

Recreational Vehicle Program

Safeco Insurance Company of America

Trailer

Massachusetts

NB

N/A

RB

7/16/2014

	Part 9 COMP	Part 7 COLL	Part 8 Limited COLL	Part 10 Roadside Assistance	Emergency Assistance Package	ACE	Part 11 Loss of Use
Base Rate	1						
Limit/Deductible Factor	2	*	*				
Value Class Factor	3	*	*				
Vehicle Age Factor	4	*	*				
Underwriting Tier Factor	5	*	*	*	*	*	*
65+ Discount (Class 15)	6	*					
Accident Prevention	7		*				
Anti-Theft Discount	8	*					
Policy Term	9	*	*	*	*	*	*
Rate by Coverage*	10	=	=	=	=	=	=
Safeco Optimum Package Plus TM **	11	+					
Loan/Lease***	12	+					
Auto Enhancement Endorsement****	12	+					
Auto Enhancement Endorsement Ultra*****	13	+					
Total Premium*	14	=					

*Round final coverage calculation to the nearest dollar

**Safeco Optimum Package Plus = sum of (applicable coverage x applicable OPP factor)

***Loan/Lease = (COMP & COLL) x Loan/Lease %

****Auto Enhancements Endorsement = sum of (applicable coverage x applicable ECE factor)

*****Auto Enhancements Endorsement Ultra = sum of (applicable coverage x applicable ULTRA factor)

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NB N/A
RB 7/16/2014

MISCELLANEOUS COVERAGES

Roadside Assistance (RA)

Basic	\$	12.00
No Cov	\$	-

Emergency Assistance Package (EAP)

EAP	\$	5.00
No Cov	\$	-

Loan/Lease (LOAN)

COMP		0.030
COLL		0.030

Optimum Package Plus (OPP)

COMP		0.147
COLL		0.119

Auto Enhancement Endorsement (ECE)*

LOU		0.136
COMP		0.002
COLL		0.051
LMTD COLL		0.051

*Grandfathered coverage for converting Peerless Insurance business only

Auto Enhancement Endorsement Ultra (ULTRA)*

LOU		0.136
COMP		0.335
COLL		0.112
LMTD COLL		0.112

*Grandfathered coverage for converting Peerless Insurance business only

Loss of Use (LOU)

25/750	\$	21.03
35/1050	\$	29.44
50/1500	\$	42.27
75/2250	\$	63.30
No Cov	\$	-

Audio, Visual & Custom Equipment (ACE)

0	\$	-
500	\$	15.00
1,000	\$	30.00
1,500	\$	45.00
2,000	\$	60.00
2,500	\$	75.00
3,000	\$	90.00
3,500	\$	105.00
4,000	\$	120.00
4,500	\$	135.00
5,000	\$	150.00

Policy Term

Semi-annual		1.000
Annual		2.000

Minimum Physical Damage Premium

Semi-annual	\$	30.00
Annual	\$	60.00

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Motor Home

Massachusetts

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N/A

7/16/2014

RATE ORDER CALCULATION - SAFECO

	Part 1 Compulsory BI	Part 5 Optional BI	Part 4 PD	Part 3 UMBI	Part 12 UIMBI	Part 6 MED	Part 2 PIP	Part 9 COMP	Part 7 COLL	Part 8 Limited COLL	Part 10 Roadside Assistance	Emergency Assistance Package	ACE	Part 11 Loss of Use	DOC - BI/OBI	DOC - PD	DOC - MED	
Base Rate	1																	
Limit/Deductible Factor	2	*	*	*	*	*	*	*	*	*					*	*	*	
Value Class Factor	3							*	*	*								
Vehicle Age Factor	4							*	*	*								
Underwriting Tier Factor	5	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
65+ Discount (Class 15)	6	*	*	*	*	*	*	*	*	*								
Accident Prevention	7	*	*			*	*		*	*								
Anti-Theft Discount	8							*										
Passive/Safety Restraint Discount	9				*	*	*	*										
Policy Term	10	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Rate by Coverage*	11	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=	=
Safeco Optimum Package Plus TM **	12	+																
Loan/Lease***	13	+																
Auto Enhancement Endorsement****	14	+																
Auto Enhancement Endorsement Ultra*****	15	+																
Total Premium*	16	=																

