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# Massachusetts Private Passenger Automobile Statistical Plan

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Containing the Instructions and Codes Applicable to  
the Vehicles Rated in the Massachusetts Private  
Passenger Automobile Insurance Manual

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**Massachusetts Private Passenger Automobile  
Statistical Plan  
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# **Massachusetts Private Passenger Automobile Statistical Plan Part I - Overview**

## **A. SCOPE OF THE PLAN**

The Massachusetts Private Passenger Automobile Statistical Plan is applicable to total automobile direct business written by a company on vehicles rated in accordance with the Massachusetts Private Passenger Automobile Insurance Manual. The Massachusetts Private Passenger Automobile Insurance Manual, which is published by the Automobile Insurers Bureau of Massachusetts, should be used in conjunction with both the Private Passenger Automobile Statistical Plan and the various informational Accounting and Statistical Notices published periodically by Commonwealth Automobile Reinsurers. In order to assure that the statistical data reported to CAR is of the highest level of quality, the Massachusetts Private Passenger Automobile Statistical Plan provides companies with the necessary requirements, instructions and codes for reporting detailed statistical data for the following automobile insurance coverages to CAR:

- Bodily Injury to Others
- Personal Injury Protection (No-Fault)
- Bodily Injury Caused by an Uninsured Automobile
- Damage to Someone Else's Property
- Optional Bodily Injury to Others
- Medical Payments
- Collision
- Limited Collision
- Comprehensive
- Substitute Transportation
- Towing and Labor
- Bodily Injury Caused by an Underinsured Automobile

## **B. ORGANIZATION OF THE PLAN**

The Massachusetts Private Passenger Automobile Statistical Plan is organized in the following major divisions:

- Part I – Overview
- Part II – General Rules
- Part III – General Reporting Requirements (Premiums and Losses)
- Part IV – Reporting Instructions – Premiums
- Part V – Reporting Instructions – Losses
- Part VI – Coding Section
- Part VII – Statistical Data Quality Program
- Part VIII – Record Layouts
- Appendix A – Decision Tables – Classification Code and Coverage Code
- Appendix B – Premium and Accident Town Tables

The Overview Section introduces the Massachusetts Private Passenger Automobile Statistical Plan. It identifies the coverages for which this Plan is applicable, details the organization of this Plan, specifies the Statistical Plan's effective date and identifies how CAR informs users of updates to this Plan.

The General Rules Section of this Plan describes company reporting requirements and the proper method for reporting data to CAR. The General Reporting Requirements Section of this Plan contains general information relative to the reporting of premium, loss and claim count data to CAR. The Reporting Instructions Sections of this Plan contain specifications for reporting each of the data fields required on the various premium and loss record layouts.

# **Massachusetts Private Passenger Automobile Statistical Plan Part I - Overview**

## **B. ORGANIZATION OF THE PLAN (Continued)**

The Coding Section of this Plan identifies the possible values or codes that are valid for each of the data fields contained on the premium and loss record layouts. Data fields apply to all record layouts unless otherwise noted. If a specific data field only applies to a specific record layout or coverage, this will be indicated in the Coding Section. The Coding Section is divided into four subsections. The first section contains codes that are applicable to all record layouts. The remaining sections contain codes that are applicable to the individual liability, no-fault and physical damage record layouts.

The Statistical Data Quality Program Section of this Plan details the specifics of the Statistical Data Quality Program. The purpose of the Statistical Data Quality Program is to assure the quality and completeness of the data reported to CAR. This data is subsequently used for statistical, reinsurance and ratemaking functions. The Program is subdivided into two sections. The Statistical Data Quality Components Section contains CAR's expectations for reporting quality and timely statistical data and the Statistical Data Quality Penalties Section contains associated reporting penalties.

The Record Layouts Section of this Plan identifies the required record layout format including appropriate field positions for statistical records reported to CAR. A Private Passenger Record Layout Modification Key precedes the record layouts and identifies the fields to which modifications have been made in prior years.

Appendix A of this Plan contains detailed Classification and Coverage Code Decision Tables. These Decision Tables shall be used to determine whether specific data fields are required for a particular classification or coverage code.

Appendix B of this Plan contains two tables of valid Premium and Accident Town Codes. One table is listed in alphabetical order and the other is listed in numerical order. These towns correspond to the rating towns listed in the Massachusetts Private Passenger Automobile Insurance Manual.

## **C. EFFECTIVE DATE OF THE PLAN**

The Massachusetts Private Passenger Automobile Statistical Plan is applicable to policies with effective dates of January 1, 1981 and subsequent and contains revisions through the date noted on the cover page of this Plan. All policies and endorsements to such policies must contain the Statistical Plan coding and must be reported on the record format that was in effect for the particular policy effective year. Refer to the Private Passenger Automobile Statistical Plan applicable to the particular policy effective year.

## **D. UPDATES TO THE PLAN**

The Massachusetts Private Passenger Automobile Statistical Plan is published in loose-leaf form and as pages are revised or reprinted, all companies will receive a set of the revised pages only. The pages will be applicable to all new and renewal policies with effective dates on or after the date indicated in the lower left corner of the reprinted pages. Note that specific revisions will be indicated by a star (★) to the left of the line containing the revision. The date in the lower right corner of the page indicates the date that the page was last printed. Any special reporting instructions will be provided to companies via an Accounting and Statistical Notice published by CAR.

# Massachusetts Private Passenger Automobile Statistical Plan Part II - General Rules

## A. DATA REQUIREMENTS

All premium, paid loss and outstanding loss transactions (both ceded to CAR and voluntarily written) must be reported with the accounting month that corresponds to the month in which the transaction was booked by the company. Submissions for a particular accounting month must be received in statistically acceptable condition at the offices of CAR by the close of business on the established due date. Refer to the Statistical Data Quality Program Section of the Plan for additional information and potential penalties associated with this requirement.

### 1. Reporting Thresholds

When the Massachusetts automobile writings of a company which currently does not report statistical data to CAR exceeds the established reporting thresholds for statistically reportable coverages, statistical data beginning with that policy effective year must be reported to CAR on a monthly basis. The thresholds for private passenger business are \$100,000 in written premiums or \$50,000 in paid losses. Statistically reportable coverages are those coverages specified in the Massachusetts Private Passenger Automobile Statistical Plan. CAR verifies this data via the information recorded on the Exhibit of Premiums and Losses for the state of Massachusetts, which is contained on Page 15 of a company's Annual Statement for that calendar year. The reporting thresholds may be subject to yearly adjustments to reflect rate revisions and inflation. Refer to the Statistical Data Quality Components Section of the Statistical Data Quality Program for specific information on shipment reporting dates.

However, if a company cedes any business to CAR (refer to item C. of this section, then statistical data for all of the company's business, both ceded and voluntarily written, must be reported to CAR. This data must be reported regardless of whether the company's writings are below the reporting thresholds noted above.

### 2. Nil Submission

If no premium, paid loss and/or outstanding loss transactions were booked by the company during the accounting month being reported, the company must submit a Nil Submission Form to CAR. This form may be obtained from the company's Data Analyst at CAR. Refer to the Statistical Data Quality Penalty Section of the Statistical Data Quality Program for the penalties that will be assessed if a nil shipment is reported for any month in which premium, paid loss and/or outstanding loss transactions should have been reported to CAR.

### 3. Low Volume Companies

Subject to CAR's approval, small companies may be permitted to report statistical data to CAR on a quarterly basis, rather than monthly. Companies that write less than \$500,000 in written premiums and less than \$500,000 in paid losses for statistically reportable coverages will be considered eligible for quarterly statistical reporting and are referred to as low volume companies. CAR verifies a company's volume of writings via the data recorded on the company's Massachusetts Annual Statement Page 15 for the most recent calendar year. Refer to the Statistical Data Quality Program Section of this Plan for additional information and potential reporting penalties applicable to low volume companies.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part II - General Rules**

**A. DATA REQUIREMENTS (Continued)**

**4. Companies in a Run-Off Position**

Companies in a run-off position that have stopped writing Massachusetts automobile business must continue to statistically report run-off premium, paid loss and outstanding loss activity on all ceded policies. Statistical data must continue to be reported until all ceded premium has been reported and all ceded losses have been paid or closed without payment or CAR has closed-out the ceded premium and/or loss statistical reporting for the particular policy effective year. Additionally, companies in a run-off position must continue to report statistical data for voluntarily written business, but only until their total written premiums and paid losses (both voluntary and ceded combined) are less than the reporting thresholds noted above.

**5. Reconciliation of Massachusetts Annual Statement Page 15**

In addition to the above statistical reporting requirements, all companies that are licensed to write automobile insurance in the state of Massachusetts are required to submit a copy of their Massachusetts Annual Statement Page 15 even if they have no actual writings. On a quarterly basis, CAR reconciles the data recorded on a company's Massachusetts Annual Statement Page 15 to the data that the company has statistically reported to CAR. The reconciliation process is performed to verify the accuracy and completeness of the database utilized for statistical, ratemaking and reinsurance purposes. Specific information regarding the submission of Massachusetts Annual Statement Page 15 is detailed in a quarterly Accounting and Statistical Notice distributed by CAR. Refer to the Statistical Data Quality Program Section of this Plan for additional information and potential reporting penalties associated with the Massachusetts Annual Statement Page 15 process.

