

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 1 (\$20,000/\$40,000 Mandatory BIL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	128	228	132	447	213	403	192	121
2	138	247	146	486	240	438	216	130
3	146	262	160	527	258	475	232	138
4	159	287	164	586	299	527	269	147
5	162	290	186	615	319	553	287	155
6	175	321	184	659	364	593	328	165
7	181	330	229	701	419	631	377	167
8	190	341	211	736	399	663	358	178
9	218	367	277	763	416	687	375	217
10	220	432	268	812	478	730	431	217
11	228	467	263	819	495	737	446	258
12	237	448	287	799	521	719	469	236
13	270	482	308	822	590	740	531	252
14	300	548	348	808	613	727	552	282
15	357	611	366	806	662	726	596	335
16	317	574	477	789	637	710	573	296
17	230	470	255	801	415	721	374	245
18	248	614	336	822	586	740	527	254
19	301	601	342	785	525	706	473	302
20	279	613	364	814	613	733	552	309
21	342	617	493	791	643	711	579	456
22	336	617	485	793	636	714	572	415
23	241	528	344	801	534	721	480	236
24	244	470	283	805	464	725	417	239
25	257	535	299	807	535	726	481	270
26	296	625	431	787	645	709	580	305
27	110	209	112	402	180	362	163	110
28	110	209	112	402	180	362	163	110
40	282	556	353	814	576	733	518	312
41	288	510	391	819	614	737	552	285
42	355	611	423	811	663	730	596	347
43	339	561	426	808	658	727	592	331
44	308	584	545	801	570	721	513	284
45	352	590	408	810	652	729	587	365

Note: - The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 2 (\$8,000 PIP)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	39	60	39	122	66	109	60	37
2	41	66	43	132	73	118	66	38
3	46	67	46	141	77	127	70	41
4	48	74	46	156	92	140	82	44
5	49	75	54	164	95	147	85	54
6	53	82	54	176	108	159	98	57
7	55	85	57	186	113	168	102	48
8	58	88	63	196	118	176	107	60
9	66	94	77	202	129	181	116	60
10	69	112	73	211	142	191	128	62
11	71	118	75	211	143	191	129	66
12	72	113	81	208	157	187	141	63
13	87	130	97	236	177	212	159	72
14	97	150	107	232	181	209	163	84
15	104	183	101	232	192	209	172	104
16	97	187	150	224	189	201	170	98
17	69	111	82	207	127	186	114	64
18	76	162	82	237	171	213	153	84
19	83	163	97	225	174	203	157	91
20	84	185	103	231	183	208	164	95
21	103	185	141	226	190	203	171	123
22	101	185	139	225	188	202	169	137
23	70	157	96	230	156	207	140	68
24	73	119	80	232	137	208	124	68
25	73	157	96	232	162	209	145	87
26	88	187	130	225	190	203	171	79
27	34	56	33	108	58	98	52	35
28	34	56	33	108	58	98	52	35
40	82	151	101	231	171	208	154	80
41	92	151	120	233	177	209	160	93
42	103	166	117	233	194	210	174	111
43	101	180	126	233	196	210	177	94
44	92	172	164	230	188	207	170	93
45	104	177	124	233	191	210	172	107

Note: - The above rates are applicable to insureds with zero SDIP points.
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Class-Territory Base Rates Part 4 (\$5,000 PDL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	159	269	198	533	338	479	304	171
2	172	282	207	573	362	515	325	183
3	175	289	216	597	367	538	330	195
4	186	302	219	639	392	575	353	213
5	186	305	218	657	417	591	376	215
6	198	311	232	664	428	598	385	221
7	203	314	245	683	456	615	411	229
8	206	334	251	702	468	632	421	245
9	212	341	279	716	520	645	468	241
10	215	345	281	724	501	652	450	242
11	212	367	288	718	486	646	438	245
12	236	374	308	776	557	698	501	263
13	244	373	273	734	554	661	499	269
14	256	404	296	812	573	730	515	289
15	281	444	307	845	620	760	558	308
16	265	437	341	736	559	663	503	272
17	221	404	260	730	445	657	401	244
18	255	453	324	827	561	745	505	263
19	252	447	304	728	478	655	431	251
20	258	445	313	823	543	741	488	262
21	304	490	365	812	541	730	487	305
22	349	523	404	809	654	728	589	351
23	211	456	305	742	503	667	452	238
24	256	456	304	748	484	673	436	277
25	244	494	301	826	602	744	542	278
26	290	506	415	809	642	728	578	301
27	153	256	177	502	301	451	271	160
28	153	256	177	502	301	451	271	160
40	227	402	274	730	471	657	423	269
41	230	390	285	730	501	657	450	259
42	231	421	310	750	547	675	492	282
43	267	433	315	775	620	697	558	297
44	232	425	300	729	494	656	445	241
45	269	434	304	828	616	746	554	287

Note: - The above rates are applicable to insureds with zero SDIP points.
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Class-Territory Base Rates Part 5 (\$20,000/\$40,000 Optional BIL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	22	42	25	74	35	66	32	21
2	23	44	27	80	39	72	35	22
3	24	47	29	88	43	78	39	23
4	26	53	30	98	49	89	44	25
5	26	53	33	103	53	93	47	27
6	28	59	33	110	61	99	55	28
7	29	59	41	115	70	104	64	28
8	30	62	37	124	66	111	60	30
9	36	66	49	127	70	114	63	35
10	36	73	47	129	78	116	70	34
11	41	80	44	141	81	128	73	47
12	39	79	49	128	84	115	76	43
13	44	88	55	142	97	128	87	42
14	50	104	60	132	100	118	90	46
15	62	113	64	132	108	119	97	59
16	71	98	77	136	104	122	94	67
17	38	86	44	143	69	129	62	42
18	54	115	58	132	96	118	87	52
19	58	108	58	135	85	122	77	58
20	57	112	65	132	98	119	88	67
21	74	112	89	130	106	116	95	89
22	81	112	89	131	105	117	95	80
23	38	99	58	135	87	122	78	38
24	40	78	47	137	74	123	67	40
25	49	100	53	132	87	118	78	50
26	55	108	72	130	105	116	95	61
27	20	37	21	67	30	61	27	20
28	20	37	21	67	30	61	27	20
40	43	100	62	134	95	121	85	50
41	46	94	67	141	106	127	93	46
42	58	112	72	139	113	126	101	59
43	60	101	75	138	106	125	96	58
44	65	99	89	135	92	122	82	68
45	61	112	72	136	107	123	96	64

Note: - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 7 (\$500 Deductible Collision)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	268	579	350	1,123	585	1,011	526	275
2	280	586	354	1,173	578	1,056	520	274
3	283	616	378	1,173	604	1,056	544	275
4	296	638	382	1,234	650	1,110	585	290
5	300	643	393	1,251	676	1,126	609	294
6	319	688	417	1,266	715	1,140	643	310
7	336	704	450	1,315	749	1,184	675	325
8	346	696	470	1,283	747	1,154	673	336
9	345	695	476	1,253	808	1,128	728	336
10	336	759	448	1,280	838	1,153	754	356
11	363	794	490	1,238	821	1,114	739	381
12	405	817	550	1,252	929	1,127	835	408
13	406	741	546	1,291	938	1,161	844	407
14	478	876	595	1,261	980	1,134	881	439
15	571	919	686	1,256	1,025	1,131	921	551
16	505	891	620	1,225	873	1,103	785	448
17	380	836	493	1,243	808	1,119	728	398
18	463	868	623	1,247	949	1,122	853	440
19	479	883	663	1,188	907	1,069	817	501
20	514	941	644	1,245	984	1,119	885	523
21	533	956	749	1,236	1,119	1,113	1,008	625
22	591	948	760	1,224	1,080	1,101	973	775
23	408	889	713	1,259	948	1,134	853	447
24	448	854	627	1,212	876	1,090	788	468
25	471	903	735	1,278	943	1,149	848	481
26	555	958	804	1,225	1,065	1,103	959	598
27	255	552	323	1,068	546	962	492	248
28	255	552	323	1,068	546	962	492	248
40	411	775	556	1,244	850	1,120	765	412
41	384	798	582	1,252	885	1,127	797	392
42	443	854	663	1,273	951	1,145	856	420
43	477	857	642	1,254	1,030	1,129	926	489
44	433	853	604	1,256	873	1,131	785	438
45	494	846	645	1,259	1,025	1,133	923	474

- Note:
- The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.
 - Part 8 Limited Collision \$500 deductible rates are 6% of the collision manual rate for the same model year and symbol.

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Class-Territory Base Rates Part 9 (\$500 Deductible Comprehensive)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	116	116	116	116	116	116	116	116
2	125	125	125	125	125	125	125	125
3	129	129	129	129	129	129	129	129
4	120	120	120	120	120	120	120	120
5	125	125	125	125	125	125	125	125
6	130	130	130	130	130	130	130	130
7	136	136	136	136	136	136	136	136
8	139	139	139	139	139	139	139	139
9	135	135	135	135	135	135	135	135
10	145	145	145	145	145	145	145	145
11	152	152	152	152	152	152	152	152
12	156	156	156	156	156	156	156	156
13	182	182	182	182	182	182	182	182
14	185	185	185	185	185	185	185	185
15	228	228	228	228	228	228	228	228
16	368	368	368	368	368	368	368	368
17	132	132	132	132	132	132	132	132
18	268	268	268	268	268	268	268	268
19	294	294	294	294	294	294	294	294
20	267	267	267	267	267	267	267	267
21	363	363	363	363	363	363	363	363
22	409	409	409	409	409	409	409	409
23	245	245	245	245	245	245	245	245
24	185	185	185	185	185	185	185	185
25	278	278	278	278	278	278	278	278
26	332	332	332	332	332	332	332	332
27	110	110	110	110	110	110	110	110
28	110	110	110	110	110	110	110	110
40	169	169	169	169	169	169	169	169
41	170	170	170	170	170	170	170	170
42	207	207	207	207	207	207	207	207
43	217	217	217	217	217	217	217	217
44	355	355	355	355	355	355	355	355
45	229	229	229	229	229	229	229	229

Note: - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Other Coverage Base Rates - Same for All Class/Territories

Part 6 (Medical Payments)	
Limit	Rate
5,000	21
10,000	27
15,000	36
20,000	38
25,000	42
50,000	48
100,000	57

Part 10 (Substitute Transportation)	
Limit	Rate
\$15/day, \$450 Max	12
\$30/day, \$900 Max	62
\$45/day, \$1,350 Max	144
\$100/day, \$3,000 Max	294

Part 11 (Towing and Labor)	
Limit	Rate
\$50 per disablement	8
\$100 per disablement	16

Part 3 (Uninsured Bodily Injury)	
Limit	Rate
20/40	10
20/50	11
20/60	11
25/50	12
25/60	12
35/80	13
50/100	14
100/100	15
100/200	15
100/300	16
200/400	19
250/500	19
300/500	22
500/500	28
500/1000	29
1000/1000	32

Part 12 (Underinsured Bodily Injury)	
Limit	Rate
20/40	0
20/50	1
20/60	1
25/50	2
25/60	3
35/80	8
50/100	16
100/100	28
100/200	29
100/300	30
200/400	80
250/500	95
300/500	138
500/500	254
500/1000	262
1000/1000	290

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Increased Limit Factors

Part 4 - Property Damage Liability	
Limit	Factor
5,000	1.000
10,000	1.204
15,000	1.220
20,000	1.232
25,000	1.242
35,000	1.254
50,000	1.265
100,000	1.280
250,000	1.309
500,000	1.329

Part 5 - Bodily Injury Liability	
Limit	Factor
20/40	1.00
20/50	1.01
20/60	1.01
25/50	1.05
25/60	1.06
35/80	1.16
50/100	1.27
100/100	1.48
100/200	1.49
100/300	1.50
200/400	1.83
250/500	1.94
300/500	2.18
500/500	2.86
500/1000	2.91
1000/1000	3.21

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Deductible Factors

Part 2 - PIP		
Deductible	Named Insured	& Household Member
100	0.980	0.980
250	0.960	0.950
500	0.920	0.900
1,000	0.860	0.810
2,000	0.740	0.650
4,000	0.630	0.520
8,000	0.550	0.410

Part 7 - Collision	
Deductible	Factor
300	*
500	1.000
1000	0.630
2000	0.480

* Flat Charge = .17 x Terr/Class Base Rate

Part 8 - Limited Collision	
Deductible	Factor
0	\$8 Flat Charge
300	\$5 Flat Charge
500	1.00
1,000	0.54
2,000	0.32

Part 7 - Collision	
Waiver Amount	Charge
300	10
500	13
1000	16
2000	25

Part 9 - Comprehensive		
Deductible	Full Glass	\$100 Ded Glass
300	*	0.840
500	1.000	0.840
1,000	0.660	0.840
2,000	0.600	0.840

* Flat Charge = .03 x Terr Base Rate

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Implicit Surcharge Exclusion Factors

Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	1.018	1.178	1.117	1.061	1.051	1.061	1.051	1.100
2	1.025	1.167	1.108	1.064	1.048	1.064	1.048	1.119
3	1.021	1.178	1.115	1.066	1.049	1.066	1.049	1.102
4	1.014	1.170	1.107	1.067	1.049	1.067	1.049	1.094
5	1.032	1.176	1.128	1.070	1.052	1.070	1.052	1.129
6	1.034	1.176	1.114	1.071	1.051	1.071	1.051	1.113
7	1.034	1.173	1.131	1.070	1.053	1.070	1.053	1.124
8	1.040	1.170	1.118	1.067	1.052	1.067	1.052	1.139
9	1.045	1.167	1.135	1.069	1.055	1.069	1.055	1.145
10	1.027	1.171	1.134	1.069	1.053	1.069	1.053	1.107
11	1.043	1.126	1.093	1.063	1.041	1.063	1.041	1.138
12	1.048	1.148	1.118	1.067	1.054	1.067	1.054	1.185
13	1.061	1.161	1.138	1.070	1.055	1.070	1.055	1.144
14	1.072	1.145	1.110	1.067	1.047	1.067	1.047	1.200
15	1.065	1.142	1.140	1.072	1.058	1.072	1.058	1.156
16	1.092	1.132	1.102	1.055	1.054	1.055	1.054	1.219
17	1.038	1.119	1.079	1.067	1.038	1.067	1.038	1.162
18	1.088	1.149	1.136	1.054	1.051	1.054	1.051	1.227
19	1.076	1.147	1.087	1.067	1.052	1.067	1.052	1.170
20	1.103	1.158	1.150	1.063	1.044	1.063	1.044	1.150
21	1.119	1.155	1.122	1.063	1.057	1.063	1.057	1.183
22	1.138	1.146	1.104	1.057	1.064	1.057	1.064	1.294
23	1.054	1.101	1.092	1.050	1.050	1.050	1.050	1.111
24	1.072	1.094	1.089	1.041	1.033	1.041	1.033	1.250
25	1.057	1.124	1.149	1.064	1.047	1.064	1.047	1.132
26	1.061	1.137	1.073	1.061	1.048	1.061	1.048	1.131
27	1.013	1.169	1.114	1.065	1.048	1.065	1.048	1.089
28	1.013	1.169	1.114	1.065	1.048	1.065	1.048	1.089
40	1.025	1.126	1.125	1.057	1.066	1.057	1.066	1.051
41	1.056	1.137	1.110	1.062	1.051	1.062	1.051	1.177
42	1.036	1.143	1.111	1.058	1.048	1.058	1.048	1.088
43	1.085	1.161	1.134	1.059	1.046	1.059	1.046	1.154
44	1.061	1.111	1.104	1.048	1.047	1.048	1.047	1.196
45	1.088	1.182	1.148	1.071	1.058	1.071	1.058	1.148

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Model Year / Symbol Factors

Part 7 (\$500 Deductible Collision)

Symbol	Model Year																1988& Prior
	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998-1990	1988& Prior		
1	0.835	0.784	0.738	0.695	0.656	0.619	0.583	0.552	0.522	0.493	0.468	0.445	0.421	0.365	0.106		
2	0.884	0.830	0.781	0.735	0.693	0.653	0.616	0.582	0.549	0.520	0.492	0.467	0.443	0.384	0.123		
3	0.935	0.878	0.826	0.777	0.732	0.690	0.650	0.613	0.579	0.547	0.517	0.491	0.465	0.403	0.145		
4	0.992	0.931	0.875	0.823	0.775	0.729	0.686	0.648	0.611	0.577	0.545	0.518	0.491	0.420	0.172		
5	1.051	0.987	0.927	0.871	0.819	0.771	0.726	0.684	0.645	0.608	0.574	0.545	0.517	0.442	0.203		
6	1.115	1.047	0.982	0.923	0.868	0.816	0.767	0.723	0.681	0.642	0.606	0.570	0.539	0.467	0.238		
7	1.182	1.110	1.042	0.978	0.919	0.864	0.812	0.765	0.720	0.678	0.640	0.602	0.570	0.486	0.277		
8	1.256	1.179	1.106	1.038	0.975	0.915	0.860	0.809	0.761	0.716	0.676	0.635	0.602	0.514	0.329		
10	1.333	1.252	1.174	1.101	1.033	0.970	0.911	0.856	0.805	0.758	0.714	0.671	0.635	0.543	0.386		
11	1.416	1.330	1.246	1.168	1.096	1.028	0.966	0.908	0.853	0.802	0.755	0.710	0.672	0.566	0.453		
12	1.504	1.412	1.323	1.241	1.163	1.091	1.024	0.961	0.903	0.849	0.798	0.750	0.710	0.599	0.533		
13	1.599	1.501	1.406	1.317	1.234	1.158	1.086	1.019	0.957	0.900	0.845	0.794	0.752	0.634	0.634		
14	1.701	1.597	1.494	1.400	1.312	1.229	1.153	1.081	1.015	0.953	0.895	0.841	0.788	0.671	0.752		
15	1.808	1.698	1.590	1.488	1.394	1.306	1.224	1.147	1.077	1.011	0.949	0.892	0.835	0.712	0.890		
16	1.923	1.806	1.690	1.582	1.481	1.387	1.300	1.219	1.143	1.071	1.006	0.946	0.885	0.744	1.042		
17	2.048	1.923	1.798	1.683	1.575	1.474	1.381	1.294	1.212	1.138	1.067	1.003	0.939	0.790	1.240		
18	2.212	2.077	1.942	1.818	1.701	1.592	1.491	1.398	1.309	1.229	1.152	1.083	1.014	0.853	1.426		
19	2.355	2.211	2.068	1.935	1.811	1.695	1.588	1.488	1.394	1.309	1.227	1.153	1.080	0.909	1.612		
20	2.560	2.404	2.248	2.104	1.969	1.843	1.726	1.618	1.515	1.423	1.334	1.254	1.174	0.988	1.798		
21	2.765	2.596	2.427	2.272	2.126	1.990	1.864	1.747	1.636	1.536	1.440	1.354	1.268	1.067	1.984		
22	2.969	2.788	2.607	2.440	2.284	2.137	2.002	1.876	1.757	1.650	1.547	1.454	1.362	1.146			
23	3.175	2.981	2.787	2.609	2.441	2.285	2.141	2.006	1.879	1.764	1.654	1.555	1.455	1.225			
24	3.481	3.269	3.057	2.861	2.678	2.506	2.348	2.200	2.060	1.935	1.814	1.705	1.596	1.343			
25	3.789	3.558	3.326	3.114	2.914	2.727	2.555	2.394	2.242	2.105	1.974	1.856	1.737	1.462			
26	4.096	3.846	3.596	3.366	3.150	2.948	2.762	2.588	2.424	2.276	2.134	2.006	1.878	1.580			