*Round final coverage calculation to the nearest dollar

**Safeco Optimum Package Plus = sum of (applicable coverage x applicable OPP factor)

***Loan/Lease = (COMP & COLL) x Loan/Lease %

****Auto Enhancements Endorsement = sum of (applicable coverage x applicable ECE factor)

*****Auto Enhancements Endorsement Ultra = sum of (applicable coverage x applicable ULTRA factor)

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NB N/A
RB 7/16/2014**MISCELLANEOUS COVERAGES****Roadside Assistance (RA)**Basic \$ 12.00
No Cov \$ -**Emergency Assistance Package (EAP)**EAP \$ 5.00
No Cov \$ -**Loan/Lease (LOAN)**COMP 0.030
COLL 0.030**Loss of Use (LOU)**\$25/750 \$ 21.03
\$35/1050 \$ 29.44
\$50/1500 \$ 42.27
\$75/2250 \$ 63.30
No Cov \$ -**Optimum Package Plus (OPP)**BI - COMP 0.480
BI - OPT 0.480
PD 0.011
MED 0.052
COMP 0.147
COLL 0.119**Auto Enhancement Endorsement (ECE)***LOU 0.136
COMP 0.002
COLL 0.051
LMTD COLL 0.051

*Grandfathered coverage for converting Peerless Insurance business only

Auto Enhancement Endorsement Ultra (ULTRA)*BI - COMP 0.001
BI - OPT 0.001
MED 0.263
LOU 0.136
COMP 0.335
COLL 0.112
LMTD COLL 0.112

*Grandfathered coverage for converting Peerless Insurance business only

Audio, Visual & Custom Equipment (ACE)0 \$ -
500 \$ 15.00
1,000 \$ 30.00
1,500 \$ 45.00
2,000 \$ 60.00
2,500 \$ 75.00
3,000 \$ 90.00
3,500 \$ 105.00
4,000 \$ 120.00
4,500 \$ 135.00
5,000 \$ 150.00**Policy Term**Semi-annual 1.000
Annual 2.000**Minimum Physical Damage Premium**Semi-annual \$ 50.00
Annual \$ 100.00

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NB N/A
RB 7/16/2014**MISCELLANEOUS COVERAGES****DOC - BI* (Base Rates)**

No Underlying Insurance - Named Insured or Relative	\$	14.82
Underlying Insurance - Named Insured	\$	2.28
Underlying Insurance - Relative	\$	4.56
None	\$	-

*OBI limit factors and market factors apply unless OBI is not selected. Then BI limit factor and market factor apply.

DOC - OBI* (Base Rates)

No Underlying Insurance - Named Insured or Relative	\$	6.53
Underlying Insurance - Named Insured	\$	1.01
Underlying Insurance - Relative	\$	2.01
None	\$	-

*BI limit factors and market factors apply

DOC - Property Damage* (Base Rates)

No Underlying Insurance - Named Insured or Relative	\$	3.32
Underlying Insurance - Named Insured	\$	1.11
Underlying Insurance - Relative	\$	1.11
None	\$	-

*PD limit factors and market factors apply

DOC - Medical* (Base Rates)

No Underlying Insurance - Named Insured or Relative	\$	3.50
Underlying Insurance - Named Insured	\$	3.50
Underlying Insurance - Relative	\$	3.50
None	\$	-

*MED limit factors and market factors apply

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65+ Discount (Class 15)	6	*					
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Rate by Coverage*	10	=	=	=	=	=	=
Safeco Optimum Package Plus TM **	11	+					
Loan/Lease***	12	+					
Auto Enhancement Endorsement****	12	+					
Auto Enhancement Endorsement Ultra*****	13	+					
Total Premium*	14	=					

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*****Auto Enhancements Endorsement Ultra = sum of (applicable coverage x applicable ULTRA factor)

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3,500	\$	105.00
4,000	\$	120.00
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Semi-annual		1.000
Annual		2.000

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Underlying Insurance - Named Insured	\$	1.11
Underlying Insurance - Relative	\$	1.11
None	\$	-

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