**6. Filing of Massachusetts Automobile Insurance Expense Call**

Additionally, on an annual basis, each member of CAR is required to file a calendar year Massachusetts Automobile Insurance Expense Call. The Expense Call identifies expenses for the following general categories: Loss Adjustment Expenses, Commissions, Acquisition, Field Supervision and Collection Expenses, Taxes, Licenses and Fees and General Expenses. The Expense Call identifies the portion of total company expenses that are attributable to the cost of transacting automobile insurance business in Massachusetts. On a yearly basis, CAR distributes an Accounting and Statistical Notice that contains specific instructions relative to the Massachusetts Automobile Insurance Expense Call. Refer to the Statistical Data Quality Program Section of the Plan for additional information and potential reporting penalties associated with the Expense Call process.

**B. REPORTING METHOD**

The instructions that are set forth in the Reporting Instructions – Premiums and Reporting Instructions – Losses Sections of this Plan refer to records reported to CAR on magnetic tape or tape cartridge. To obtain complete and detailed reporting instructions, refer to the CAR Statistical Edit Package that contains Accounting/Statistical Submission Reporting Instructions.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part II - General Rules**

**B. REPORTING METHOD (Continued)**

The following general instructions apply:

1. Each premium and loss shall be reported on an individual transaction-by-transaction basis in accordance with the instructions and codes contained in this Plan.
2. Companies are responsible for the completeness and accuracy of their own data. Prior to the submission of statistics, the company shall perform an audit of the statistics being reported to detect and correct any error in the assignment of statistical codes contained in the Coding Section of this Plan.
3. All coding must be numeric except for the following fields: Producer Code, Policy Identification Number, Vehicle Identification Number and Company Use fields on premium records and Producer Code, Policy Identification Number, Claim Identification Number, Vehicle Identification Number and Company Use fields on loss records. These fields may be reported with any combination of alphanumeric codes. Fields reserved for future use must be reported with spaces or zero filled.
4. For purposes of the Massachusetts Private Passenger Automobile Statistical Plan, all references to the reporting of spaces in any field will be denoted by an italicized lower case *b*. For example, in this Plan, Policy Identification Number 12345 would be denoted by 12345***bbbbbbbbbb*** (where *b* denotes a space). In this example, the symbol *b* indicates that a space would be reported by the company in every unused position of the Policy Identification Number field.
5. Data should be reported to CAR as follows:
  - a. Each submission must be filed on a monthly basis with the exception of outstanding loss records, which should be filed quarterly in the March, June, September and December shipments. The records must be submitted in accordance with the Call Schedule that is published annually as an Accounting and Statistical Notice.
  - b. In order to assure that a company's submission of data for a particular accounting month is complete, all premium and paid loss data for each accounting month must be submitted to CAR in a single mailing. However, it is acceptable for quarterly outstanding loss data to be submitted separately.

If a company is not able to consolidate their shipments for mailing to CAR, a request for waiver from this requirement must be filed with CAR. If CAR grants a waiver to this requirement, it is necessary for the company to continue to submit their data shipments to CAR in the same manner for each subsequent accounting month.
  - c. Companies that have no statistical data to report to CAR must report a Nil Submission Form. This report will indicate that a company has no premium, paid loss and/or outstanding loss transactions to report for a specific month.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part II - General Rules**

**B. REPORTING METHOD (Continued)**

5. Data should be reported to CAR as follows (continued):
  - d. Each shipment of statistics must contain several control records that include control and summary totals relating to the statistics submitted. These totals must be in agreement with the data submitted for the period covered.
  - e. All reported data must be submitted on the appropriate record format as specified in the Record Layout Section of this Plan.

**C. RISKS CEDED TO COMMONWEALTH AUTOMOBILE REINSURERS**

All premiums and losses that are associated with risks ceded to Commonwealth Automobile Reinsurers must be reported to CAR. Premium and loss transactions for such ceded risks must be identified by the appropriate CAR Identification Code specified in the Coding Section of this Plan.

CAR's Plan and Rules of Operation require that the premium on ceded policies be reported at the full policy premium for cedable or total limits, regardless of the date of cession. Although only cedable limits or coverages will be covered by CAR, the full policy premium must be reported. When the total limits premium for a policy exceeds CAR's cedable limits, the portion that exceeds the cedable limit must be reported as a separate record utilizing the special non-cedable Classification Code. This code is identified in the Coding Section of this Plan as a Special Rating and Adjustment classification. The record also must be reported with the appropriate voluntary business CAR Identification Code. The premium amount reported would be the portion of premium that exceeds the cedable limit.

Risks that are initially written as voluntary business, but then ceded to CAR during the policy's term must be ceded as CAR business for the entire policy period. That is, offset and reenter adjustment entries must be reported to remove the record as voluntary business and replace it as CAR business, using the appropriate ceded CAR Identification Code and the total premium and exposure for the risk.

**D. ADJUSTMENTS (ENDORSEMENTS)**

An adjustment to a previously reported statistical record is made by reporting a complete offset of the original record and a new record that shows the proper (adjusted) statistical codes, exposure and/or dollar amounts. For adjustments (including endorsements) to premium records, the dollar amounts and exposure of the original and offsetting records must net to zero. For adjustment to loss records, the dollar amount and claim count of the original and offsetting records must net to zero.

For additional explanation and examples regarding the method for reporting adjustments or endorsements on premium records, refer to Section A – Premiums of the General Reporting Requirements Section of this Plan.

**E. REINSURANCE – OTHER THAN CAR**

Experience is to be reported on direct business only. Therefore, the reports of experience shall not include premiums received from or losses paid to other companies on account of reinsurance assumed by the reporting company, nor shall any deductions be made by the reporting company for reinsured premiums or for losses recovered from other companies on account of reinsurance.



**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section A – Premiums**

**1. REPORTING OF PREMIUMS**

A separate premium record must be reported for each unique set of data elements contained in this Plan. Premiums are reported on statistical records by coverage (liability, personal injury protection (PIP) or no-fault, and physical damage). All bodily injury liability premium records must contain the combined premium of each separately developed bodily injury liability premium (i.e. compulsory bodily injury, optional bodily injury, medical payments, bodily injury caused by an underinsured auto and bodily injury caused by an uninsured auto). All other premium records (property damage liability, PIP (no-fault), other than collision and collision) should contain the individually developed premium.

Companies have the option to report combined bodily injury liability premiums apart from property damage liability premiums, on separate statistical records. Similarly, other than collision and collision premiums may be reported on separate statistical records if desired. Note that if Original Equipment  
★ Manufacturer (OEM) coverage exists on a policy, but is only applicable to one of the written physical damage coverages, separate collision and other than collision physical damage statistical records must be reported.

**2. REPORTING OF EXPOSURE**

Exposure is required as outlined in the Coding Section of this Plan. Exposure must be separately reported for each of the subdivisions of experience for which separate classification codes and exposure basis are shown. If the Classification and Coverage Code Decision Tables contained in Appendix A of this Plan indicate that exposure is not required for certain classification codes or coverage codes, then spaces or zeros must be reported in the Exposure field.

Refer to the Reporting Instructions and Coding Sections of this Plan for further instructions regarding the reporting of exposure.

**3. CHANGES IN COVERAGE BY ENDORSEMENT**

**a. Endorsements Effective as of the Policy Effective Date**

All original records affected by the change in coverage must be offset and new records must be reported with the revised codes. On the new record, all codes not impacted by the change in coverage shall remain the same. Both the offset and reenter records must be fully coded. The Transaction Effective Date should always equal the Policy Effective Date on the offset and reenter records.

The following is an example of liability endorsement records that would be reported to CAR due to adding a new driver. The rate calculation would be affected, as indicated by the following premium adjustments:

Record	Tx-Type	Pol-Eff-Date	Tx-Eff-Date	Pol-Exp-Date	Exp	BI Premium	PD Premium	Class Code
Original	11	06-00	06-00	06-01	+12	\$527	\$190	1101
Offset	12	06-00	06-00	06-01	-12	-\$527	-\$190	1101
Reenter	12	06-00	06-00	06-01	+12	\$812	\$289	1269

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section A – Premiums**

**3. CHANGES IN COVERAGE BY ENDORSEMENT (Continued)**

**b. Endorsements Effective Subsequent to the Policy Effective Date**

All original records affected by the change must be offset to cancel the unearned premium and exposure. New records must be reported with the to-be-earned premium and exposure for the endorsed coverage and the revised codes. On the new record, all codes not impacted by the change in coverage shall remain the same. Both the offset and reenter records must be fully coded. The Transaction Effective Date on the offset and reenter records should be the effective date of the endorsement.

