

## AUTO ENHANCED COVERAGE ENDORSEMENT

It is agreed that the policy is amended as follows:

### OPTIONAL INSURANCE

#### PART 7. COLLISION, 8. LIMITED COLLISION and 9. COMPREHENSIVE

#### NEW CAR REPLACEMENT COVERAGE

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

#### A. Definitions

For the purpose of this coverage the following definitions are added:

1. **“New”** means not previously titled under the motor vehicle laws of any state.

**“New”** does not apply to a substitute or non-owned vehicle.

**“New”** does not apply to a leased vehicle.

**“New”** does not apply to a **motor home** or **trailer**.

2. **“Total loss”** means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

#### B. New Car Replacement features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto is new**; and
2. The **total loss** occurred within 12 months of the vehicle's purchase date; and
3. The **total loss** occurred within the vehicle's first 15,000 miles as shown on the odometer.

**We** will pay, less the deductible, the cost in cash **we** can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, **we** will pay, less the deductible, the cost in cash **we** can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

#### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for “customized equipment” only as described in the policy or policy endorsements.

#### MECHANICAL PARTS REPLACEMENT COST COVERAGE

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto**, we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

#### PART 10. SUBSTITUTE TRANSPORTATION COVERAGE

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.

At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**. If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a

rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

## AUTO ENHANCED COVERAGE ENDORSEMENT — ULTRA

It is agreed that the policy is amended as follows:

### DEFINITIONS

Under the definition section of “**Your Auto**”, the following revisions apply:

**5.C.** is replaced by the following:

- C.** A private passenger auto; **trailer**; pick-up truck; van; or similar vehicle, to which you take title or lease as a permanent replacement for a described auto or as an additional auto.

We provide coverage for an additional auto only if you ask us to insure it within forty five days after:

1. you take title; or
2. the effective date of the lease.

For any coverage provided in this policy except for:

1. Comprehensive and Collision; and
2. Limited Collision,

an additional auto will have the broadest coverage we now provide for any auto shown in the Coverage Selection page.

In order for Collision or Limited Collision Coverage to apply you must ask us to insure it within:

1. 7 days after you take title; or
2. the effective date of the lease.

In order for Comprehensive Coverage to apply you must ask us to insure it within 7 days after you take title or the effective date of the lease.

If a replacement or additional auto is a:

1. pick-up truck;
2. van; or
3. similar vehicle,

it must not be used for delivery or transportation of goods or materials unless such use is incidental to your business of:

1. installing;
2. maintaining; or
3. repairing,

furnishings or equipment.

Under Parts 1, 2, 3, 4, 5 and 6, the term **your auto** also includes any **trailer** not described on the Coverage Selections Page as covered under those Parts.

### COMPULSORY INSURANCE

#### PART 4. DAMAGE TO SOMEONE ELSE'S PROPERTY

Part 4., Item **6.**, is amended and replaced by the following:

We will not pay for property damage which occurs:

6. To an auto owned by you or the legally responsible person. Similarly, we will not pay for damage to an auto except for a private residence or garage, which you or the legally responsible person rents or has in his or her care.

### OPTIONAL INSURANCE

#### PART 6. MEDICAL PAYMENTS

Under **Part 6. Medical Payments**, the following paragraphs are added:

- A.** If you or a **household member** die within three years of the accident because of injury sustained in the accident, we will pay:

1. The unused part of the Medical Payments Coverage Limit of Liability; and
2. \$2,000 for each such death in addition to the Medical Payments Coverage Limit of Liability;

to the surviving kin or legal representative.

- B.** In the event of a covered accident, we will double the Medical Payments Coverage Limit of Liability as shown on the Coverage Selections Page subject to the following:

1. All occupants of **your auto** were wearing full safety belts at the time of the accident; and
2. Any payment we make under this paragraph (**B.**) is subject to a maximum limit of liability increase of \$10,000.

#### PART 7. COLLISION, 8. LIMITED COLLISION and 9. COMPREHENSIVE

##### NEW CAR REPLACEMENT COVERAGE

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

## A. Definitions

For the purpose of this coverage the following definitions are added:

1. **“New”** means not previously titled under the motor vehicle laws of any state.

**“New”** does not apply to a substitute or non-owned vehicle.

**“New”** does not apply to a leased vehicle.

**“New”** does not apply to a **motor home or trailer**.

2. **“Total loss”** means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

## B. New Car Replacement features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto is new**; and
2. The **total loss** occurred within 12 months of the vehicle’s purchase date; and
3. The **total loss** occurred within the vehicle’s first 15,000 miles as shown on the odometer.

**We** will pay, less the deductible, the cost in cash **we** can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, **we** will pay, less the deductible, the cost in cash **we** can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

## C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for “customized equipment” only as described in the policy or policy endorsements.

## MECHANICAL PARTS REPLACEMENT COST COVERAGE

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8)

and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if **your auto** is a **motor home**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto**, we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

## OTHER PHYSICAL DAMAGE ENHANCEMENTS

**In the event of a covered loss under Parts 7, 8 and or 9, these deductible waivers apply:**

If there is a covered loss under Collision or Limited Collision Coverage to **your auto** or any non-owned auto for which we have determined that you are not at fault, we will not apply any otherwise applicable Deductible if the driver of the other vehicle is identified.

If there is a covered loss under Comprehensive Coverage to **your auto** or any non-owned auto, we will not apply any otherwise applicable Deductible if we declare a total loss.

We will pay under Comprehensive Coverage for the cost of repairing or replacing damaged safety glass on **your auto** without a deductible. We will pay only if the Coverage Selections Page indicates that Comprehensive Coverage applies to that auto.

If there is a covered loss to a permanently installed telephone or a mobile telephone, we will not apply the otherwise applicable Comprehensive, Collision or Limited Collision Deductible.

The following enhancements also apply:

We will reimburse, without application of a deductible, up to \$100 for any one occurrence for emergency travel expenses to get you or any **family member** home or to a destination made necessary due to a covered loss to **your auto** or any **non-owned auto**.

We will pay, without application of a deductible, up to a maximum limit of \$600 for reasonable:

1. Transportation expenses incurred by you in the event of a mechanical or electrical breakdown of **your auto**.

2. Expenses incurred by you for lodging and meals in the event of:
  - a. Direct and accidental loss to **your auto** caused by collision or comprehensive loss; or
  - b. Mechanical or electrical breakdown of **your auto**

This Coverage applies only if:

1. The loss to, or mechanical or electrical breakdown of, **your auto** occurs more than 100 miles from home;
2. **Your auto** is withdrawn from use for at least 24 hours; and
3. Collision coverage and comprehensive coverage applies to **your auto**.

Our payment for Trip Interruption Coverage will be limited to that period of time reasonably required to:

- a. Resume travel under a prearranged itinerary; or
- b. Return home.

No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Parts 7, 8 and 9 of the policy.

Any insurance we provide with respect to Trip Interruption Coverage shall be excess over any other collectible source of recovery including but not limited to:

1. Any coverage provided by:
  - a. Vehicle warranties;
  - b. Automobile clubs; or
  - c. Mechanical breakdown or similar plans; or
2. Any other source of recovery applicable to the loss.

We will pay, without application of a deductible, up to \$600 for any one occurrence for loss to **personal clothing** and **baggage** as a direct result of a covered loss to **your auto** or any **non-owned auto**. However, for this coverage to apply to a theft loss, the loss must be a result of:

1. The total theft of; or
2. Forcible entry into

**Your auto** or the **non-owned auto**. If theft loss results from forcible entry, there must be evidence of such entry.

For purposes of this endorsement, **personal clothing** means wearing apparel that

belongs to you or a **household member**. **Baggage** means bags, suitcases, trunks or valises of a traveler while being used to transport **personal clothing**. However, **personal clothing** and **baggage** do not include:

1. Items specifically insured, in whole or in part, by this or any other policy;
2. Furs or items trimmed with fur;
3. Jewelry or watches; or
4. Business property, including, but not limited to, samples or merchandise held for sale, consignment, exhibition or auction.

In the event that we declare a covered total loss to **your auto**, we will pay any unpaid amount due on the lease or loan for **your auto** less:

1. The amount paid under Part 7, 8 and 9 under the policy; and
2. Any:
  - a. overdue lease/loan payments at the time of the loss;
  - b. financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - c. security deposits not refunded by a lessor;
  - d. costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
  - e. carry-over balances from previous loans or leases.

We will reimburse, without application of a deductible, up to \$100 for any one occurrence to cover your actual expenses incurred when a locksmith must be called to:

1. Open **your auto** because the keys are locked inside the auto; or
2. Make a key for **your auto** because the key has been lost or stolen.

Coverage for the accidental loss to tapes, records, discs or other media used with electronic equipment is added if the property is:

1. **Your's** or a **household member's**; and
2. In or upon **your auto** or any **non-owned auto**

at the time of the loss.

## DEFINED LIMITS FOR OTHER PHYSICAL DAMAGE ENHANCEMENTS

Unless otherwise stated, our limit of liability for loss will be the lesser of the:

1. Actual cash value of the stolen or damaged property; or
2. Amount necessary to repair or replace the property with other property of like kind and quality.

However, the most we will pay for loss to:

1. Any "non-owned auto" which is a trailer is \$5,000;
2. Tapes, records, discs or other media, without application of a deductible, is \$1,000; or

## PART 10. SUBSTITUTE TRANSPORTATION COVERAGE

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a

theft, the vehicle must have been reported missing for at least 48 hours.

3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.

At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by us; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**. If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

## GENERAL PROVISIONS AND EXCLUSIONS

### ADDITIONAL COSTS WE WILL PAY

Item **3.C.** is replaced as follows:

3. Up to \$300 a day for loss of earnings, but not for loss of other income to any person covered under this policy who attends hearings or trials at our request.

## DIMINISHING COLLISION OR LIMITED COLLISION DEDUCTIBLE MASSACHUSETTS

### COLLISION (PART 7) or LIMITED COLLISION (PART 8)

The following provision is added:

#### **DIMINISHING COLLISION OR LIMITED COLLISION DEDUCTIBLE:**

The Collision or Limited Collision deductible(s) shown on the Coverage Selections Page is/are reduced by \$100 each policy term, provided that:

1. At the inception of this policy term, this policy has been free of **losses** for at least the immediate preceding renewal term.
2. At the inception of this policy term, all autos eligible for the Diminishing Collision or Limited Collision Deductible must have continuously maintained Collision or Limited Collision coverage, with a minimum \$100 deductible.