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Model Year / Symbol Factors

Part 9 (\$500 Deductible Comprehensive)

Symbol	Model Year															
	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998-1990	1989& Prior	
1	0.606	0.592	0.580	0.568	0.556	0.545	0.534	0.523	0.513	0.502	0.493	0.483	0.473	0.449	0.108	
2	0.639	0.625	0.612	0.599	0.587	0.575	0.563	0.551	0.540	0.529	0.519	0.509	0.498	0.472	0.132	
3	0.676	0.661	0.647	0.633	0.620	0.607	0.594	0.582	0.569	0.558	0.547	0.536	0.525	0.492	0.157	
4	0.715	0.699	0.684	0.670	0.655	0.641	0.628	0.614	0.602	0.589	0.576	0.564	0.553	0.518	0.186	
5	0.757	0.740	0.724	0.708	0.692	0.677	0.663	0.649	0.636	0.622	0.609	0.597	0.585	0.548	0.225	
6	0.802	0.784	0.766	0.750	0.733	0.717	0.702	0.686	0.671	0.657	0.643	0.630	0.617	0.579	0.266	
7	0.850	0.831	0.812	0.794	0.776	0.759	0.743	0.726	0.711	0.695	0.680	0.666	0.653	0.612	0.324	
8	0.900	0.880	0.860	0.841	0.822	0.804	0.786	0.769	0.752	0.736	0.719	0.705	0.690	0.647	0.388	
10	0.955	0.934	0.913	0.892	0.872	0.853	0.833	0.814	0.797	0.779	0.762	0.747	0.732	0.686	0.466	
11	1.015	0.992	0.969	0.947	0.925	0.904	0.884	0.864	0.844	0.826	0.807	0.791	0.775	0.726	0.559	
12	1.077	1.053	1.029	1.005	0.982	0.960	0.937	0.916	0.895	0.875	0.855	0.838	0.821	0.770	0.678	
13	1.145	1.119	1.093	1.068	1.043	1.019	0.995	0.972	0.950	0.928	0.907	0.889	0.871	0.816	0.816	
14	1.217	1.190	1.162	1.135	1.108	1.083	1.057	1.033	1.009	0.986	0.963	0.944	0.924	0.857	0.977	
15	1.295	1.266	1.236	1.206	1.178	1.151	1.124	1.097	1.071	1.047	1.023	1.003	0.972	0.910	1.174	
16	1.378	1.347	1.314	1.283	1.253	1.223	1.194	1.166	1.138	1.112	1.086	1.064	1.032	0.967	1.421	
17	1.466	1.433	1.399	1.366	1.333	1.301	1.270	1.240	1.211	1.182	1.154	1.131	1.096	1.027	1.715	
18	1.584	1.548	1.511	1.475	1.440	1.405	1.372	1.339	1.308	1.277	1.246	1.221	1.184	1.109	1.972	
19	1.686	1.648	1.609	1.571	1.533	1.496	1.461	1.426	1.393	1.359	1.327	1.301	1.260	1.181	2.230	
20	1.832	1.791	1.749	1.708	1.666	1.626	1.588	1.550	1.514	1.478	1.443	1.414	1.370	1.284	2.487	
21	1.980	1.935	1.889	1.844	1.800	1.756	1.715	1.674	1.635	1.596	1.558	1.527	1.480	1.386	2.744	
22	2.126	2.078	2.029	1.981	1.933	1.886	1.842	1.798	1.756	1.714	1.673	1.640	1.589	1.489		
23	2.272	2.221	2.168	2.117	2.066	2.017	1.969	1.922	1.877	1.832	1.789	1.753	1.699	1.592		
24	2.492	2.436	2.378	2.322	2.266	2.212	2.159	2.108	2.059	2.009	1.962	1.923	1.863	1.746		
25	2.712	2.651	2.588	2.527	2.466	2.407	2.350	2.294	2.240	2.187	2.135	2.092	2.028	1.900		
26	2.932	2.866	2.798	2.732	2.666	2.602	2.540	2.480	2.422	2.364	2.308	2.262	2.192	2.054		

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Stated Amount Comprehensive Rates (\$500 Deductible)

Territory	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
1	1.66	0.78	0.70	0.66	0.62	0.59	0.56	0.54	0.52	0.51	0.50	0.50	0.49	0.47	0.46	0.45
2	1.70	0.80	0.72	0.68	0.64	0.60	0.57	0.55	0.54	0.52	0.52	0.51	0.50	0.48	0.47	0.46
3	1.75	0.82	0.74	0.70	0.66	0.62	0.59	0.57	0.55	0.54	0.53	0.53	0.51	0.50	0.48	0.47
4	1.71	0.81	0.72	0.68	0.64	0.61	0.58	0.56	0.54	0.53	0.52	0.51	0.50	0.49	0.47	0.46
5	1.78	0.84	0.75	0.71	0.67	0.63	0.60	0.58	0.56	0.55	0.54	0.54	0.52	0.51	0.49	0.48
6	1.86	0.88	0.78	0.74	0.70	0.66	0.63	0.60	0.59	0.57	0.56	0.56	0.54	0.53	0.51	0.50
7	1.93	0.91	0.81	0.77	0.72	0.68	0.65	0.63	0.61	0.60	0.59	0.58	0.57	0.55	0.53	0.52
8	1.98	0.93	0.84	0.79	0.74	0.70	0.67	0.64	0.63	0.61	0.60	0.60	0.58	0.56	0.55	0.53
9	1.96	0.93	0.83	0.78	0.74	0.69	0.66	0.64	0.62	0.61	0.60	0.59	0.58	0.56	0.54	0.53
10	2.09	0.98	0.88	0.83	0.78	0.74	0.71	0.68	0.66	0.65	0.63	0.63	0.61	0.59	0.58	0.56
11	2.23	1.05	0.94	0.89	0.84	0.79	0.75	0.73	0.71	0.69	0.68	0.67	0.65	0.63	0.61	0.60
12	2.30	1.09	0.97	0.92	0.86	0.81	0.78	0.75	0.73	0.71	0.70	0.69	0.68	0.65	0.63	0.62
13	2.59	1.22	1.09	1.03	0.97	0.92	0.87	0.84	0.82	0.80	0.79	0.78	0.76	0.73	0.71	0.70
14	2.71	1.28	1.15	1.08	1.02	0.96	0.92	0.88	0.86	0.84	0.82	0.82	0.80	0.77	0.75	0.73
15	3.34	1.57	1.41	1.33	1.25	1.18	1.13	1.09	1.06	1.03	1.01	1.00	0.98	0.94	0.92	0.90
16	5.41	2.55	2.28	2.16	2.03	1.91	1.83	1.76	1.71	1.67	1.64	1.62	1.59	1.53	1.49	1.46
17	1.93	0.91	0.81	0.77	0.72	0.68	0.65	0.63	0.61	0.60	0.59	0.58	0.57	0.55	0.53	0.52
18	3.93	1.85	1.66	1.57	1.47	1.39	1.33	1.28	1.24	1.21	1.19	1.18	1.15	1.11	1.08	1.06
19	4.32	2.04	1.82	1.72	1.62	1.53	1.46	1.41	1.37	1.34	1.31	1.30	1.27	1.22	1.19	1.17
20	3.91	1.84	1.65	1.56	1.47	1.38	1.32	1.27	1.24	1.21	1.19	1.17	1.15	1.11	1.08	1.06
21	5.32	2.51	2.25	2.12	2.00	1.88	1.80	1.73	1.68	1.64	1.62	1.60	1.56	1.51	1.46	1.44
22	6.00	2.83	2.53	2.39	2.25	2.12	2.02	1.95	1.90	1.85	1.82	1.80	1.76	1.70	1.65	1.62
23	3.60	1.70	1.52	1.44	1.35	1.28	1.22	1.17	1.14	1.11	1.10	1.08	1.06	1.02	0.99	0.97
24	2.71	1.28	1.15	1.08	1.02	0.96	0.92	0.88	0.86	0.84	0.82	0.82	0.80	0.77	0.75	0.73
25	4.09	1.93	1.73	1.63	1.53	1.45	1.38	1.33	1.29	1.26	1.24	1.23	1.20	1.16	1.13	1.10
26	4.87	2.30	2.06	1.94	1.83	1.72	1.65	1.59	1.54	1.51	1.48	1.46	1.43	1.38	1.34	1.32
27	1.57	0.74	0.66	0.63	0.59	0.56	0.53	0.51	0.50	0.49	0.48	0.47	0.46	0.44	0.43	0.42
28	1.57	0.74	0.66	0.63	0.59	0.56	0.53	0.51	0.50	0.49	0.48	0.47	0.46	0.44	0.43	0.42
40	2.48	1.17	1.05	0.99	0.93	0.88	0.84	0.81	0.78	0.77	0.75	0.75	0.73	0.70	0.68	0.67
41	2.50	1.18	1.06	1.00	0.94	0.88	0.84	0.81	0.79	0.77	0.76	0.75	0.73	0.71	0.69	0.67
42	3.03	1.43	1.28	1.21	1.14	1.07	1.02	0.99	0.96	0.94	0.92	0.91	0.89	0.86	0.84	0.82
43	3.19	1.51	1.35	1.27	1.20	1.13	1.08	1.04	1.01	0.99	0.97	0.96	0.94	0.90	0.88	0.86
44	5.21	2.46	2.20	2.08	1.96	1.84	1.76	1.70	1.65	1.61	1.58	1.57	1.53	1.48	1.44	1.41
45	3.36	1.58	1.42	1.34	1.26	1.19	1.13	1.09	1.06	1.04	1.02	1.01	0.98	0.95	0.92	0.91

Stated Amount Fire Rates (\$500 Deductible)

1-27 & 40	0.21	0.10	0.09	0.08	0.08	0.07	0.07	0.07	0.07	0.06	0.06	0.06	0.06	0.06	0.06	0.06
45																

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Stated Amount Theft Rates (\$500 Deductible)

Territory	Symbol																
	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	
1	0.96	0.45	0.40	0.38	0.36	0.34	0.32	0.31	0.30	0.30	0.29	0.29	0.28	0.27	0.26	0.26	
2	0.98	0.46	0.41	0.39	0.37	0.35	0.33	0.32	0.31	0.30	0.30	0.29	0.29	0.28	0.27	0.26	
3	1.02	0.48	0.43	0.41	0.38	0.36	0.34	0.33	0.32	0.31	0.31	0.31	0.30	0.29	0.28	0.27	
4	0.99	0.47	0.42	0.40	0.37	0.35	0.34	0.32	0.31	0.31	0.31	0.30	0.29	0.28	0.27	0.27	
5	1.04	0.49	0.44	0.42	0.39	0.37	0.35	0.34	0.33	0.32	0.32	0.31	0.31	0.30	0.29	0.28	
6	1.09	0.52	0.46	0.44	0.41	0.39	0.37	0.36	0.35	0.34	0.33	0.33	0.32	0.31	0.30	0.30	
7	1.14	0.54	0.48	0.46	0.43	0.40	0.39	0.37	0.36	0.35	0.35	0.34	0.34	0.32	0.31	0.31	
8	1.18	0.56	0.50	0.47	0.44	0.42	0.40	0.38	0.37	0.36	0.36	0.35	0.35	0.33	0.32	0.32	
9	1.17	0.55	0.49	0.47	0.44	0.41	0.39	0.38	0.37	0.36	0.35	0.35	0.34	0.33	0.32	0.32	
10	1.26	0.59	0.53	0.50	0.47	0.44	0.42	0.41	0.40	0.39	0.38	0.38	0.37	0.36	0.35	0.34	
11	1.36	0.64	0.57	0.54	0.51	0.48	0.46	0.44	0.43	0.42	0.41	0.41	0.40	0.38	0.37	0.37	
12	1.41	0.66	0.59	0.56	0.53	0.50	0.47	0.46	0.44	0.43	0.43	0.42	0.41	0.40	0.39	0.38	
13	1.61	0.76	0.68	0.64	0.60	0.57	0.54	0.52	0.51	0.50	0.49	0.48	0.47	0.45	0.44	0.43	
14	1.69	0.80	0.72	0.67	0.64	0.60	0.57	0.55	0.54	0.52	0.51	0.51	0.50	0.48	0.47	0.46	
15	2.13	1.00	0.90	0.85	0.80	0.75	0.72	0.69	0.67	0.66	0.65	0.64	0.62	0.60	0.59	0.58	
16	3.58	1.69	1.51	1.43	1.34	1.27	1.21	1.16	1.13	1.11	1.09	1.08	1.05	1.01	0.99	0.97	
17	1.14	0.54	0.48	0.46	0.43	0.40	0.39	0.37	0.36	0.35	0.35	0.34	0.34	0.32	0.31	0.31	
18	2.54	1.20	1.07	1.01	0.95	0.90	0.86	0.83	0.80	0.79	0.77	0.76	0.75	0.72	0.70	0.69	
19	2.82	1.33	1.19	1.12	1.06	1.00	0.95	0.92	0.89	0.87	0.86	0.85	0.83	0.80	0.78	0.76	
20	2.53	1.19	1.07	1.01	0.95	0.90	0.85	0.82	0.80	0.78	0.77	0.76	0.74	0.72	0.70	0.68	
21	3.52	1.66	1.49	1.40	1.32	1.24	1.19	1.14	1.11	1.09	1.07	1.06	1.03	1.00	0.97	0.95	
22	3.99	1.88	1.69	1.59	1.50	1.41	1.35	1.30	1.26	1.23	1.21	1.20	1.17	1.13	1.10	1.08	
23	2.32	1.09	0.98	0.92	0.87	0.82	0.78	0.75	0.73	0.72	0.70	0.70	0.68	0.66	0.64	0.63	
24	1.69	0.80	0.72	0.67	0.64	0.60	0.57	0.55	0.54	0.52	0.51	0.51	0.50	0.48	0.47	0.46	
25	2.65	1.25	1.12	1.06	1.00	0.94	0.90	0.86	0.84	0.82	0.81	0.80	0.78	0.75	0.73	0.72	
26	3.20	1.51	1.35	1.28	1.20	1.13	1.08	1.04	1.01	0.99	0.97	0.96	0.94	0.91	0.88	0.87	
27	0.89	0.42	0.38	0.36	0.34	0.32	0.30	0.29	0.28	0.28	0.27	0.27	0.26	0.25	0.25	0.24	
28	0.89	0.42	0.38	0.36	0.34	0.32	0.30	0.29	0.28	0.28	0.27	0.27	0.26	0.25	0.25	0.24	
40	1.53	0.72	0.65	0.61	0.57	0.54	0.52	0.50	0.48	0.47	0.47	0.46	0.45	0.43	0.42	0.41	
41	1.54	0.73	0.65	0.62	0.58	0.55	0.52	0.50	0.49	0.48	0.47	0.46	0.45	0.44	0.42	0.42	
42	1.92	0.90	0.81	0.76	0.72	0.68	0.65	0.62	0.61	0.59	0.58	0.58	0.56	0.54	0.53	0.52	
43	2.03	0.96	0.86	0.81	0.76	0.72	0.69	0.66	0.64	0.63	0.62	0.61	0.60	0.57	0.56	0.55	
44	3.44	1.62	1.45	1.37	1.29	1.22	1.16	1.12	1.09	1.06	1.05	1.03	1.01	0.97	0.95	0.93	
45	2.14	1.01	0.91	0.85	0.80	0.76	0.72	0.70	0.68	0.66	0.65	0.64	0.63	0.61	0.59	0.58	

Stated Amount C.A.C. with M.M.&V. \$500 Deductible 15% of the Stated Amount Comprehensive Rate

Additional Charges to Reduce Deductible from \$500 - Same as Actual Cash Value Charges For Higher Deductibles, Refer to Rule 16

Stated Amount Rating

B. Collision and Limited Collision Rating Procedure

1. Determine the Actual Cash Value premium for the latest model year shown in the Rate pages for the vehicle symbol developed from Rule 22 for the applicable territory, class and deductible. Divide the Actual Cash Value premium by the Stated Amount Divisor shown below. Round the result to the nearest cent. For Symbol 18 and above, use the Symbol 17 Actual Cash Value premium and divisor.
2. Apply the above rate to each \$100 of insured value to determine the stated amount premium.