The following is an example of physical damage endorsement records that would be reported to CAR due a change in vehicle subsequent to the effective date:

Record	Tx-Type	Pol-Eff-Date	Tx-Eff-Date	Pol-Exp-Date	Exp	OTC Prem	Coll Prem	VIN
Original	11	06-00	06-00	06-01	+12	\$72	\$250	JT3FJ62G1L1121580
Offset	12	06-00	12-00	06-01	- 6	-\$36	-\$125	JT3FJ62G1L1121580
Reenter	12	06-00	12-00	06-01	+ 6	\$88	\$494	1J4HI52K6TH450117

Changes by endorsement may be statistically reported on a coverage basis. For example, if the change is only for the bodily injury coverage, it is not necessary to include the corresponding property damage coverage information on the statistical record. However, any change to bodily injury premium must reflect the compulsory bodily injury, optional bodily injury, medical payments, bodily injury caused by an uninsured auto and bodily injury caused by an underinsured auto premiums, even if the change is limited to only one or some of the bodily injury coverages.

**4. CANCELLATION OF PREMIUMS**

When canceling premiums for a policy, all affected records must be individually offset (i.e. record by record) with the appropriate Transaction Type Code included on the cancellation record.

**a. Flat Cancellation**

For detailed information regarding flat cancellations, refer to the Massachusetts Private Passenger Automobile Insurance Manual. For a flat cancellation, the entry must be identical to the original entry except:

- i. The Exposure and Premium field(s) shall be shown as a credit
- ii. The Accounting Date shall be the month and year that the company booked the cancellation
- iii. The Transaction Type Code shall be 15

Record	Tx-Type	Actg-Date	Pol-Eff-Date	Tx-Eff-Date	Pol-Exp-Date	Exp	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$828	\$317
Cancellation	15	11-00	01-00	01-00	01-01	-12	-\$828	-\$317

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section A – Premiums**

**4. CANCELLATION OF PREMIUMS (Continued)**

**b. Pro Rata Cancellation**

For detailed information regarding pro rata cancellations, refer to the Massachusetts Private Passenger Automobile Insurance Manual. For a pro rata cancellation, the entry must be identical to the original entry except:

- i. The unearned portion of the premium and exposure shall be shown as a credit
- ii. The Transaction Effective Date shall be the effective date of the cancellation
- iii. The Accounting Date shall be the month and year that the company booked the cancellation
- iv. The Transaction Type Code shall be 13

Record	Tx-Type	Actg-Date	Pol-Eff-Date	Tx-Eff-Date	Pol-Exp-Date	Exp	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$716	\$269
Cancellation	13	11-00	01-00	06-00	01-01	-7	-\$403	-\$152

Refer to the Coding Section for the reporting of exposure on such transactions.

**c. Short Rate Cancellation**

For detailed information regarding short rate cancellations, refer to the Massachusetts Private Passenger Automobile Insurance Manual. For a short rate cancellation, the entry must be identical to the original entry except:

- i. The unearned portion of the premium, calculated on the basis of the applicable short rate table (located in the Massachusetts Private Passenger Automobile Insurance Manual), and the exposure shall be shown as a credit
- ii. The Transaction Effective Date shall be the effective date of the cancellation
- iii. The Accounting Date shall be the month and year that the company booked the cancellation
- iv. The Transaction Type Code shall be 13

Record	Tx-Type	Actg-Date	Pol-Eff-Date	Tx-Eff-Date	Pol-Exp-Date	Exp	BI Premium	PD Premium
Original	11	04-00	01-00	01-00	01-01	+12	\$716	\$269
Cancellation	13	11-00	01-00	06-00	01-01	-7	-\$338	-\$130

Refer to the Coding Section for the reporting of exposure on such transactions.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section A – Premiums**

**5. EXTRA-RISK RATING**

Physical damage premium records should be coded to identify the appropriate extra-risk category, and if applicable, should reflect the extra-risk rate charged to the insured. Note that extra-risk rating does not apply to limited collision coverage. Refer to the Coding Section of this Plan for specific instructions.

In cases where separate other than collision and collision records are reported for the same vehicle, and a rate adjustment is made to one coverage and not the other, the extra-risk coding must be provided for both records. For example, when coding records with an extra-risk category that only provides for a rate adjustment to the other than collision but not the collision portion of the insured's physical damage premium, each record should contain the applicable extra-risk rate code.

In this example, the collision record reported must contain extra-risk coding, even though the rate adjustment to the collision premium is zero. The extra-risk rate for two or more fire claims or two or more total theft claims only affects the other than collision coverage as shown below:

<b>Record</b>	<b>Other Than Collision Extra-Risk Rate Code</b>	<b>Collision Extra-Risk Rate Code</b>	<b>Rate Adjustment to Base Premium</b>
Other Than Collision	4	0	1.5
Collision	0	8	None

**6. SAFE DRIVER INSURANCE PLAN RECORDS**

The portion of bodily injury liability, property damage liability, PIP (no-fault) and physical damage collision premium attributable to the Safe Driver Insurance Plan surcharge or credit amounts must be reported separately on the applicable liability, no-fault or physical damage premium record format. Note that SDIP does not apply to the other than collision or limited collision coverages. Refer to the Coding Section of this Plan for specific instructions. The SDIP statistical record must be fully coded.

The SDIP statistical record shall contain only surcharge or credit premium. The fifth and sixth positions of the Classification Code indicate the SDIP status of the operator. On all other premium and loss records, the fifth and sixth position of the Classification code must be zeros.

The sign of the exposure, reported on both SDIP surcharge and credit records, must be positive (+). That is, the exposure must be reported as positive (+) for SDIP records representing a premium increase or a premium decrease. Therefore, an SDIP credit record would contain a positive (+) exposure amount and a negative (-) premium amount, and an SDIP surcharge record would contain a positive (+) exposure amount and a positive (+) premium amount.

If the status of an operator changes during the policy term, only the credit or surcharge record must be corrected. Follow the normal endorsement instructions. If a cancellation occurs, follow the normal cancellation instructions.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section A – Premiums**

**7. RATE DEVIATIONS**

Under Sections 113B and 193R of Chapter 175 of the Massachusetts General Laws, companies may request approval from the Massachusetts Division of Insurance to deviate from the approved fixed and established private passenger automobile rates. Statistical records reported on policies for which rate deviations have been applied must be coded with the appropriate Type of Risk and Rate Departure Factor Codes. Additionally, the premium reported on statistical records must reflect the policy premium after the application of rate deviations.

Refer to the Coding Section for applicable codes and examples.

**8. MULTIPLE YEAR POLICIES AND INSTALLMENT POLICIES**

Multiple year policies rated on an annual basis shall be reported in the same manner as one year policies. If the policy is written and rated for a period longer than one year, report the total policy premium for the full policy period and the total exposure for the full policy period.

The statistical reporting of policies written on an installment basis for terms not longer than one year is the same for policies written on a prepayment basis. Any interest or finance charge shall not be included in the premium reported for the policy.

**9. RULES FOR EXTENDING A POLICY**

A policyholder may request that his or her policy be extended. The statistical reporting for such extensions may be done by either of two methods: extension by endorsement or extension by cancellation and rewrite.

If the extension by endorsement method is used, the additional premium must be reported under the original policy number coded with Transaction Type Code 12. The Transaction Effective Date should be the date the extension took effect and the Policy Expiration Date should be the new expiration date.

If the extension is by cancellation and rewrite, a new policy number must be used and the unearned premium on the original policy must be credited in the same manner as any cancelled policy, coded with Transaction Type Code 13. All of the coding for the new policy shall be done in the usual manner under the new policy, coded with Transaction Type Code 11.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section B – Losses**

**1. REPORTING OF LOSSES**

Losses and allocated loss adjustment expenses must be reported on separate records with the applicable codes used to report the corresponding premium records in addition to the loss codes contained in the Coding Section of this Plan.

Allocated loss adjustment expenses must be submitted for all liability and PIP (no-fault) losses. For physical damage losses, allocated loss adjustment expenses are required only for ceded paid losses. However, allocated loss adjustment expenses for voluntary paid physical damage losses may be optionally reported.

**2. DEFINITION OF A CLAIM AND A CLAIM COUNT**

**a. Claim Definition**

For the purpose of this Plan, a claim shall be defined as:

- i. the loss incurred on account of bodily injury to any one individual arising out of any one accident for a particular coverage,
- ii. the loss for damage to the property, including loss of use, of any one individual (or legal entity) arising out of any one accident for which there is property damage coverage,
- iii. each individual loss arising under a physical damage coverage.