After the initial policy term in which the conditions in **(1.)** and **(2.)**, above have been met, the Collision or Limited Collision Deductible(s) shown on the Coverage Selections Page will be reduced by an additional \$100 for each full policy term during which there have been no auto **losses**, for a total maximum Collision or Limited Collision Deductible reduction per vehicle of \$500.

**“Loss”** as used in this endorsement means any collision claim, regardless of fault, filed under Collision or Limited Collision Coverage provided by this policy that results in payment, regardless of the amount paid, to which the Collision or Limited Collision Deductible or Diminished Collision or Limited Collision Deductible is/are applicable.

If your policy has earned a reduced Collision or Limited Collision Deductible, the Coverage Selections Page will reflect an aggregate Diminished Collision or Limited Collision Deductible, per eligible vehicle. The Diminished Collision or Limited Collision Deductible will be applicable to all “losses” during the policy term to which the Collision or Limited Collision Deductible would otherwise apply.

Once a **loss** has occurred, a new qualification period begins, and the Collision or Limited Collision Deductible amount shown on the Coverage Selections Page (per vehicle) will be restored in full, effective the inception of the policy term immediately following the term in which the **loss** occurred.

All other provisions of the policy apply.

SAFECO INSURANCE COMPANY OF AMERICA  
 MANUAL OF AUTOMOBILE INSURANCE - PERSONAL

MASSACHUSETTS  
 LIMITS & DEDUCTIBLES

**BODILY INJURY & DOC  
 BODILY INJURY**

LIMIT	FACTOR
20/40	1.000

**OPTIONAL BODILY INJURY  
 AND DOC OPTIONAL  
 BODILY INJURY INJURY**

20/40	1.000
25/50	1.050
35/80	1.160
50/100	1.200
100/300	1.400
250/500	1.800
500/500	2.650

**UNINSURED MOTORIST  
 BODILY INJURY**

LIMIT	FACTOR
20/40	0.880
25/50	1.000
35/80	1.120
50/100	1.180
100/300	1.410
250/500	1.650
500/500	2.470

**PROPERTY DAMAGE & DOC  
 PROPERTY DAMAGE**

LIMIT	FACTOR
5000	1.00
10000	1.204
25000	1.242
35000	1.254
50000	1.265
100000	1.280
250000	1.309
500000	1.329

**UNDERINSURED MOTORIST**

LIMIT	FACTOR
20/40	1.000
25/50	2.000
35/80	5.000
50/100	7.670
100/300	16.330
250/500	45.330
500/500	112.000

**PERSONAL INJURY PROTECTION**

DEDUCTIBLE	FACTOR
0 Named Insd and Household	1.000
0 Insured	1.000
100 Named Insd and Household	0.980
100 Insured	0.980
250 Named Insd and Household	0.950
250 Insured	0.960
500 Named Insd and Household	0.900
500 Insured	0.920
1000 Named Insd and Household	0.810
1000 Insured	0.860
2000 Named Insd and Household	0.650
2000 Insured	0.740
4000 Named Insd and Household	0.520
4000 Insured	0.630
8000 Named Insd and Household	0.410
8000 Insured	0.550

**MEDICAL PAYMENTS & DOC MEDICAL**

LIMIT	FACTOR
5000	1.000
10000	1.360
25000	2.050
35000	2.120
50000	2.410
100000	2.860

**COLLISION**

DEDUCTIBLE	FACTOR
300*	1.05
500	1.000
750	0.820
1000	0.630
1500	0.560
2000	0.480
5000	0.350

**LIMITED COLLISION**

DEDUCTIBLE	FACTOR
300*	1.08
500	1.000
750	0.770
1000	0.540
1500	0.430
2000	0.320
5000	0.150

**COLLISION WITH WAIVER OF DEDUCTIBLE**

DEDUCTIBLE	FACTOR
300*	1.08
500	1.040
750	0.856
1000	0.674
1500	0.611
2000	0.547
5000	0.420

**COMPREHENSIVE**

DEDUCTIBLE	FACTOR
300 Full Glass*	1.1
300 Ded 100 Glass*	0.93
500 Fire	0.100
500 Fire and Theft	0.700
500 Fire, Theft and Combined	0.850
500 Full Glass	1.000
500 100 Glass Ded	0.840
500 250 Glass Ded	0.798
500 500 Glass Ded	0.758
750 Full Glass	0.880
750 100 Glass Ded	0.739
750 250 Glass Ded	0.702
750 500 Glass Ded	0.667
1000 Full Glass	0.750
1000 100 Glass Ded	0.630
1000 250 Glass Ded	0.599
1000 500 Glass Ded	0.569
1500 Full Glass	0.710
1500 100 Glass Ded	0.596
1500 250 Glass Ded	0.567
1500 500 Glass Ded	0.538
2000 Full Glass	0.670
2000 100 Glass Ded	0.560
2000 250 Glass Ded	0.532
2000 500 Glass Ded	0.505
2500 Full Glass	0.637
2500 100 Glass Ded	0.535
2500 250 Glass Ded	0.508
2500 500 Glass Ded	0.483

**Auto Enhanced Coverage Endorsement\***

SUB TRANS	0.1360
COMP	0.0020
COLL	0.0510
Limited COLL	0.0510

**Auto Enhanced Coverage Endorsement - Ultra\***

BI	0.0010
MED	0.2630
SUB TRANS	0.1360
COMP	0.3350
COLL	0.1120
Limited COLL	0.1120

\* Grandfathered coverage for converting Peerless Insurance business only.



**SAFECO INSURANCE COMPANY OF AMERICA**

**MANUAL OF AUTOMOBILE INSURANCE**

**PERSONAL MASSACHUSETTS RATE ORDER CALCULATION PRIVATE PASSENGER VEHICLES**

SAFECO INSURANCE COMPANY OF AMERICA																
MANUAL OF AUTOMOBILE INSURANCE – PERSONAL																
MASSACHUSETTS RATE ORDER CALCULATION																
PRIVATE PASSENGER VEHICLES																
	Rounding per coverage	BI	OBI	PD	PIP	MED	UMBI	UIMBI	COMP	COLL	Limited COLL	ACE	Loss of Use	Roadside Assistance	EAP	
Years Experience	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Driving Record (Points)	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Good Student Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Distant Student Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Accident Prevention Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Driving Training Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Class 15 Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Driver Factor		=	=	=	=	=	=	=	=	=	=		=			
Average Driver Factor																
Base Rate	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x	
Territory	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Tier	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Limit/ Deductible	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x			
Symbol	Round (X,3)	x	x	x	x	x	x	x	x	x	x					
Value Class **	Round (X,3)								x	x	x					
Model Year	Round (X,3)	x	x	x	x	x	x	x	x	x	x					
Usage	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Vehicle-Driver Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Child-Youth Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Driver-Child Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Full Coverage Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Full Pay Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Advance Quote Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Account Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Accident Free Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Violation Free Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Excluded Surcharge	Round (X,3)	x	x	x	x	x	x	x	x	x	x					
Age of Vehicle	Round (X,3)												x	x		
Anti-Theft Discount	Round (X,3)								x							
Low Mileage Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Expense Fee	Round (X,3)	+	+	+	+	+			+	+	+					
Policy Term	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Group Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Final Coverage Premium	Round (X,0)	=	=	=	=	=	=	=	=	=	=	=	=	=	=	
Auto Loan/Lease *****	Round (X,0)	+														
OEM *****	Round (X,0)	+														
Optimum Package Plus *****	Round (X,0)	+														
New Vehicle Replacement *****	Round (X,0)	+														
Auto Enhanced Coverage Endorsement*****	Round (X,0)	+														
Auto Enhanced Coverage Endorsement - Ultra*****	Round (X,0)	+														
Drive Other Cars *****	Round (X,0)	+														
Financial Responsibility (SR-22)	Round (X,0)	+														
Final Policy Premium		=														

\*\* Only used if no Safeco or ISO symbol can be determined

\*\*\*\*\*Loan/Lease is calculated as (Comp Cov Prem + Coll Cov Prem) \* Loan/Lease Factor

\*\*\*\*\* OEM Endorsement is calculated as (Comp Cov Prem + Coll Cov Prem) \* OEM Factor

\*\*\*\*\* Optimum Package Plus is calculated as (BI cov Prem + OBI cov Prem) \* OPP BI Factor + (PD cov Prem) \* OPP PD Factor + (MED cov Prem) \* OPP MED Factor + (Comp cov Prem) \* OPP Comp Factor + (Coll cov Prem) \* OPP Coll Factor

\*\*\*\*\* New Vehicle Replacement is calculated as (Coll Cov Prem) \* New Vehicle Replacement Factor

\*\*\*\*\* DOC is calculated as ((DOC BI Base + DOC OBI Base) \* DOC BI Tier \* DOC OBI Limit \* DOC BI Policy Term) + (DOC PD Base \* DOC PD Tier \* DOC PD Limit \* DOC PD Policy Term) + (DOC MED Base \* DOC PD Tier \* DOC MED Limit \* DOC MED Policy Term)

\*\*\*\*\* Grandfathered coverage for converting Peerless Insurance business only. (SUB TRANS premium \* SUB TRANS Factor) + (COMP Premium \* COMP Factor) + (COLL Premium \* COLL Factor) + (LCOLL Premium \* LCOLL Factor)

\*\*\*\*\* Grandfathered coverage for converting Peerless Insurance business only. (BI Premium \* BI Factor) + (MED Premium \* MED Factor) + (SUB TRANS premium \* SUB TRANS Factor) + (COMP Premium \* COMP Factor) + (COLL Premium \* COLL Factor) + (LCOLL Premium \* LCOLL Factor)