Stated Amount Divisors

Symbol	Symbol
1	10
2	11
3	12
4	13
5	14
6	15
7	16
8	17

NOTE: The cost of the Waiver of Deductible is the same as that shown on the Actual Cash Value Rate pages.

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Miscellaneous Rating Factors

Multi-Car Discount - Part 1, 2, 4, 5, 7, 8, and 9 (Rule 19)
10%

Supporting Policy Discount - (Rule 19)
10%

Renewal Discount - Parts 1-12 (Rule 19)	
Number of Renewal Years	Discount
1	1%
2	1%
3	1%
4-5	2%
6-10	3%
11 or more	4%

Student Discounts - Parts 1-12; Classes 17, 18, 20, 21, 25, 26 (Rule 19)		
Good Student	At Home	Away At School
No	0%	10%
Yes	10%	21%

Hybrid Automobile Discount - Parts 1-12 (Rule 19)
10%

Class 15 Discount - (Rule 19)
25%

Annual Mileage Discount - Parts 1-8 and 12 (Rule 19)	
Annual Miles Driven	Discount
0 - 5,000	10%
5,001 - 7,500	5%

Passive Restraint Discount - Part 2, 3, 6, 12 (Rule 19)
25%

Public Transit Discount - Part 4 and 7 (Rule 19)
10%

* \$75 Maximum per eligible vehicle

Years Licensed Discount - Parts 1-12 (Rule 19)	
Years Licensed	Discount
0-6	0%
7-9	5%
10-15	8%
16-30	10%
31-50	10%
51+	0%

Fire, Theft and Combined Additional Coverage (Rule 21)	
Coverage	Actual Cash Value
Fire	10% of Comprehensive Coverage
Fire & Theft	70% of Comprehensive Coverage
Fire, Theft & C.A.C.	85% of Comprehensive Coverage

Excess Electronic Equipment Coverage (Rule 46)
Apply a rate of \$4 to each \$100 of valuation

Original Equipment Manufacturers Parts Coverage - Parts 7, 8, 9 (Rule 48)	
Coverage	Factor
Comprehensive	1.01
Collision	1.05
Limited Collision	1.05

* Comprehensive coverage is subject to a \$1.00 minimum premium.

Use of Other Automobiles (Rule 50)	
Liability	Physical Damage
See Rule 50 for rating procedure	See Rule 50 for rating procedure

Vermont Mutual Auto Enhancement (Rule 59)
\$45 per Automobile

Auto Loan/Lease Gap Coverage (Rule 60)
\$25 per Automobile

MODEL YEAR RATING (RULE 20)																
2011 Model Year Factors																
Collision: 1.065																
Comprehensive: 1.023																
Older Year Rate Factors																
Collision Symbol																
Model Year	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
2000	0.95	0.95	0.95	0.95	0.95	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94
1999	0.90	0.90	0.90	0.90	0.90	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.88	0.88	0.88	0.88
1990-98	0.78	0.78	0.78	0.77	0.77	0.77	0.76	0.76	0.76	0.75	0.75	0.75	0.75	0.75	0.74	0.74
Comprehensive Symbol																
Model Year	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
2000	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98
1999	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.95	0.95	0.95
1990-98	0.91	0.91	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.89	0.89	0.89	0.89

For 1989 and prior model year vehicles, see Rule 20.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Miscellaneous Motor Vehicles

	LIABILITY	PHYSICAL DAMAGE
Pick-Ups, Vans (Rule 32)	- Manual Rates	- Part 7 - 60%* - Part 8 - Manual Rate - Part 9 - 90%
Trailers (Rule 34)	- No Charge	- Parts 7, 8, and 9 50% Latest Model Year shown in Rate Pages for Territory 1, Class 10 - Symbol based on cost new
Antique Motor Cars (Rule 40) (Advisory Rating & Factors)	- Parts 1, 2, 4 & 5 - 25% of Class 10 - Parts 3, 6 and 12 - Manual Rates	- Parts 7, 8, and 9 50% Latest Model Year shown in Rate Pages for Territory 1, Class 10 - Symbol based on appraised value
Customized Vans and Pick-Ups (Rule 47)	- Not Applicable	- See Rule 47 for rating procedure
* Reduction not applicable to Waiver of Deductible premium		

reported by the Registry, if at least six months apart, shall be annualized to determine eligibility for the discount. If the Registry reports only one reading, which is more than six months before the application for the discount, the applicant may provide a current odometer reading on the Annual Mileage Discount Form, and the difference shall be annualized to determine eligibility.

If two odometer readings, at least six months apart, are not available to the company through the Registry of Motor Vehicles, the Annual Mileage Discount Form or other standard forms, the vehicle is not eligible for the annual mileage discount.

3. Application of Discount

The applicable discount applies to rates otherwise determined for each insured vehicle by coverage, limits purchased, territory, driver class, and model year and symbol prior to the application of points under a merit rating plan.

F. Passive Restraint Discount

A 25% discount of the premium paid for Parts 2, 3, 6 and 12 will be given to eligible policyholders for qualifying vehicles which contain occupant safety features approved by the Commissioner of Insurance. These features are: an airbag installed for either the driver's seating position or both front outboard designated seating positions or an automatic seatbelt installed for either the driver's seating positions or both front outboard designated seating positions.

***G. Support Policy Discount**

A policyholder who purchases coverage from Vermont Mutual Insurance Group for insurance* other than private passenger automobiles, antiques or miscellaneous types rated in this manual, or purchases Homeowners coverage from the Massachusetts Property Insurance Underwriting Association (FAIR Plan), shall be entitled to a 10% discount on the premium applicable to Coverage Parts 1-12.

* Qualifying purchase of insurance coverage with Vermont Mutual Insurance Group includes: Businessowners, Commercial Umbrella, Dwelling Fire, Homeowners (forms HO 00 02, HO 00 03, HO 00 04 and HO 00 06) or Personal Umbrella.

***H. Renewal Discount**

A policyholder who maintains continuous coverage and renews with the Vermont Mutual, shall be entitled to a renewal credit discount on premium applicable to Coverage Parts 1-12. Upon completion of each year of coverage, a renewal credit discount will apply based on the number of consecutive years insured with Vermont Mutual as follows:

Renewal Discount – Parts 1-12	
Number of Renewal Years	Discount
1	1%
2	1%
3	1%
4-5	2%
6-10	3%
11 or more	4%

***I. Student Discounts**

These discounts will be given to eligible operators with 0-6 years driving experience in classes 17, 18, 20, 21, 25 or 26. The rated inexperienced operator must be a full time high school or post secondary student and must also have 2 or less SDIP surcharge points. These discounts apply to Parts 1-12 of the rated vehicle(s) that the student is assigned to. Both discounts will be applied when a student is eligible for both.

Rule 20. MODEL YEAR RATING

A. Model Year Defined

The model year of an auto is used in rating physical damage coverage on an actual cash value basis.

The model year of the auto is the year assigned by the auto manufacturer. The model year of rebuilt or structurally altered autos is determined by the model year of the chassis.

B. Rating of Model Years Not Shown on Rate Pages

1. **2011 Model Year:** Refer to the Miscellaneous Rating Factors section and apply the 2011 model year and coverage factors to the 2010 model year \$500 deductible rate shown in the Rate Section to obtain the actual cash value premium.
2. **1990 and Later Model Years:** Refer to the Miscellaneous Rating Factors section and apply the model year, symbol and coverage factor to the earliest model year \$500 deductible rate displayed in the Rate Section to obtain the actual cash value premium.
3. **1989 and Earlier Model Years:**
 - a. Refer to the Miscellaneous Rating Factors section and apply the earliest model year, symbol and coverage factor to the earliest model year \$500 deductible rate for the same symbol displayed in the Rate Section to obtain the actual cash value premium.
 - b. Apply the appropriate symbol factor shown below to the premium obtained in 3.a.:

Comprehensive				Collision			
Symbol	Factor	Symbol	Factor	Symbol	Factor	Symbol	Factor
1	.24	10	.68	1	.29	10	.71
2	.28	11	.77	2	.32	11	.80
3	.32	12	.88	3	.36	12	.89
4	.36	13	1.00	4	.41	13	1.00
5	.41	14	1.14	5	.46	14	1.12
6	.46	15	1.29	6	.51	15	1.25
7	.53	16	1.47	7	.57	16	1.40
8	.60	17	1.67	8	.64	17	1.57

***RULE 21. FIRE, THEFT AND COMBINED ADDITIONAL COVERAGE**

A. Actual Cash Value

Refer to the Miscellaneous Rating Factors page for the applicable factors.

B. Stated Amount

Refer to the rate pages for any specified peril.

Rule 22. NON-SYMBOLLED VEHICLES AND RATING VEHICLES FOR WHICH SYMBOLS ARE NOT SHOWN ON THE RATE PAGES

A. Non-Symbolled Vehicles

1. For rating of newly announced models for which no symbol is shown, use the symbol of the latest corresponding model which is shown until announcement is made.

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

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

Registration Transfer

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

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

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

Salvage Title

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

***RULE 59. VERMONT MUTUAL AUTO ADVANTAGE ENDORSEMENT**

This endorsement adds coverage extensions and additional coverages to the vehicle. These include Deductible Rewards, Accident Forgiveness, New Car Replacement Coverage, Auto Loan/Lease Gap Coverage, Original Equipment Manufacturer Parts, Enhanced Towing and Labor Coverage, Emergency Travel Expense Coverage – Lodging and Meals, Enhanced Substitute Transportation Coverage, Rental Vehicle Loss of Income Coverage, Personal Clothing and Baggage Coverage, Bail Bonds and Loss of Earnings, and Air Bag – Accidental Deployment. Charge \$45 per auto and add form MA AAE, Vermont Mutual Auto Advantage Endorsement. The premium charged per auto is a flat premium and is not subject to any further modification. Do not include the Auto Loan/Lease Gap Coverage charge.

***RULE 60. AUTO LOAN/LEASE GAP COVERAGE**

In the event of a covered total loss to a selected auto, we will pay any unpaid amount due on the lease or loan for the selected auto. Some conditions apply. For an additional premium of \$25 per auto, add endorsement MA 03 35, Auto Loan /Lease Gap Coverage. The premium charged per auto is a flat premium and is not subject to any further modification.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

RATING TERRITORIES SECTION

TERRITORY DEFINITIONS

Except for East Boston and South Boston, sections of cities and towns designated "North," "East," "South," and "West" or with a prefix or suffix merely supplemental to the principal name (such as **West** Newton or Arlington **Heights**) are not separately listed (see principal designation).

In some instances (such as **North** Andover) there are two distinct townships, Andover and North Andover, in which case both are listed.

Counties are indicated by the Statistical Code Numbers as follows:

Left Hand Digit	County	Left Hand Digit	County
0.....	Barnstable Dukes Nantucket Plymouth	4.....	Franklin Hampden
1.....	Berkshire	5.....	Hampshire
2.....	Bristol	6.....	Middlesex
3.....	Essex	7.....	Norfolk
		8.....	Suffolk
		9.....	Worcester

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

CITY OF BOSTON

Definition	Rating Territory	Statistical Code
BOSTON CENTRAL - (Zip Codes 02101-02118, 02123, 02133, 02199, 02201, 02202, 02203, 02210, 02215, 02241)	23	821
BRIGHTON - (Zip Codes 02134, 02135, 02163)	24	822
CHARLESTOWN - EAST BOSTON - (Zip Codes 02128, 02129)	26	824
DORCHESTER - (North Dorchester and South Dorchester) - (Zip Codes 02122, 02124, 02125, 02126)	21*	819
EAST BOSTON - CHARLESTOWN - (Zip Codes 02128, 02129)	26	824
HYDE PARK - (Zip Codes 02136, 02137)	20	818
JAMAICA PLAIN - (Zip Code 02130)	19	817
ROSLINDALE - (Zip Code 02131)	18	816
ROXBURY - (Including parts of Dorchester) (Zip Codes 02119, 02120, 02121)	22	820
SOUTH BOSTON - (Zip Code 02127)	25	823
WEST ROXBURY (Zip Code 02132)	17	815

The following list contains subdivisions of Boston with territorial schedules and statistical codes:

Name	Rating Territory	Statistical Code
Allston - (Brighton)	24	822
Mattapan - (Dorchester - North)	21	819
Readville - (Hyde Park)	20	818

*A portion of postal zip code district 02126 falls in Hyde Park (Territory 20) and should be rated as such. The correct border between South Dorchester and Hyde Park is as follows:

Southeast, then East on Cummins Highway, Southwest on Rugby Road (1 block), Southeast on Greenfield Road, short stretch Southwest on River Street, Southeast on Mattakeeset St. to Neponset River. Border goes down the middle of these streets.

The following list contains Out of State Territorial Schedules and Statistical Codes

Location	Rating Territory	Statistical Code
Connecticut	9	991
Maine	9	992
New Hampshire	9	993
New York	9	994
Rhode Island	9	995
Vermont	9	996
Other	9	999

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

RATING TERRITORIES

City or Town	Rating Territory	Statistical Code	City or Town	Rating Territory	Statistical Code
A					
ABINGTON	8	010	CHARLESTOWN - Boston (Zip Codes 02128, 02129)	26	824
ACTON	27	630	CHARLTON	4	936
ACUSHNET	7	230	CHATHAM	28	051
ADAMS	27	110	CHELMSFORD	2	612
AGAWAM	7	420	CHELSEA	16	802
ALFORD	27	170	CHESHIRE	27	130
AMESBURY	2	310	CHESTER	1	440
AMHERST	5	510	CHESTERFIELD	27	570
ANDOVER	3	311	CHICOPEE	9	402
ARLINGTON	4	610	CHILMARK	27	081
ASHBURNHAM	1	930	CLARKSBURG	27	131
ASHBY	1	670	CLINTON	6	911
ASHFIELD	27	470	COHASSET	4	732
ASHLAND	5	631	COLRAIN	1	431
ATHOL	3	910	CONCORD	27	613
ATTLEBORO	5	210	CONWAY	27	473
AUBURN	6	931	CUMMINGTON	27	571
AVON	11	730	D		
AYER	3	632	DALTON	27	132
B			DANVERS	5	313
BARNSTABLE	5	021	DARTMOUTH	7	211
BARRE	2	932	DEDHAM	8	712
BECKET	2	171	DEERFIELD	27	432
BEDFORD	2	633	DENNIS	28	052
BELCHERTOWN	3	530	DIGHTON	5	232
BELLINGHAM	3	731	DORCHESTER - Boston (Zip Codes 02122, 02124, 02125, 02126)	21	819
BELMONT	3	611	DOUGLAS	2	937
BERKLEY	6	231	DOVER	2	733
BERLIN	27	933	DRACUT	6	614
BERNARDSTON	27	471	DUDLEY	3	938
BEVERLY	5	312	DUNSTABLE	1	673
BILLERICA	5	634	DUXBURY	3	031
BLACKSTONE	2	934	E		
BLANDFORD	3	490	EAST BOSTON - Boston (Zip Codes 02128, 02129)	26	824
BOLTON	1	970	EAST BRIDGEWATER	6	032
BOSTON CENTRAL - (Zip Codes 02101- 02118, 02123, 02133, 02199, 02201, 02202, 02203, 02210, 02215, 02241)	23	821	EAST BROOKFIELD	2	973
BOURNE	4	050	EASTHAM	28	082
BOXBOROUGH	27	671	EASTHAMPTON	3	511
BOXFORD	3	370	EAST LONGMEADOW	6	441
BOYLSTON	2	971	EASTON	7	212
BRAINTREE	8	710	EDGARTOWN	27	053
BREWSTER	28	080	EGREMONT	27	172
BRIDGEWATER	6	011	ERVING	27	433
BRIGHTON - Boston (Zip Codes 02134, 02135, 02163)	24	822	ESSEX	2	330
BRIMFIELD	3	491	EVERETT	14	602
BROCKTON	45	002	F		
BROOKFIELD	3	935	FAIRHAVEN	7	213
BROOKLINE	8	702	FALL RIVER	13	201
BUCKLAND	27	430	FALMOUTH	3	054
BURLINGTON	4	635	FITCHBURG	7	902
C			FLORIDA	2	173
CAMBRIDGE	11	600	FOXBOROUGH	3	734
CANTON	8	711	FRAMINGHAM	9	615
CARLISLE	27	672	FRANKLIN	1	713
CARVER	7	030	FREETOWN	5	233
CHARLEMONT	27	472			