**b. Claim Count Definition**

A claim count shall be assigned when a loss payment has been made or an outstanding reserve reported. A liability or PIP (no-fault) claim partly paid and partly outstanding shall only be counted once, but may be counted either on the paid or outstanding transaction. However, note that if the claim is counted on the outstanding transaction, it is necessary for the company to report a claim count on the final paid loss record when the claim is closed. A claim on which more than one payment is made shall only be counted once. In the case of an accident involving two or more claims, each claim shall be counted separately. The following specific situations apply to the counting of claims:

- i. No claim count shall be assigned if involvement is limited to allocated loss adjustment expense or the cost of a bail bond.
- ii. A claim involving a loss payment or the establishment of an outstanding reserve under two or more types of loss shall be counted as a claim for each loss, with the exception of towing and labor.
- iii. Salvage, subrogation, and other recoveries (not reinsurance) shall be reported with a credit claim count only if the recovery is the total cost of the claim.
- iv. A claim for bodily injury indemnity and claims for care and loss of service arising from the same injury shall be counted as one claim.
- v. A claim for property damage indemnity and claims for loss of use arising out of the same accident shall be counted as one claim.
- vi. A physical damage claim involving glass damage under a collision loss shall be counted as one claim, under the collision coverage.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section B – Losses**

**2. DEFINITION OF A CLAIM AND A CLAIM COUNT (Continued)**

**b. Claim Count Definition (Continued)**

Use the following procedure for the reporting of Claim Count on paid and outstanding loss records:

Description of Transactions	Claim Count	
	O/S Reserve	Loss Payment
<b>Liability, &amp; PIP (No-Fault) Indemnity</b>		
If counting claims on initial paid basis:		
Initial reserve with no payment	1	N/A
Initial payment entry	0	1
Subsequent entries	0	0
If counting claims on final paid basis:		
Entries prior to final payment.	1	0
Final payment	0	1
<b>Physical Damage Indemnity (other than Towing and Labor)</b>		
If counting claims on initial paid basis:		
Initial payment entry	N/A	1
Subsequent entries	N/A	0
If counting claims on final paid basis:		
Entries prior to final payment	N/A	0
Final payment	N/A	1
<b>Towing and Labor</b>	0	0
<b>Salvage and Subrogation (excluding PIP)</b>		
Partial recoveries	0	0
Total recovery (claim count on final recovery record)	N/A	-1
<b>Allocated Expenses</b>	0	0

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**3. ACCIDENT REPORTING**

Each accident must be uniquely identified within a given accident year. The Claim Identification Number must be used to uniquely identify the accident and claimant. If multiple coverages are involved, each coverage must be uniquely identified through the use of Coverage and Type of Loss codes. Refer to the Reporting Instructions – Losses Section of this Plan for additional information on Claim Identification Number.

The following example illustrates several scenarios for reporting Claim Identification Number. Note that in all cases, the Claim Identification Number must be consistent for the liability and no-fault lines of business. Refer to methods 1, 2, and 3 of the example. However, it is not required for the physical damage Claim Identification Numbers to be consistent either with liability and no-fault or within physical damage. Refer to methods 2 and 3 of the example.

**Sample Loss Scenario:**

Company A's insured was in an accident for which he was at fault. The insured suffers injuries (\$9,000) plus lost wages (\$500) and his vehicle was damaged (\$2,100). The insured was also reimbursed for substitute transportation (\$900). The other driver was seriously injured (\$8,000), and his car was damaged (\$3,500). Company B paid for their driver's medical bills under PIP coverage and paid collision damage waiving the deductible. Company B then subrogated against the at-fault insured's insurance company. Company B also paid for a police report (\$10) and an independent medical exam (\$350) under PIP, which was included in their subrogation figure to Company A. Company B's insured then took court action against the at-fault driver for pain and suffering, etc. (\$10,000). Below is a summary of Company A's statistical reporting.

Claimant	Subline Code	Type of Loss Code	Coverage Code	Loss Amount	Claim Identification Number		
					Method 1	Method 2	Method 3
1 (Driver A)	621	05		\$1,500	ABC010	ABC010	ABC010
	625	24		\$7,500	ABC010	ABC010	ABC010
	625	34		\$500	ABC010	ABC010	ABC010
	628	11	016	\$1,600	ABC010	ABC019	ABC019
	628	09	083	\$900	ABC010	ABC019	ABC018
2 (Driver B)	621	03		\$3,500	ABC020	ABC020	ABC020
	621	01		\$10,000	ABC020	ABC020	ABC020
	621	11		\$9,160	ABC020	ABC020	ABC020



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**4. REPORTING OF ALLOCATED/UNALLOCATED LOSS ADJUSTMENT EXPENSES**

**a. Allocated Loss Adjustment Expenses (ALAE)**

Allocated loss adjustment expenses are the following types of expenses paid by a company in connection with the adjustment of a specific claim. ALAE are to be reported as separate records, in the same detail as indemnity losses, using the appropriate Transaction Type Code. Transaction Type Code 27 represents paid legal expenses, Transaction Type Code 29 represents paid medical expenses, and Transaction Type Code 24 represents all other paid expenses. Transaction Type Code 22 represents outstanding allocated loss adjustment expenses.

Note that salvage pool expenses should not be reported as allocated loss adjustment expenses. Refer to the Subrogation Recoveries/Expenses portion of this section for additional details.

**i. Transaction Type Code 27**

The following are allowable legal allocated loss adjustment expenses:

- a) Arbitration, court, and other specific items of expense, such as stenography, witnesses, summonses (excluding medical), and examinations under oath
- b) External attorney fees for claims in suit
- c) House counsel fees for claims in suit, excluding fees incurred to effect subrogation, provided that:
  - 1) The fees are computed at the same rate and by the same method as non-ceded claims,
  - 2) The fees reflect the total operating cost, including labor, on an individual suit basis and are substantiated by time statistics. (Operating costs are defined as expenses which are normally contained in company overhead, such as rent, heat, electricity, benefits, etc., but excludes any items of profit)

**ii. Transaction Type Code 29**

The following are allowable medical allocated loss adjustment expenses:

- a) Medical examinations to determine the extent of the company's liability
- b) Preferred provider network/organization service fee expenses incurred on a particular claim
- c) Expert medical or other evidence
- d) Laboratory and x-ray
- e) Autopsy
- f) Cost of medical records

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**4. REPORTING OF ALLOCATED/UNALLOCATED LOSS ADJUSTMENT EXPENSES  
(Continued)**

**a. Allocated Loss Adjustment Expenses (ALAE) (Continued)**

iii. Transaction Type Code 24

The following are allowable all other allocated loss adjustment expenses:

- a) Accident reconstruction
- b) Copies of documents
- c) Public records/police/fire reports (to the limit provided for by law)
- d) Motor vehicle registration search fees
- e) Appraisals of property (excluding motor vehicles)
- f) Special investigation of a claimant's background (including asset/credit reports)
- g) Engine oil, fluid analysis

**b. Unallocated Loss Adjustment Expenses**

Unallocated loss adjustment expenses are expenses paid by a company in settling a claim, that can not be directly allocated to a specific claim. Unallocated loss adjustment expenses are not to be reported. Examples of these expenses include:

- i. Overhead, salaries, and traveling expenses of company employees (other than amounts allocated as attorney fees for claims in suit)
- ii. Special investigations concerning the facts of the loss
- iii. Adjuster's fees, including those paid to independent adjusters and/or attorneys for adjusting claims (The term "adjusting" includes the investigation and adjustment of claims, the disposition of salvage, and the recovery of subrogation claims not in suit)
- iv. Fees for appraisals of motor vehicles, including preinspections and intensified appraisals
- v. Fees for retrieval of preinspection reports

**5. INTERCOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)  
CLAIMS**

The intercompany settlement reduces the dollars of loss charged against the insured to the extent he or she is free of fault by allowing his or her insurance company to recover from the company insuring the at-fault party.

When a PIP (no-fault) claim is established by a company (company #1) to cover damages caused by an at-fault third party to one of its insureds, and the company subsequently takes subrogation action against the company (company #2) insuring the at-fault party, the PIP claim reported by company #1 must follow the no-fault reporting and coding instructions set forth in this Plan.

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**5. INTERCOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)  
CLAIMS (Continued)**

The company being subrogated against (company #2) must establish a bodily injury liability claim to cover the amount of reimbursement to company #1. The reimbursement outstanding reserve and/or payment shall be coded to the vehicle at fault and shall be reported as an outstanding and/or paid loss with Type of Loss Code 11 or 14, depending upon the particulars of the claim. The amount of the reimbursement outstanding reserve and/or payment reported by company #2 shall include any reimbursement for allocated loss adjustment expense incurred by company #1 on its PIP claim, for medical, wage, and other economic loss, and for unallocated loss adjustment expense equal to 10% of the total amount of indemnity reimbursed. The sample loss scenario depicted previously in this section illustrates this reporting requirement under Claimant 2.

The reimbursement recovery received by company #1 shall be reported as a credit entry against the PIP claim using subrogation Transaction Type Code 26 and Type of Loss Code 45. If the recovery is equal to the full amount of the indemnity paid on the PIP claim, a credit claim count shall also be reported. Any allocated loss adjustment expense included in the recovery shall be reported as a separate record using the applicable allocated loss adjustment expense Transaction Type Code and Type of Loss Code 45. Any unallocated loss adjustment expense included in the recovery must not be reported.

