WORCESTER	MA	WORCESTER	13
01607	WORCESTER	MA	WORCESTER	13
01608	WORCESTER	MA	WORCESTER	13

**TERRITORY DEFINITIONS (continued)**

<b>ZIP CODE</b>	<b>CITY</b>	<b>STATE</b>	<b>COUNTY NAME</b>	<b>TERRITORY</b>
01609	WORCESTER	MA	WORCESTER	13
01610	WORCESTER	MA	WORCESTER	13
01611	CHERRY VALLEY	MA	WORCESTER	7
01612	PAXTON	MA	WORCESTER	5
01613	WORCESTER	MA	WORCESTER	13
01614	WORCESTER	MA	WORCESTER	13
01615	WORCESTER	MA	WORCESTER	13
01653	WORCESTER	MA	WORCESTER	13
01654	WORCESTER	MA	WORCESTER	13
01655	WORCESTER	MA	WORCESTER	13
01436	BALDWINVILLE	MA	WORCESTER	3
01438	EAST TEMPLETON	MA	WORCESTER	27
01440	GARDNER	MA	WORCESTER	3
01441	WESTMINSTER	MA	WORCESTER	1
01368	ROYALSTON	MA	WORCESTER	1
01420	FITCHBURG	MA	WORCESTER	7
01430	ASHBURNHAM	MA	WORCESTER	1
01366	PETERSHAM	MA	WORCESTER	27
01094	WHEELWRIGHT	MA	WORCESTER	27
01092	WEST WARREN	MA	WORCESTER	3
01074	SOUTH BARRE	MA	WORCESTER	2
01083	WARREN	MA	WORCESTER	3
01331	ATHOL	MA	WORCESTER	3
01068	OAKHAM	MA	WORCESTER	1
01037	HARDWICK	MA	WORCESTER	27
01031	GILBERTVILLE	MA	WORCESTER	27
01005	BARRE	MA	WORCESTER	2

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY**

BODILY INJURY							
Terr.	Class						
	10	17	18	20	21	25	26
1	132	239	150	447	236	403	212
2	144	261	167	487	267	438	240
3	152	274	181	528	286	476	258
4	164	303	187	586	332	526	297
5	167	302	210	615	355	554	318
6	182	336	207	660	405	594	366
7	186	324	229	700	413	631	371
8	198	360	237	737	444	663	399
9	226	387	270	763	464	686	416
10	228	453	301	812	534	730	481
11	221	492	297	798	537	718	483
12	246	469	325	800	577	719	519
13	279	510	350	801	581	720	522
14	312	534	393	788	599	708	540
15	371	595	411	786	648	707	584
16	311	607	537	769	627	693	565
17	237	458	289	781	463	702	415
18	241	598	327	801	577	720	519
19	294	586	390	765	586	690	526
20	272	597	367	793	601	715	542
21	333	601	498	771	633	694	570
22	327	601	486	773	622	695	561
23	250	555	388	781	575	703	517
24	252	495	319	785	515	705	465
25	250	561	336	787	594	707	534
26	307	608	430	768	632	692	569
27	115	218	128	401	199	361	180
40	289	542	357	793	566	715	510
41	299	539	394	798	598	718	539
42	369	595	425	791	646	710	583
43	330	587	415	788	646	709	583
44	299	618	543	781	634	703	572
45	343	576	410	790	643	709	578

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

PROPERTY DAMAGE							
Terr.	Class						
	10	17	18	20	21	25	26
1	172	307	218	605	375	545	338
2	186	323	224	652	402	587	362
3	190	331	239	678	406	609	364
4	202	345	242	726	435	653	391
5	202	349	241	749	461	674	415
6	215	355	255	754	476	679	430
7	220	360	270	776	508	699	458
8	222	382	277	801	509	722	459
9	230	389	275	815	512	735	461
10	232	395	277	822	516	739	463
11	229	419	283	814	513	734	461
12	254	427	303	834	549	750	495
13	265	426	301	833	549	750	495
14	227	461	319	836	568	752	510
15	297	507	339	849	614	765	552
16	261	498	336	832	551	748	496
17	240	461	287	833	485	749	437
18	263	518	319	851	552	767	497
19	274	510	328	826	532	745	480
20	254	508	309	846	539	761	485
21	299	560	360	833	603	749	542
22	378	597	446	831	648	748	583
23	229	521	336	845	559	760	504
24	278	521	334	848	536	763	482
25	264	565	331	850	593	766	534
26	316	579	409	831	633	747	569
27	166	293	196	572	333	516	299
40	245	459	304	833	524	749	472
41	250	447	315	833	557	749	501
42	251	482	342	855	605	770	545
43	288	495	340	854	614	767	552
44	229	486	330	832	551	748	495
45	293	496	334	854	609	769	548

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

PERSONAL INJURY PROTECTION							
Terr.	Class						
	10	17	18	20	21	25	26
1	43	73	47	135	75	121	67
2	45	79	53	145	83	131	74
3	50	83	56	157	88	142	79
4	52	91	58	174	100	156	90
5	54	90	65	184	107	165	97
6	57	100	65	196	122	176	110
7	56	97	70	208	124	187	111
8	62	107	73	219	134	196	120
9	72	113	83	226	139	204	125
10	72	134	91	237	160	212	144
11	70	145	90	232	160	209	145
12	75	139	98	232	173	209	155
13	86	155	105	232	174	209	156
14	96	163	118	229	178	206	162
15	110	180	122	229	193	205	174
16	96	184	160	222	186	201	167
17	74	135	88	231	139	208	124
18	75	176	99	233	173	209	155
19	90	177	118	222	174	200	156
20	83	182	110	230	180	208	162
21	101	182	151	223	187	201	169
22	100	182	149	224	185	201	166
23	75	169	117	227	172	204	154
24	79	146	97	228	154	205	139
25	77	169	101	229	177	205	158
26	94	184	128	222	187	201	169
27	36	66	41	121	63	109	56
40	89	164	107	230	168	208	153
41	90	164	118	232	177	209	160
42	111	180	128	230	191	206	174
43	100	177	124	230	193	206	174
44	91	186	162	227	189	205	169
45	103	174	122	230	191	206	173