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

City or Town	Rating Territory	Statistical Code	City or Town	Rating Territory	Statistical Code
G					
GARDNER	3	912	LINCOLN	1	639
GAY HEAD	27	083	LITTLETON	27	640
GEORGETOWN	3	331	LONGMEADOW	4	442
GILL	27	474	LOWELL	41	601
GLOUCESTER	5	314	LUDLOW	7	421
GOSHEN	27	573	LUNENBURG	1	945
GOSNOLD	27	084	LYNN	43	300
GRAFTON	3	913	LYNNFIELD	7	334
GRANBY	4	574	M		
GRANVILLE	2	492	MALDEN	14	603
GREAT BARRINGTON	1	111	MANCHESTER	27	335
GREENFIELD	3	410	MANSFIELD	3	214
GROTON	27	636	MARBLEHEAD	4	316
GROVELAND	3	332	MARION	3	038
H			MARLBOROUGH	5	618
HADLEY	27	531	MARSHFIELD	7	039
HALIFAX	5	070	MASHPEE	5	085
HAMILTON	1	333	MATTAPOISETT	3	040
HAMPDEN	5	493	MAYNARD	27	620
HANCOCK	27	174	MEDFIELD	27	736
HANOVER	4	033	MEDFORD	12	604
HANSON	5	034	MEDWAY	27	737
HARDWICK	27	939	MELROSE	6	619
HARVARD	27	974	MENDON	27	946
HARWICH	28	055	MERRIMAC	3	336
HATFIELD	27	532	METHUEN	10	317
HAVERHILL	8	302	MIDDLEBOROUGH	6	013
HAWLEY	27	475	MIDDLEFIELD	1	576
HEATH	2	476	MIDDLETON	6	337
HINGHAM	4	012	MILFORD	5	915
HINSDALE	2	133	MILLBURY	4	916
HOLBROOK	11	735	MILLIS	27	738
HOLDEN	3	940	MILLVILLE	1	947
HOLLAND	1	494	MILTON	11	714
HOLLISTON	2	637	MONROE	1	479
HOLYOKE	40	403	MONSON	3	422
HOPEDALE	2	941	MONTAGUE	27	411
HOPKINTON	27	638	MONTEREY	27	175
HUBBARDSTON	1	942	MONTGOMERY	27	495
HUDSON	3	616	MOUNT WASHINGTON	27	176
HULL	9	035	N		
HUNTINGTON	2	533	NAHANT	8	338
HYDE PARK - Boston (Zip Codes 02136, 02137)	20	818	NANTUCKET	27	056
I			NATICK	3	621
IPSWICH	2	315	NEEDHAM	2	715
J			NEW ASHFORD	1	177
JAMAICA PLAIN - Boston (Zip Code 02130)	19	817	NEW BEDFORD	13	200
K			NEW BRAINTREE	27	975
KINGSTON	4	036	NEWBURY	1	339
L			NEWBURYPORT	1	318
LAKEVILLE	5	037	NEW MARLBOROUGH	27	178
LANCASTER	2	943	NEW SALEM	27	480
LANESBOROUGH	1	134	NEWTON	6	605
LAWRENCE	44	303	NORFOLK	1	739
LEE	27	135	NORTH ADAMS	2	112
LEICESTER	7	944	NORTHAMPTON	3	512
LENOX	27	136	NORTH ANDOVER	5	319
LEOMINSTER	5	914	NORTH ATTLEBORO	3	215
LEVERETT	1	477	NORTHBOROUGH	27	949
LEXINGTON	2	617	NORTH BROOKFIELD	3	948
LEYDEN	1	478	NORTHBRIDGE	3	917
			NORTH DORCHESTER - Boston (Zip Codes 02122, 02124, 02125, 02126)	21	819

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

City or Town	Rating Territory	Statistical Code	City or Town	Rating Territory	Statistical Code
NORTHFIELD	27	434	SHREWSBURY	5	918
NORTH READING	5	641	SHUTESBURY	2	482
NORTON	5	234	SOMERSET	6	238
NORWELL	3	041	SOMERVILLE	12	606
NORWOOD	7	716	SOUTHAMPTON	1	580
O			SOUTHBOROUGH	27	952
OAK BLUFFS	27	057	SOUTH BOSTON - Boston (Zip		
OAKHAM	1	976	Code 02127)	25	823
ORANGE	2	412	SOUTHBRIDGE	6	919
ORLEANS	28	058	SOUTH HADLEY	4	513
OTIS	27	179	SOUTHWICK	4	444
OXFORD	5	950	SPENCER	6	920
P			SPRINGFIELD	42	400
PALMER	4	423	STERLING	27	953
PAXTON	5	977	STOCKBRIDGE	1	138
PEABODY	10	320	STONEHAM	8	623
PELHAM	27	577	STOUGHTON	12	718
PEMBROKE	6	042	STOW	27	644
PEPPERELL	27	642	STURBRIDGE	1	954
PERU	1	180	SUDBURY	27	645
PETERSHAM	27	978	SUNDERLAND	3	436
PHILLIPSTON	1	979	SUTTON	27	955
PITTSFIELD	4	102	SWAMPSCOTT	9	322
PLAINFIELD	27	578	SWANSEA	5	239
PLAINVILLE	4	740	T		
PLYMOUTH	7	014	TAUNTON	9	202
PLYMPTON	6	071	TEMPLETON	27	956
PRINCETON	27	980	TEWKSBURY	5	646
PROVINCETOWN	28	059	TISBURY	27	061
Q			TOLLAND	1	496
QUINCY	12	703	TOPSFIELD	4	371
R			TOWNSEND	27	647
RANDOLPH	14	717	TRURO	28	086
RAYNHAM	6	235	TYNGSBOROUGH	3	648
READING	3	622	TYRINGHAM	27	184
REHOBOTH	4	236	U		
REVERE	15	803	UPTON	27	957
RICHMOND	27	181	UXBRIDGE	27	921
ROCHESTER	3	043	W		
ROCKLAND	9	015	WAKEFIELD	6	624
ROCKPORT	2	340	WALES	2	497
ROSLINDALE - Boston (Zip Code			WALPOLE	4	719
02131)	18	816	WALTHAM	7	607
ROWE	27	481	WARE	3	514
ROWLEY	3	341	WAREHAM	8	016
ROXBURY - Boston (Zip Codes			WARREN	3	958
02119, 02120, 02121)	22	820	WARWICK	27	483
ROYALSTON	1	981	WASHINGTON	27	185
RUSSELL	3	443	WATERTOWN	7	608
RUTLAND	3	951	WAYLAND	2	649
S			WEBSTER	7	922
SALEM	12	304	WELLESLEY	1	720
SALISBURY	5	342	WELLFLEET	28	087
SANDISFIELD	27	182	WENDELL	27	484
SANDWICH	3	060	WENHAM	2	343
SAUGUS	12	321	WESTBOROUGH	2	923
SAVOY	27	183	WEST BOYLSTON	2	959
SCITUATE	6	044	WEST BRIDGEWATER	8	045
SEEKONK	4	237	WEST BROOKFIELD	27	960
SHARON	6	741	WESTFIELD	6	424
SHEFFIELD	27	137	WESTFORD	27	650
SHELBURNE	1	435	WESTHAMPTON	27	581
SHERBORN	1	674	WESTMINSTER	1	961
SHIRLEY	2	643	WEST NEWBURY	27	344

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

City or Town	Rating Territory	Statistical Code
WESTON	3	651
WESTPORT	5	240
WEST ROXBURY - Boston (Zip Code 02132)	17	815
WEST SPRINGFIELD.....	10	425
WEST STOCKBRIDGE	1	139
WEST TISBURY	27	088
WESTWOOD	4	742
WEYMOUTH.....	9	721
WHATELY.....	27	437
WHITMAN	8	017
WILBRAHAM	5	445
WILLIAMSBURG	27	534
WILLIAMSTOWN.....	27	140
WILMINGTON.....	4	652
WINCHENDON.....	3	924
WINCHESTER.....	3	625
WINDSOR.....	1	186
WINTHROP	13	810
WOBURN.....	7	626
WORCESTER.....	13	900
WORTHINGTON	1	582
WRENTHAM.....	2	743
Y		
YARMOUTH	4	062

Annotated Rule Changes

(Strikethrough represents deleted text. Underlining represents added text.)

RULE 19. DISCOUNTS

H. Renewal Discount

A policyholder who maintains continuous coverage and renews with the Vermont Mutual, shall be entitled to a renewal credit discount on premium applicable to Coverage Parts 1-12. Upon completion of each year of coverage, a renewal credit discount will apply based on the number of consecutive years insured with Vermont Mutual as follows:

Renewal Discount – Parts 1-12	
Number of Renewal Years	Discount
1	1% <u>2%</u>
2	1% <u>3%</u>
3	1% <u>4%</u>
4-5	2% <u>5%</u>
5-6	6%
6-10 <u>7-10</u>	3% <u>7%</u>
11 or more	4% <u>8%</u>

RULE 20. MODEL YEAR RATING

A. Model Year Defined

The model year of an auto is used in rating physical damage coverage on an actual cash value basis.

The model year of the auto is the year assigned by the auto manufacturer. The model year of rebuilt or structurally altered autos is determined by the model year of the chassis.

B. Rating of Model Years Not Shown on Rate Pages

1. 2011 Model Year: Refer to the Miscellaneous Rating Factors section and apply the 2011 model year and coverage factors to the 2010 model year \$500 deductible rate shown in the Rate Section to obtain the actual cash value premium.

2.4. 1990 and Later Model Years: Refer to the Miscellaneous Rating Factors section and apply the model year, symbol and coverage factor to the earliest model year \$500 deductible rate displayed in the Rate Section to obtain the actual cash value premium.

3.2. 1989 and Earlier Model Years:

a. Refer to the Miscellaneous Rating Factors section and apply the earliest model year, symbol and coverage factor to the earliest model year \$500 deductible rate for the same symbol displayed in the Rate Section to obtain the actual cash value premium.

b. Apply the appropriate symbol factor shown below to the premium obtained in 3.a. 2.a.:

Comprehensive				Collision			
Symbol	Factor	Symbol	Factor	Symbol	Factor	Symbol	Factor
1	.24	10	.68	1	.29	10	.71
2	.28	11	.77	2	.32	11	.80
3	.32	12	.88	3	.36	12	.89
4	.36	13	1.00	4	.41	13	1.00
5	.41	14	1.14	5	.46	14	1.12
6	.46	15	1.29	6	.51	15	1.25
7	.53	16	1.47	7	.57	16	1.40
8	.60	17	1.67	8	.64	17	1.57

Annotated Rule Changes

(Strikethrough represents deleted text. Underlining represents added text.)

RULE 59. VERMONT MUTUAL AUTO ADVANTAGE ENDORSEMENT

This endorsement adds coverage extensions and additional coverages to the vehicle policy. These include Deductible Rewards, Accident Forgiveness, New Car Replacement Coverage, Auto Loan/Lease Gap Coverage, Original Equipment Manufacturer Parts, Enhanced Towing and Labor Coverage, Emergency Travel Expense Coverage – Lodging and Meals, Enhanced Substitute Transportation Coverage, Rental Vehicle Loss of Income Coverage, Personal Clothing and Baggage Coverage, Bail Bonds and Loss of Earnings, and Air Bag – Accidental Deployment. Charge \$45 ~~\$35~~ per auto and add form MA AAE, Vermont Mutual Auto Advantage Endorsement. The premium charged per auto is a flat premium and is not subject to any further modification. Do not include the Auto Loan/Lease Gap Coverage charge.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 1 (\$20,000/\$40,000 Mandatory BIL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	128	228	132	447	213	403	192	121
2	138	247	146	486	240	438	216	130
3	146	262	160	527	258	475	232	138
4	159	287	164	586	299	527	269	147
5	162	290	186	615	319	553	287	155
6	175	321	184	659	364	593	328	165
7	181	330	229	701	419	631	377	167
8	190	341	211	736	399	663	358	178
9	218	367	277	763	416	687	375	217
10	220	432	268	812	478	730	431	217
11	228	467	263	819	495	737	446	258
12	237	448	287	799	521	719	469	236
13	270	482	308	822	590	740	531	252
14	300	548	348	808	613	727	552	282
15	357	611	366	806	662	726	596	335
16	317	574	477	789	637	710	573	296
17	230	470	255	801	415	721	374	245
18	248	614	336	822	586	740	527	254
19	301	601	342	785	525	706	473	302
20	279	613	364	814	613	733	552	309
21	342	617	493	791	643	711	579	456
22	336	617	485	793	636	714	572	415
23	241	528	344	801	534	721	480	236
24	244	470	283	805	464	725	417	239
25	257	535	299	807	535	726	481	270
26	296	625	431	787	645	709	580	305
27	110	209	112	402	180	362	163	110
40	282	556	353	814	576	733	518	312
41	288	510	391	819	614	737	552	285
42	355	611	423	811	663	730	596	347
43	339	561	426	808	658	727	592	331
44	308	584	545	801	570	721	513	284
45	352	590	408	810	652	729	587	365

Note: - The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 2 (\$8,000 PIP)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	39	60	39	122	66	109	60	37
2	41	66	43	132	73	118	66	38
3	46	67	46	141	77	127	70	41
4	48	74	46	156	92	140	82	44
5	49	75	54	164	95	147	85	54
6	53	82	54	176	108	159	98	57
7	55	85	57	186	113	168	102	48
8	58	88	63	196	118	176	107	60
9	66	94	77	202	129	181	116	60
10	69	112	73	211	142	191	128	62
11	71	118	75	211	143	191	129	66
12	72	113	81	208	157	187	141	63
13	87	130	97	236	177	212	159	72
14	97	150	107	232	181	209	163	84
15	104	183	101	232	192	209	172	104
16	97	187	150	224	189	201	170	98
17	69	111	82	207	127	186	114	64
18	76	162	82	237	171	213	153	84
19	83	163	97	225	174	203	157	91
20	84	185	103	231	183	208	164	95
21	103	185	141	226	190	203	171	123
22	101	185	139	225	188	202	169	137
23	70	157	96	230	156	207	140	68
24	73	119	80	232	137	208	124	68
25	73	157	96	232	162	209	145	87
26	88	187	130	225	190	203	171	79
27	34	56	33	108	58	98	52	35
40	82	151	101	231	171	208	154	80
41	92	151	120	233	177	209	160	93
42	103	166	117	233	194	210	174	111
43	101	180	126	233	196	210	177	94
44	92	172	164	230	188	207	170	93
45	104	177	124	233	191	210	172	107

Note: - The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 4 (\$5,000 PDL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	159	269	198	533	338	479	304	171
2	172	282	207	573	362	515	325	183
3	175	289	216	597	367	538	330	195
4	186	302	219	639	392	575	353	213
5	186	305	218	657	417	591	376	215
6	198	311	232	664	428	598	385	221
7	203	314	245	683	456	615	411	229
8	206	334	251	702	468	632	421	245
9	212	341	279	716	520	645	468	241
10	215	345	281	724	501	652	450	242
11	212	367	288	718	486	646	438	245
12	236	374	308	776	557	698	501	263
13	244	373	273	734	554	661	499	269
14	256	404	296	812	573	730	515	289
15	281	444	307	845	620	760	558	308
16	265	437	341	736	559	663	503	272
17	221	404	260	730	445	657	401	244
18	255	453	324	827	561	745	505	263
19	252	447	304	728	478	655	431	251
20	258	445	313	823	543	741	488	262
21	304	490	365	812	541	730	487	305
22	349	523	404	809	654	728	589	351
23	211	456	305	742	503	667	452	238
24	256	456	304	748	484	673	436	277
25	244	494	301	826	602	744	542	278
26	290	506	415	809	642	728	578	301
27	153	256	177	502	301	451	271	160
40	227	402	274	730	471	657	423	269
41	230	390	285	730	501	657	450	259
42	231	421	310	750	547	675	492	282
43	267	433	315	775	620	697	558	297
44	232	425	300	729	494	656	445	241
45	269	434	304	828	616	746	554	287

Note: - The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 5 (\$20,000/\$40,000 Optional BIL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	22	42	25	74	35	66	32	21
2	23	44	27	80	39	72	35	22
3	24	47	29	88	43	78	39	23
4	26	53	30	98	49	89	44	25
5	26	53	33	103	53	93	47	27
6	28	59	33	110	61	99	55	28
7	29	59	41	115	70	104	64	28
8	30	62	37	124	66	111	60	30
9	36	66	49	127	70	114	63	35
10	36	73	47	129	78	116	70	34
11	41	80	44	141	81	128	73	47
12	39	79	49	128	84	115	76	43
13	44	88	55	142	97	128	87	42
14	50	104	60	132	100	118	90	46
15	62	113	64	132	108	119	97	59
16	71	98	77	136	104	122	94	67
17	38	86	44	143	69	129	62	42
18	54	115	58	132	96	118	87	52
19	58	108	58	135	85	122	77	58
20	57	112	65	132	98	119	88	67
21	74	112	89	130	106	116	95	89
22	81	112	89	131	105	117	95	80
23	38	99	58	135	87	122	78	38
24	40	78	47	137	74	123	67	40
25	49	100	53	132	87	118	78	50
26	55	108	72	130	105	116	95	61
27	20	37	21	67	30	61	27	20
40	43	100	62	134	95	121	85	50
41	46	94	67	141	106	127	93	46
42	58	112	72	139	113	126	101	59
43	60	101	75	138	106	125	96	58
44	65	99	89	135	92	122	82	68
45	61	112	72	136	107	123	96	64

Note: - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 7 (\$500 Deductible Collision)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	268	579	350	1,123	585	1,011	526	275
2	280	586	354	1,173	578	1,056	520	274
3	283	616	378	1,173	604	1,056	544	275
4	296	638	382	1,234	650	1,110	585	290
5	300	643	393	1,251	676	1,126	609	294
6	319	688	417	1,266	715	1,140	643	310
7	336	704	450	1,315	749	1,184	675	325
8	346	696	470	1,283	747	1,154	673	336
9	345	695	476	1,253	808	1,128	728	336
10	336	759	448	1,280	838	1,153	754	356
11	363	794	490	1,238	821	1,114	739	381
12	405	817	550	1,252	929	1,127	835	408
13	406	741	546	1,291	938	1,161	844	407
14	478	876	595	1,261	980	1,134	881	439
15	571	919	686	1,256	1,025	1,131	921	551
16	505	891	620	1,225	873	1,103	785	448
17	380	836	493	1,243	808	1,119	728	398
18	463	868	623	1,247	949	1,122	853	440
19	479	883	663	1,188	907	1,069	817	501
20	514	941	644	1,245	984	1,119	885	523
21	533	956	749	1,236	1,119	1,113	1,008	625
22	591	948	760	1,224	1,080	1,101	973	775
23	408	889	713	1,259	948	1,134	853	447
24	448	854	627	1,212	876	1,090	788	468
25	471	903	735	1,278	943	1,149	848	481
26	555	958	804	1,225	1,065	1,103	959	598
27	255	552	323	1,068	546	962	492	248
40	411	775	556	1,244	850	1,120	765	412
41	384	798	582	1,252	885	1,127	797	392
42	443	854	663	1,273	951	1,145	856	420
43	477	857	642	1,254	1,030	1,129	926	489
44	433	853	604	1,256	873	1,131	785	438
45	494	846	645	1,259	1,025	1,133	923	474