SAFECO INSURANCE COMPANY OF AMERICA  
MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE MANUAL

**PRIVATE PASSENGER ENDORSEMENTS/FORMS  
ALPHABETICAL INDEX**

<b>TITLE</b>	<b>SAFECO FORM NO.</b>
Additional Interest Endorsement	SA-875/MAEP 3/13
Agreed Amount Coverage – Comprehensive	SA-2929/MAEP 3/13
Antique Auto	SA-2933/MAEP 3/13
Auto Enhanced Coverage Endorsement*	SA-2823/MAEP 3/14
Auto Enhanced Coverage Endorsement – Ultra*	SA-2824/MAEP 3/14
Auto-Loan/Lease Coverage	SA-1914/MAEP 3/13
Classic Car Endorsement Restricted Use	SA-1092/MAEP 3/13
Classic Car Endorsement Regular Use	SA-1091/MAEP 3/13
Coverage For Custom Parts or Equipment	SA-2926/MAEP 3/13
Diminishing Collision or Limited Collision Deductible Massachusetts*	SA-2939/MAEP 3/14
Emergency Assistance Package	SA-2267/MAEP 3/13
Execution Clause	SA-1701/MAEP 3/13
Leased Auto – Lessor’s Interest	SA-877/MAEP 3/13
Loss Payee Endorsement	SA-1700/MAEP 3/13
Massachusetts Endorsement Trust Endorsement	SA-2931/MAEP 3/13
New Vehicle Replacement	SA-2692/MAEP 3/13
Operator Exclusion Form	SA-2934/MAEP 3/13
Original Equipment Manufacturer Parts Coverage	SA-2946/MAEP 3/13
Other Optional Insurance Combined Additional Coverage	SA-2945/MAEP 3/13
Other Optional Insurance Fire, Lightning, and Transportation	SA-2943/MAEP 3/13
Other Optional Insurance Theft	SA-2944/MAEP 3/13
Safeco Optimum Package Plus	SA-2769/MAEP 3/13
Separate Glass Deductible – Comprehensive	SA-2930/MAEP 3/13
Transportation of Fellow Employees, Students or Others	SA-2927/MAEP 3/13
Use of Other Autos - Vehicles Furnished or Available for Regular Use	SA-2940/MAEP 3/13
Waiver of Deductible	SA-2932/MAEP 3/13
Massachusetts Automobile Insurance Policy	SA-2890/MAEP 3/13

\*Grandfathered coverage for converting Peerless Insurance business only.

SAFECO INSURANCE COMPANY OF AMERICA  
 MANUAL OF AUTOMOBILE INSURANCE - PERSONAL  
 MASSACHUSETTS  
 LIMITS & DEDUCTIBLES

**BODILY INJURY & DOC  
 BODILY INJURY**

LIMIT	FACTOR
20/40	1.000

**OPTIONAL BODILY INJURY  
 AND DOC OPTIONAL  
 BODILY INJURY INJURY**

20/40	1.000
25/50	1.050
35/80	1.160
50/100	1.200
100/300	1.400
250/500	1.800
500/500	2.650

**UNINSURED MOTORIST  
 BODILY INJURY**

LIMIT	FACTOR
20/40	0.880
25/50	1.000
35/80	1.120
50/100	1.180
100/300	1.410
250/500	1.650
500/500	2.470

**PROPERTY DAMAGE & DOC  
 PROPERTY DAMAGE**

LIMIT	FACTOR
5000	1.00
10000	1.204
25000	1.242
35000	1.254
50000	1.265
100000	1.280
250000	1.309
500000	1.329

**UNDERINSURED MOTORIST**

LIMIT	FACTOR
20/40	1.000
25/50	2.000
35/80	5.000
50/100	7.670
100/300	16.330
250/500	45.330
500/500	112.000

**PERSONAL INJURY PROTECTION**

DEDUCTIBLE	FACTOR
0 Named Insd and Household	1.000
0 Insured	1.000
100 Named Insd and Household	0.980
100 Insured	0.980
250 Named Insd and Household	0.950
250 Insured	0.960
500 Named Insd and Household	0.900
500 Insured	0.920
1000 Named Insd and Household	0.810
1000 Insured	0.860
2000 Named Insd and Household	0.650
2000 Insured	0.740
4000 Named Insd and Household	0.520
4000 Insured	0.630
8000 Named Insd and Household	0.410
8000 Insured	0.550

**MEDICAL PAYMENTS & DOC MEDICAL**

LIMIT	FACTOR
5000	1.000
10000	1.360
25000	2.050
35000	2.120
50000	2.410
100000	2.860

**COLLISION**

DEDUCTIBLE	FACTOR
300*	1.05
500	1.000
750	0.820
1000	0.630
1500	0.560
2000	0.480
5000	0.350

**LIMITED COLLISION**

DEDUCTIBLE	FACTOR
300*	1.08
500	1.000
750	0.770
1000	0.540
1500	0.430
2000	0.320
5000	0.150

**COLLISION WITH WAIVER OF DEDUCTIBLE**

DEDUCTIBLE	FACTOR
300*	1.08
500	1.040
750	0.856
1000	0.674
1500	0.611
2000	0.547
5000	0.420

**COMPREHENSIVE**

DEDUCTIBLE	FACTOR
300 Full Glass*	1.1
300 Ded 100 Glass*	0.93
500 Fire	0.100
500 Fire and Theft	0.700
500 Fire, Theft and Combined	0.850
500 Full Glass	1.000
500 100 Glass Ded	0.840
500 250 Glass Ded	0.798
500 500 Glass Ded	0.758
750 Full Glass	0.880
750 100 Glass Ded	0.739
750 250 Glass Ded	0.702
750 500 Glass Ded	0.667
1000 Full Glass	0.750
1000 100 Glass Ded	0.630
1000 250 Glass Ded	0.599
1000 500 Glass Ded	0.569
1500 Full Glass	0.710
1500 100 Glass Ded	0.596
1500 250 Glass Ded	0.567
1500 500 Glass Ded	0.538
2000 Full Glass	0.670
2000 100 Glass Ded	0.560
2000 250 Glass Ded	0.532
2000 500 Glass Ded	0.505
2500 Full Glass	0.637
2500 100 Glass Ded	0.535
2500 250 Glass Ded	0.508
2500 500 Glass Ded	0.483

**Auto Enhanced Coverage Endorsement\***

SUB TRANS	0.1360
COMP	0.0020
COLL	0.0510
Limited COLL	0.0510

**Auto Enhanced Coverage Endorsement - Ultra\***

BI	0.0010
MED	0.2630
SUB TRANS	0.1360
COMP	0.3350
COLL	0.1120
Limited COLL	0.1120

\* Grandfathered coverage for converting Peerless Insurance business only.

**SAFECO INSURANCE COMPANY OF AMERICA**

**MANUAL OF AUTOMOBILE INSURANCE**

**PERSONAL MASSACHUSETTS RATE ORDER CALCULATION PRIVATE PASSENGER VEHICLES**

SAFECO INSURANCE COMPANY OF AMERICA																
MANUAL OF AUTOMOBILE INSURANCE - PERSONAL																
MASSACHUSETTS RATE ORDER CALCULATION																
PRIVATE PASSENGER VEHICLES																
	Rounding per coverage	BI	OBI	PD	PIP	MED	UMBI	UMBI	COMP	COLL	Limited COLL	ACE	Loss of Use	Roadside Assistance	EAP	
Years Experience	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Driving Record (Points)	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Good Student Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Distant Student Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Accident Prevention Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Driving Training Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Class 15 Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Driver Factor		=	=	=	=	=	=	=	=	=	=		=			
Average Driver Factor																
Base Rate	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x	
Territory	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Tier	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Limit/ Deductible	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x			
Symbol	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Value Class **	Round (X,3)								x	x	x					
Model Year	Round (X,3)	x	x	x	x	x	x	x	x	x	x					
Usage	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Vehicle-Driver Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Child-Youth Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Driver-Child Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Full Coverage Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Full Pay Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Advance Quote Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Account Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Accident Free Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Violation Free Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x			
Excluded Surcharge	Round (X,3)	x	x	x	x	x	x	x	x	x	x					
Age of Vehicle	Round (X,3)												x	x		
Anti-Theft Discount	Round (X,3)								x							
Low Mileage Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x	
Expense Fee	Round (X,3)	+	+	+	+	+			+	+	+					
Policy Term	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x	
Group Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x	
Final Coverage Premium	Round (X,0)	=	=	=	=	=	=	=	=	=	=		=	=	=	
Auto Loan/Lease *****	Round (X,0)	+														
OEM *****	Round (X,0)	+														
Optimum Package Plus *****	Round (X,0)	+														
New Vehicle Replacement *****	Round (X,0)	+														
Auto Enhanced Coverage Endorsement*****	Round (X,0)	+														
Auto Enhanced Coverage Endorsement - Ultra*****	Round (X,0)	+														
Drive Other Cars *****	Round (X,0)	+														
Financial Responsibility (SR-22)	Round (X,0)	+														
Final Policy Premium		=														

  

\*\* Only used if no Safeco or ISO symbol can be determined

\*\*\*\*\*Loan/Lease is calculated as (Comp Cov Prem + Coll Cov Prem) \* Loan/Lease Factor

\*\*\*\*\* OEM Endorsement is calculated as (Comp Cov Prem + Coll Cov Prem) \* OEM Factor

\*\*\*\*\* Optimum Package Plus is calculated as (BI cov Prem + OBI cov Prem) \* OPP BI Factor + (PD cov Prem) \* OPP PD Factor + (MED cov Prem) \* OPP MED Factor + (Comp cov Prem) \* OPP Comp Factor + (Coll cov Prem) \* OPP Coll Factor

\*\*\*\*\* New Vehicle Replacement is calculated as (Coll Cov Prem) \* New Vehicle Replacement Factor

\*\*\*\*\* DOC is calculated as ((DOC BI Base + DOC OBI Base) \* DOC BI Tier \* DOC OBI Limit \* DOC BI Policy Term) + (DOC PD Base \* DOC PD Tier \* DOC PD Limit \* DOC PD Policy Term) + (DOC MED Base \* DOC PD Tier \* DOC MED Limit \* DOC MED Policy Term)

\*\*\*\*\* Grandfathered coverage for converting Peerless Insurance business only. (SUB TRANS premium \* SUB TRANS Factor) + (COMP Premium \* COMP Factor) + (COLL Premium \* COLL Factor) + (LCOLL Premium \* LCOLL Factor)

\*\*\*\*\* Grandfathered coverage for converting Peerless Insurance business only. (BI Premium \* BI Factor) + (MED Premium \* MED Factor) + (SUB TRANS premium \* SUB TRANS Factor) + (COMP Premium \* COMP Factor) + (COLL Premium \* COLL Factor) + (LCOLL Premium \* LCOLL Factor)