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

<b>MEDICAL PAYMENTS</b>							
<b>Terr.</b>	<b>Class</b>						
	10	17	18	20	21	25	26
1	26	45	29	83	46	74	41
2	27	48	32	89	51	81	46
3	31	51	34	97	54	87	48
4	32	56	36	107	62	96	55
5	33	55	40	113	66	102	60
6	35	62	40	120	75	108	67
7	34	60	43	128	76	115	68
8	38	66	45	134	82	120	74
9	44	69	51	139	85	125	77
10	44	82	56	146	98	130	88
11	43	89	55	143	98	128	89
12	46	85	60	143	106	128	95
13	53	95	64	143	107	128	96
14	59	100	72	141	109	127	99
15	67	111	75	141	118	126	107
16	59	113	98	137	114	123	102
17	46	83	54	142	85	128	76
18	46	108	61	144	106	128	95
19	55	109	72	137	107	123	96
20	51	112	67	141	111	128	99
21	62	112	92	137	115	123	104
22	62	112	92	138	113	123	102
23	46	104	71	139	106	125	95
24	48	90	60	140	95	126	85
25	47	104	62	141	109	126	97
26	57	113	78	137	115	123	104
27	22	41	25	74	39	67	34
40	55	101	66	141	103	128	94
41	55	101	72	143	109	128	98
42	68	111	78	141	118	127	107
43	62	109	76	141	118	127	107
44	56	114	99	139	116	126	104
45	63	107	75	141	118	127	106

<b>UNINSURED MOTORIST</b>	
U.M. All Territories:	18
UIM All Territories:	3



**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

COLLISION							
Terr.	Class						
	10	17	18	20	21	25	26
1	259	571	343	1,043	577	938	519
2	270	579	345	1,089	565	980	509
3	274	606	369	1,109	596	998	538
4	286	630	374	1,145	636	1,031	572
5	289	635	384	1,162	667	1,045	601
6	308	678	407	1,197	706	1,078	636
7	326	694	439	1,193	738	1,074	665
8	333	686	459	1,191	736	1,072	662
9	333	685	436	1,185	738	1,067	664
10	325	702	438	1,189	759	1,070	683
11	351	784	479	1,157	769	1,042	692
12	389	806	503	1,163	843	1,045	757
13	392	731	535	1,171	849	1,054	764
14	435	810	582	1,144	888	1,030	799
15	520	849	627	1,141	928	1,027	835
16	459	824	568	1,112	790	1,001	712
17	366	773	482	1,175	733	1,058	660
18	447	856	570	1,146	859	1,032	773
19	463	870	649	1,112	895	1,001	805
20	496	869	630	1,130	891	1,016	803
21	517	884	724	1,122	1,013	1,010	912
22	573	876	744	1,111	979	1,000	881
23	395	877	697	1,143	926	1,030	834
24	432	843	613	1,141	865	1,027	778
25	455	889	672	1,159	929	1,043	837
26	538	885	735	1,112	966	1,001	869
27	246	544	316	1,010	535	909	481
40	397	766	543	1,154	830	1,038	748
41	370	788	570	1,163	871	1,047	784
42	428	844	649	1,155	929	1,039	837
43	460	838	627	1,138	933	1,024	839
44	418	843	552	1,141	790	1,027	712
45	479	827	631	1,143	928	1,028	836

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

Terr.	COMPREHENSIVE						
	Class						
	10	17	18	20	21	25	26
1	82	82	82	82	82	82	82
2	83	83	83	83	83	83	83
3	87	87	87	87	87	87	87
4	85	85	85	85	85	85	85
5	89	89	89	89	89	89	89
6	92	92	92	92	92	92	92
7	95	95	95	95	95	95	95
8	98	98	98	98	98	98	98
9	97	97	97	97	97	97	97
10	104	104	104	104	104	104	104
11	111	111	111	111	111	111	111
12	114	114	114	114	114	114	114
13	129	129	129	129	129	129	129
14	134	134	134	134	134	134	134
15	166	166	166	166	166	166	166
16	268	268	268	268	268	268	268
17	95	95	95	95	95	95	95
18	195	195	195	195	195	195	195
19	214	214	214	214	214	214	214
20	193	193	193	193	193	193	193
21	264	264	264	264	264	264	264
22	298	298	298	298	298	298	298
23	179	179	179	179	179	179	179
24	134	134	134	134	134	134	134
25	204	204	204	204	204	204	204
26	242	242	242	242	242	242	242
27	77	77	77	77	77	77	77
40	123	123	123	123	123	123	123
41	124	124	124	124	124	124	124
42	151	151	151	151	151	151	151
43	158	158	158	158	158	158	158
44	259	259	259	259	259	259	259
45	167	167	167	167	167	167	167

**MASSACHUSETTS COVERGE BASE RATES BY TERRITORY (continued)**

GLASS							
Terr.	Class						
	10	17	18	20	21	25	26
1	21	21	21	21	21	21	21
2	21	21	21	21	21	21	21
3	22	22	22	22	22	22	22
4	21	21	21	21	21	21	21
5	22	22	22	22	22	22	22
6	23	23	23	23	23	23	23
7	24	24	24	24	24	24	24
8	25	25	25	25	25	25	25
9	24	24	24	24	24	24	24
10	26	26	26	26	26	26	26
11	28	28	28	28	28	28	28
12	29	29	29	29	29	29	29
13	32	32	32	32	32	32	32
14	34	34	34	34	34	34	34
15	42	42	42	42	42	42	42
16	67	67	67	67	67	67	67
17	24	24	24	24	24	24	24
18	49	49	49	49	49	49	49
19	54	54	54	54	54	54	54
20	48	48	48	48	48	48	48
21	66	66	66	66	66	66	66
22	75	75	75	75	75	75	75
23	45	45	45	45	45	45	45
24	34	34	34	34	34	34	34
25	51	51	51	51	51	51	51
26	61	61	61	61	61	61	61
27	19	19	19	19	19	19	19
40	31	31	31	31	31	31	31
41	31	31	31	31	31	31	31
42	38	38	38	38	38	38	38
43	40	40	40	40	40	40	40
44	65	65	65	65	65	65	65
45	42	42	42	42	42	42	42