- Note:
- The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.
 - Part 8 Limited Collision \$500 deductible rates are 6% of the collision manual rate for the same model year and symbol.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 9 (\$500 Deductible Comprehensive)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	116	116	116	116	116	116	116	116
2	125	125	125	125	125	125	125	125
3	129	129	129	129	129	129	129	129
4	120	120	120	120	120	120	120	120
5	125	125	125	125	125	125	125	125
6	130	130	130	130	130	130	130	130
7	136	136	136	136	136	136	136	136
8	139	139	139	139	139	139	139	139
9	135	135	135	135	135	135	135	135
10	145	145	145	145	145	145	145	145
11	152	152	152	152	152	152	152	152
12	156	156	156	156	156	156	156	156
13	182	182	182	182	182	182	182	182
14	185	185	185	185	185	185	185	185
15	228	228	228	228	228	228	228	228
16	368	368	368	368	368	368	368	368
17	132	132	132	132	132	132	132	132
18	268	268	268	268	268	268	268	268
19	294	294	294	294	294	294	294	294
20	267	267	267	267	267	267	267	267
21	363	363	363	363	363	363	363	363
22	409	409	409	409	409	409	409	409
23	245	245	245	245	245	245	245	245
24	185	185	185	185	185	185	185	185
25	278	278	278	278	278	278	278	278
26	332	332	332	332	332	332	332	332
27	110	110	110	110	110	110	110	110
40	169	169	169	169	169	169	169	169
41	170	170	170	170	170	170	170	170
42	207	207	207	207	207	207	207	207
43	217	217	217	217	217	217	217	217
44	355	355	355	355	355	355	355	355
45	229	229	229	229	229	229	229	229

Note: - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Other Coverage Base Rates - Same for All Class/Territories

Part 6 (Medical Payments)	
Limit	Rate
5,000	21
10,000	27
15,000	36
20,000	38
25,000	42
50,000	48
100,000	57

Part 10 (Substitute Transportation)	
Limit	Rate
\$15/day, \$450 Max	12
\$30/day, \$900 Max	62
\$45/day, \$1,350 Max	144
\$100/day, \$3,000 Max	294

Part 11 (Towing and Labor)	
Limit	Rate
\$50 per disablement	8
\$100 per disablement	16

Part 3 (Uninsured Bodily Injury)	
Limit	Rate
20/40	10
20/50	11
20/60	11
25/50	12
25/60	12
35/80	13
50/100	14
100/100	15
100/200	15
100/300	16
200/400	19
250/500	19
300/500	22
500/500	28
500/1000	29
1000/1000	32

Part 12 (Underinsured Bodily Injury)	
Limit	Rate
20/40	0
20/50	1
20/60	1
25/50	2
25/60	3
35/80	8
50/100	16
100/100	28
100/200	29
100/300	30
200/400	80
250/500	95
300/500	138
500/500	254
500/1000	262
1000/1000	290

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Increased Limit Factors

Part 4 - Property Damage Liability	
Limit	Factor
5,000	1.000
10,000	1.204
15,000	1.220
20,000	1.232
25,000	1.242
35,000	1.254
50,000	1.265
100,000	1.280
250,000	1.309
500,000	1.329

Part 5 - Bodily Injury Liability	
Limit	Factor
20/40	1.00
20/50	1.01
20/60	1.01
25/50	1.05
25/60	1.06
35/80	1.16
50/100	1.27
100/100	1.48
100/200	1.49
100/300	1.50
200/400	1.83
250/500	1.94
300/500	2.18
500/500	2.86
500/1000	2.91
1000/1000	3.21

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Deductible Factors

Part 2 - PIP		
Deductible	Named Insured	& Household Member
100	0.980	0.980
250	0.960	0.950
500	0.920	0.900
1,000	0.860	0.810
2,000	0.740	0.650
4,000	0.630	0.520
8,000	0.550	0.410

Part 7 - Collision	
Deductible	Factor
300	*
500	1.000
1000	0.630
2000	0.480

* Flat Charge = .17 x Terr/Class Base Rate

Part 8 - Limited Collision	
Deductible	Factor
0	\$8 Flat Charge
300	\$5 Flat Charge
500	1.00
1,000	0.54
2,000	0.32

Part 7 - Collision	
Waiver Amount	Charge
300	10
500	13
1000	16
2000	25

Part 9 - Comprehensive		
Deductible	Full Glass	\$100 Ded Glass
300	*	0.840
500	1.000	0.840
1,000	0.660	0.840
2,000	0.600	0.840

* Flat Charge = .03 x Terr Base Rate

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Implicit Surcharge Exclusion Factors

Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	1.018	1.178	1.117	1.061	1.051	1.061	1.051	1.100
2	1.025	1.167	1.108	1.064	1.048	1.064	1.048	1.119
3	1.021	1.178	1.115	1.066	1.049	1.066	1.049	1.102
4	1.014	1.170	1.107	1.067	1.049	1.067	1.049	1.094
5	1.032	1.176	1.128	1.070	1.052	1.070	1.052	1.129
6	1.034	1.176	1.114	1.071	1.051	1.071	1.051	1.113
7	1.034	1.173	1.131	1.070	1.053	1.070	1.053	1.124
8	1.040	1.170	1.118	1.067	1.052	1.067	1.052	1.139
9	1.045	1.167	1.135	1.069	1.055	1.069	1.055	1.145
10	1.027	1.171	1.134	1.069	1.053	1.069	1.053	1.107
11	1.043	1.126	1.093	1.063	1.041	1.063	1.041	1.138
12	1.048	1.148	1.118	1.067	1.054	1.067	1.054	1.185
13	1.061	1.161	1.138	1.070	1.055	1.070	1.055	1.144
14	1.072	1.145	1.110	1.067	1.047	1.067	1.047	1.200
15	1.065	1.142	1.140	1.072	1.058	1.072	1.058	1.156
16	1.092	1.132	1.102	1.055	1.054	1.055	1.054	1.219
17	1.038	1.119	1.079	1.067	1.038	1.067	1.038	1.162
18	1.088	1.149	1.136	1.054	1.051	1.054	1.051	1.227
19	1.076	1.147	1.087	1.067	1.052	1.067	1.052	1.170
20	1.103	1.158	1.150	1.063	1.044	1.063	1.044	1.150
21	1.119	1.155	1.122	1.063	1.057	1.063	1.057	1.183
22	1.138	1.146	1.104	1.057	1.064	1.057	1.064	1.294
23	1.054	1.101	1.092	1.050	1.050	1.050	1.050	1.111
24	1.072	1.094	1.089	1.041	1.033	1.041	1.033	1.250
25	1.057	1.124	1.149	1.064	1.047	1.064	1.047	1.132
26	1.061	1.137	1.073	1.061	1.048	1.061	1.048	1.131
27	1.013	1.169	1.114	1.065	1.048	1.065	1.048	1.089
40	1.025	1.126	1.125	1.057	1.066	1.057	1.066	1.051
41	1.056	1.137	1.110	1.062	1.051	1.062	1.051	1.177
42	1.036	1.143	1.111	1.058	1.048	1.058	1.048	1.088
43	1.085	1.161	1.134	1.059	1.046	1.059	1.046	1.154
44	1.061	1.111	1.104	1.048	1.047	1.048	1.047	1.196
45	1.088	1.182	1.148	1.071	1.058	1.071	1.058	1.148

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Model Year / Symbol Factors

Part 7 (\$500 Deductible Collision)

Symbol	Model Year																1988& Prior
	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998-1990	1988& Prior		
1	0.835	0.784	0.738	0.695	0.656	0.619	0.583	0.552	0.522	0.493	0.468	0.445	0.421	0.365	0.106		
2	0.884	0.830	0.781	0.735	0.693	0.653	0.616	0.582	0.549	0.520	0.492	0.467	0.443	0.384	0.123		
3	0.935	0.878	0.826	0.777	0.732	0.690	0.650	0.613	0.579	0.547	0.517	0.491	0.465	0.403	0.145		
4	0.992	0.931	0.875	0.823	0.775	0.729	0.686	0.648	0.611	0.577	0.545	0.518	0.491	0.420	0.172		
5	1.051	0.987	0.927	0.871	0.819	0.771	0.726	0.684	0.645	0.608	0.574	0.545	0.517	0.442	0.203		
6	1.115	1.047	0.982	0.923	0.868	0.816	0.767	0.723	0.681	0.642	0.606	0.570	0.539	0.467	0.238		
7	1.182	1.110	1.042	0.978	0.919	0.864	0.812	0.765	0.720	0.678	0.640	0.602	0.570	0.486	0.277		
8	1.256	1.179	1.106	1.038	0.975	0.915	0.860	0.809	0.761	0.716	0.676	0.635	0.602	0.514	0.329		
10	1.333	1.252	1.174	1.101	1.033	0.970	0.911	0.856	0.805	0.758	0.714	0.671	0.635	0.543	0.386		
11	1.416	1.330	1.246	1.168	1.096	1.028	0.966	0.908	0.853	0.802	0.755	0.710	0.672	0.566	0.453		
12	1.504	1.412	1.323	1.241	1.163	1.091	1.024	0.961	0.903	0.849	0.798	0.750	0.710	0.599	0.533		
13	1.599	1.501	1.406	1.317	1.234	1.158	1.086	1.019	0.957	0.900	0.845	0.794	0.752	0.634	0.634		
14	1.701	1.597	1.494	1.400	1.312	1.229	1.153	1.081	1.015	0.953	0.895	0.841	0.788	0.671	0.752		
15	1.808	1.698	1.590	1.488	1.394	1.306	1.224	1.147	1.077	1.011	0.949	0.892	0.835	0.712	0.890		
16	1.923	1.806	1.690	1.582	1.481	1.387	1.300	1.219	1.143	1.071	1.006	0.946	0.885	0.744	1.042		
17	2.048	1.923	1.798	1.683	1.575	1.474	1.381	1.294	1.212	1.138	1.067	1.003	0.939	0.790	1.240		
18	2.212	2.077	1.942	1.818	1.701	1.592	1.491	1.398	1.309	1.229	1.152	1.083	1.014	0.853	1.426		
19	2.355	2.211	2.068	1.935	1.811	1.695	1.588	1.488	1.394	1.309	1.227	1.153	1.080	0.909	1.612		
20	2.560	2.404	2.248	2.104	1.969	1.843	1.726	1.618	1.515	1.423	1.334	1.254	1.174	0.988	1.798		
21	2.765	2.596	2.427	2.272	2.126	1.990	1.864	1.747	1.636	1.536	1.440	1.354	1.268	1.067	1.984		
22	2.969	2.788	2.607	2.440	2.284	2.137	2.002	1.876	1.757	1.650	1.547	1.454	1.362	1.146			
23	3.175	2.981	2.787	2.609	2.441	2.285	2.141	2.006	1.879	1.764	1.654	1.555	1.455	1.225			
24	3.481	3.269	3.057	2.861	2.678	2.506	2.348	2.200	2.060	1.935	1.814	1.705	1.596	1.343			
25	3.789	3.558	3.326	3.114	2.914	2.727	2.555	2.394	2.242	2.105	1.974	1.856	1.737	1.462			
26	4.096	3.846	3.596	3.366	3.150	2.948	2.762	2.588	2.424	2.276	2.134	2.006	1.878	1.580			

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Model Year / Symbol Factors

Part 9 (\$500 Deductible Comprehensive)

Symbol	Model Year															
	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998-1990	1989& Prior	
1	0.606	0.592	0.580	0.568	0.556	0.545	0.534	0.523	0.513	0.502	0.493	0.483	0.473	0.449	0.108	
2	0.639	0.625	0.612	0.599	0.587	0.575	0.563	0.551	0.540	0.529	0.519	0.509	0.498	0.472	0.132	
3	0.676	0.661	0.647	0.633	0.620	0.607	0.594	0.582	0.569	0.558	0.547	0.536	0.525	0.492	0.157	
4	0.715	0.699	0.684	0.670	0.655	0.641	0.628	0.614	0.602	0.589	0.576	0.564	0.553	0.518	0.186	
5	0.757	0.740	0.724	0.708	0.692	0.677	0.663	0.649	0.636	0.622	0.609	0.597	0.585	0.548	0.225	
6	0.802	0.784	0.766	0.750	0.733	0.717	0.702	0.686	0.671	0.657	0.643	0.630	0.617	0.579	0.266	
7	0.850	0.831	0.812	0.794	0.776	0.759	0.743	0.726	0.711	0.695	0.680	0.666	0.653	0.612	0.324	
8	0.900	0.880	0.860	0.841	0.822	0.804	0.786	0.769	0.752	0.736	0.719	0.705	0.690	0.647	0.388	
10	0.955	0.934	0.913	0.892	0.872	0.853	0.833	0.814	0.797	0.779	0.762	0.747	0.732	0.686	0.466	
11	1.015	0.992	0.969	0.947	0.925	0.904	0.884	0.864	0.844	0.826	0.807	0.791	0.775	0.726	0.559	
12	1.077	1.053	1.029	1.005	0.982	0.960	0.937	0.916	0.895	0.875	0.855	0.838	0.821	0.770	0.678	
13	1.145	1.119	1.093	1.068	1.043	1.019	0.995	0.972	0.950	0.928	0.907	0.889	0.871	0.816	0.816	
14	1.217	1.190	1.162	1.135	1.108	1.083	1.057	1.033	1.009	0.986	0.963	0.944	0.924	0.857	0.977	
15	1.295	1.266	1.236	1.206	1.178	1.151	1.124	1.097	1.071	1.047	1.023	1.003	0.972	0.910	1.174	
16	1.378	1.347	1.314	1.283	1.253	1.223	1.194	1.166	1.138	1.112	1.086	1.064	1.032	0.967	1.421	
17	1.466	1.433	1.399	1.366	1.333	1.301	1.270	1.240	1.211	1.182	1.154	1.131	1.096	1.027	1.715	
18	1.584	1.548	1.511	1.475	1.440	1.405	1.372	1.339	1.308	1.277	1.246	1.221	1.184	1.109	1.972	
19	1.686	1.648	1.609	1.571	1.533	1.496	1.461	1.426	1.393	1.359	1.327	1.301	1.260	1.181	2.230	
20	1.832	1.791	1.749	1.708	1.666	1.626	1.588	1.550	1.514	1.478	1.443	1.414	1.370	1.284	2.487	
21	1.980	1.935	1.889	1.844	1.800	1.756	1.715	1.674	1.635	1.596	1.558	1.527	1.480	1.386	2.744	
22	2.126	2.078	2.029	1.981	1.933	1.886	1.842	1.798	1.756	1.714	1.673	1.640	1.589	1.489		
23	2.272	2.221	2.168	2.117	2.066	2.017	1.969	1.922	1.877	1.832	1.789	1.753	1.699	1.592		
24	2.492	2.436	2.378	2.322	2.266	2.212	2.159	2.108	2.059	2.009	1.962	1.923	1.863	1.746		
25	2.712	2.651	2.588	2.527	2.466	2.407	2.350	2.294	2.240	2.187	2.135	2.092	2.028	1.900		
26	2.932	2.866	2.798	2.732	2.666	2.602	2.540	2.480	2.422	2.364	2.308	2.262	2.192	2.054		

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Stated Amount Comprehensive Rates (\$500 Deductible)