SAFECO INSURANCE COMPANY OF AMERICA  
 MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE MANUAL

**PRIVATE PASSENGER ENDORSEMENTS/FORMS  
 ALPHABETICAL INDEX**

<b>TITLE</b>	<b>SAFECO FORM NO.</b>
Additional Interest Endorsement	SA-875/MAEP 3/13
Agreed Amount Coverage – Comprehensive	SA-2929/MAEP 3/13
Antique Auto	SA-2933/MAEP 3/13
<u>Auto Enhanced Coverage Endorsement*</u>	<u>SA-2823/MAEP 3/14</u>
<u>Auto Enhanced Coverage Endorsement – Ultra*</u>	<u>SA-2824/MAEP 3/14</u>
Auto-Loan/Lease Coverage	SA-1914/MAEP 3/13
Classic Car Endorsement Restricted Use	SA-1092/MAEP 3/13
Classic Car Endorsement Regular Use	SA-1091/MAEP 3/13
Coverage For Custom Parts or Equipment	SA-2926/MAEP 3/13
<u>Diminishing Collision or Limited Collision Deductible Massachusetts*</u>	<u>SA-2939/MAEP 3/14</u>
Emergency Assistance Package	SA-2267/MAEP 3/13
Execution Clause	SA-1701/MAEP 3/13
Leased Auto – Lessor’s Interest	SA-877/MAEP 3/13
Loss Payee Endorsement	SA-1700/MAEP 3/13
Massachusetts Endorsement Trust Endorsement	SA-2931/MAEP 3/13
New Vehicle Replacement	SA-2692/MAEP 3/13
Operator Exclusion Form	SA-2934/MAEP 3/13
Original Equipment Manufacturer Parts Coverage	SA-2946/MAEP 3/13
Other Optional Insurance Combined Additional Coverage	SA-2945/MAEP 3/13
Other Optional Insurance Fire, Lightning, and Transportation	SA-2943/MAEP 3/13
Other Optional Insurance Theft	SA-2944/MAEP 3/13
Safeco Optimum Package Plus	SA-2769/MAEP 3/13
Separate Glass Deductible – Comprehensive	SA-2930/MAEP 3/13
Transportation of Fellow Employees, Students or Others	SA-2927/MAEP 3/13
Use of Other Autos - Vehicles Furnished or Available for Regular Use	SA-2940/MAEP 3/13
Waiver of Deductible	SA-2932/MAEP 3/13
Massachusetts Automobile Insurance Policy	SA-2890/MAEP 3/13

\*Grandfathered coverage for converting Peerless Insurance business only.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Peerless Insurance Company

**DIMINISHING COLLISION/LIMITED COLLISION DEDUCTIBLE  
MASSACHUSETTS**

**A Diminishing Collision or Limited Collision Deductible applies only when shown on the Coverage Selections Page.**

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**AGREEMENT**

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The following provision is added:

**DIMINISHING COLLISION OR LIMITED COLLISION DEDUCTIBLE:**

The Collision or Limited Collision Deductible(s) shown on the Coverage Selections Page is/are reduced by \$50, provided that:

1. At the inception of this policy term, this policy has been free of "losses" for at least the immediate preceding renewal term.
2. At the inception of this policy term, all autos eligible for the Diminishing Collision or Limited Collision Deductible must have continuously maintained Collision or Limited Collision Coverage, with a minimum \$50 deductible.

After the initial policy term in which the conditions in **(1.)** and **(2.)**, above have been met, the Collision or Limited Collision Deductible(s) shown on the Coverage Selections Page will be reduced by an additional \$50 for each full policy term during which there have been no auto "losses", for a total maximum Collision or Limited Deductible reduction per vehicle of \$250.

"Loss" as used in this endorsement means any Collision or Limited Collision claim, regardless of fault, filed under Collision or Limited Collision Coverage provided by this policy that results in payment, regardless of the amount paid, to which the Collision or Limited Collision Deductible or Diminished Collision or Limited Collision Deductible is/are applicable.

If your policy has earned a reduced Collision or Limited Collision Deductible, the Policy Declarations will reflect an aggregate Diminished Collision or Limited Collision Deductible, per eligible vehicle. The Diminished Collision or Limited Collision Deductible will be applicable to all "losses" during the policy term to which the Collision or Limited Collision Deductible would otherwise apply.

Once a "loss" has occurred, a new qualification period begins, and the Collision or Limited Collision Deductible amount shown on the Coverage Selections Page (per vehicle) will be restored in full, effective the inception of the policy term immediately following the term in which the "loss" occurred.

All other provisions of this policy apply.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Peerless Insurance Company

**PERSONAL AUTO  
SPECIAL PROVISIONS  
MASSACHUSETTS**

**For no additional premium, we agree to provide these additional coverages. However, with respect to this endorsement, all provisions of the Massachusetts Automobile Insurance Policy to which it is attached apply, except as modified herein.**

**I. New Car Replacement Coverage**

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

**A. Definitions**

For the purpose of this coverage the following definitions are added:

1. **"New"** means not previously titled under the motor vehicle laws of any state.  
**"New"** does not apply to a substitute or non-owned vehicle.  
**"New"** does not apply to a leased vehicle.  
**"New"** does not apply to a **motorcycle, motor home or trailer**.
2. **"Total loss"** means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

**B. New Car Replacement Features**

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is **new**; and
2. The **total loss occurred** within 12 months of the vehicle's purchase date; and
3. The **total loss occurred** within the vehicle's first 15,000 miles as shown on the odometer.

**We** will pay, less the deductible, the cost in cash **we** can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, **we** will pay, less the deductible, the cost in cash **we** can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

**C. Conditions**

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for "customized equipment" only as described in the policy or policy endorsements.

**II. Enhanced Substitute Transportation Coverage**

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended by this endorsement as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.
5. **Your auto** is not a **motorcycle**.

At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**. If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

All other provisions of Substitute Transportation (Part 10) apply.

### III. Enhanced Towing and Labor

The provisions and exclusions applicable to Towing and Labor (Part 11) are modified by this endorsement as follows:

This coverage applies when Towing and Labor coverage applies to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

At your option, if you choose to call the Peerless Insurance Company toll free Roadside Assistance number, we will pay the cost to tow **your auto** if you allow us to make arrangements to tow **your auto** to the nearest repair facility approved by **us**.

All other provisions of Towing and Labor (Part 11) apply.

### IV. Mechanical Parts Replacement Cost Coverage

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto**, we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Peerless Insurance Company

**PERSONAL AUTO  
ULTRA PLUS SPECIAL PROVISIONS  
MASSACHUSETTS**

**For an additional premium, we agree to provide these additional coverages. However, with respect to this endorsement, all provisions of the Massachusetts Automobile Insurance Policy to which it is attached apply, except as modified herein.**

Premium for this endorsement is included in the Total Premium.

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**DEFINITIONS**

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Under the definition section of "**Your Auto**", the following revisions apply:

5. C. is replaced by the following:

A private passenger auto, trailer, motorcycle, pick-up truck, van or similar vehicle, to which you take title or lease as a permanent replacement for a described auto or as an additional auto. We provide coverage for an additional auto only if you ask us to insure it within forty five days after you take title or the effective date of the lease. For any coverage provided in this policy except for Comprehensive and Collision and Limited Collision, an additional auto will have the broadest coverage we now provide for any auto shown in the Coverage Selection page.

In order for Collision or Limited Collision Coverage to apply you must ask us to insure it within 7 days after you take title or the effective date of the lease.

In order for Comprehensive Coverage to apply you must ask us to insure it within 7 days after you take title or the effective date of the lease.

If a replacement or additional auto is a pick-up truck, van or similar vehicle, it must not be used for delivery or transportation of goods or materials unless such use is incidental to your business of installing, maintaining or repairing furnishings or equipment.

Under Parts 1, 2, 3, 4, 5 and 6, the term **your auto** also includes any **trailer** not described on the Coverage Selections Page as covered under those Parts.

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**PART 4. DAMAGE TO SOMEONE ELSE'S PROPERTY**

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Part 4. Item 6. is amended and replaced by the following:

We will not pay for property damage which occurs:

To an auto owned by you or the legally responsible person. Similarly, we will not pay for damage to an auto except for a private residence or garage, which you or the legally responsible person rents or has in his or her care.

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**PART 5. OPTIONAL BODILY INJURY TO OTHERS**

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Under Part 5, "Optional Bodily Injury to Others", the following revision applies:

We will also pay up to \$1,000 for the cost of bail bonds required as a result of an accident covered under this Part including bail bonds for traffic violations related to the accident.

---

**PART 6. MEDICAL PAYMENTS**

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Under **Part 6. Medical Payments**, the following paragraphs are added:

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- A.** If you or a **household member** die within three years of the accident because of injury sustained in the accident, we will pay:
1. The unused part of the Medical Payments Coverage Limit of Liability; and
  2. \$2,000 for each such death in addition to the Medical Payments Coverage Limit of Liability;
- to the surviving kin or legal representative.
- B.** In addition to the Medical Payments Coverage Limit of Liability provided under this policy, we will pay on **your** behalf up to \$10,000 for reasonable expenses of **others**. Such reasonable expenses must be:
1. Caused by accident;
  2. Incurred as a result of "bodily injury" caused by **you**;
  3. For immediate, necessary medical and surgical treatment;
  4. Incurred at the time of the accident; and
  5. Sustained by **others**.
- Others** as used in this paragraph (**B.**) means any person except **you**.
- Payment under this paragraph (**B.**) is not an admission of liability by **you** or us.
- C.** In the event of a covered accident, we will double the Medical Payments Coverage Limit of Liability as shown on the Coverage Selections Page subject to the following:
1. All occupants of **your auto** were wearing full safety belts at the time of the accident; and
  2. Any payment we make under this paragraph (**C.**) is subject to a maximum limit of liability increase of \$10,000.

---

## **PART 7. COLLISION, 8. LIMITED COLLISION and 9. COMPREHENSIVE**

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### **I. New Car Replacement Coverage**

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

#### **A. Definitions**

For the purpose of this coverage the following definitions are added:

1. "**New**" means not previously titled under the motor vehicle laws of any state.  
  
"**New**" does not apply to a substitute or non-owned vehicle.  
  
"**New**" does not apply to a leased vehicle.  
  