**ROAD PROTECTION COVERGE RATES**

Level	Annual Rate per Policy
Basic	\$70
Deluxe	\$110
Premier	\$160

## LIABILITY SYMBOL DEFINITIONS

The Liability Symbols are defined as follows, in accordance with ISO Class Code definitions:

Mini 2-Door	12	All 2-Door non-sports and non-luxury vehicles with wheelbase less than 94.5 inches.
Mini 4-Door	14	All 4-Door non-sports and non-luxury vehicles with wheelbase less than 94.5 inches.
Subcompact 2-Door	22	All 2-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 94.5 inches but less than 99.5 inches.
Subcompact 4-Door	24	All 4-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 94.5 inches but less than 99.5 inches.
Midsize 2-Door	32	All 2-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 99.5 inches but less than 109.5 inches
Midsize 4-Door	34	All 4-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 99.5 inches but less than 109.5 inches.
Large 2-Door	42	All 2-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 109.5 inches.
Large 4-Door	44	All 4-Door non-sports and non-luxury vehicles with wheelbase greater than or equal to 109.5 inches.
Sports	61	All vehicle series for which only a two-passenger body type is manufactured and which have a net weight to horsepower ratio less than or equal to 30 to 1 but greater than 20 to 1. The Sports Group does not include station wagon, sedan, pickup, utility or van types. If a two-plus-two version of a two-passenger body type is also manufactured and the two-plus-two version also meets the net weight to horsepower qualification, the two-plus-two will be included in horsepower the Sports Group.
Sports Premium	63	All vehicle series for which only a two-passenger body type is manufactured and which have a net weight to horsepower ratio less than or equal to 20 to 1. Sports Premium Group does not include station wagon, sedan, pickup, utility or van types. If a two-plus-two version of a two-passenger body type is also manufactured and the two-plus-two version also meets the net weight to horsepower qualification, the two-plus-two will be included in the Sports Premium Group.
Luxury 2-Door	52	All 2-Door non-sports vehicles with a Manufacturer's Suggested Retail Price (including all optional equipment that is factory-installed in 75% or more of the vehicles in the particular vehicle series) in excess of the "Luxury Threshold"* for the model year.
Luxury 4-Door	54	All 4-Door non-sports vehicles with a Manufacturer's Suggested Retail Price (including all optional equipment that is factory-installed in 75% or more of the vehicles in the particular vehicle series) in excess of the "Luxury Threshold"* for the model year.
Small Utility	91	Utility vehicles with a wheelbase less than 100 inches.
Large Utility	93	Utility vehicles with a wheelbase greater than or equal to 100 inches.
Small Pickup	81	Pickup trucks with a curb weight less than 3,000 pounds.
Large Pickup	83	Pickup trucks with a curb weight less greater than or equal to 3,000 pounds.
Van	70	All Vans.

\*For model years 1993 and subsequent, ISO indexes the "Luxury Threshold" based on the change in the "New Car Prices" annual price index, as published by the Bureau of Labor Statistics (BLS). To get the annual adjustment for Model Year 19xx, the Index for Year Ended 12/31/(19xx-2) is divided by the Index for Year Ended 12/31(19xx-3). The percentage change in the Index is rounded to one decimal. The Luxury Threshold is rounded to the nearest \$500.

Example: The model year 1997 Luxury Group threshold is \$34,000. The BLS New Car Price Index for year ended 12/31/95 is 139.0, while the BLS New Car Price Index for year ended 12/31/96 is 141.4. This is an increase of 1.7%. The resulting 1998 Luxury Threshold, rounded to the nearest \$500 is \$34,500.

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**POLICY TERM FACTORS**

TERM LENGTH	FACTOR
12 Months	1.000
6 Months	0.500

**VEHICLE USE FACTORS**

VEHICLE USE	FACTOR	VEHICLE USE	FACTOR
Pleasure	1.00	Commute 21 – 30 miles	1.00
Commute 0 – 5 miles	1.00	Commute 31 + miles	1.00
Commute 6 – 10 miles	1.00	Artisan	1.15
Commute 11- 15 miles	1.00	Business	1.20
Commute 16 – 20 miles	1.00	Delivery	1.25

**LIABILITY LIMIT OPTIONS AND FACTORS**

Liability Factors			
Limit	Mand. B.I.	Opt. B.I.	UM/UIM
20/40	0.875	1.000	1.000
25/50		1.050	1.150
35/80		1.180	1.350
50/100		1.300	1.500
100/300		1.500	2.000

**PROPERTY DAMAGE FACTORS**

Property Damage	
Limit	Factor
5	1.000
10	1.150
15	1.200
25	1.250
50	1.300
100	1.350

**MODEL YEAR FACTORS**

\*Newest model years will be subject to a 1.04 factor higher then the previous year.