Territory	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
1	1.66	0.78	0.70	0.66	0.62	0.59	0.56	0.54	0.52	0.51	0.50	0.50	0.49	0.47	0.46	0.45
2	1.70	0.80	0.72	0.68	0.64	0.60	0.57	0.55	0.54	0.52	0.52	0.51	0.50	0.48	0.47	0.46
3	1.75	0.82	0.74	0.70	0.66	0.62	0.59	0.57	0.55	0.54	0.53	0.53	0.51	0.50	0.48	0.47
4	1.71	0.81	0.72	0.68	0.64	0.61	0.58	0.56	0.54	0.53	0.52	0.51	0.50	0.49	0.47	0.46
5	1.78	0.84	0.75	0.71	0.67	0.63	0.60	0.58	0.56	0.55	0.54	0.54	0.52	0.51	0.49	0.48
6	1.86	0.88	0.78	0.74	0.70	0.66	0.63	0.60	0.59	0.57	0.56	0.56	0.54	0.53	0.51	0.50
7	1.93	0.91	0.81	0.77	0.72	0.68	0.65	0.63	0.61	0.60	0.59	0.58	0.57	0.55	0.53	0.52
8	1.98	0.93	0.84	0.79	0.74	0.70	0.67	0.64	0.63	0.61	0.60	0.60	0.58	0.56	0.55	0.53
9	1.96	0.93	0.83	0.78	0.74	0.69	0.66	0.64	0.62	0.61	0.60	0.59	0.58	0.56	0.54	0.53
10	2.09	0.98	0.88	0.83	0.78	0.74	0.71	0.68	0.66	0.65	0.63	0.63	0.61	0.59	0.58	0.56
11	2.23	1.05	0.94	0.89	0.84	0.79	0.75	0.73	0.71	0.69	0.68	0.67	0.65	0.63	0.61	0.60
12	2.30	1.09	0.97	0.92	0.86	0.81	0.78	0.75	0.73	0.71	0.70	0.69	0.68	0.65	0.63	0.62
13	2.59	1.22	1.09	1.03	0.97	0.92	0.87	0.84	0.82	0.80	0.79	0.78	0.76	0.73	0.71	0.70
14	2.71	1.28	1.15	1.08	1.02	0.96	0.92	0.88	0.86	0.84	0.82	0.82	0.80	0.77	0.75	0.73
15	3.34	1.57	1.41	1.33	1.25	1.18	1.13	1.09	1.06	1.03	1.01	1.00	0.98	0.94	0.92	0.90
16	5.41	2.55	2.28	2.16	2.03	1.91	1.83	1.76	1.71	1.67	1.64	1.62	1.59	1.53	1.49	1.46
17	1.93	0.91	0.81	0.77	0.72	0.68	0.65	0.63	0.61	0.60	0.59	0.58	0.57	0.55	0.53	0.52
18	3.93	1.85	1.66	1.57	1.47	1.39	1.33	1.28	1.24	1.21	1.19	1.18	1.15	1.11	1.08	1.06
19	4.32	2.04	1.82	1.72	1.62	1.53	1.46	1.41	1.37	1.34	1.31	1.30	1.27	1.22	1.19	1.17
20	3.91	1.84	1.65	1.56	1.47	1.38	1.32	1.27	1.24	1.21	1.19	1.17	1.15	1.11	1.08	1.06
21	5.32	2.51	2.25	2.12	2.00	1.88	1.80	1.73	1.68	1.64	1.62	1.60	1.56	1.51	1.46	1.44
22	6.00	2.83	2.53	2.39	2.25	2.12	2.02	1.95	1.90	1.85	1.82	1.80	1.76	1.70	1.65	1.62
23	3.60	1.70	1.52	1.44	1.35	1.28	1.22	1.17	1.14	1.11	1.10	1.08	1.06	1.02	0.99	0.97
24	2.71	1.28	1.15	1.08	1.02	0.96	0.92	0.88	0.86	0.84	0.82	0.82	0.80	0.77	0.75	0.73
25	4.09	1.93	1.73	1.63	1.53	1.45	1.38	1.33	1.29	1.26	1.24	1.23	1.20	1.16	1.13	1.10
26	4.87	2.30	2.06	1.94	1.83	1.72	1.65	1.59	1.54	1.51	1.48	1.46	1.43	1.38	1.34	1.32
27	1.57	0.74	0.66	0.63	0.59	0.56	0.53	0.51	0.50	0.49	0.48	0.47	0.46	0.44	0.43	0.42
40	2.48	1.17	1.05	0.99	0.93	0.88	0.84	0.81	0.78	0.77	0.75	0.75	0.73	0.70	0.68	0.67
41	2.50	1.18	1.06	1.00	0.94	0.88	0.84	0.81	0.79	0.77	0.76	0.75	0.73	0.71	0.69	0.67
42	3.03	1.43	1.28	1.21	1.14	1.07	1.02	0.99	0.96	0.94	0.92	0.91	0.89	0.86	0.84	0.82
43	3.19	1.51	1.35	1.27	1.20	1.13	1.08	1.04	1.01	0.99	0.97	0.96	0.94	0.90	0.88	0.86
44	5.21	2.46	2.20	2.08	1.96	1.84	1.76	1.70	1.65	1.61	1.58	1.57	1.53	1.48	1.44	1.41
45	3.36	1.58	1.42	1.34	1.26	1.19	1.13	1.09	1.06	1.04	1.02	1.01	0.98	0.95	0.92	0.91

Stated Amount Fire Rates (\$500 Deductible)

1-27 & 40	0.21	0.10	0.09	0.08	0.08	0.07	0.07	0.07	0.07	0.06	0.06	0.06	0.06	0.06	0.06	0.06
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VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Stated Amount Theft Rates (\$500 Deductible)

Territory	Symbol																
	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	
1	0.96	0.45	0.40	0.38	0.36	0.34	0.32	0.31	0.30	0.30	0.29	0.29	0.28	0.27	0.26	0.26	
2	0.98	0.46	0.41	0.39	0.37	0.35	0.33	0.32	0.31	0.30	0.30	0.29	0.29	0.28	0.27	0.26	
3	1.02	0.48	0.43	0.41	0.38	0.36	0.34	0.33	0.32	0.31	0.31	0.31	0.30	0.29	0.28	0.27	
4	0.99	0.47	0.42	0.40	0.37	0.35	0.34	0.32	0.31	0.31	0.31	0.30	0.29	0.28	0.27	0.27	
5	1.04	0.49	0.44	0.42	0.39	0.37	0.35	0.34	0.33	0.32	0.32	0.31	0.31	0.30	0.29	0.28	
6	1.09	0.52	0.46	0.44	0.41	0.39	0.37	0.36	0.35	0.34	0.33	0.33	0.32	0.31	0.30	0.30	
7	1.14	0.54	0.48	0.46	0.43	0.40	0.39	0.37	0.36	0.35	0.35	0.34	0.34	0.32	0.31	0.31	
8	1.18	0.56	0.50	0.47	0.44	0.42	0.40	0.38	0.37	0.36	0.36	0.35	0.35	0.33	0.32	0.32	
9	1.17	0.55	0.49	0.47	0.44	0.41	0.39	0.38	0.37	0.36	0.35	0.35	0.34	0.33	0.32	0.32	
10	1.26	0.59	0.53	0.50	0.47	0.44	0.42	0.41	0.40	0.39	0.38	0.38	0.37	0.36	0.35	0.34	
11	1.36	0.64	0.57	0.54	0.51	0.48	0.46	0.44	0.43	0.42	0.41	0.41	0.40	0.38	0.37	0.37	
12	1.41	0.66	0.59	0.56	0.53	0.50	0.47	0.46	0.44	0.43	0.43	0.42	0.41	0.40	0.39	0.38	
13	1.61	0.76	0.68	0.64	0.60	0.57	0.54	0.52	0.51	0.50	0.49	0.48	0.47	0.45	0.44	0.43	
14	1.69	0.80	0.72	0.67	0.64	0.60	0.57	0.55	0.54	0.52	0.51	0.51	0.50	0.48	0.47	0.46	
15	2.13	1.00	0.90	0.85	0.80	0.75	0.72	0.69	0.67	0.66	0.65	0.64	0.62	0.60	0.59	0.58	
16	3.58	1.69	1.51	1.43	1.34	1.27	1.21	1.16	1.13	1.11	1.09	1.08	1.05	1.01	0.99	0.97	
17	1.14	0.54	0.48	0.46	0.43	0.40	0.39	0.37	0.36	0.35	0.35	0.34	0.34	0.32	0.31	0.31	
18	2.54	1.20	1.07	1.01	0.95	0.90	0.86	0.83	0.80	0.79	0.77	0.76	0.75	0.72	0.70	0.69	
19	2.82	1.33	1.19	1.12	1.06	1.00	0.95	0.92	0.89	0.87	0.86	0.85	0.83	0.80	0.78	0.76	
20	2.53	1.19	1.07	1.01	0.95	0.90	0.85	0.82	0.80	0.78	0.77	0.76	0.74	0.72	0.70	0.68	
21	3.52	1.66	1.49	1.40	1.32	1.24	1.19	1.14	1.11	1.09	1.07	1.06	1.03	1.00	0.97	0.95	
22	3.99	1.88	1.69	1.59	1.50	1.41	1.35	1.30	1.26	1.23	1.21	1.20	1.17	1.13	1.10	1.08	
23	2.32	1.09	0.98	0.92	0.87	0.82	0.78	0.75	0.73	0.72	0.70	0.70	0.68	0.66	0.64	0.63	
24	1.69	0.80	0.72	0.67	0.64	0.60	0.57	0.55	0.54	0.52	0.51	0.51	0.50	0.48	0.47	0.46	
25	2.65	1.25	1.12	1.06	1.00	0.94	0.90	0.86	0.84	0.82	0.81	0.80	0.78	0.75	0.73	0.72	
26	3.20	1.51	1.35	1.28	1.20	1.13	1.08	1.04	1.01	0.99	0.97	0.96	0.94	0.91	0.88	0.87	
27	0.89	0.42	0.38	0.36	0.34	0.32	0.30	0.29	0.28	0.28	0.27	0.27	0.26	0.25	0.25	0.24	
40	1.53	0.72	0.65	0.61	0.57	0.54	0.52	0.50	0.48	0.47	0.47	0.46	0.45	0.43	0.42	0.41	
41	1.54	0.73	0.65	0.62	0.58	0.55	0.52	0.50	0.49	0.48	0.47	0.46	0.45	0.44	0.42	0.42	
42	1.92	0.90	0.81	0.76	0.72	0.68	0.65	0.62	0.61	0.59	0.58	0.58	0.56	0.54	0.53	0.52	
43	2.03	0.96	0.86	0.81	0.76	0.72	0.69	0.66	0.64	0.63	0.62	0.61	0.60	0.57	0.56	0.55	
44	3.44	1.62	1.45	1.37	1.29	1.22	1.16	1.12	1.09	1.06	1.05	1.03	1.01	0.97	0.95	0.93	
45	2.14	1.01	0.91	0.85	0.80	0.76	0.72	0.70	0.68	0.66	0.65	0.64	0.63	0.61	0.59	0.58	

Stated Amount C.A.C. with M.M.&V. \$500 Deductible 15% of the Stated Amount Comprehensive Rate

Additional Charges to Reduce Deductible from \$500 - Same as Actual Cash Value Charges
For Higher Deductibles, Refer to Rule 16

Stated Amount Rating

B. Collision and Limited Collision Rating Procedure

1. Determine the Actual Cash Value premium for the latest model year shown in the Rate pages for the vehicle symbol developed from Rule 22 for the applicable territory, class and deductible. Divide the Actual Cash Value premium by the Stated Amount Divisor shown below. Round the result to the nearest cent. For Symbol 18 and above, use the Symbol 17 Actual Cash Value premium and divisor.
2. Apply the above rate to each \$100 of insured value to determine the stated amount premium.

Stated Amount Divisors

Symbol	Symbol
1	10
2	11
3	12
4	13
5	14
6	15
7	16
8	17

NOTE: The cost of the Waiver of Deductible is the same as that shown on the Actual Cash Value Rate pages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Miscellaneous Rating Factors

Multi-Car Discount - Part 1, 2, 4, 5, 7, 8, and 9 (Rule 19)
10%

Supporting Policy Discount - (Rule 19)
10%

Renewal Discount - Parts 1-12 (Rule 19)	
Number of Renewal Years	Discount
1	1%
2	1%
3	1%
4-5	2%
6-10	3%
11 or more	4%

Student Discounts - Parts 1-12; Classes 17, 18, 20, 21, 25, 26 (Rule 19)		
Good Student	At Home	Away At School
No	0%	10%
Yes	10%	21%

Hybrid Automobile Discount - Parts 1-12 (Rule 19)
10%

Class 15 Discount - (Rule 19)
25%

Annual Mileage Discount - Parts 1-8 and 12 (Rule 19)	
Annual Miles Driven	Discount
0 - 5,000	10%
5,001 - 7,500	5%

Passive Restraint Discount - Part 2, 3, 6, 12 (Rule 19)
25%

Public Transit Discount - Part 4 and 7 (Rule 19)
10%

* \$75 Maximum per eligible vehicle

Years Licensed Discount - Parts 1-12 (Rule 19)	
Years Licensed	Discount
0-6	0%
7-9	5%
10-15	8%
16-30	10%
31-50	10%
51+	0%

Fire, Theft and Combined Additional Coverage (Rule 21)	
Coverage	Actual Cash Value
Fire	10% of Comprehensive Coverage
Fire & Theft	70% of Comprehensive Coverage
Fire, Theft & C.A.C.	85% of Comprehensive Coverage

Excess Electronic Equipment Coverage (Rule 46)
Apply a rate of \$4 to each \$100 of valuation

Original Equipment Manufacturers Parts Coverage - Parts 7, 8, 9 (Rule 48)	
Coverage	Factor
Comprehensive	1.01
Collision	1.05
Limited Collision	1.05

* Comprehensive coverage is subject to a \$1.00 minimum premium.

Use of Other Automobiles (Rule 50)	
Liability	Physical Damage
See Rule 50 for rating procedure	See Rule 50 for rating procedure

Vermont Mutual Auto Enhancement (Rule 59)
\$45 per Automobile

Auto Loan/Lease Gap Coverage (Rule 60)
\$25 per Automobile

MODEL YEAR RATING (RULE 20)																
2011 Model Year Factors																
Collision: 1.065																
Comprehensive: 1.023																
Older Year Rate Factors																
Collision Symbol																
Model Year	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
2000	0.95	0.95	0.95	0.95	0.95	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94
1999	0.90	0.90	0.90	0.90	0.90	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.88	0.88	0.88	0.88
1990-98	0.78	0.78	0.78	0.77	0.77	0.77	0.76	0.76	0.76	0.75	0.75	0.75	0.75	0.75	0.74	0.74
Comprehensive Symbol																
Model Year	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
2000	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98
1999	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.95	0.95	0.95
1990-98	0.91	0.91	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.89	0.89	0.89	0.89

For 1989 and prior model year vehicles, see Rule 20.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Miscellaneous Motor Vehicles

	LIABILITY	PHYSICAL DAMAGE
Pick-Ups, Vans (Rule 32)	- Manual Rates	- Part 7 - 60%* - Part 8 - Manual Rate - Part 9 - 90%
Trailers (Rule 34)	- No Charge	- Parts 7, 8, and 9 50% Latest Model Year shown in Rate Pages for Territory 1, Class 10 - Symbol based on cost new
Antique Motor Cars (Rule 40) (Advisory Rating & Factors)	- Parts 1, 2, 4 & 5 - 25% of Class 10 - Parts 3, 6 and 12 - Manual Rates	- Parts 7, 8, and 9 50% Latest Model Year shown in Rate Pages for Territory 1, Class 10 - Symbol based on appraised value
Customized Vans and Pick-Ups (Rule 47)	- Not Applicable	- See Rule 47 for rating procedure
* Reduction not applicable to Waiver of Deductible premium		

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 1 (\$20,000/\$40,000 Mandatory BIL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	128	228	132	447	213	403	192	121
2	138	247	146	486	240	438	216	130
3	146	262	160	527	258	475	232	138
4	159	287	164	586	299	527	269	147
5	162	290	186	615	319	553	287	155
6	175	321	184	659	364	593	328	165
7	181	330	229	701	419	631	377	167
8	190	341	211	736	399	663	358	178
9	218	367	277	763	416	687	375	217
10	220	432	268	812	478	730	431	217
11	228	467	263	819	495	737	446	258
12	237	448	287	799	521	719	469	236
13	270	482	308	822	590	740	531	252
14	300	548	348	808	613	727	552	282
15	357	611	366	806	662	726	596	335
16	317	574	477	789	637	710	573	296
17	230	470	255	801	415	721	374	245
18	248	614	336	822	586	740	527	254
19	301	601	342	785	525	706	473	302
20	279	613	364	814	613	733	552	309
21	342	617	493	791	643	711	579	456
22	336	617	485	793	636	714	572	415
23	241	528	344	801	534	721	480	236
24	244	470	283	805	464	725	417	239
25	257	535	299	807	535	726	481	270
26	296	625	431	787	645	709	580	305
27	110	209	112	402	180	362	163	110
40	282	556	353	814	576	733	518	312
41	288	510	391	819	614	737	552	285
42	355	611	423	811	663	730	596	347
43	339	561	426	808	658	727	592	331
44	308	584	545	801	570	721	513	284
45	352	590	408	810	652	729	587	365

Note: - The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 2 (\$8,000 PIP)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	39	60	39	122	66	109	60	37
2	41	66	43	132	73	118	66	38
3	46	67	46	141	77	127	70	41
4	48	74	46	156	92	140	82	44
5	49	75	54	164	95	147	85	54
6	53	82	54	176	108	159	98	57
7	55	85	57	186	113	168	102	48
8	58	88	63	196	118	176	107	60
9	66	94	77	202	129	181	116	60
10	69	112	73	211	142	191	128	62
11	71	118	75	211	143	191	129	66
12	72	113	81	208	157	187	141	63
13	87	130	97	236	177	212	159	72
14	97	150	107	232	181	209	163	84
15	104	183	101	232	192	209	172	104
16	97	187	150	224	189	201	170	98
17	69	111	82	207	127	186	114	64
18	76	162	82	237	171	213	153	84
19	83	163	97	225	174	203	157	91
20	84	185	103	231	183	208	164	95
21	103	185	141	226	190	203	171	123
22	101	185	139	225	188	202	169	137
23	70	157	96	230	156	207	140	68
24	73	119	80	232	137	208	124	68
25	73	157	96	232	162	209	145	87
26	88	187	130	225	190	203	171	79
27	34	56	33	108	58	98	52	35
40	82	151	101	231	171	208	154	80
41	92	151	120	233	177	209	160	93
42	103	166	117	233	194	210	174	111
43	101	180	126	233	196	210	177	94
44	92	172	164	230	188	207	170	93
45	104	177	124	233	191	210	172	107

Note: - The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 4 (\$5,000 PDL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	159	269	198	533	338	479	304	171
2	172	282	207	573	362	515	325	183
3	175	289	216	597	367	538	330	195
4	186	302	219	639	392	575	353	213
5	186	305	218	657	417	591	376	215
6	198	311	232	664	428	598	385	221
7	203	314	245	683	456	615	411	229
8	206	334	251	702	468	632	421	245
9	212	341	279	716	520	645	468	241
10	215	345	281	724	501	652	450	242
11	212	367	288	718	486	646	438	245
12	236	374	308	776	557	698	501	263
13	244	373	273	734	554	661	499	269
14	256	404	296	812	573	730	515	289
15	281	444	307	845	620	760	558	308
16	265	437	341	736	559	663	503	272
17	221	404	260	730	445	657	401	244
18	255	453	324	827	561	745	505	263
19	252	447	304	728	478	655	431	251
20	258	445	313	823	543	741	488	262
21	304	490	365	812	541	730	487	305
22	349	523	404	809	654	728	589	351
23	211	456	305	742	503	667	452	238
24	256	456	304	748	484	673	436	277
25	244	494	301	826	602	744	542	278
26	290	506	415	809	642	728	578	301
27	153	256	177	502	301	451	271	160
40	227	402	274	730	471	657	423	269
41	230	390	285	730	501	657	450	259
42	231	421	310	750	547	675	492	282
43	267	433	315	775	620	697	558	297
44	232	425	300	729	494	656	445	241
45	269	434	304	828	616	746	554	287