"**New**" does not apply to a **motorcycle, motor home or trailer**.
2. "**Total loss**" means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

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## B. New Car Replacement Features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is new; and
2. The **total loss occurred** within 12 months of the vehicle's purchase date; and
3. The **total loss occurred** within the vehicle's first 15,000 miles as shown on the odometer.

**We** will pay, less the deductible, the cost in cash **we** can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, **we** will pay, less the deductible, the cost in cash **we** can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

## C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for "customized equipment" only as described in the policy or policy endorsements.

## MECHANICAL PARTS REPLACEMENT COST COVERAGE

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto**, we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

## OTHER PHYSICAL DAMAGE ENHANCEMENTS

**In the event of a covered loss under Parts 7, 8 and or 9, these deductible waivers apply:**

1. **Multiple Vehicle/Same Loss.** If loss to more than one of **your autos** or non-owned auto results from the same Collision, Limited Collision or Comprehensive, we will adjust the loss to each vehicle separately. However, only the highest of the otherwise applicable multiple deductibles will apply.
2. **Not At Fault Accidents.** If there is a covered loss under Collision or Limited Collision Coverage to **your auto** or any non-owned auto for which we have determined that you are not at fault, we will not apply any otherwise applicable Deductible if the driver of the other vehicle is identified.
3. **Declared Total Loss.** If there is a covered loss under Comprehensive Coverage to **your auto** or any non-owned auto, we will not apply any otherwise applicable Deductible if we declare a total loss.
4. **Safety Glass.** We will pay under Comprehensive Coverage for the cost of repairing or replacing damaged safety glass on **your auto** without a deductible. We will pay only if the Coverage Selections Page indicates that Comprehensive Coverage applies to that auto.
5. **Telephones.** If there is a covered loss to a permanently installed telephone or a mobile telephone, we will not apply the otherwise applicable Comprehensive, Collision or Limited Collision Deductible.

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**The following enhancements also apply:**

1. **Emergency Travel Expenses.** We will reimburse, without application of a deductible, up to \$100 for any one occurrence for emergency travel expenses to get you or any **household member** home or to a destination made necessary due to a covered loss to **your auto** or any non-owned auto.
2. **Trip Interruption Coverage.** We will pay, without application of a deductible, up to a maximum limit of \$600 for reasonable:
  - a. Transportation expenses incurred by you in the event of a mechanical or electrical breakdown of **your auto**.
  - b. Expenses incurred by you for lodging and meals in the event of:
    - (1) Direct and accidental loss to **your auto** caused by collision or comprehensive; or
    - (2) Mechanical or electrical breakdown of **your auto**

This Coverage applies only if:

- a. The loss to, or mechanical or electrical breakdown of, **your auto** occurs more than 100 miles from home;
- b. **Your auto** is withdrawn from use for at least 24 hours; and
- c. Collision coverage and comprehensive coverage applies to **your auto**.

Our payment for Trip Interruption Coverage will be limited to that period of time reasonably required to:

- a. Resume travel under a prearranged itinerary; or
- b. Return home.

No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Parts 7, 8 and 9 of the policy.

Any insurance we provide with respect to Trip Interruption Coverage shall be excess over any other collectible source of recovery including but not limited to:

- a. Any coverage provided by:
  - (1) Vehicle warranties;
  - (2) Automobile clubs; or
  - (3) Mechanical breakdown or similar plans; or
- b. Any other source of recovery applicable to the loss.

3. **Personal Clothing and Baggage.** We will pay, without application of a deductible, up to \$600 for any one occurrence for loss to "personal clothing" and "baggage" as a direct result of a covered loss to **your auto** or any non-owned auto. However, for this coverage to apply to a theft loss, the loss must be a result of:
  - a. The total theft of; or
  - b. Forcible entry into

**Your auto** or the non-owned auto. If theft loss results from forcible entry, there must be evidence of such entry.

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For purposes of this endorsement, "personal clothing" means wearing apparel that belongs to you or a **household member**. "Baggage" means bags, suitcases, trunks or valises of a traveler while being used to transport "personal clothing". However, "personal clothing" and "baggage" do not include:

- a. Items specifically insured, in whole or in part, by this or any other policy;
- b. Furs or items trimmed with fur;
- c. Jewelry or watches; or
- d. Business property, including, but not limited to, samples or merchandise held for sale, consignment, exhibition or auction.

**4. Facilities or Equipment Coverage.** We will pay up to \$2,000 for a covered loss to Facilities or Equipment designed to be used with the described **trailer** or motor home while in or attached to the **trailer** or motor home. This is in addition to any applicable limit of liability that applies to facilities or equipment coverage on or in a **trailer** or motor home described in the Coverage Selections Page.

1. Facilities or equipment include but are not limited to:

- a. Cooking, dining, plumbing, or refrigeration facilities;
- b. Awnings or cabanas; or
- c. Any other facilities or equipment designed to be used with a **trailer** or motor home.

We will pay for loss caused by:

1. Comprehensive only if the Coverage Selections Page indicates that comprehensive coverage is provided for that **trailer** or motor home.
2. Collision only if the coverage selections page indicates that collision coverage is provided for that **trailer** or motor home.

**5. Auto Loan/Lease Coverage.** In the event that we declare a covered total loss to **your auto**, we will pay any unpaid amount due on the lease or loan for **your auto** less:

- a. The amount paid under Part 7, 8, and 9 under the policy; and
- b. Any:
  - (1) Overdue lease/loan payments at the time of the loss;
  - (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - (3) Security deposits not refunded by a lessor;
  - (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
  - (5) Carry-over balances from previous loans or leases.

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6. **Emergency Lockout Reimbursement Coverage.** We will reimburse, without application of a deductible, up to \$100 for any one occurrence to cover your actual expenses incurred when a locksmith must be called to:
  - a. Open **your auto** because the keys are locked inside the auto; or
  - b. Make a key for **your auto** because the key has been lost or stolen.
7. **Accidental Loss to Media.** Coverage for the accidental loss to tapes, records, discs or other media used with electronic equipment is added if the property is:
  - a. **Your's** or a **household member's**; and
  - b. In or upon **your auto** or any non-owned autoat the time of the loss.

#### DEFINED LIMITS FOR OTHER PHYSICAL DAMAGE ENHANCEMENTS

Unless otherwise stated, our limit of liability for loss will be the lesser of the:

1. Actual cash value of the stolen or damaged property; or
2. Amount necessary to repair or replace the property with other property of like kind and quality.

However, the most we will pay for loss to:

1. Any "non-owned auto" which is a trailer is \$5,000;
2. Tapes, records, discs or other media, without application of a deductible, is \$1,000; or

All other provisions of this policy apply.

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#### PART 10. SUBSTITUTE TRANSPORTATION

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##### ENHANCED SUBSTITUTE TRANSPORTATION COVERAGE

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended by this endorsement as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.
5. **Your auto** is not a **motorcycle**.

At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

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We will pay for the rental car until completion of the repairs of the damage to **your auto**. If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

### **ADDITIONAL SUBSTITUTE TRANSPORTATION COVERAGE**

Under Part 10. Substitute Transportation Expenses, the following is added:

If you do not allow us to make the rental car arrangements with a rental car provider of our choice and repair all the damage to **your auto** at a repair shop approved by **us**; then

In addition to our limit of liability, the following coverage applies:

**Transportation Expenses.** We will pay:

1. up to an additional \$600 over any available limit as shown on the Coverage Selections Page.
2. up to an additional \$20 per day in temporary transportation expenses over any available limit as shown on the Coverage Selections Page.
3. up to an additional \$20 per day in loss of use expenses over any available limit as shown on the Coverage Selections Page.

All other provisions of Substitute Transportation (Part 10) apply

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### **PART 11. TOWING AND LABOR**

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#### **ENHANCED TOWING AND LABOR**

The provisions and exclusions applicable to Towing and Labor (Part 11) are modified by this endorsement as follows:

This coverage applies when Towing and Labor coverage applies to **your auto**. This coverage does not apply if your auto is a **motor home** or **motorcycle**.

At your option, if you choose to call the Peerless Insurance Company toll free Roadside Assistance number, we will pay the cost to tow **your auto** if you allow us to make arrangements to tow **your auto** to the nearest repair facility approved by **us**.

#### **EXCESS TOWING AND LABOR**

If you do not choose to call the Peerless Insurance Company toll free Roadside Assistance number:

We will pay up to \$50 in addition to the applicable limit of coverage as shown on the coverage selections page. This additional limit of coverage is only applicable if optional towing and labor has been selected.

All other provisions of Towing and Labor (Part 11) apply.

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### **GENERAL PROVISIONS**

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#### **SUPPLEMENTARY PAYMENTS**

##### **Loss of Earnings for attending hearings and trials**

Item 3.C. is replaced as follows:

Up to \$300 a day for loss of earnings, but not for loss of other income to any person covered under this policy who, at our request, attends hearings or trials relating to a claim under this policy.

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**State:** Massachusetts**Filing Company:**

Safeco Insurance Company of America

**TOI/Sub-TOI:** 19.0 Personal Auto/19.0001 Private Passenger Auto (PPA)**Product Name:** Auto (SOA)**Project Name/Number:** MA Auto PIC Renewal Conversion/2013-MA-Auto-RRF-3326

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/28/2013		Supporting Document	State Submissions List	10/30/2013	State Submission List_Revised.pdf (Superceded)
10/28/2013		Supporting Document	Form Utilization List	10/30/2013	Form Utilization List_Revised.pdf (Superceded)
10/23/2013		Supporting Document	Annotated Comparison	10/28/2013	L&D Mock v1.pdf ROC Mock v1.pdf
10/07/2013		Form	Auto Enhanced Coverage Endorsement-Ultra	12/23/2013	SA_2824MAEP_032014_f.pdf (Superceded)
10/07/2013		Form	Diminishing Collision or Limited Collision Deductible-Massachusetts	12/23/2013	SA_2939MAEP_032014_f.pdf (Superceded)
10/07/2013		Rate	Rate Manual	10/23/2013	L&D Proof.pdf (Superceded)
10/07/2013		Rate	Rate Manual	10/23/2013	ROC Proof.pdf (Superceded)
10/07/2013		Form	Auto Enhanced Coverage Endorsement	12/23/2013	SA_2823MAEP_032014_f.pdf (Superceded)
09/17/2013		Supporting Document	State Submissions List	10/28/2013	State Submission List.pdf (Superceded)
09/17/2013		Supporting Document	Annotated Comparison	10/23/2013	ROC Mock.pdf (Superceded) L&D Mock.pdf (Superceded)
09/17/2013		Supporting Document	Form Utilization List	10/28/2013	Form Utilization List.pdf (Superceded)



**MASSACHUSETTS DIVISION OF INSURANCE**  
**STATE SUBMISSIONS LIST**

**INSTRUCTIONS:** Please indicate the following regarding the materials submitted in this filing:

- In the Submitted column, an X for each state in which the materials have been filed;
- In the Approved column, an X for each state in which the materials have already been approved;
- In the Disapproved column, an X for each state that has disapproved the submitted materials.