Model * Year	Factors	
	COLL	COMP
2010	1.077	1.052
2009	1.038	1.026
2008	1.000	1.000
2007	0.962	0.975
2006	0.925	0.951
2005	0.890	0.927
2004	0.856	0.904
2003	0.824	0.881
2002	0.740	0.859
2001	0.698	0.838
2000	0.656	0.817
1999 & prior	0.613	0.797

**PHYSICAL DAMAGE DEDUCTIBLES**

DEDUCT	COLL	LTD COLL	COMP	GLASS
0				1.200
100				1.000
300	1.250	1.000	1.250	
500	1.000	0.800	1.000	
1,000	0.800	0.640	0.800	
1,500	0.700	0.560	0.700	

**WAIVER OF DEDUCTIBLE (COLLISION ONLY)**

DEDUCTIBLE	ANNUAL RATE
300	\$15
500	\$25
1,000	\$50
1,500	\$75

**LIABILITY SYMBOL FACTORS**

**Liability Symbol Factors**

<b>Symbol</b>	<b>Vehicle Type</b>	<b>BI/PD</b>	<b>PIP/MED UM/UIM</b>
12	Mini 2-door	0.925	1.050
14	Mini 4-door	0.975	1.100
22	Subcompact 2-door	0.950	1.000
24	Subcompact 4-door	1.000	1.050
32	Midsize 2-door	1.000	0.975
34	Midsize 4-door	1.100	1.025
42	Large 2-door	1.000	0.950
44	Large 4-door	1.100	1.000
52	Sports	0.950	1.100
54	Sports, Premium	1.000	1.050
61	Luxury 2-door	1.000	0.950
63	Luxury 4-door	1.100	1.000
70	Van	1.000	0.950
81	Small Pick-up	0.950	1.000
83	Large Pick-up	1.000	0.950
91	Small SUV	1.000	0.950
93	Large SUV	1.050	0.900

**PHYSICAL DAMAGE SYMBOL FACTORS**

<b>Symbol</b>	<b>COLL</b>	<b>COMP</b>	<b>Symbol</b>	<b>COLL</b>	<b>COMP</b>
<b>1</b>	0.755	0.526	<b>15</b>	1.550	1.490
<b>2</b>	0.792	0.605	<b>16</b>	1.650	1.560
<b>3</b>	0.830	0.684	<b>17</b>	1.750	1.648
<b>4</b>	0.868	0.763	<b>18</b>	1.793	1.735
<b>5</b>	0.906	0.842	<b>19</b>	1.875	1.823
<b>6</b>	0.943	0.921	<b>20</b>	1.958	1.910
<b>7</b>	1.000	1.000	<b>21</b>	2.123	2.395
<b>8</b>	1.065	1.070	<b>22</b>	2.288	2.620
<b>10</b>	1.135	1.140	<b>23</b>	2.453	2.845
<b>11</b>	1.200	1.210	<b>24</b>	2.618	3.070
<b>12</b>	1.275	1.280	<b>25</b>	2.783	3.295
<b>13</b>	1.350	1.350	<b>26</b>	3.025	3.625
<b>14</b>	1.450	1.420	<b>27</b>	3.300	4.000

\*Occidental relies on the symbols maintained by ISO.

**DRIVER AND VEHICLE COMBINATION FACTORS**

# of Drivers	# of Vehicles	BI	PD	PIP	MED	COLL	COMP
1	1	1.000	1.000	1.000	1.000	1.000	1.000
1	2	0.980	0.980	0.970	0.970	0.980	0.950
1	3	0.950	0.950	0.940	0.940	0.950	0.920
2	1	1.030	1.030	1.025	1.025	1.030	1.010
2	2	1.000	1.000	1.000	1.000	1.000	0.960
2	3	0.980	0.980	0.980	0.980	0.980	0.930
3	1	1.050	1.050	1.050	1.050	1.050	1.020
3	2	1.020	1.020	1.020	1.020	1.020	0.970
3	3	1.000	1.000	1.000	1.000	1.000	0.940

**COVERAGE ALIGNMENT FACTOR (Applies on a policy level- BIPD PIP MED)**

Full Coverage	Single Car	Factor
Y	Y	0.93
Y	N	1.00
N	Y	0.96
N	N	1.03

\*Full coverage is defined as carrying both Collision or Limited Collision and Comprehensive.



**RISK STABILITY FACTORS (Applies on a policy level – BIPD PIP MED COMP COLL)**

\*Factors are based on all drivers in the household and apply to endorsements and renewals.

\*Prior Insurance is 6 months continuous coverage with no lapse in coverage.