Note: - The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 5 (\$20,000/\$40,000 Optional BIL)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	22	42	25	74	35	66	32	21
2	23	44	27	80	39	72	35	22
3	24	47	29	88	43	78	39	23
4	26	53	30	98	49	89	44	25
5	26	53	33	103	53	93	47	27
6	28	59	33	110	61	99	55	28
7	29	59	41	115	70	104	64	28
8	30	62	37	124	66	111	60	30
9	36	66	49	127	70	114	63	35
10	36	73	47	129	78	116	70	34
11	41	80	44	141	81	128	73	47
12	39	79	49	128	84	115	76	43
13	44	88	55	142	97	128	87	42
14	50	104	60	132	100	118	90	46
15	62	113	64	132	108	119	97	59
16	71	98	77	136	104	122	94	67
17	38	86	44	143	69	129	62	42
18	54	115	58	132	96	118	87	52
19	58	108	58	135	85	122	77	58
20	57	112	65	132	98	119	88	67
21	74	112	89	130	106	116	95	89
22	81	112	89	131	105	117	95	80
23	38	99	58	135	87	122	78	38
24	40	78	47	137	74	123	67	40
25	49	100	53	132	87	118	78	50
26	55	108	72	130	105	116	95	61
27	20	37	21	67	30	61	27	20
40	43	100	62	134	95	121	85	50
41	46	94	67	141	106	127	93	46
42	58	112	72	139	113	126	101	59
43	60	101	75	138	106	125	96	58
44	65	99	89	135	92	122	82	68
45	61	112	72	136	107	123	96	64

Note: - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 7 (\$500 Deductible Collision)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	268	579	350	1,123	585	1,011	526	275
2	280	586	354	1,173	578	1,056	520	274
3	283	616	378	1,173	604	1,056	544	275
4	296	638	382	1,234	650	1,110	585	290
5	300	643	393	1,251	676	1,126	609	294
6	319	688	417	1,266	715	1,140	643	310
7	336	704	450	1,315	749	1,184	675	325
8	346	696	470	1,283	747	1,154	673	336
9	345	695	476	1,253	808	1,128	728	336
10	336	759	448	1,280	838	1,153	754	356
11	363	794	490	1,238	821	1,114	739	381
12	405	817	550	1,252	929	1,127	835	408
13	406	741	546	1,291	938	1,161	844	407
14	478	876	595	1,261	980	1,134	881	439
15	571	919	686	1,256	1,025	1,131	921	551
16	505	891	620	1,225	873	1,103	785	448
17	380	836	493	1,243	808	1,119	728	398
18	463	868	623	1,247	949	1,122	853	440
19	479	883	663	1,188	907	1,069	817	501
20	514	941	644	1,245	984	1,119	885	523
21	533	956	749	1,236	1,119	1,113	1,008	625
22	591	948	760	1,224	1,080	1,101	973	775
23	408	889	713	1,259	948	1,134	853	447
24	448	854	627	1,212	876	1,090	788	468
25	471	903	735	1,278	943	1,149	848	481
26	555	958	804	1,225	1,065	1,103	959	598
27	255	552	323	1,068	546	962	492	248
40	411	775	556	1,244	850	1,120	765	412
41	384	798	582	1,252	885	1,127	797	392
42	443	854	663	1,273	951	1,145	856	420
43	477	857	642	1,254	1,030	1,129	926	489
44	433	853	604	1,256	873	1,131	785	438
45	494	846	645	1,259	1,025	1,133	923	474

- Note:
- The above rates are applicable to insureds with zero SDIP points.
 - Class 15 rates are 75% of Class 10 final rates for all coverages.
 - Part 8 Limited Collision \$500 deductible rates are 6% of the collision manual rate for the same model year and symbol.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Class-Territory Base Rates Part 9 (\$500 Deductible Comprehensive)								
Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	116	116	116	116	116	116	116	116
2	125	125	125	125	125	125	125	125
3	129	129	129	129	129	129	129	129
4	120	120	120	120	120	120	120	120
5	125	125	125	125	125	125	125	125
6	130	130	130	130	130	130	130	130
7	136	136	136	136	136	136	136	136
8	139	139	139	139	139	139	139	139
9	135	135	135	135	135	135	135	135
10	145	145	145	145	145	145	145	145
11	152	152	152	152	152	152	152	152
12	156	156	156	156	156	156	156	156
13	182	182	182	182	182	182	182	182
14	185	185	185	185	185	185	185	185
15	228	228	228	228	228	228	228	228
16	368	368	368	368	368	368	368	368
17	132	132	132	132	132	132	132	132
18	268	268	268	268	268	268	268	268
19	294	294	294	294	294	294	294	294
20	267	267	267	267	267	267	267	267
21	363	363	363	363	363	363	363	363
22	409	409	409	409	409	409	409	409
23	245	245	245	245	245	245	245	245
24	185	185	185	185	185	185	185	185
25	278	278	278	278	278	278	278	278
26	332	332	332	332	332	332	332	332
27	110	110	110	110	110	110	110	110
40	169	169	169	169	169	169	169	169
41	170	170	170	170	170	170	170	170
42	207	207	207	207	207	207	207	207
43	217	217	217	217	217	217	217	217
44	355	355	355	355	355	355	355	355
45	229	229	229	229	229	229	229	229

Note: - Class 15 rates are 75% of Class 10 final rates for all coverages.

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Other Coverage Base Rates - Same for All Class/Territories

Part 6 (Medical Payments)	
Limit	Rate
5,000	21
10,000	27
15,000	36
20,000	38
25,000	42
50,000	48
100,000	57

Part 10 (Substitute Transportation)	
Limit	Rate
\$15/day, \$450 Max	12
\$30/day, \$900 Max	62
\$45/day, \$1,350 Max	144
\$100/day, \$3,000 Max	294

Part 11 (Towing and Labor)	
Limit	Rate
\$50 per disablement	8
\$100 per disablement	16

Part 3 (Uninsured Bodily Injury)	
Limit	Rate
20/40	10
20/50	11
20/60	11
25/50	12
25/60	12
35/80	13
50/100	14
100/100	15
100/200	15
100/300	16
200/400	19
250/500	19
300/500	22
500/500	28
500/1000	29
1000/1000	32

Part 12 (Underinsured Bodily Injury)	
Limit	Rate
20/40	0
20/50	1
20/60	1
25/50	2
25/60	3
35/80	8
50/100	16
100/100	28
100/200	29
100/300	30
200/400	80
250/500	95
300/500	138
500/500	254
500/1000	262
1000/1000	290

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Increased Limit Factors

Part 4 - Property Damage Liability	
Limit	Factor
5,000	1.000
10,000	1.204
15,000	1.220
20,000	1.232
25,000	1.242
35,000	1.254
50,000	1.265
100,000	1.280
250,000	1.309
500,000	1.329

Part 5 - Bodily Injury Liability	
Limit	Factor
20/40	1.00
20/50	1.20
20/60	1.22
25/50	1.23
25/60	1.24
35/80	1.25
50/100	1.27
100/100	1.28
100/200	1.31
100/300	1.33
200/400	1.83
250/500	1.94
300/500	2.18
500/500	2.86
500/1000	2.91
1000/1000	3.21

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Deductible Factors

Part 2 - PIP		
Deductible	Named Insured	& Household Member
100	0.980	0.980
250	0.960	0.950
500	0.920	0.900
1,000	0.860	0.810
2,000	0.740	0.650
4,000	0.630	0.520
8,000	0.550	0.410

Part 7 - Collision	
Deductible	Factor
300	*
500	1.000
1000	0.630
2000	0.480

* Flat Charge = .17 x Terr/Class Base Rate

Part 8 - Limited Collision	
Deductible	Factor
0	\$8 Flat Charge
300	\$5 Flat Charge
500	1.00
1,000	0.54
2,000	0.32

Part 7 - Collision	
Waiver Amount	Charge
300	10
500	13
1000	16
2000	25

Part 9 - Comprehensive		
Deductible	Full Glass	\$100 Ded Glass
300	*	0.840
500	1.000	0.840
1,000	0.660	0.840
2,000	0.600	0.840

* Flat Charge = .03 x Terr Base Rate

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Implicit Surcharge Exclusion Factors

Territory	Class 10	Class 17	Class 18	Class 20	Class 21	Class 25	Class 26	Class 30
1	1.018	1.178	1.117	1.061	1.051	1.061	1.051	1.100
2	1.025	1.167	1.108	1.064	1.048	1.064	1.048	1.119
3	1.021	1.178	1.115	1.066	1.049	1.066	1.049	1.102
4	1.014	1.170	1.107	1.067	1.049	1.067	1.049	1.094
5	1.032	1.176	1.128	1.070	1.052	1.070	1.052	1.129
6	1.034	1.176	1.114	1.071	1.051	1.071	1.051	1.113
7	1.034	1.173	1.131	1.070	1.053	1.070	1.053	1.124
8	1.040	1.170	1.118	1.067	1.052	1.067	1.052	1.139
9	1.045	1.167	1.135	1.069	1.055	1.069	1.055	1.145
10	1.027	1.171	1.134	1.069	1.053	1.069	1.053	1.107
11	1.043	1.126	1.093	1.063	1.041	1.063	1.041	1.138
12	1.048	1.148	1.118	1.067	1.054	1.067	1.054	1.185
13	1.061	1.161	1.138	1.070	1.055	1.070	1.055	1.144
14	1.072	1.145	1.110	1.067	1.047	1.067	1.047	1.200
15	1.065	1.142	1.140	1.072	1.058	1.072	1.058	1.156
16	1.092	1.132	1.102	1.055	1.054	1.055	1.054	1.219
17	1.038	1.119	1.079	1.067	1.038	1.067	1.038	1.162
18	1.088	1.149	1.136	1.054	1.051	1.054	1.051	1.227
19	1.076	1.147	1.087	1.067	1.052	1.067	1.052	1.170
20	1.103	1.158	1.150	1.063	1.044	1.063	1.044	1.150
21	1.119	1.155	1.122	1.063	1.057	1.063	1.057	1.183
22	1.138	1.146	1.104	1.057	1.064	1.057	1.064	1.294
23	1.054	1.101	1.092	1.050	1.050	1.050	1.050	1.111
24	1.072	1.094	1.089	1.041	1.033	1.041	1.033	1.250
25	1.057	1.124	1.149	1.064	1.047	1.064	1.047	1.132
26	1.061	1.137	1.073	1.061	1.048	1.061	1.048	1.131
27	1.013	1.169	1.114	1.065	1.048	1.065	1.048	1.089
40	1.025	1.126	1.125	1.057	1.066	1.057	1.066	1.051
41	1.056	1.137	1.110	1.062	1.051	1.062	1.051	1.177
42	1.036	1.143	1.111	1.058	1.048	1.058	1.048	1.088
43	1.085	1.161	1.134	1.059	1.046	1.059	1.046	1.154
44	1.061	1.111	1.104	1.048	1.047	1.048	1.047	1.196
45	1.088	1.182	1.148	1.071	1.058	1.071	1.058	1.148

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Model Year / Symbol Factors

Part 7 (\$500 Deductible Collision)

Symbol	Model Year																1988& Prior
	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998-1999	1988& Prior		
1	0.835	0.784	0.738	0.695	0.656	0.619	0.583	0.552	0.522	0.493	0.468	0.445	0.421	0.365	0.106		
2	0.884	0.830	0.781	0.735	0.693	0.653	0.616	0.582	0.549	0.520	0.492	0.467	0.443	0.384	0.123		
3	0.935	0.878	0.826	0.777	0.732	0.690	0.650	0.613	0.579	0.547	0.517	0.491	0.465	0.403	0.145		
4	0.992	0.931	0.875	0.823	0.775	0.729	0.686	0.648	0.611	0.577	0.545	0.518	0.491	0.420	0.172		
5	1.051	0.987	0.927	0.871	0.819	0.771	0.726	0.684	0.645	0.608	0.574	0.545	0.517	0.442	0.203		
6	1.115	1.047	0.982	0.923	0.868	0.816	0.767	0.723	0.681	0.642	0.606	0.570	0.539	0.467	0.238		
7	1.182	1.110	1.042	0.978	0.919	0.864	0.812	0.765	0.720	0.678	0.640	0.602	0.570	0.486	0.277		
8	1.256	1.179	1.106	1.038	0.975	0.915	0.860	0.809	0.761	0.716	0.676	0.635	0.602	0.514	0.329		
10	1.333	1.252	1.174	1.101	1.033	0.970	0.911	0.856	0.805	0.758	0.714	0.671	0.635	0.543	0.386		
11	1.416	1.330	1.246	1.168	1.096	1.028	0.966	0.908	0.853	0.802	0.755	0.710	0.672	0.566	0.453		
12	1.504	1.412	1.323	1.241	1.163	1.091	1.024	0.961	0.903	0.849	0.798	0.750	0.710	0.599	0.533		
13	1.599	1.501	1.406	1.317	1.234	1.158	1.086	1.019	0.957	0.900	0.845	0.794	0.752	0.634	0.634		
14	1.701	1.597	1.494	1.400	1.312	1.229	1.153	1.081	1.015	0.953	0.895	0.841	0.788	0.671	0.752		
15	1.808	1.698	1.590	1.488	1.394	1.306	1.224	1.147	1.077	1.011	0.949	0.892	0.835	0.712	0.890		
16	1.923	1.806	1.690	1.582	1.481	1.387	1.300	1.219	1.143	1.071	1.006	0.946	0.885	0.744	1.042		
17	2.048	1.923	1.798	1.683	1.575	1.474	1.381	1.294	1.212	1.138	1.067	1.003	0.939	0.790	1.240		
18	2.212	2.077	1.942	1.818	1.701	1.592	1.491	1.398	1.309	1.229	1.152	1.083	1.014	0.853	1.426		
19	2.355	2.211	2.068	1.935	1.811	1.695	1.588	1.488	1.394	1.309	1.227	1.153	1.080	0.909	1.612		
20	2.560	2.404	2.248	2.104	1.969	1.843	1.726	1.618	1.515	1.423	1.334	1.254	1.174	0.988	1.798		
21	2.765	2.596	2.427	2.272	2.126	1.990	1.864	1.747	1.636	1.536	1.440	1.354	1.268	1.067	1.984		
22	2.969	2.788	2.607	2.440	2.284	2.137	2.002	1.876	1.757	1.650	1.547	1.454	1.362	1.146			
23	3.175	2.981	2.787	2.609	2.441	2.285	2.141	2.006	1.879	1.764	1.654	1.555	1.455	1.225			
24	3.481	3.269	3.057	2.861	2.678	2.506	2.348	2.200	2.060	1.935	1.814	1.705	1.596	1.343			
25	3.789	3.558	3.326	3.114	2.914	2.727	2.555	2.394	2.242	2.105	1.974	1.856	1.737	1.462			
26	4.096	3.846	3.596	3.366	3.150	2.948	2.762	2.588	2.424	2.276	2.134	2.006	1.878	1.580			

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Model Year / Symbol Factors

Part 9 (\$500 Deductible Comprehensive)

Symbol	Model Year															
	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998-1990	1989& Prior	
1	0.606	0.592	0.580	0.568	0.556	0.545	0.534	0.523	0.513	0.502	0.493	0.483	0.473	0.449	0.108	
2	0.639	0.625	0.612	0.599	0.587	0.575	0.563	0.551	0.540	0.529	0.519	0.509	0.498	0.472	0.132	
3	0.676	0.661	0.647	0.633	0.620	0.607	0.594	0.582	0.569	0.558	0.547	0.536	0.525	0.492	0.157	
4	0.715	0.699	0.684	0.670	0.655	0.641	0.628	0.614	0.602	0.589	0.576	0.564	0.553	0.518	0.186	
5	0.757	0.740	0.724	0.708	0.692	0.677	0.663	0.649	0.636	0.622	0.609	0.597	0.585	0.548	0.225	
6	0.802	0.784	0.766	0.750	0.733	0.717	0.702	0.686	0.671	0.657	0.643	0.630	0.617	0.579	0.266	
7	0.850	0.831	0.812	0.794	0.776	0.759	0.743	0.726	0.711	0.695	0.680	0.666	0.653	0.612	0.324	
8	0.900	0.880	0.860	0.841	0.822	0.804	0.786	0.769	0.752	0.736	0.719	0.705	0.690	0.647	0.388	
10	0.955	0.934	0.913	0.892	0.872	0.853	0.833	0.814	0.797	0.779	0.762	0.747	0.732	0.686	0.466	
11	1.015	0.992	0.969	0.947	0.925	0.904	0.884	0.864	0.844	0.826	0.807	0.791	0.775	0.726	0.559	
12	1.077	1.053	1.029	1.005	0.982	0.960	0.937	0.916	0.895	0.875	0.855	0.838	0.821	0.770	0.678	
13	1.145	1.119	1.093	1.068	1.043	1.019	0.995	0.972	0.950	0.928	0.907	0.889	0.871	0.816	0.816	
14	1.217	1.190	1.162	1.135	1.108	1.083	1.057	1.033	1.009	0.986	0.963	0.944	0.924	0.857	0.977	
15	1.295	1.266	1.236	1.206	1.178	1.151	1.124	1.097	1.071	1.047	1.023	1.003	0.972	0.910	1.174	
16	1.378	1.347	1.314	1.283	1.253	1.223	1.194	1.166	1.138	1.112	1.086	1.064	1.032	0.967	1.421	
17	1.466	1.433	1.399	1.366	1.333	1.301	1.270	1.240	1.211	1.182	1.154	1.131	1.096	1.027	1.715	
18	1.584	1.548	1.511	1.475	1.440	1.405	1.372	1.339	1.308	1.277	1.246	1.221	1.184	1.109	1.972	
19	1.686	1.648	1.609	1.571	1.533	1.496	1.461	1.426	1.393	1.359	1.327	1.301	1.260	1.181	2.230	
20	1.832	1.791	1.749	1.708	1.666	1.626	1.588	1.550	1.514	1.478	1.443	1.414	1.370	1.284	2.487	
21	1.980	1.935	1.889	1.844	1.800	1.756	1.715	1.674	1.635	1.596	1.558	1.527	1.480	1.386	2.744	
22	2.126	2.078	2.029	1.981	1.933	1.886	1.842	1.798	1.756	1.714	1.673	1.640	1.589	1.489		
23	2.272	2.221	2.168	2.117	2.066	2.017	1.969	1.922	1.877	1.832	1.789	1.753	1.699	1.592		
24	2.492	2.436	2.378	2.322	2.266	2.212	2.159	2.108	2.059	2.009	1.962	1.923	1.863	1.746		
25	2.712	2.651	2.588	2.527	2.466	2.407	2.350	2.294	2.240	2.187	2.135	2.092	2.028	1.900		
26	2.932	2.866	2.798	2.732	2.666	2.602	2.540	2.480	2.422	2.364	2.308	2.262	2.192	2.054		