**6. INTRACOMPANY REIMBURSEMENTS RESULTING FROM PIP (NO-FAULT)  
CLAIMS**

When multiple PIP (no-fault) claims are established by the same company as the result of one accident involving two or more of its insureds, the company must determine the at-fault party and then establish a separate bodily injury claim to reimburse the insured not at fault. The statistical reporting requirements for these claims are identical to those explained for company #2 above.

**7. SUBROGATION RECOVERIES/EXPENSES (OTHER THAN THOSE RESULTING  
FROM INTER/INTRACOMPANY REIMBURSEMENTS)**

When reporting the following types of subrogation recoveries, the records must contain all codes identical to the original entries, with the exception of the Transaction Type Code and the Accounting Date.

**a. Indemnity Recoveries**

Subrogation recoveries of previously reported indemnity transactions must be identified by subrogation Transaction Type Code 26. A recovery that equals the entire loss previously reported must carry a credit claim count; all other recoveries must carry a zero claim count. Certain expenses incurred in effecting the recovery, not to exceed the original loss amount, can be deducted from the recovery amount or reported separately with a subrogation Transaction Type Code. Such expenses include:

- i. Attorney's fees and associated costs for claims in suit
- ii. Court costs
- iii. Location/address reports

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**7. SUBROGATION RECOVERIES/EXPENSES (OTHER THAN THOSE RESULTING FROM INTER/INTRACOMPANY REIMBURSEMENTS) (Continued)**

**a. Indemnity Recoveries (Continued)**

The following are expenses that can neither be deducted from the recovery amount nor reported separately:

- i. Cost of company employees
- ii. Collection agency fees
- iii. Subrogation recovery services

**b. Allocated Loss Adjustment Expense Recoveries**

Subrogation recoveries of a previously reported allocated loss adjustment expense transaction must be reported as offsets to the original entries, using applicable allocated loss adjustment expense Transaction Type Codes. Claim Count must be reported as zero.

**8. SALVAGE RECOVERIES/EXPENSES**

Salvage recovery adjustments to previously reported collision, comprehensive, and property damage entries must be identified by salvage Transaction Type Code 25, and must contain all codes identical to the original entry, with the exception of the Transaction Type Code and the Accounting Date.

The following expenses incurred to effect salvage may be netted from the recovery amount or reported as a separate record with salvage Transaction Type Code 25 and Claim Count 0:

- a. Original towing and storage charges, excluding losses resulting from towing and labor
- b. Haul fees to salvage yard
- c. Pool fees of commission
- d. Auction fees
- e. Salvage title fees (to the limit provided for by law)
- f. Salvage pool expenses

**9. AMOUNT OF PAID LOSS AND EXPENSE**

The loss to be reported shall be the amount of paid indemnity, medical, wage, or other economic loss pertaining to a single coverage of the policy for a particular claimant. In the case of PIP (no-fault), amounts reported must be prior to recovery via intracompany or intercompany reimbursements.

Liability and PIP expense reported is the allocated loss adjustment expense paid and/or outstanding for the particular claim or coverage/accident. Paid allocated loss adjustment expense on physical damage losses is only required for ceded business, but may be optionally reported for voluntary business.

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**Section B – Losses**

**10. EXTENT OF VEHICLE LOSS FOR PAID LOSSES**

For each property damage liability and physical damage paid loss record reported, identify whether the loss is a total or a partial vehicle loss within the Partial/Total Loss Indicator field.

Regarding vehicle claims, a total loss is any loss where the insurer takes title to the damaged vehicle and gains the salvage value of the insured vehicle. (In certain cases the policyholder may retain title to the vehicle, but the estimated salvage value is deducted from the settlement. This satisfies the definition in that the insurer in fact took title and returned it to the insured upon being reimbursed for the estimated salvage value).

A partial loss is any loss where the insurer makes payment to a policyholder of a dollar amount for the repair of the insured vehicle. The insured retains title to the vehicle. The partial/total loss status will remain as determined at first payment. All non-vehicle claims should be coded as partial losses.

Refer to the Coding Section of this Plan for specific instructions on reporting the Partial/Total Loss Indicator.

**11. OUTSTANDING LOSSES (EXCLUDING PHYSICAL DAMAGE)**

Outstanding losses shall be evaluated as of each quarter ending date and shall be reported in the method prescribed in the Annual Call Schedule.

Outstanding PIP (no-fault) losses may be subdivided between medical, wage, or all other economic losses, using applicable Type of Loss Codes, or outstanding PIP losses may be reported in total, using a non-split outstanding Type of Loss Code 23.

**12. GLASS LOSSES**

All glass losses should be reported with the appropriate Coverage Code and Type of Loss Code. Specifically,

- a. Individual glass damage losses should be reported with an other than collision Coverage Code and Type of Loss Code 03.
- b. Glass damage resulting from a collision should be reported with a collision Coverage Code and the appropriate Type of Loss Code.
- c. Glass damage resulting from an other than collision loss should be reported with an other than collision Coverage Code and the appropriate Type of Loss Code.

**13. EXTRA-RISK RATING**

Physical damage loss records should be coded to identify the appropriate extra-risk category as reported on the corresponding premium record. Refer to Section A – Premiums of the General Reporting Requirements Section of this Plan for additional information relative to extra-risk rating.

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**Section A – Liability**

**1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)**

Report the three (3) digit numeric code assigned by CAR.

**2. TRANSACTION TYPE CODE (Positions 4-5)**

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

**3. ACCOUNTING DATE (Positions 6-7)**

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

**4. POLICY EFFECTIVE DATE (Positions 8-10)**

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year of the entry being reported. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

**5. TRANSACTION EFFECTIVE DATE (Positions 11-13)**

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

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**Section A – Liability**

**6. POLICY EXPIRATION DATE (Positions 14-16)**

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, a policy expiration year of 2002 shall be reported as 02 in positions 15-16.

**7. STATE CODE (Positions 17-18)**

Report State Code 20.

**8. PREMIUM TOWN CODE (Positions 19-21)**

Report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town).

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town Code.

Refer to Appendix B for applicable codes.

**9. CAR IDENTIFICATION CODE (Position 22)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**10. TYPE OF RISK CODE (Position 23)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)**

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

**12. SUBLINE CODE (Positions 27-29)**

Report Subline Code 621.

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**Section A – Liability**

**13. CLASSIFICATION CODE (Positions 30-35)**

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

**14. MODEL YEAR CENTURY CODE (Position 36)**

Report the one (1) digit numeric code.

**15. BODILY INJURY LIMITS CODE (Positions 37-38)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

**★ 16. PROPERTY DAMAGE LIMIT CODE (Positions 39-40)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

**★ 17. MEDICAL PAYMENTS LIMIT CODE (Positions 41-42)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

**18. BODILY INJURY CAUSED BY AN UNINSURED AUTO LIMITS CODE (Positions 43-44)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

**19. BODILY INJURY CAUSED BY AN UNDERINSURED AUTO LIMITS CODE (Positions 45-46)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

**20. Reserved for Future Use (Position 47)**

Report space or zero.

**21. ESTIMATED ANNUAL MILEAGE CODE (Positions 48-50)**

Report the three (3) digit numeric code rounded to the nearest hundred miles.

Refer to the Coding Section for examples.



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**Section A – Liability**

**22. MODEL YEAR CODE (Positions 51-52)**

Report the two (2) digit numeric code corresponding to the third and fourth positions of the model year of the vehicle.

Refer to the Coding Section for examples.

**23. Reserved for Future Use (Position 53)**

Report space or zero.

**24. CLASS GROUP CODE (Position 54)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**25. Reserved for Future Use (Position 55)**

Report space or zero.

**26. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**27. DISCOUNT CODE (Position 57)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**28. Reserved for Future Use (Positions 58-60)**

Report spaces or zeros.

**29. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**30. Reserved for Future Use (Positions 67-71)**

Report spaces or zeros.

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**Section A – Liability**

**31. ZIP CODE (Positions 72-80)**

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) digit ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

**32. EXPOSURE (Positions 81-87)**

Report exposure as the number of car months. A car month is equivalent to one car insured for one month. Refer to the Exposure table in the Coding Section.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

**33. RATE DEPARTURE FACTOR CODE (Positions 88-90)**

Report the three (3) digit numeric code. The Rate Departure Factor Code must be numeric and within the range of the current approved rate deviations.

If the transaction does not have a rate deviation report Rate Departure Factor Code 100. Any spaces or non-numeric characters will be converted to zeros.

Refer to the Coding Section for examples.

**34. Reserved for Future Use (Positions 91-95)**

Report spaces or zeros.

**35. BODILY INJURY PREMIUM AMOUNT (Positions 96-103)**

Report the combined premium for Bodily Injury, Optional Bodily Injury, Medical Payments, Bodily Injury Caused by an Uninsured Auto and Bodily Injury Caused by an Underinsured Auto rounded to the nearest whole dollar.

The Bodily Injury Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

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**Section A – Liability**

**36. PROPERTY DAMAGE PREMIUM AMOUNT (Positions 104-111)**

Report the property damage premium rounded to the nearest whole dollar.