Prior Insurance (6 Months)	Full Coverage (PIP/PD and Phys. Dam)	At Fault Accident Free >3 yrs	Total Policy Points	BI	PD	PIP	MED	COLL	COMP
Y	Y	Y	0	0.950	0.950	0.950	0.950	0.950	0.975
Y	Y	Y	1 - 2	0.960	0.960	0.960	0.960	0.960	0.985
Y	Y	Y	3 - 5	0.969	0.969	0.969	0.969	0.969	0.995
Y	Y	Y	6 - 8	0.979	0.979	0.979	0.979	0.979	1.004
Y	Y	Y	9 +	0.998	0.998	0.998	0.998	0.998	1.024
Y	Y	N	0	1.000	1.000	1.000	1.000	1.000	1.000
Y	Y	N	1 - 2	1.010	1.010	1.010	1.010	1.010	1.010
Y	Y	N	3 - 5	1.020	1.020	1.020	1.020	1.020	1.020
Y	Y	N	6 - 8	1.030	1.030	1.030	1.030	1.030	1.030
Y	Y	N	9 +	1.050	1.050	1.050	1.050	1.050	1.050
Y	N	Y	0	1.000	1.000	1.000	1.000	1.000	0.985
Y	N	Y	1 - 2	1.010	1.010	1.010	1.010	1.010	0.995
Y	N	Y	3 - 5	1.020	1.020	1.020	1.020	1.020	1.005
Y	N	Y	6 - 8	1.030	1.030	1.030	1.030	1.030	1.015
Y	N	Y	9 +	1.050	1.050	1.050	1.050	1.050	1.034
Y	N	N	0	1.050	1.050	1.050	1.050	1.050	1.005
Y	N	N	1 - 2	1.061	1.061	1.061	1.061	1.061	1.015
Y	N	N	3 - 5	1.071	1.071	1.071	1.071	1.071	1.025
Y	N	N	6 - 8	1.082	1.082	1.082	1.082	1.082	1.035
Y	N	N	9 +	1.103	1.103	1.103	1.103	1.103	1.055
N	Y	Y	0	0.985	0.985	0.985	0.985	0.985	0.993
N	Y	Y	1 - 2	0.995	0.995	0.995	0.995	0.995	1.003
N	Y	Y	3 - 5	1.005	1.005	1.005	1.005	1.005	1.013
N	Y	Y	6 - 8	1.015	1.015	1.015	1.015	1.015	1.023
N	Y	Y	9 +	1.034	1.034	1.034	1.034	1.034	1.043
N	Y	N	0	1.030	1.030	1.030	1.030	1.030	1.015
N	Y	N	1 - 2	1.040	1.040	1.040	1.040	1.040	1.025
N	Y	N	3 - 5	1.051	1.051	1.051	1.051	1.051	1.035
N	Y	N	6 - 8	1.061	1.061	1.061	1.061	1.061	1.045
N	Y	N	9 +	1.082	1.082	1.082	1.082	1.082	1.066
N	N	Y	0	1.020	1.020	1.020	1.020	1.020	1.000
N	N	Y	1 - 2	1.030	1.030	1.030	1.030	1.030	1.010
N	N	Y	3 - 5	1.040	1.040	1.040	1.040	1.040	1.020
N	N	Y	6 - 8	1.050	1.050	1.050	1.050	1.050	1.030
N	N	Y	9 +	1.070	1.070	1.070	1.070	1.070	1.050
N	N	N	0	1.070	1.070	1.070	1.070	1.070	1.025
N	N	N	1 - 2	1.080	1.080	1.080	1.080	1.080	1.035
N	N	N	3 - 5	1.090	1.090	1.090	1.090	1.090	1.046
N	N	N	6 - 8	1.100	1.100	1.100	1.100	1.100	1.056
N	N	N	9 +	1.120	1.120	1.120	1.120	1.120	1.076

**CATEGORY FACTORS (Applies on a policy level – BI PD PIP MED COMP COLL)**

Category #	Prior. Insurance 6 + mos.	# of At-Fault Accidents < 2 in 3 yrs	Free of SR22	Free of Excl. Dr.	No Lien Holder?	Factor
1	Y	Y	Y	Y	Y	1.000
2	Y	Y	Y	Y	N	1.004
3	Y	Y	Y	N	Y	1.008
4	Y	Y	Y	N	N	1.012
5	Y	Y	N	Y	Y	1.016
6	Y	Y	N	Y	N	1.020
7	Y	Y	N	N	Y	1.024
8	Y	Y	N	N	N	1.028
9	Y	N	Y	Y	Y	1.033
10	Y	N	Y	Y	N	1.037
11	Y	N	Y	N	Y	1.041
12	Y	N	Y	N	N	1.045
13	Y	N	N	Y	Y	1.049
14	Y	N	N	Y	N	1.053
15	Y	N	N	N	Y	1.057
16	Y	N	N	N	N	1.061
17	N	Y	Y	Y	Y	1.065
18	N	Y	Y	Y	N	1.069
19	N	Y	Y	N	Y	1.073
20	N	Y	Y	N	N	1.077
21	N	Y	N	Y	Y	1.081
22	N	Y	N	Y	N	1.085
23	N	Y	N	N	Y	1.089
24	N	Y	N	N	N	1.093
25	N	N	Y	Y	Y	1.098
26	N	N	Y	Y	N	1.102
27	N	N	Y	N	Y	1.106
28	N	N	Y	N	N	1.110
29	N	N	N	Y	Y	1.114
30	N	N	N	Y	N	1.118
31	N	N	N	N	Y	1.122
32	N	N	N	N	N	1.126

**MASSACHUSETTS DRIVING EXPERIENCE FACTORS**

<b>Years Driving Experience</b>	<b>BI, OBI, PD</b>	<b>P.I.P. &amp; MED.</b>	<b>UM &amp; UIM</b>	<b>Coll.</b>	<b>Comp. &amp; Glass</b>
0	1.100	1.100	1.000	1.100	1.000
1	1.000	1.000	1.000	1.000	1.000
2	1.000	1.000	1.000	1.000	1.000
3	1.000	1.000	1.000	1.000	1.000
4	1.000	1.000	1.000	1.000	1.000
5	1.000	1.000	1.000	1.000	1.000
6	1.000	1.000	1.000	1.000	1.000
7	1.000	1.000	1.000	1.000	1.000
8	1.000	1.000	1.000	1.000	1.000
9	1.000	1.000	1.000	1.000	1.000
10	0.995	0.998	1.000	0.985	1.000
11	0.990	0.995	1.000	0.970	1.000
12	0.985	0.993	1.000	0.955	1.000
13	0.980	0.990	1.000	0.940	1.000
14	0.975	0.988	1.000	0.925	1.000
15	0.970	0.985	1.000	0.910	1.000
16	0.965	0.983	1.000	0.895	1.000
17	0.960	0.980	1.000	0.880	1.000
18	0.955	0.978	1.000	0.865	1.000
19	0.950	0.975	1.000	0.850	1.000
20	0.945	0.973	1.000	0.835	1.000
21	0.940	0.970	1.000	0.820	1.000
22	0.935	0.968	1.000	0.805	1.000
23	0.930	0.965	1.000	0.790	1.000
24	0.925	0.963	1.000	0.775	1.000
25	0.925	0.963	1.000	0.775	1.000
26	0.925	0.963	1.000	0.775	1.000
27	0.925	0.963	1.000	0.775	1.000
28	0.925	0.963	1.000	0.775	1.000
29	0.925	0.963	1.000	0.775	1.000
30	0.925	0.963	1.000	0.775	1.000
31	0.925	0.963	1.000	0.775	1.000
32	0.925	0.963	1.000	0.775	1.000
33	0.925	0.963	1.000	0.775	1.000
34	0.925	0.963	1.000	0.775	1.000
35	0.930	0.965	1.000	0.790	1.000
36	0.935	0.968	1.000	0.805	1.000
37	0.940	0.970	1.000	0.820	1.000
38	0.945	0.973	1.000	0.835	1.000
39	0.950	0.975	1.000	0.850	1.000
40	0.955	0.978	1.000	0.865	1.000
41	0.960	0.980	1.000	0.880	1.000
42	0.965	0.983	1.000	0.895	1.000
43	0.970	0.985	1.000	0.910	1.000