Please include the reasons for any Disapprovals in the Comment section of the SERFF component. Please note that the Massachusetts Division of Insurance uses this information to help prioritize incoming filings, as well as to highlight areas that may require managerial level review.

**Auto (SOA)**

*Please enter the product name as filed.*

State	Submitted	Approved	Disapproved
Alabama			
Alaska			
Arizona	X	X	
Arkansas	X	X	
California			
Colorado	X	X	
Connecticut	X	X	
Delaware			
Florida			
Georgia	X	X	
Hawaii			
Idaho	X	X	
Illinois	X	X	
Indiana	X	X	
Iowa	X	X	
Kansas	X	X	
Kentucky	X	X	
Louisiana	X	X	
Maine			
Maryland			
Massachusetts	X		
Michigan		X	
Minnesota			
Mississippi			
Missouri	X	X	
Montana			

State	Submitted	Approved	Disapproved
Nebraska			
Nevada	X	X	
New Hampshire	X	X	
New Jersey			
New Mexico	X	X	
New York	X	X	
North Carolina			
North Dakota			
Ohio	X	X	
Oklahoma	X	X	
Oregon	X	X	
Pennsylvania			
Rhode Island			
South Carolina	X	X	
South Dakota			
Tennessee	X	X	
Texas	X	X	
Utah	X	X	
Vermont	X	X	
Virginia	X	X	
Washington	X	X	
West Virginia			
Wisconsin	X	X	
Wyoming	X	X	
Washington, DC			
Other Territories			



## AUTO ENHANCED COVERAGE ENDORSEMENT — ULTRA

It is agreed that the policy is amended as follows:

### DEFINITIONS

Under the definition section of “**Your Auto**”, the following revisions apply:

5. C. is replaced by the following:

A private passenger auto, trailer, pick-up truck, van or similar vehicle, to which you take title or lease as a permanent replacement for a described auto or as an additional auto. We provide coverage for an additional auto only if you ask us to insure it within forty five days after you take title or the effective date of the lease. For any coverage provided in this policy except for Comprehensive and Collision and Limited Collision, an additional auto will have the broadest coverage we now provide for any auto shown in the Coverage Selection page.

In order for Collision or Limited Collision Coverage to apply you must ask us to insure it within 7 days after you take title or the effective date of the lease.

In order for Comprehensive Coverage to apply you must ask us to insure it within 7 days after you take title or the effective date of the lease.

If a replacement or additional auto is a pick-up truck, van or similar vehicle, it must not be used for delivery or transportation of goods or materials unless such use is incidental to your business of installing, maintaining or repairing furnishings or equipment.

Under Parts 1, 2, 3, 4, 5 and 6, the term **your auto** also includes any **trailer** not described on the Coverage Selections Page as covered under those Parts.

### COMPULSORY INSURANCE

#### PART 4. DAMAGE TO SOMEONE ELSE’S PROPERTY

Part 4. Item 6. is amended and replaced by the following:

We will not pay for property damage which occurs:

To an auto owned by you or the legally responsible person. Similarly, we will not pay for damage to an auto except for a private residence or garage, which you or the legally responsible person rents or has in his or her care.

#### PART 6. MEDICAL PAYMENTS

Under **Part 6. Medical Payments**, the following paragraphs are added:

**A.** If you or a **household member** die within three years of the accident because of injury sustained in the accident, we will pay:

1. The unused part of the Medical Payments Coverage Limit of Liability; and

2. \$2,000 for each such death in addition to the Medical Payments Coverage Limit of Liability;

to the surviving kin or legal representative.

**B.** In the event of a covered accident, we will double the Medical Payments Coverage Limit of Liability as shown on the Coverage Selections Page subject to the following:

1. All occupants of **your auto** were wearing full safety belts at the time of the accident; and

2. Any payment we make under this paragraph (**B.**) is subject to a maximum limit of liability increase of \$10,000.

#### PART 7. COLLISION, 8. LIMITED COLLISION and 9. COMPREHENSIVE

##### NEW CAR REPLACEMENT COVERAGE

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

##### A. Definitions

For the purpose of this coverage the following definitions are added:

1. “**New**” means not previously titled under the motor vehicle laws of any state.

“**New**” does not apply to a substitute or non-owned vehicle.

“**New**” does not apply to a leased vehicle.

“**New**” does not apply to a **motor home** or **trailer**.

2. “**Total loss**” means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

##### B. New Car Replacement features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is **new**; and

2. The **total loss** occurred within 12 months of the vehicle’s purchase date; and

3. The **total loss** occurred within the vehicle's first 15,000 miles as shown on the odometer.

We will pay, less the deductible, the cost in cash we can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, we will pay, less the deductible, the cost in cash we can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same year, make, model, and equipment as the damaged vehicle.
2. **We** will pay for "customized equipment" only as described in the policy or policy endorsements.

### MECHANICAL PARTS REPLACEMENT COST COVERAGE

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if **your auto** is a **motor home**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto**, we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

### OTHER PHYSICAL DAMAGE ENHANCEMENTS

**In the event of a covered loss under Parts 7, 8 and or 9, these deductible waivers apply:**

If there is a covered loss under Collision or Limited Collision Coverage to **your auto** or any non-owned auto for which we have determined that you are not at fault, we will not apply any otherwise applicable Deductible if the driver of the other vehicle is identified.

If there is a covered loss under Comprehensive Coverage to **your auto** or any non-owned auto, we will not apply any otherwise applicable Deductible if we declare a total loss.

We will pay under Comprehensive Coverage for the cost of repairing or replacing damaged safety glass on **your auto** without a deductible. We will

pay only if the Coverage Selections Page indicates that Comprehensive Coverage applies to that auto.

If there is a covered loss to a permanently installed telephone or a mobile telephone, we will not apply the otherwise applicable Comprehensive, Collision or Limited Collision Deductible.

The following enhancements also apply:

We will reimburse, without application of a deductible, up to \$100 for any one occurrence for emergency travel expenses to get you or any **family member** home or to a destination made necessary due to a covered loss to **your auto** or any **non-owned auto**.

We will pay, without application of a deductible, up to a maximum limit of \$600 for reasonable:

1. Transportation expenses incurred by you in the event of a mechanical or electrical breakdown of **your auto**.
2. Expenses incurred by you for lodging and meals in the event of:
  - a. Direct and accidental loss to **your auto** caused by collision or comprehensive loss; or
  - b. Mechanical or electrical breakdown of **your auto**

This Coverage applies only if:

1. The loss to, or mechanical or electrical breakdown of, **your auto** occurs more than 100 miles from home;
2. **Your auto** is withdrawn from use for at least 24 hours; and
3. Collision coverage and comprehensive coverage applies to **your auto**.

Our payment for Trip Interruption Coverage will be limited to that period of time reasonably required to:

- a. Resume travel under a prearranged itinerary; or
- b. Return home.

No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Parts 7, 8 and 9 of the policy.

Any insurance we provide with respect to Trip Interruption Coverage shall be excess over any other collectible source of recovery including but not limited to:

1. Any coverage provided by:
  - a. Vehicle warranties;
  - b. Automobile clubs; or
  - c. Mechanical breakdown or similar plans; or

2. Any other source of recovery applicable to the loss.

We will pay, without application of a deductible, up to \$600 for any one occurrence for loss to **personal clothing** and **baggage** as a direct result of a covered loss to **your auto** or any **non-owned auto**. However, for this coverage to apply to a theft loss, the loss must be a result of:

1. The total theft of; or
2. Forcible entry into

**Your auto** or the **non-owned auto**. If theft loss results from forcible entry, there must be evidence of such entry.

For purposes of this endorsement, **personal clothing** means wearing apparel that belongs to you or a **household member**. **Baggage** means bags, suitcases, trunks or valises of a traveler while being used to transport **personal clothing**. However, **personal clothing** and **baggage** do not include:

1. Items specifically insured, in whole or in part, by this or any other policy;
2. Furs or items trimmed with fur;
3. Jewelry or watches; or
4. Business property, including, but not limited to, samples or merchandise held for sale, consignment, exhibition or auction.

In the event that we declare a covered total loss to **your auto**, we will pay any unpaid amount due on the lease or loan for **your auto** less:

1. The amount paid under Part 7, 8 and 9 under the policy; and
2. Any:
  - a. overdue lease/loan payments at the time of the loss;
  - b. financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - c. security deposits not refunded by a lessor;
  - d. costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease; and
  - e. carry-over balances from previous loans or leases.

We will reimburse, without application of a deductible, up to \$100 for any one occurrence to cover your actual expenses incurred when a locksmith must be called to:

1. Open **your auto** because the keys are locked inside the auto; or

2. Make a key for **your auto** because the key has been lost or stolen.

Coverage for the accidental loss to tapes, records, discs or other media used with electronic equipment is added if the property is:

1. **Your's** or a **household member's**; and
2. In or upon **your auto** or any **non-owned auto**

at the time of the loss.

#### DEFINED LIMITS FOR OTHER PHYSICAL DAMAGE ENHANCEMENTS

Unless otherwise stated, our limit of liability for loss will be the lesser of the:

1. Actual cash value of the stolen or damaged property; or
2. Amount necessary to repair or replace the property with other property of like kind and quality.

However, the most we will pay for loss to:

1. Any "non-owned auto" which is a trailer is \$5,000;
2. Tapes, records, discs or other media, without application of a deductible, is \$1,000; or

#### PART 10. SUBSTITUTE TRANSPORTATION COVERAGE

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.

At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by us; then

We will pay for the rental car until completion of the repairs of the damage to **your auto**. If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

## **GENERAL PROVISIONS AND EXCLUSIONS**

### **ADDITIONAL COSTS WE WILL PAY**

Item **3.C.** is replaced as follows:

3. Up to \$300 a day for loss of earnings, but not for loss of other income to any person covered under this policy who attends hearings or trials at our request.