The Property Damage Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

**37. Reserved for Future Use (Positions 112-114)**

Report spaces or zeros.

**38. POLICY IDENTIFICATION NUMBER (Positions 115-130)**

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**39. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)**

Report the Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**40. COMPANY USE (Positions 148-150)**

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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**Section B – No-Fault**

**1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)**

Report the three (3) digit numeric code assigned by CAR.

**2. TRANSACTION TYPE CODE (Positions 4-5)**

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

**3. ACCOUNTING DATE (Positions 6-7)**

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

**4. POLICY EFFECTIVE DATE (Positions 8-10)**

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year of the entry being reported. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

**5. TRANSACTION EFFECTIVE DATE (Positions 11-13)**

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

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**Section B – No-Fault**

**6. POLICY EXPIRATION DATE (Positions 14-16)**

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, for a policy expiration year of 2002 shall be reported as 02 in positions 15-16.

**7. STATE CODE (Positions 17-18)**

Report State Code 20.

**8. PREMIUM TOWN CODE (Positions 19-21)**

Report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town).

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town code.

Refer to Appendix B for applicable codes.

**9. CAR IDENTIFICATION CODE (Position 22)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**10. TYPE OF RISK CODE (Position 23)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)**

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

**12. SUBLINE CODE (Positions 27-29)**

Report Subline Code 625.

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**Section B – No-Fault**

**13. CLASSIFICATION CODE (Positions 30-35)**

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

**14. MODEL YEAR CENTURY CODE (Position 36)**

Report the one (1) digit numeric code.

**15. PIP COVERAGE CODE (Position 37)**

Report the one (1) digit numeric code. Refer to the Coding Section for the applicable code.

**16. PIP DEDUCTIBLE CODE (Positions 38-39)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

**17. Reserved for Future Use (Positions 40-47)**

Report space or zeros.

**18. ESTIMATED ANNUAL MILEAGE CODE (Positions 48-50)**

Report the three (3) digit numeric code rounded to the nearest hundred miles. Refer to the Coding Section for examples.

**19. MODEL YEAR CODE (Positions 51-52)**

Report the two (2) digit numeric code corresponding to the third and fourth positions of the model year of the vehicle.

Refer to the Coding Section for examples.

**20. Reserved for Future Use (Position 53)**

Report space or zero.

**21. CLASS GROUP CODE (Position 54)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**22. Reserved for Future Use (Position 55)**

Report space or zero.

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**Section B – No-Fault**

**23. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**24. DISCOUNT CODE (Position 57)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**25. Reserved for Future Use (Positions 58-60)**

Report spaces or zeros.

**26. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**27. RESERVED FOR FUTURE USE (Positions 67-71)**

Report spaces or zeros.

**28. ZIP CODE (Positions 72-80)**

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) digit ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

**29. EXPOSURE (Positions 81-87)**

Report exposure as the number of car months. A car month is equivalent to one car insured for one month. Refer to the Exposure table in the Coding Section.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

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**Section B – No-Fault**

**30. RATE DEPARTURE FACTOR CODE (Positions 88-90)**

Report the three (3) digit numeric code. The Rate Departure Factor Code must be numeric and within the range of the current approved rate deviations.

If the transaction does not have a rate deviation report Rate Departure Factor Code of 100. Any spaces or non-numeric characters will be converted to zeros.

Refer to the Coding Section for examples.

**31. Reserved for Future Use (Positions 91-95)**

Report spaces or zeros.

**32. PIP (NO-FAULT) PREMIUM AMOUNT (Positions 96-103)**

Report the PIP premium rounded to the nearest whole dollar.

The PIP Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

**33. Reserved for Future Use (Positions 104-114)**

Report spaces or zeros.

**34. POLICY IDENTIFICATION NUMBER (Positions 115-130)**

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.



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**35. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)**

Report the Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen 17 characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**36. COMPANY USE (Positions 148-150)**

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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**Section C – Physical Damage**

**1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)**

Report the three (3) digit numeric code assigned by CAR.

**2. TRANSACTION TYPE CODE (Positions 4-5)**

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

**3. ACCOUNTING DATE (Positions 6-7)**

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

**4. POLICY EFFECTIVE DATE (Positions 8-10)**

Report the month and year of the effective date of the policy.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth position of the policy effective year of the entry being reported. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

**5. TRANSACTION EFFECTIVE DATE (Positions 11-13)**

Report the month and year of the effective date of the transaction.

Transaction effective month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Transaction effective year requires a two (2) digit code in positions 12-13. Use the third and fourth positions of the transaction effective year of the entry being reported. For example, a transaction effective year of 2001 shall be reported as 01 in positions 12-13.

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**Section C – Physical Damage**

**6. POLICY EXPIRATION DATE (Positions 14-16)**

Report the month and year of the expiration date of the policy.

Policy expiration month requires a one (1) digit code in position 14. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy expiration year requires a two (2) digit code in positions 15-16. Use the third and fourth positions of the policy expiration year of the entry being reported. For example, a policy expiration year of 2002 shall be reported as 02 in positions 15-16.

**7. STATE CODE (Positions 17-18)**

Report State Code 20.

**8. PREMIUM TOWN CODE (Positions 19-21)**

Report the three (3) digit numeric code for the town that is the location of principal garaging (i.e. rating town).

If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state Premium Town Code.

Refer to Appendix B for applicable codes.

**9. CAR IDENTIFICATION CODE (Position 22)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**10. TYPE OF RISK CODE (Position 23)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)**

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

**12. SUBLINE CODE (Positions 27-29)**

Report Subline Code 628.

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**Section C – Physical Damage**

**13. CLASSIFICATION CODE (Positions 30-35)**

Report the six (6) digit numeric code assigned to the vehicle or coverage. Refer to the Coding Section for applicable codes.

**14. MODEL YEAR CENTURY CODE (Position 36)**

Report the one (1) digit numeric code.

**15. OTHER THAN COLLISION COVERAGE CODE (Positions 37-39)**

Report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

**16. COLLISION COVERAGE CODE (Positions 40-42)**

Report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

**17. Reserved for Future Use (Positions 43-44)**

Report spaces or zeros.

**18. SYMBOL CODE (Positions 45-46)**

Report the two (2) digit numeric code assigned to the vehicle for the transaction being reported. Refer to the Coding Section for applicable codes and examples.

**19. PRE-INSURANCE INSPECTION IDENTIFICATION CODE (Position 47)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes

**20. ESTIMATED ANNUAL MILEAGE CODE (Positions 48-50)**

Report the three (3) digit numeric code rounded to the nearest hundred miles.

Refer to the Coding Section for examples.

**21. MODEL YEAR CODE (Positions 51-52)**

Report the two (2) digit numeric code corresponding to the third and fourth positions of the model year of the vehicle.

Refer to the Coding Section for examples.

**22. ANTI-THEFT DEVICE DISCOUNT CODE (Position 53)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

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**Section C – Physical Damage**

**23. CLASS GROUP CODE (Position 54)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**24. Reserved for Future Use (Position 55)**

Report space or zero.

**★ 25. OEM COVERAGE CODE (Position 56)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**26. DISCOUNT CODE (Position 57)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**27. VALUE CODE (Positions 58-60)**

Report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

**28. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. This field must be left justified with no spaces between significant digits. If the Producer Code reported is less than six (6) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**29. HIGH-THEFT VEHICLE CODE (Position 67)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**30. Reserved for Future Use (Position 68)**

Report space or zero.

**31. EXTRA-RISK RATING CODE – OTHER THAN COLLISION (Position 69)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**32. Reserved for Future Use (Position 70)**

Report space or zero.

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**Section C – Physical Damage**

**33. EXTRA-RISK RATING CODE - COLLISION (Position 71)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**34. ZIP CODE (Positions 72-80)**

Report the five (5) or nine (9) digit numeric code which represents the location of principal garaging of the vehicle for which the transaction is being reported. If the vehicle has no principal place of garaging in Massachusetts (i.e. out-of-state), use the appropriate out-of-state ZIP Code.

ZIP Code must be left justified with no spaces between significant digits. If a five (5) position ZIP Code is reported, report spaces in all unused positions.

Refer to the Coding Section for examples.

**35. EXPOSURE (Positions 81-87)**

Report exposure as the number of car months. A car month is equivalent to one car insured for one month. Refer to the Exposure table in the Coding Section.

The Exposure field is a numeric field where all negative values must be reported as signed. Any value from -9999999 to 9999999 may be reported. Exposure must be right justified with leading zeros.

**36. RATE DEPARTURE FACTOR CODE (Positions 88-90)**

Report the three (3) digit numeric code. The Rate Departure Factor Code must be numeric and within the range of the current approved rate deviations.

If the transaction does not have a rate deviation report Rate Departure Factor Code 100. Any spaces or non-numeric characters will be converted to zeros.

Refer to the Coding Section for examples.

**37. Reserved for Future Use (Positions 91-95)**

Report spaces or zeros.