**MASSACHUSETTS DRIVING EXPERIENCE FACTORS (continued)**

<b>Years Driving Experience</b>	<b>BI OBI PD</b>	<b>P.I.P. MED.</b>	<b>UM / UIM</b>	<b>Coll.</b>	<b>Glass</b>
44	0.975	0.988	1.000	0.925	1.000
45	0.980	0.990	1.000	0.940	1.000
46	0.985	0.993	1.000	0.955	1.000
47	0.990	0.995	1.000	0.970	1.000
48	0.995	0.998	1.000	0.985	1.000
49	1.000	1.000	1.000	1.000	1.000
50	1.020	1.010	1.000	1.020	1.000
51	1.040	1.020	1.000	1.040	1.000
52	1.060	1.030	1.000	1.060	1.000
53	1.080	1.040	1.000	1.080	1.000
54	1.100	1.050	1.000	1.100	1.000
55 +	1.120	1.060	1.000	1.120	1.000

**MEDICAL PAYMENT FACTORS**

<b>Medical Payments</b>	
<b>Limit</b>	<b>Factor</b>
2,500	0.700
5,000	1.000
10,000	1.330
15,000	1.700
20,000	1.850
25,000	2.000

**PERSONAL INJURY PROTECTION DEDUCTIBLE FACTORS**

<b>Limit</b>	<b>1 Driver Factor</b>	<b>Multiple Drivers Factor</b>
0	1.000	1.000
100	0.980	0.980
250	0.960	0.950
500	0.920	0.900
1,000	0.860	0.810
2,000	0.740	0.650
4,000	0.630	0.520
8,000	0.550	0.410

**DRIVER POINT FACTORS (LIABILITY and COLLISION)**

<b>POINTS</b>	<b>BI &amp; OBI</b>	<b>PD</b>	<b>PIP &amp; MED</b>	<b>COLL &amp; LTD</b>	<b>POINTS</b>	<b>BI &amp; OBI</b>	<b>PD</b>	<b>PIP &amp; MED</b>	<b>COLL &amp; LTD</b>
<b>0</b>	1.00	1.00	1.00	1.00	<b>41</b>	6.55	6.55	5.96	6.55
<b>1</b>	1.10	1.10	1.06	1.10	<b>42</b>	6.70	6.70	6.11	6.70
<b>2</b>	1.20	1.20	1.12	1.20	<b>43</b>	6.85	6.85	6.26	6.85
<b>3</b>	1.30	1.30	1.18	1.30	<b>44</b>	7.00	7.00	6.41	7.00
<b>4</b>	1.40	1.40	1.24	1.40	<b>45</b>	7.15	7.15	6.56	7.15
<b>5</b>	1.50	1.50	1.30	1.50	<b>46</b>	7.30	7.30	6.71	7.30
<b>6</b>	1.60	1.60	1.36	1.60	<b>47</b>	7.45	7.45	6.86	7.45
<b>7</b>	1.70	1.70	1.46	1.70	<b>48</b>	7.60	7.60	7.01	7.60
<b>8</b>	1.80	1.80	1.56	1.80	<b>49</b>	7.75	7.75	7.16	7.75
<b>9</b>	1.90	1.90	1.66	1.90	<b>50</b>	7.90	7.90	7.31	7.90
<b>10</b>	2.00	2.00	1.76	2.00	<b>51</b>	8.05	8.05	7.46	8.05
<b>11</b>	2.10	2.10	1.86	2.10	<b>52</b>	8.20	8.20	7.61	8.20
<b>12</b>	2.20	2.20	1.96	2.20	<b>53</b>	8.35	8.35	7.76	8.35
<b>13</b>	2.35	2.35	2.06	2.35	<b>54</b>	8.50	8.50	7.91	8.50
<b>14</b>	2.50	2.50	2.16	2.50	<b>55</b>	8.65	8.65	8.06	8.65
<b>15</b>	2.65	2.65	2.26	2.65	<b>56</b>	8.80	8.80	8.21	8.80
<b>16</b>	2.80	2.80	2.36	2.80	<b>57</b>	8.95	8.95	8.36	8.95
<b>17</b>	2.95	2.95	2.46	2.95	<b>58</b>	9.10	9.10	8.51	9.10
<b>18</b>	3.10	3.10	2.56	3.10	<b>59</b>	9.25	9.25	8.66	9.25
<b>19</b>	3.25	3.25	2.66	3.25	<b>60</b>	9.40	9.40	8.81	9.40
<b>20</b>	3.40	3.40	2.81	3.40	<b>61</b>	9.55	9.55	8.96	9.55
<b>21</b>	3.55	3.55	2.96	3.55	<b>62</b>	9.70	9.70	9.11	9.70
<b>22</b>	3.70	3.70	3.11	3.70	<b>63</b>	9.85	9.85	9.26	9.85
<b>23</b>	3.85	3.85	3.26	3.85	<b>64</b>	10.00	10.00	9.41	10.00
<b>24</b>	4.00	4.00	3.41	4.00	<b>65</b>	10.15	10.15	9.56	10.15
<b>25</b>	4.15	4.15	3.56	4.15	<b>66</b>	10.30	10.30	9.71	10.30
<b>26</b>	4.30	4.30	3.71	4.30	<b>67</b>	10.45	10.45	9.86	10.45
<b>27</b>	4.45	4.45	3.86	4.45	<b>68</b>	10.60	10.60	10.01	10.60
<b>28</b>	4.60	4.60	4.01	4.60	<b>69</b>	10.75	10.75	10.16	10.75
<b>29</b>	4.75	4.75	4.16	4.75	<b>70</b>	10.90	10.90	10.31	10.90
<b>30</b>	4.90	4.90	4.31	4.90	<b>71</b>	11.05	11.05	10.46	11.05
<b>31</b>	5.05	5.05	4.46	5.05	<b>72</b>	11.20	11.20	10.61	11.20
<b>32</b>	5.20	5.20	4.61	5.20	<b>73</b>	11.35	11.35	10.76	11.35
<b>33</b>	5.35	5.35	4.76	5.35	<b>74</b>	11.50	11.50	10.91	11.50
<b>34</b>	5.50	5.50	4.91	5.50	<b>75</b>	11.65	11.65	11.06	11.65
<b>35</b>	5.65	5.65	5.06	5.65	<b>76</b>	11.80	11.80	11.21	11.80
<b>36</b>	5.80	5.80	5.21	5.80	<b>77</b>	11.95	11.95	11.36	11.95
<b>37</b>	5.95	5.95	5.36	5.95	<b>78</b>	12.10	12.10	11.51	12.10
<b>38</b>	6.10	6.10	5.51	6.10	<b>79</b>	12.25	12.25	11.66	12.25
<b>39</b>	6.25	6.25	5.66	6.25	<b>80</b>	12.40	12.40	11.81	12.40
<b>40</b>	6.40	6.40	5.81	6.40					