## DIMINISHING COLLISION OR LIMITED COLLISION DEDUCTIBLE MASSACHUSETTS

### COLLISION (PART 7) or LIMITED COLLISION (PART 8)

The following provision is added:

#### **DIMINISHING COLLISION OR LIMITED COLLISION DEDUCTIBLE:**

The Collision or Limited Collision deductible(s) shown on the Coverage Selections Page is/are reduced by \$100 each policy term, provided that:

1. At the inception of this policy term, this policy has been free of **losses** for at least the immediate preceding renewal term.
2. At the inception of this policy term, all autos eligible for the Diminishing Collision or Limited Collision Deductible must have continuously maintained Collision or Limited Collision coverage, with a minimum \$100 deductible.

After the initial policy term in which the conditions in **(1.)** and **(2.)**, above have been met, the Collision or Limited Collision Deductible(s) shown on the Coverage Selections Page will be reduced by an additional \$100 for each full policy term during which there have been no auto **losses**, for a total maximum Collision or Limited Collision Deductible reduction per vehicle of \$500.

**“Loss”** as used in this endorsement means any collision claim, regardless of fault, filed under Collision or Limited Collision Coverage provided by this policy that results in payment, regardless of the amount paid, to which the Collision or Limited Collision Deductible or Diminished Collision or Limited Collision Deductible is/are applicable.

If your policy has earned a reduced Collision or Limited Collision Deductible, the Coverage Selections Page will reflect an aggregate Diminished Collision or Limited Collision Deductible, per eligible vehicle. The Diminished Collision or Limited Collision Deductible will be applicable to all “losses” during the policy term to which the Collision or Limited Collision Deductible would otherwise apply.

Once a **loss** has occurred, a new qualification period begins, and the Collision or Limited Collision Deductible amount shown on the Coverage Selections Page (per vehicle) will be restored in full, effective the inception of the policy term immediately following the term in which the **loss** occurred.

All other provisions of this policy apply.

SAFECO INSURANCE COMPANY OF AMERICA  
 MANUAL OF AUTOMOBILE INSURANCE - PERSONAL  
 MASSACHUSETTS  
 LIMITS & DEDUCTIBLES

**BODILY INJURY & DOC  
 BODILY INJURY**

LIMIT	FACTOR
20/40	1.000

**OPTIONAL BODILY INJURY  
 AND DOC OPTIONAL  
 BODILY INJURY INJURY**

20/40	1.000
25/50	1.050
35/80	1.160
50/100	1.200
100/300	1.400
250/500	1.800
500/500	2.650

**UNINSURED MOTORIST  
 BODILY INJURY**

LIMIT	FACTOR
20/40	0.880
25/50	1.000
35/80	1.120
50/100	1.180
100/300	1.410
250/500	1.650
500/500	2.470

**PROPERTY DAMAGE & DOC  
 PROPERTY DAMAGE**

LIMIT	FACTOR
5000	1.00
10000	1.204
25000	1.242
35000	1.254
50000	1.265
100000	1.280
250000	1.309
500000	1.329

**UNDERINSURED MOTORIST**

LIMIT	FACTOR
20/40	1.000
25/50	2.000
35/80	5.000
50/100	7.670
100/300	16.330
250/500	45.330
500/500	112.000

**PERSONAL INJURY PROTECTION**

DEDUCTIBLE	FACTOR
0 Named Insd and Household	1.000
0 Insured	1.000
100 Named Insd and Household	0.980
100 Insured	0.980
250 Named Insd and Household	0.950
250 Insured	0.960
500 Named Insd and Household	0.900
500 Insured	0.920
1000 Named Insd and Household	0.810
1000 Insured	0.860
2000 Named Insd and Household	0.650
2000 Insured	0.740
4000 Named Insd and Household	0.520
4000 Insured	0.630
8000 Named Insd and Household	0.410
8000 Insured	0.550

**MEDICAL PAYMENTS & DOC MEDICAL**

LIMIT	FACTOR
5000	1.000
10000	1.360
25000	2.050
35000	2.120
50000	2.410
100000	2.860

**COLLISION**

DEDUCTIBLE	FACTOR
300*	1.05
500	1.000
750	0.820
1000	0.630
1500	0.560
2000	0.480
5000	0.350

**LIMITED COLLISION**

DEDUCTIBLE	FACTOR
300*	1.08
500	1.000
750	0.770
1000	0.540
1500	0.430
2000	0.320
5000	0.150

**COLLISION WITH WAIVER OF  
 DEDUCTIBLE**

DEDUCTIBLE	FACTOR
300*	1.08
500	1.040
750	0.856
1000	0.674
1500	0.611
2000	0.547
5000	0.420

**COMPREHENSIVE**

DEDUCTIBLE	FACTOR
300 Full Glass*	1.1
300 Ded 100 Glass*	0.93
500 Fire	0.100
500 Fire and Theft	0.700
500 Fire, Theft and Combined	0.850
500 Full Glass	1.000
500 100 Glass Ded	0.840
500 250 Glass Ded	0.798
500 500 Glass Ded	0.758
750 Full Glass	0.880
750 100 Glass Ded	0.739
750 250 Glass Ded	0.702
750 500 Glass Ded	0.667
1000 Full Glass	0.750
1000 100 Glass Ded	0.630
1000 250 Glass Ded	0.599
1000 500 Glass Ded	0.569
1500 Full Glass	0.710
1500 100 Glass Ded	0.596
1500 250 Glass Ded	0.567
1500 500 Glass Ded	0.538
2000 Full Glass	0.670
2000 100 Glass Ded	0.560
2000 250 Glass Ded	0.532
2000 500 Glass Ded	0.505
2500 Full Glass	0.637
2500 100 Glass Ded	0.535
2500 250 Glass Ded	0.508
2500 500 Glass Ded	0.483

**Auto Enhancement Endorsement Ultra\***

BI	0.0010
MED	0.2630
COMP	0.3340
COLL	0.0620
Limited COLL	0.0620

Total Premium is Sum of above factors

\* Grandfathered coverage for converting Peerless Insurance business only.



**SAFECO INSURANCE COMPANY OF AMERICA**  
**MANUAL OF AUTOMOBILE INSURANCE -- PERSONAL**  
**MASSACHUSETTS RATE ORDER CALCULATION**  
**PRIVATE PASSENGER VEHICLES**

	Rounding per coverage	BI	OBI	PD	PIP	MED	UMBI	UIMBI	COMP	COLL	Limited COLL	ACE	Loss of Use	Roadside Assistance	EAP
Years Experience	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Driving Record (Points)	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Good Student Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Distant Student Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Accident Prevention Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Driving Training Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Class 15 Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Driver Factor		=	=	=	=	=	=	=	=	=	=		=		
Average Driver Factor															
Base Rate	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x
Territory	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Tier	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Limit/ Deductible	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x		
Symbol	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Value Class **	Round (X,3)														
Model Year	Round (X,3)	x	x	x	x	x	x	x	x	x	x				
Usage	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Vehicle-Driver Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Child-Youth Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Driver-Child Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Full Coverage Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Full Pay Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Advance Quote Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Account Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Accident Free Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Violation Free Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Excluded Surcharge	Round (X,3)	x	x	x	x	x	x	x	x	x	x				
Age of Vehicle	Round (X,3)												x	x	
Anti-Theft Discount	Round (X,3)								x						
Low Mileage Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Expense Fee	Round (X,3)	+	+	+	+	+			+	+	+				
Policy Term	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Group Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Final Coverage Premium	Round (X,0)	=	=	=	=	=	=	=	=	=	=	=	=	=	=
Auto Loan/Lease *****	Round (X,0)	+													
OEM *****	Round (X,0)	+													
Optimum Package Plus *****	Round (X,0)	+													
New Vehicle Replacement *****	Round (X,0)	+													
Auto Enhancement Endorsement Ultra*****	Round (X,0)	+													
Drive Other Cars *****	Round (X,0)	+													
Financial Responsibility (SR-22)	Round (X,0)	+													
Final Policy Premium		=													

\*\* Only used if no Safeco or ISO symbol can be determined

\*\*\*\*\*Loan/Lease is calculated as (Comp Cov Prem + Coll Cov Prem) \* Loan/Lease Factor

\*\*\*\*\* OEM Endorsement is calculated as (Comp Cov Prem + Coll Cov Prem) \* OEM Factor

\*\*\*\*\* Optimum Package Plus is calculated as (BI cov Prem + OBI cov Prem) \*OPP BI Factor + (PD cov Prem) \* OPP PD Factor + (MED cov Prem) \* OPP MED Factor + (Comp cov Prem) \* OPP Comp Factor + (Coll cov Prem) \* OPP Coll Factor

\*\*\*\*\* New Vehicle Replacement is calculated as (Coll Cov Prem) \* New Vehicle Replacement Factor

\*\*\*\*\* DOC is calculated as ((DOC BI Base + DOC OBI Base)\*DOC BI Tier \* DOC OBI Limit \* DOC BI Policy Term)+(DOC PD Base\*DOC PD Tier \* DOC PD Limit \* DOC PD Policy Term)+(DOC MED Base\*DOC PD Tier \* DOC MED Limit \* DOC MED Policy Term)

\*\*\*\*\* Grandfathered coverage for converting Peerless Insurance business only. (BI Premium \* BI Factor) + (MED Premium \* MED Factor) + (COMP Premium \* COMP Factor) + (COLL Premium \* COLL Factor) + (Limited COLL Premium \* Limited COLL Factor)

## AUTO ENHANCED COVERAGE ENDORSEMENT

It is agreed that the policy is amended as follows:

### COMPULSORY INSURANCE

#### PART 7. COLLISION, 8. LIMITED COLLISION and 9. COMPREHENSIVE

#### NEW CAR REPLACEMENT COVERAGE

This coverage applies only if the Coverage Selections Page indicates that Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) coverage applies to **your auto**. If **your auto** is stolen, this coverage applies only if Comprehensive (Part 9) coverage applies to **your auto**.

#### A. Definitions

For the purpose of this coverage the following definitions are added:

1. **"New"** means not previously titled under the motor vehicle laws of any state.