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Stated Amount Comprehensive Rates (\$500 Deductible)

Territory	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
1	1.66	0.78	0.70	0.66	0.62	0.59	0.56	0.54	0.52	0.51	0.50	0.50	0.49	0.47	0.46	0.45
2	1.70	0.80	0.72	0.68	0.64	0.60	0.57	0.55	0.54	0.52	0.52	0.51	0.50	0.48	0.47	0.46
3	1.75	0.82	0.74	0.70	0.66	0.62	0.59	0.57	0.55	0.54	0.53	0.53	0.51	0.50	0.48	0.47
4	1.71	0.81	0.72	0.68	0.64	0.61	0.58	0.56	0.54	0.53	0.52	0.51	0.50	0.49	0.47	0.46
5	1.78	0.84	0.75	0.71	0.67	0.63	0.60	0.58	0.56	0.55	0.54	0.54	0.52	0.51	0.49	0.48
6	1.86	0.88	0.78	0.74	0.70	0.66	0.63	0.60	0.59	0.57	0.56	0.56	0.54	0.53	0.51	0.50
7	1.93	0.91	0.81	0.77	0.72	0.68	0.65	0.63	0.61	0.60	0.59	0.58	0.57	0.55	0.53	0.52
8	1.98	0.93	0.84	0.79	0.74	0.70	0.67	0.64	0.63	0.61	0.60	0.60	0.58	0.56	0.55	0.53
9	1.96	0.93	0.83	0.78	0.74	0.69	0.66	0.64	0.62	0.61	0.60	0.59	0.58	0.56	0.54	0.53
10	2.09	0.98	0.88	0.83	0.78	0.74	0.71	0.68	0.66	0.65	0.63	0.63	0.61	0.59	0.58	0.56
11	2.23	1.05	0.94	0.89	0.84	0.79	0.75	0.73	0.71	0.69	0.68	0.67	0.65	0.63	0.61	0.60
12	2.30	1.09	0.97	0.92	0.86	0.81	0.78	0.75	0.73	0.71	0.70	0.69	0.68	0.65	0.63	0.62
13	2.59	1.22	1.09	1.03	0.97	0.92	0.87	0.84	0.82	0.80	0.79	0.78	0.76	0.73	0.71	0.70
14	2.71	1.28	1.15	1.08	1.02	0.96	0.92	0.88	0.86	0.84	0.82	0.82	0.80	0.77	0.75	0.73
15	3.34	1.57	1.41	1.33	1.25	1.18	1.13	1.09	1.06	1.03	1.01	1.00	0.98	0.94	0.92	0.90
16	5.41	2.55	2.28	2.16	2.03	1.91	1.83	1.76	1.71	1.67	1.64	1.62	1.59	1.53	1.49	1.46
17	1.93	0.91	0.81	0.77	0.72	0.68	0.65	0.63	0.61	0.60	0.59	0.58	0.57	0.55	0.53	0.52
18	3.93	1.85	1.66	1.57	1.47	1.39	1.33	1.28	1.24	1.21	1.19	1.18	1.15	1.11	1.08	1.06
19	4.32	2.04	1.82	1.72	1.62	1.53	1.46	1.41	1.37	1.34	1.31	1.30	1.27	1.22	1.19	1.17
20	3.91	1.84	1.65	1.56	1.47	1.38	1.32	1.27	1.24	1.21	1.19	1.17	1.15	1.11	1.08	1.06
21	5.32	2.51	2.25	2.12	2.00	1.88	1.80	1.73	1.68	1.64	1.62	1.60	1.56	1.51	1.46	1.44
22	6.00	2.83	2.53	2.39	2.25	2.12	2.02	1.95	1.90	1.85	1.82	1.80	1.76	1.70	1.65	1.62
23	3.60	1.70	1.52	1.44	1.35	1.28	1.22	1.17	1.14	1.11	1.10	1.08	1.06	1.02	0.99	0.97
24	2.71	1.28	1.15	1.08	1.02	0.96	0.92	0.88	0.86	0.84	0.82	0.82	0.80	0.77	0.75	0.73
25	4.09	1.93	1.73	1.63	1.53	1.45	1.38	1.33	1.29	1.26	1.24	1.23	1.20	1.16	1.13	1.10
26	4.87	2.30	2.06	1.94	1.83	1.72	1.65	1.59	1.54	1.51	1.48	1.46	1.43	1.38	1.34	1.32
27	1.57	0.74	0.66	0.63	0.59	0.56	0.53	0.51	0.50	0.49	0.48	0.47	0.46	0.44	0.43	0.42
40	2.48	1.17	1.05	0.99	0.93	0.88	0.84	0.81	0.78	0.77	0.75	0.75	0.73	0.70	0.68	0.67
41	2.50	1.18	1.06	1.00	0.94	0.88	0.84	0.81	0.79	0.77	0.76	0.75	0.73	0.71	0.69	0.67
42	3.03	1.43	1.28	1.21	1.14	1.07	1.02	0.99	0.96	0.94	0.92	0.91	0.89	0.86	0.84	0.82
43	3.19	1.51	1.35	1.27	1.20	1.13	1.08	1.04	1.01	0.99	0.97	0.96	0.94	0.90	0.88	0.86
44	5.21	2.46	2.20	2.08	1.96	1.84	1.76	1.70	1.65	1.61	1.58	1.57	1.53	1.48	1.44	1.41
45	3.36	1.58	1.42	1.34	1.26	1.19	1.13	1.09	1.06	1.04	1.02	1.01	0.98	0.95	0.92	0.91

Stated Amount Fire Rates (\$500 Deductible)

1-27 & 40	0.21	0.10	0.09	0.08	0.08	0.07	0.07	0.07	0.07	0.06	0.06	0.06	0.06	0.06	0.06	0.06
45																

VERMONT MUTUAL MASSACHUSETTS PERSONAL AUTOMOBILE MANUAL

Stated Amount Theft Rates (\$500 Deductible)

Territory	Symbol																
	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	
1	0.96	0.45	0.40	0.38	0.36	0.34	0.32	0.31	0.30	0.30	0.29	0.29	0.28	0.27	0.26	0.26	
2	0.98	0.46	0.41	0.39	0.37	0.35	0.33	0.32	0.31	0.30	0.30	0.29	0.29	0.28	0.27	0.26	
3	1.02	0.48	0.43	0.41	0.38	0.36	0.34	0.33	0.32	0.31	0.31	0.31	0.30	0.29	0.28	0.27	
4	0.99	0.47	0.42	0.40	0.37	0.35	0.34	0.32	0.31	0.31	0.31	0.30	0.29	0.28	0.27	0.27	
5	1.04	0.49	0.44	0.42	0.39	0.37	0.35	0.34	0.33	0.32	0.32	0.31	0.31	0.30	0.29	0.28	
6	1.09	0.52	0.46	0.44	0.41	0.39	0.37	0.36	0.35	0.34	0.33	0.33	0.32	0.31	0.30	0.30	
7	1.14	0.54	0.48	0.46	0.43	0.40	0.39	0.37	0.36	0.35	0.35	0.34	0.34	0.32	0.31	0.31	
8	1.18	0.56	0.50	0.47	0.44	0.42	0.40	0.38	0.37	0.36	0.36	0.35	0.35	0.33	0.33	0.32	
9	1.17	0.55	0.49	0.47	0.44	0.41	0.39	0.38	0.37	0.36	0.35	0.35	0.34	0.33	0.32	0.32	
10	1.26	0.59	0.53	0.50	0.47	0.44	0.42	0.41	0.40	0.39	0.38	0.38	0.37	0.36	0.35	0.34	
11	1.36	0.64	0.57	0.54	0.51	0.48	0.46	0.44	0.43	0.42	0.41	0.41	0.40	0.38	0.37	0.37	
12	1.41	0.66	0.59	0.56	0.53	0.50	0.47	0.46	0.44	0.43	0.43	0.42	0.41	0.40	0.39	0.38	
13	1.61	0.76	0.68	0.64	0.60	0.57	0.54	0.52	0.51	0.50	0.49	0.48	0.47	0.45	0.44	0.43	
14	1.69	0.80	0.72	0.67	0.64	0.60	0.57	0.55	0.54	0.52	0.51	0.51	0.50	0.48	0.47	0.46	
15	2.13	1.00	0.90	0.85	0.80	0.75	0.72	0.69	0.67	0.66	0.65	0.64	0.62	0.60	0.59	0.58	
16	3.58	1.69	1.51	1.43	1.34	1.27	1.21	1.16	1.13	1.11	1.09	1.08	1.05	1.01	0.99	0.97	
17	1.14	0.54	0.48	0.46	0.43	0.40	0.39	0.37	0.36	0.35	0.35	0.34	0.34	0.32	0.31	0.31	
18	2.54	1.20	1.07	1.01	0.95	0.90	0.86	0.83	0.80	0.79	0.77	0.76	0.75	0.72	0.70	0.69	
19	2.82	1.33	1.19	1.12	1.06	1.00	0.95	0.92	0.89	0.87	0.86	0.85	0.83	0.80	0.78	0.76	
20	2.53	1.19	1.07	1.01	0.95	0.90	0.85	0.82	0.80	0.78	0.77	0.76	0.74	0.72	0.70	0.68	
21	3.52	1.66	1.49	1.40	1.32	1.24	1.19	1.14	1.11	1.09	1.07	1.06	1.03	1.00	0.97	0.95	
22	3.99	1.88	1.69	1.59	1.50	1.41	1.35	1.30	1.26	1.23	1.21	1.20	1.17	1.13	1.10	1.08	
23	2.32	1.09	0.98	0.92	0.87	0.82	0.78	0.75	0.73	0.72	0.70	0.70	0.68	0.66	0.64	0.63	
24	1.69	0.80	0.72	0.67	0.64	0.60	0.57	0.55	0.54	0.52	0.51	0.51	0.50	0.48	0.47	0.46	
25	2.65	1.25	1.12	1.06	1.00	0.94	0.90	0.86	0.84	0.82	0.81	0.80	0.78	0.75	0.73	0.72	
26	3.20	1.51	1.35	1.28	1.20	1.13	1.08	1.04	1.01	0.99	0.97	0.96	0.94	0.91	0.88	0.87	
27	0.89	0.42	0.38	0.36	0.34	0.32	0.30	0.29	0.28	0.28	0.27	0.27	0.26	0.25	0.25	0.24	
40	1.53	0.72	0.65	0.61	0.57	0.54	0.52	0.50	0.48	0.47	0.47	0.46	0.45	0.43	0.42	0.41	
41	1.54	0.73	0.65	0.62	0.58	0.55	0.52	0.50	0.49	0.48	0.47	0.46	0.45	0.44	0.42	0.42	
42	1.92	0.90	0.81	0.76	0.72	0.68	0.65	0.62	0.61	0.59	0.58	0.58	0.56	0.54	0.53	0.52	
43	2.03	0.96	0.86	0.81	0.76	0.72	0.69	0.66	0.64	0.63	0.62	0.61	0.60	0.57	0.56	0.55	
44	3.44	1.62	1.45	1.37	1.29	1.22	1.16	1.12	1.09	1.06	1.05	1.03	1.01	0.97	0.95	0.93	
45	2.14	1.01	0.91	0.85	0.80	0.76	0.72	0.70	0.68	0.66	0.65	0.64	0.63	0.61	0.59	0.58	

Stated Amount C.A.C. with M.M.&V. \$500 Deductible 15% of the Stated Amount Comprehensive Rate

Additional Charges to Reduce Deductible from \$500 - Same as Actual Cash Value Charges
For Higher Deductibles, Refer to Rule 16

Stated Amount Rating

B. Collision and Limited Collision Rating Procedure

1. Determine the Actual Cash Value premium for the latest model year shown in the Rate pages for the vehicle symbol developed from Rule 22 for the applicable territory, class and deductible. Divide the Actual Cash Value premium by the Stated Amount Divisor shown below. Round the result to the nearest cent. For Symbol 18 and above, use the Symbol 17 Actual Cash Value premium and divisor.
2. Apply the above rate to each \$100 of insured value to determine the stated amount premium.

Stated Amount Divisors

Symbol	Symbol
1	10
2	11
3	12
4	13
5	14
6	15
7	16
8	17

NOTE: The cost of the Waiver of Deductible is the same as that shown on the Actual Cash Value Rate pages.

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Miscellaneous Rating Factors

Multi-Car Discount - Part 1, 2, 4, 5, 7, 8, and 9 (Rule 19)
10%

Supporting Policy Discount - (Rule 19)
10%

Renewal Discount - Parts 1-12 (Rule 19)	
Number of Renewal Years	Discount
1	1%
2	1%
3	1%
4-5	2%
6-10	3%
11 or more	4%

Student Discounts - Parts 1-12; Classes 17, 18, 20, 21, 25, 26 (Rule 19)		
	Good Student	Away At School
No	0%	0%
Yes	10%	10%

Hybrid Automobile Discount - Parts 1-12 (Rule 19)
10%

Class 15 Discount - (Rule 19)
25%

Annual Mileage Discount - Parts 1-8 and 12 (Rule 19)	
Annual Miles Driven	Discount
0 - 5,000	10%
5,001 - 7,500	5%

Passive Restraint Discount - Part 2, 3, 6, 12 (Rule 19)
25%

Public Transit Discount - Part 4 and 7 (Rule 19)
10%

* \$75 Maximum per eligible vehicle

Years Licensed Discount - Parts 1-12 (Rule 19)	
Years Licensed	Discount
0-6	0%
7-9	5%
10-15	8%
16-30	10%
31-50	10%
51+	0%

Fire, Theft and Combined Additional Coverage (Rule 21)	
Coverage	Actual Cash Value
Fire	10% of Comprehensive Coverage
Fire & Theft	70% of Comprehensive Coverage
Fire, Theft & C.A.C.	85% of Comprehensive Coverage

Excess Electronic Equipment Coverage (Rule 46)
Apply a rate of \$4 to each \$100 of valuation

Original Equipment Manufacturers Parts Coverage - Parts 7, 8, 9 (Rule 48)	
Coverage	Factor
Comprehensive	1.01
Collision	1.05
Limited Collision	1.05

* Comprehensive coverage is subject to a \$1.00 minimum premium.

Use of Other Automobiles (Rule 50)	
Liability	Physical Damage
See Rule 50 for rating procedure	See Rule 50 for rating procedure

Vermont Mutual Auto Enhancement (Rule 59)
\$45 per Automobile

Auto Loan/Lease Gap Coverage (Rule 60)
\$25 per Automobile

MODEL YEAR RATING (RULE 20)																
2011 Model Year Factors																
	Collision:		1.065													
	Comprehensive:		1.023													
Older Year Rate Factors																
Collision Symbol																
Model Year	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
2000	0.95	0.95	0.95	0.95	0.95	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94	0.94
1999	0.90	0.90	0.90	0.90	0.90	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.88	0.88	0.88	0.88
1990-98	0.78	0.78	0.78	0.77	0.77	0.77	0.76	0.76	0.76	0.75	0.75	0.75	0.75	0.75	0.74	0.74
Comprehensive Symbol																
Model Year	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17
2000	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98	0.98
1999	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.95	0.95	0.95
1990-98	0.91	0.91	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.90	0.89	0.89	0.89	0.89

For 1989 and prior model year vehicles, see Rule 20.

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Miscellaneous Motor Vehicles

	LIABILITY	PHYSICAL DAMAGE
Pick-Ups, Vans (Rule 32)	- Manual Rates	- Part 7 - 60%* - Part 8 - Manual Rate - Part 9 - 90%
Trailers (Rule 34)	- No Charge	- Parts 7, 8, and 9 50% Latest Model Year shown in Rate Pages for Territory 1, Class 10 - Symbol based on cost new
Antique Motor Cars (Rule 40) (Advisory Rating & Factors)	- Parts 1, 2, 4 & 5 - 25% of Class 10 - Parts 3, 6 and 12 - Manual Rates	- Parts 7, 8, and 9 50% Latest Model Year shown in Rate Pages for Territory 1, Class 10 - Symbol based on appraised value
Customized Vans and Pick-Ups (Rule 47)	- Not Applicable	- See Rule 47 for rating procedure
* Reduction not applicable to Waiver of Deductible premium		