## CLEAN DRIVING RECORD

Drivers under the Massachusetts AIB rating plan noted as Excellent Driver Discount (incident free for five years) and Excellent Driver Discount Plus (incident free for six years), also referred to as “98” or “99” will receive the following rating factors.

	<b>BI/OBI</b>	<b>PD</b>	<b>PIP/MED</b>	<b>CLL/LTD</b>
<b>98</b>	0.95	0.95	0.95	0.95
<b>99</b>	0.90	0.90	0.90	0.90

## **DISCOUNT FACTORS**

<b>Description</b>	<b>Applicable Coverages</b>	<b>Factor</b>
Age 65 & over (Class 15)	BI, OBI, PD, PIP, Med., UM, UIM, Coll, Ltd., Comp.	25%
Annual Mileage < 5,000 miles	BI, OBI, PD, PIP, Med., UM, UIM, Coll, Ltd.	10%
Anti-lock Brakes	BI, OBI, PD, PIP, Med., Coll, Ltd.	5%
Multiple Car	BI, OBI, PD, PIP, Med., Coll, Ltd., Comp.	10%
Passive Restraint	PIP, Med., UM, UIM	10%
Paid in full	BI, OBI, PD, PIP, Med., UM, UIM, Coll, Ltd., Comp.	5%
Renewal – annual	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5%

<b>Transfer (Years with prior co.)</b>	<b>Applicable Coverages</b>	<b>Factor</b>
0	BI, OBI, PD, PIP, Coll, Ltd., Comp.	0.0%
1	BI, OBI, PD, PIP, Coll, Ltd., Comp.	0.5%
2	BI, OBI, PD, PIP, Coll, Ltd., Comp.	1.0%
3	BI, OBI, PD, PIP, Coll, Ltd., Comp.	1.5%
4	BI, OBI, PD, PIP, Coll, Ltd., Comp.	2.0%
5	BI, OBI, PD, PIP, Coll, Ltd., Comp.	2.5%
6	BI, OBI, PD, PIP, Coll, Ltd., Comp.	3.0%
7	BI, OBI, PD, PIP, Coll, Ltd., Comp.	3.5%
8	BI, OBI, PD, PIP, Coll, Ltd., Comp.	4.0%
9	BI, OBI, PD, PIP, Coll, Ltd., Comp.	4.5%
10	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
11	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
12	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
13	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
14	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
15	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
16	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
17	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
18	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
19	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%
20	BI, OBI, PD, PIP, Coll, Ltd., Comp.	5.0%

**DISCOUNT FACTORS (continued)**

Anti-Theft	Applicable Coverages	Factor
Category I	Comp.	5%
Category II	Comp.	15%
Category III	Comp.	20%
Category IV	Comp.	20%
Category V	Comp.	25%
Categories IV & I	Comp.	25%
Categories IV & II	Comp.	30%
Categories IV & III	Comp.	35%
Categories V & I	Comp.	28%
Categories V & II	Comp.	32%
Categories V & III	Comp.	36%

**SURCHARGE FACTORS**

Surcharge Description	Applicable Coverages	Factor
Unacceptable Risk	BI, OBI, PD, PIP, Med. Coll, Ltd., Comp.	25%

**ROUNDING**

The premium for each coverage and vehicle shall be rounded to the nearest dollar (\$.50 and over rounds up). This procedure applies to all premium transactions.

**MASSACHUSETTS ALGORITHMS****BI**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard limit factor. No rounding.
3. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No Rounding.
4. Multiply with total Category Factor. No rounding.
5. Multiply with total Risk Stability Factor. No Rounding.
6. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
7. Multiply with total Coverage Alignment Factor. No Rounding.
8. Multiply with total Years Experience Factor. No Rounding.
9. Multiply with total Point Factors Indexed by Total Points 50 Cent Rounding. Round to the dollar.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.