**"New"** does not apply to a substitute or non-owned vehicle.

**"New"** does not apply to a leased vehicle.

**"New"** does not apply to a **motor home** or **trailer**.

2. **"Total loss"** means a loss in which the cost to repair the vehicle to its pre-loss condition plus salvage value equals or exceeds the Actual Cash Value.

#### B. New Car Replacement features

The New Car Replacement Coverage applies if a covered **total loss** occurs to **your auto** and:

1. **Your auto** is **new**; and
2. The **total loss** occurred within 12 months of the vehicle's purchase date; and
3. The **total loss** occurred within the vehicle's first 15,000 miles as shown on the odometer.

**We** will pay, less the deductible, the cost in cash **we** can negotiate for a **new** vehicle. The **new** vehicle will be of the same year, make, model, and optional equipment as **your auto** that is a **total loss**. If such vehicle is unavailable, **we** will pay, less the deductible, the cost in cash **we** can negotiate for an available vehicle. Such available vehicle will be similar in class and body type to the year, make, model, and optional equipment as **your auto** that is a **total loss** or is stolen.

#### C. Conditions

1. **Our** liability for any loss will not exceed the MSRP of the vehicle of the same

year, make, model, and equipment as the damaged vehicle.

2. **We** will pay for "customized equipment" only as described in the policy or policy endorsements.

#### MECHANICAL PARTS REPLACEMENT COST COVERAGE

The provisions and exclusions applicable to Collision (Part 7) or Limited Collision (Part 8) and/or Comprehensive (Part 9) are modified by this endorsement as follows:

This coverage applies when Collision (Part 7), Limited Collision (Part 8) or Comprehensive (Part 9) coverage applies to **your auto** and there is a covered loss to **your auto**. This coverage does not apply if your auto is a **motor home**.

In the event that **your auto** has a covered loss and there is damage to mechanical non-body related parts of **your auto**, we will not apply depreciation to replace those damaged mechanical non-body related parts.

All other provisions of Collision (Part 7) or Limited Collision (Part 8) and Comprehensive (Part 9) apply.

#### PART 10. SUBSTITUTE TRANSPORTATION COVERAGE

The provisions and exclusions applicable to Substitute Transportation (Part 10) are amended as follows:

Enhanced Substitute Transportation Coverage applies only if:

1. A covered loss occurs to **your auto**; and
2. **Your auto** is withdrawn from use for more than 24 hours. In the event of a theft, the vehicle must have been reported missing for at least 48 hours.
3. Substitute Transportation Coverage applies to **your auto**.
4. **Your auto** is not a **motor home**.

At your option, if you choose to:

1. Allow us to make the rental car arrangements with a rental car provider of our choice; and
2. Repair all the damage to **your auto** at a repair shop approved by **us**; then

**We** will pay for the rental car until completion of the repairs of the damage to **your auto**. If you require a vehicle which exceeds the daily limit you purchased, and we arrange for a rental with a rental car provider of our choice, you will only have to pay the difference between the expense of the vehicle you choose and the daily limit you purchased.

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	Rounding per coverage	BI	OBI	PD	PIP	MED	UMBI	UIMBI	COMP	COLL	Limited COLL	ACE	Loss of Use	Roadside Assistance	EAP
Years Experience	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Driving Record (Points)	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Good Student Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Distant Student Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Accident Prevention Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Driving Training Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Class 15 Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Driver Factor		=	=	=	=	=	=	=	=	=	=		=		
Average Driver Factor															
Base Rate	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x
Territory	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Tier	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Limit/ Deductible	Round (X,3)	x	x	x	x	x	x	x	x	x	x	x	x		
Symbol	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Value Class **	Round (X,3)														
Model Year	Round (X,3)	x	x	x	x	x	x	x	x	x	x				
Usage	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Vehicle-Driver Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Child-Youth Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Driver-Child Relationship	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Full Coverage Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Full Pay Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Advance Quote Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Account Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Accident Free Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Violation Free Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x		
Excluded Surcharge	Round (X,3)	x	x	x	x	x	x	x	x	x	x				
Age of Vehicle	Round (X,3)												x	x	
Anti-Theft Discount	Round (X,3)								x						
Low Mileage Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x
Expense Fee	Round (X,3)	+	+	+	+	+			+	+	+				
Policy Term	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x
Group Discount	Round (X,3)	x	x	x	x	x	x	x	x	x	x		x	x	x
Final Coverage Premium	Round (X,0)	=	=	=	=	=	=	=	=	=	=		=	=	=
Auto Loan/Lease *****	Round (X,0)	+													
OEM *****	Round (X,0)	+													
Optimum Package Plus *****	Round (X,0)	+													
New Vehicle Replacement *****	Round (X,0)	+													
Auto Enhancement Endorsement Ultra*****	Round (X,0)	+													
Drive Other Cars *****	Round (X,0)	+													
Financial Responsibility (SR-22)	Round (X,0)	+													
Final Policy Premium		=													

\*\* Only used if no Safeco or ISO symbol can be determined

\*\*\*\*\* Loan/Lease is calculated as (Comp Cov Prem + Coll Cov Prem) \* Loan/Lease Factor

\*\*\*\*\* OEM Endorsement is calculated as (Comp Cov Prem + Coll Cov Prem) \* OEM Factor

\*\*\*\*\* Optimum Package Plus is calculated as (BI cov Prem + OBI cov Prem) \* OPP BI Factor + (PD cov Prem) \* OPP PD Factor + (MED cov Prem) \* OPP MED Factor + (Comp cov Prem) \* OPP Comp Factor + (Coll cov Prem) \* OPP Coll Factor

\*\*\*\*\* New Vehicle Replacement is calculated as (Coll Cov Prem) \* New Vehicle Replacement Factor

\*\*\*\*\* DOC is calculated as ((DOC BI Base + DOC OBI Base) \* DOC BI Tier \* DOC OBI Limit \* DOC BI Policy Term) + (DOC PD Base \* DOC PD Tier \* DOC PD Limit \* DOC PD Policy Term) + (DOC MED Base \* DOC MED Tier \* DOC MED Limit \* DOC MED Policy Term)

\*\*\*\*\* Grandfathered coverage for converting Peerless Insurance business only. (BI Premium \* BI Factor) + (MED Premium \* MED Factor) + (COMP Premium \* COMP Factor) + (COLL Premium \* COLL Factor) + (Limited COLL Premium \* Limited COLL Factor)

SAFECO INSURANCE COMPANY OF AMERICA  
 MANUAL OF AUTOMOBILE INSURANCE - PERSONAL  
 MASSACHUSETTS  
 LIMITS & DEDUCTIBLES

**BODILY INJURY & DOC  
 BODILY INJURY**

LIMIT	FACTOR
20/40	1.000

**OPTIONAL BODILY INJURY  
 AND DOC OPTIONAL  
 BODILY INJURY INJURY**

20/40	1.000
25/50	1.050
35/80	1.160
50/100	1.200
100/300	1.400
250/500	1.800
500/500	2.650

**UNINSURED MOTORIST  
 BODILY INJURY**

LIMIT	FACTOR
20/40	0.880
25/50	1.000
35/80	1.120
50/100	1.180
100/300	1.410
250/500	1.650
500/500	2.470

**PROPERTY DAMAGE & DOC  
 PROPERTY DAMAGE**

LIMIT	FACTOR
5000	1.00
10000	1.204
25000	1.242
35000	1.254
50000	1.265
100000	1.280
250000	1.309
500000	1.329

**UNDERINSURED MOTORIST**

LIMIT	FACTOR
20/40	1.000
25/50	2.000
35/80	5.000
50/100	7.670
100/300	16.330
250/500	45.330
500/500	112.000

**PERSONAL INJURY PROTECTION**

DEDUCTIBLE	FACTOR
0 Named Insd and Household	1.000
0 Insured	1.000
100 Named Insd and Household	0.980
100 Insured	0.980
250 Named Insd and Household	0.950
250 Insured	0.960
500 Named Insd and Household	0.900
500 Insured	0.920
1000 Named Insd and Household	0.810
1000 Insured	0.860
2000 Named Insd and Household	0.650
2000 Insured	0.740
4000 Named Insd and Household	0.520
4000 Insured	0.630
8000 Named Insd and Household	0.410
8000 Insured	0.550

**MEDICAL PAYMENTS & DOC MEDICAL**

LIMIT	FACTOR
5000	1.000
10000	1.360
25000	2.050
35000	2.120
50000	2.410
100000	2.860

**COLLISION**

DEDUCTIBLE	FACTOR
300*	1.05
500	1.000
750	0.820
1000	0.630
1500	0.560
2000	0.480
5000	0.350

**LIMITED COLLISION**

DEDUCTIBLE	FACTOR
300*	1.08
500	1.000
750	0.770
1000	0.540
1500	0.430
2000	0.320
5000	0.150

**COLLISION WITH WAIVER OF  
 DEDUCTIBLE**

DEDUCTIBLE	FACTOR
300*	1.08
500	1.040
750	0.856
1000	0.674
1500	0.611
2000	0.547
5000	0.420

**COMPREHENSIVE**

DEDUCTIBLE	FACTOR
300 Full Glass*	1.1
300 Ded 100 Glass*	0.93
500 Fire	0.100
500 Fire and Theft	0.700
500 Fire, Theft and Combined	0.850
500 Full Glass	1.000
500 100 Glass Ded	0.840
500 250 Glass Ded	0.798
500 500 Glass Ded	0.758
750 Full Glass	0.880
750 100 Glass Ded	0.739
750 250 Glass Ded	0.702
750 500 Glass Ded	0.667
1000 Full Glass	0.750
1000 100 Glass Ded	0.630
1000 250 Glass Ded	0.599
1000 500 Glass Ded	0.569
1500 Full Glass	0.710
1500 100 Glass Ded	0.596
1500 250 Glass Ded	0.567
1500 500 Glass Ded	0.538
2000 Full Glass	0.670
2000 100 Glass Ded	0.560
2000 250 Glass Ded	0.532
2000 500 Glass Ded	0.505
2500 Full Glass	0.637
2500 100 Glass Ded	0.535
2500 250 Glass Ded	0.508
2500 500 Glass Ded	0.483

**Auto Enhancement Endorsement Ultra\***

BI	0.0010
MED	0.2630
COMP	0.3340
COLL	0.0620
Limited COLL	0.0620
Total Premium is Sum of above factors	

\* Grandfathered coverage for converting Peerless Insurance business only.