**38. OTHER THAN COLLISION PREMIUM AMOUNT (Positions 96-103)**

Report the other than collision premium rounded to the nearest whole dollar.

The Other Than Collision Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

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**Section C – Physical Damage**

**39. COLLISION PREMIUM AMOUNT (Positions 104-111)**

Report the collision premium rounded to the nearest whole dollar.

The Collision Premium Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

**40. Reserved for Future Use (Positions 112-114)**

Report spaces or zeros.

**41. POLICY IDENTIFICATION NUMBER (Positions 115-130)**

Report the policy number or any other alphanumeric combination of characters that will make it possible to locate the policy record within company files. The number must consist only of significant alphanumeric characters.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Policy Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**42. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)**

Report the Vehicle Identification Number of the vehicle for which the transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**43. COMPANY USE (Positions 148-150)**

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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**Section A – Liability**

**1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)**

Report the three (3) digit numeric code assigned by CAR.

**2. TRANSACTION TYPE CODE (Positions 4-5)**

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

**3. ACCOUNTING DATE (Positions 6-7)**

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

**4. POLICY EFFECTIVE DATE (Positions 8-10)**

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

**5. ACCIDENT DATE (Positions 11-15)**

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions 12-13.



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**Section A – Liability**

**5. ACCIDENT DATE (Positions 11-15) (Continued)**

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth positions of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

**6. Reserved for Future Use (Position 16)**

Report space or zero.

**7. STATE CODE (Positions 17-18)**

Report State Code 20.

**8. PREMIUM TOWN CODE (Positions 19-21)**

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

**9. CAR IDENTIFICATION CODE (Position 22)**

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

**10. TYPE OF RISK CODE (Position 23)**

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)**

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

**12. SUBLINE CODE (Positions 27-29)**

Report Subline Code 621.

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**Section A – Liability**

**13. CLASSIFICATION CODE (Positions 30-35)**

Report the six (6) digit numeric code. The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**14. MODEL YEAR CENTURY CODE (Position 36)**

Report the one (1) digit numeric code.

**★ 15. LIABILITY LIMITS CODE (Positions 37-38)**

Report the two (2) digit numeric code for the limit under which the loss was incurred.

Refer to the Coding Section for applicable codes.

**16. Reserved for Future Use (Position 39)**

Report space or zero.

**17. ACCIDENT TOWN CODE (Positions 40-42 )**

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in out-of-state accidents must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

**18. Reserved for Future Use (Positions 43-47)**

Report spaces or zeros.

**19. ESTIMATED ANNUAL MILEAGE CODE (Positions 48-50)**

Report the three (3) digit numeric code. The Estimated Annual Mileage Code on the loss record must match the Estimated Annual Mileage Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

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**Section A – Liability**

**20. MODEL YEAR CODE (Positions 51-52)**

Report the two (2) digit numeric code. The Model Year Code on the loss record must match the Model Year Code in effect as of the date of loss, from the vehicle's corresponding premium record.

**21. Reserved for Future Use (Position 53)**

Report space or zero.

**22. CLASS GROUP CODE (Position 54)**

Report the one (1) digit numeric code. The Class Group Code on the loss record must match the Class Group Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

**23. PARTIAL/TOTAL LOSS INDICATOR (Position 55)**

Report the one (1) digit numeric code that indicates the damage to the vehicle involved in the accident. Refer to the Coding Section for applicable codes.

**24. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)**

Report the one (1) digit numeric code. The Passive Restraint Device Discount Code on the loss record must match the Passive Restraint Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**25. DISCOUNT CODE (Position 57)**

Report the one (1) digit numeric code. The Discount Code on the loss record must match the Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**26. Reserved for Future Use (Positions 58-60)**

Report spaces or zeros.

**27. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

**28. Reserved for Future Use (Positions 67-71)**

Report spaces or zeros.

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**Section A – Liability**

**29. ZIP CODE (Positions 72-80)**

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

**30. RESERVED FOR FUTURE USE (Position 81)**

Report space or zero.

**31. REPORTING DATE (Positions 82-84)**

Report the month and year in which the claim was established. Reporting month requires a one (1) digit code in position 82. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Reporting year requires a two (2) digit code in positions 83-84. Use the third and fourth positions of the year in which the claim was established. For example, a claim established in the year 2001 shall be reported as 01 in positions 83-84.

**32. Reserved for Future Use (Positions 85-86)**

Report spaces or zeros.

**33. TYPE OF LOSS CODE (Positions 87-88)**

Report the two (2) digit numeric code that describes the liability type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

**34. Reserved for Future Use (Position 89)**

Report space or zero.

**35. CLAIM COUNT (Position 90)**

Report the one (1) digit numeric code. Valid values are +1, 0 and -1. The Claim Count field is a numeric field where all negative values must be reported as signed.

Refer to Section B – Losses of the General Reporting Requirements Section for Claim Count definitions and examples.

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**Section A – Liability**

**36. LOSS AMOUNT (Positions 91-98)**

Report the amount of the liability loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

**37. CLAIM IDENTIFICATION NUMBER (Positions 99-114)**

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**38. POLICY IDENTIFICATION NUMBER (Positions 115-130)**

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the policy's corresponding premium record.

Refer to the Coding Section for examples.

**39. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)**

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**40. COMPANY USE (Positions 148-150)**

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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**Section B – No Fault**

**1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)**

Report the three (3) digit numeric code assigned by CAR.

**2. TRANSACTION TYPE CODE (Positions 4-5)**

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

**3. ACCOUNTING DATE (Positions 6-7)**

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

**4. POLICY EFFECTIVE DATE (Positions 8-10)**

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

**5. ACCIDENT DATE (Positions 11-15)**

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions 12-13.

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**Section B – No Fault**

**5. ACCIDENT DATE (Positions 11-15) (Continued)**

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth positions of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

**6. Reserved for Future Use (Position 16)**

Report space or zero.

**7. STATE CODE (Positions 17-18)**

Report State Code 20.

**8. PREMIUM TOWN CODE (Positions 19-21)**

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

**9. CAR IDENTIFICATION CODE (Position 22)**

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

**10. TYPE OF RISK CODE (Position 23)**

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)**

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

**12. SUBLINE CODE (Positions 27-29)**

Report Subline Code 625.

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**Section B – No Fault**

**13. CLASSIFICATION CODE (Positions 30-35)**

Report the six (6) digit numeric code. The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**14. MODEL YEAR CENTURY CODE (Position 36)**

Report the one (1) digit numeric code.

**15. PIP COVERAGE CODE (Position 37)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable code.

**16. PIP DEDUCTIBLE CODE (Positions 38-39)**

Report the two (2) digit numeric code. Refer to the Coding Section for applicable codes.

**17. ACCIDENT TOWN CODE (Positions 40-42)**

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in out-of-state accidents must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

**18. Reserved for Future Use (Positions 43-47)**

Report spaces or zeros.

**19. ESTIMATED ANNUAL MILEAGE CODE (Positions 48-50)**

Report the three (3) digit numeric code. The Estimated Annual Mileage Code on the loss record must match the Estimated Annual Mileage Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

**20. MODEL YEAR CODE (Positions 51-52)**

Report the two (2) digit numeric code. The Model Year Code on the loss record must match the Model Year Code in effect as of the date of loss, from the vehicle's corresponding premium record.



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**Section B – No Fault**

**21. TYPE OF CLAIMANT CODE (Position 53)**

Report the one (1) digit numeric code. Refer to the Coding Section for the applicable codes.

**22. CLASS GROUP CODE (Position 54)**

Report the one (1) digit numeric code. The Class Group Code on the loss record must match the Class Group Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

**23. Reserved for Future Use (Position 55)**

Report space or zero.

**24. PASSIVE RESTRAINT DEVICE DISCOUNT CODE (Position 56)**

Report the one (1) digit numeric code. The Passive Restraint Device Discount Code on the loss record must match the Passive Restraint Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**25. DISCOUNT CODE (Position 57)**

Report the one (1) digit numeric code. The Discount Code on the loss record must match the Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**26. Reserved for Future Use (Positions 58-60)**

Report spaces or zeros.

**27. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

**28. Reserved for Future Use (Positions 67-71)**

Report spaces or zeros.

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**Section B – No Fault**

**29. ZIP CODE (Positions 72-80)**

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

**30. Reserved for Future Use (Positions 81-86)**

Report spaces or zeros.

**31. TYPE OF LOSS CODE (Positions 87-88)**

Report the two (2) digit numeric code that describes the PIP (no-fault) type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

**32. Reserved for Future Use (Position 89)**

Report space or zero.

**33. CLAIM COUNT (Position 90)**

Report the one (1) digit numeric code. Valid values are +1, 0 and -1. The Claim Count field is a numeric field where all negative values must be reported as signed.

Refer to Section B – Losses of the General Reporting Requirements Section for Claim Count definitions and examples.

**34. LOSS AMOUNT (Positions 91-98)**

Report the amount of the PIP loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

**35. CLAIM IDENTIFICATION NUMBER (Positions 99-114)**

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

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**Section B – No Fault**

**35. CLAIM IDENTIFICATION NUMBER (Positions 99-114) (continued)**

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**36. POLICY IDENTIFICATION NUMBER (Positions 115-130)**

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the policy's corresponding premium record.