**PD**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard limit factor. No rounding.
3. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No Rounding.
4. Multiply with total Category Factor. No Rounding.
5. Multiply with total Risk Stability Factor. No Rounding.
6. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
7. Multiply with total Coverage Alignment Factor. No Rounding.
8. Multiply with total Years Experience Factor. No Rounding.
9. Multiply with total Point Factors Indexed by Total Points 50 Cent Rounding. Round to the dollar.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent Rounding. Round to dollar.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.

**COMP**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard deductible factor 50 Cent Rounding. Round to dollars.
3. Multiply with total Symbol Factors Indexed by Vehicle Symbol. No rounding.
4. Multiply with total Vehicle Age factors Indexed by Vehicle Year. No rounding.
5. Multiply with total Category Factor. No Rounding.
6. Multiply with total Risk Stability Factor. No Rounding.
7. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
8. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
9. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
10. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.

**COLL**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard deductible factor 50 Cent Rounding. Round to dollars.
3. Multiply with total Symbol Factors Indexed by Vehicle Symbol. No rounding.
4. Multiply with total Vehicle Age factors Indexed by Vehicle Year. No rounding.
5. Multiply with total Category Factor. No Rounding.
6. Multiply with total Risk Stability Factor. No Rounding.
7. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
8. Multiply with total Years Experience Factor. No Rounding.
9. Multiply with total Point Factors Indexed by Total Points. No rounding.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.



**PIP/MPIP**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No rounding.
3. Multiply with total Category Factor. No Rounding.
4. Multiply with total Risk Stability Factor. No Rounding.
5. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No Rounding.
6. Multiply with total Coverage Alignment Factor. No Rounding.
7. Multiply with total Years Experience Factor. No Rounding.
8. Multiply with total Point Factors Indexed by Total Points. No rounding.
9. Apply standard deductible factor 50 Cent Rounding. Round to dollars.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollars.

**MED**

1. Add to total Territory Base Rates Indexed by Territory. No rounding.
2. Apply standard limit factor 50 Cent rounding. Round to dollars.
3. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No rounding.
4. Multiply with total Category Factor. No rounding.
5. Multiply with total Risk Stability Factor. No rounding.
6. Multiply with total Dr/Veh Combo Factor Index by Dr #/Veh#. No rounding.
7. Multiply with total Coverage Alignment Factor. No rounding.
8. Multiply with total Years Experience Factor. No rounding.
9. Multiply with total Point Factors Indexed by Total Points. No rounding.
10. Apply Vehicle Surcharge (surcharge factors & vehicle use factors). No rounding.
11. Apply Discount Factors\* 50 Cent rounding. Round to dollars.
12. Divide with total Cost Factors Indexed by Policy Term 50 Cent rounding. Round to dollars.

**UM**

1. Add To total Territory Base Rates Indexed by Territory. No rounding.
2. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No rounding.
3. Apply standard limit factor. No rounding.
4. Multiply with total Years Experience Factor. No rounding.
5. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
6. Divide with total Cost Factors Indexed by Policy Term 50 Cent rounding.

**UIM**

1. Add To total Territory Base Rates Indexed by Territory No rounding
2. Multiply with total Liability Symbol Factors Indexed by Liability symbol. No rounding.
3. Apply standard limit factor. No rounding.
4. Multiply with total Years Experience Factor. No rounding.
5. Apply Discount Factors\* 50 Cent Rounding. Round to dollars.
6. Divide with total Cost Factors Indexed by Policy Term 50 Cent rounding.

**MASSACHUSETTS ALGORITHMS (continued)**

**GLASS**

1. Territory Base Rates Indexed by Territory. No rounding.
2. Apply Standard deductible factor. No rounding.
3. Multiply with total Symbol Factors Indexed by Vehicle Symbol. No rounding.
4. Multiply with total Vehicle Model Year factors Indexed by Model Year. No rounding.
5. Divide with total Cost Factors Indexed by Policy Term 50 Cent Rounding. Round to dollar.

\*Discount factors are determined by adding all applicable discounts, then subtracting from 1.00.

insurance. Any misrepresentations on the application may render the policy null and void and could result in the denial of claims.

Policies terminated because of material misrepresentation will be rescinded (No Coverage Afforded). The required notice will be sent to the Registry of Motor Vehicles and premiums will be returned to the applicant.

## **POLICY FEES**

If an insured's check made payable to the company is returned to us by the financial institution not honored upon first presentation, a \$15.00 Non-Sufficient Fund (NSF) fee will be assessed, and will be added to the next installment billing.

A delinquency charge of \$10.00 will apply to any installment payment in default for 6 or more days, and will be added to the next installment billing or renewal offer.

A \$25.00 policy fee will be charged each policy term, per policy, to cover the costs required to attract and write a customer. The costs include advertising and call center/Internet expenses associated with new business quoting and binding.

The above fees shall be fully earned, and no commission will be paid.

## **FINANCIAL RESPONSIBILITY FILINGS**

At the insured's request the Company will issue a financial responsibility filing (SR-22) for any listed driver on the policy.

Financial Responsibility filings will be made for the State of Residence Only.

Any policy with a filing must offer liability limits that satisfy minimum financial responsibility requirements for the state of Massachusetts.

Any driver requesting a filing must have a verifiable driving record and cannot be excluded from the policy.

All Financial Responsibility filings are subject to a \$25.00 fee.

The Company will cancel the filing upon lapse or expiration of the policy. The filing will be reinstated if the policy reinstates or renews.

## **ENDORSEMENTS/CHANGE REQUESTS**

All change requests should be uploaded the same day as requested by the policyholder through the Company's website. **DO NOT MAIL.** Change requests will be processed by the Company **only when they are uploaded.** Contact the Company if an exception is needed.

All premium adjustments reflect the rates and rules in force at the time of the policy or the latest renewal effective date and are calculated pro-rata.

Mid-term premium adjustments are made as a result of a change in address, vehicles, drivers, coverage, etc. Mid-term premium adjustments are not made as a result of a change in points or age of existing drivers.