Refer to the Coding Section for examples.

**37. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)**

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**38. COMPANY USE (Positions 148-150)**

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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**Section C – Physical Damage**

**1. COMPANY OR GROUP NUMBER CODE (Positions 1-3)**

Report the three (3) digit numeric code assigned by CAR.

**2. TRANSACTION TYPE CODE (Positions 4-5)**

Report the two (2) digit numeric code that represents the transaction being reported. Refer to the Coding Section for applicable codes.

**3. ACCOUNTING DATE (Positions 6-7)**

Report the month and year of the accounting date of the shipment. This date should correspond to the date reported on the transmittal control record associated with the shipment.

Accounting month requires a one (1) digit code in position 6. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accounting year requires a one (1) digit code in position 7. Use the fourth position of the year from the accounting date of the shipment. For example, an accounting year of 2001 shall be reported as 1 in position 7.

**4. POLICY EFFECTIVE DATE (Positions 8-10)**

Report the month and year of the effective date of the policy for which the loss transaction is being reported.

Policy effective month requires a one (1) digit code in position 8. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Policy effective year requires a two (2) digit code in positions 9-10. Use the third and fourth positions of the policy effective year. For example, a policy effective year of 2001 shall be reported as 01 in positions 9-10.

**5. ACCIDENT DATE (Positions 11-15)**

Report the month, day, and year of the date on which the accident occurred.

Accident month requires a one (1) digit code in position 11. Use codes 1-9 to indicate the months of January through September and use zero (0) for the month of October, the dash symbol (-) for the month of November, and the ampersand symbol (&) for the month of December.

Accident day requires a two (2) digit code in positions 12-13.

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**Section C – Physical Damage**

**5. ACCIDENT DATE (Positions 11-15) (Continued)**

Accident year requires a two (2) digit code in positions 14-15. Use the third and fourth positions of the year in which the accident occurred. For example, an accident that occurred in the year 2001 shall be reported as 01 in positions 14-15.

**6. Reserved for Future Use (Position 16)**

Report space or zero.

**7. STATE CODE (Positions 17-18)**

Report State Code 20.

**8. PREMIUM TOWN CODE (Positions 19-21)**

Report the three (3) digit numeric code. The Premium Town Code on the loss record must match the Premium Town Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to Appendix B for applicable codes.

**9. CAR IDENTIFICATION CODE (Position 22)**

Report the one (1) digit numeric code. The CAR Identification Code on the loss record must match the CAR Identification Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

**10. TYPE OF RISK CODE (Position 23)**

Report the one (1) digit numeric code. The Type of Risk Code on the loss record must match the Type of Risk Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**11. ANNUAL STATEMENT LINE OF BUSINESS CODE (Positions 24-26)**

Report the three (3) digit numeric code corresponding to the Annual Statement Line of Business to which the transaction was assigned. Refer to the Coding Section for applicable codes.

**12. SUBLINE CODE (Positions 27-29)**

Report Subline Code 628.

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**Section C – Physical Damage**

**13. CLASSIFICATION CODE (Positions 30-35)**

Report the six (6) digit numeric code. The Classification Code on the loss record must match the Classification Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**14. MODEL YEAR CENTURY CODE (Position 36)**

Report the one (1) digit numeric code.

**15. COVERAGE CODE (Positions 37-39)**

Report the three (3) digit numeric code for the coverage under which the loss was incurred. Refer to the Coding Section for applicable codes.

**16. ACCIDENT TOWN CODE (Positions 40-42)**

Report the three (3) digit numeric code that represents the town in which the accident occurred.

Claims charged to vehicles involved in out-of-state accidents must be reported with the appropriate out-of-state Accident Town Code.

Refer to Appendix B for applicable codes.

**17. Reserved for Future Use (Positions 43-44)**

Report spaces or zeros.

**18. SYMBOL CODE (Positions 45-46)**

Report the two (2) digit numeric code. The Symbol Code on the loss record must match the Symbol Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**19. INTENSIFIED APPRAISAL IDENTIFICATION CODE (Position 47)**

Report the one (1) digit numeric code. Refer to the Coding Section for applicable codes.

**20. ESTIMATED ANNUAL MILEAGE CODE (Positions 48-50)**

Report the three (3) digit numeric code. The Estimated Annual Mileage Code on the loss record must match the Estimated Annual Mileage Code in effect as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

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**Section C – Physical Damage**

**21. MODEL YEAR CODE (Positions 51-52)**

Report the two (2) digit numeric code. The Model Year Code on the loss record must match the Model Year Code in effect as of the date of loss, from the vehicle's corresponding premium record.

**22. ANTI-THEFT DEVICE DISCOUNT CODE (Position 53)**

Report the one (1) digit numeric code. The Anti-Theft Device Discount Code on the loss record must match the Anti-Theft Device Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**23. CLASS GROUP CODE (Position 54)**

Report the one (1) digit numeric code. The Class Group Code on the loss record must match the Class Group Code from the policy's corresponding premium record. Refer to the Coding Section for applicable codes.

**24. PARTIAL/TOTAL LOSS INDICATOR (Position 55)**

Report the one (1) digit numeric code that indicates the damage to the vehicle involved in the accident. Refer to the Coding Section for applicable codes.

**★ 25. OEM COVERAGE CODE (Position 56)**

Report the one (1) digit numeric code. The OEM Coverage Code on the loss record must match the OEM Coverage Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**26. DISCOUNT CODE (Position 57)**

Report the one (1) digit numeric code. The Discount Code on the loss record must match the Discount Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**27. VALUE CODE (Positions 58-60)**

Report the three (3) digit numeric code. The Value Code on the loss record must match the Value Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

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**Section C – Physical Damage**

**28. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. The Producer Code on the loss record must match the Producer Code from the policy's corresponding premium record.

Refer to the Coding Section for examples.

**29. HIGH-THEFT VEHICLE CODE (Position 67)**

Report the one (1) digit numeric code. The High-Theft Vehicle Code on the loss record must match the High-Theft Vehicle Code in effect as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**30. Reserved for Future Use (Position 68)**

Report space or zero.

**31. EXTRA-RISK RATING CODE – OTHER THAN COLLISION (Position 69)**

Report the one (1) digit numeric code. The Extra-Risk Rating Code - Other Than Collision on the loss record must match the Extra-Risk Rating Code - Other Than Collision as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**32. Reserved for Future Use (Position 70)**

Report space or zero.

**33. EXTRA-RISK RATING CODE - COLLISION (Position 71)**

Report the one (1) digit numeric code. The Extra-Risk Rating Code - Collision on the loss record must match the Extra-Risk Rating Code - Collision as of the date of loss, from the vehicle's corresponding premium record. Refer to the Coding Section for applicable codes.

**34. ZIP CODE (Positions 72-80)**

Report the five (5) or nine (9) digit numeric code. The ZIP Code on the loss record must match the ZIP Code as of the date of loss, from the vehicle's corresponding premium record.

Refer to the Coding Section for examples.

**35. Reserved for Future Use (Positions 81-84)**

Report spaces or zeros.



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**Section C – Physical Damage**

**36. CATASTROPHE CODE (Positions 85-86)**

Catastrophe Code is a serial number assigned by the Insurance Services Offices (ISO) to a natural disaster. Report the applicable two (2) digit numeric Catastrophe Code. If not applicable, report spaces or zeros.

Refer to CAR's Statistical Edit Package for a list of applicable codes.

**37. TYPE OF LOSS CODE (Positions 87-88)**

Report the two (2) digit numeric code that describes the physical damage type of loss associated with the accident for which the transaction is being reported. Refer to the Coding Section for applicable codes.

**38. Reserved for Future Use (Position 89)**

Report space or zero.

**39. CLAIM COUNT (Position 90)**

Report the one (1) digit numeric code. Valid values are +1, 0 and -1. The Claim Count field is a numeric field where all negative values must be reported as signed.

Refer to Section B – Losses of the General Reporting Requirements Section for Claim Count definitions and examples.

**40. LOSS AMOUNT (Positions 91-98)**

Report the amount of the physical damage loss rounded to the nearest whole dollar.

The Loss Amount field is a numeric field where all negative values must be reported as signed. Any value from -99999999 to 99999999 may be reported. Amounts must be right justified with leading zeros.

**41. CLAIM IDENTIFICATION NUMBER (Positions 99-114)**

Report the Claim Identification Number or any other alphanumeric combination of characters that will make it possible to locate the claim record within company files. The number must consist only of significant alphanumeric characters.

The same claim number must be used to identify payments to a particular claimant for all liability and PIP (no-fault) coverages. For physical damage claims, it is acceptable to use a different claim number to identify payments under more than one physical damage coverage. Payments are then distinguished by coverage and within coverage by means of the applicable Type of Loss Code.

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**Section C – Physical Damage**

**42. CLAIM IDENTIFICATION NUMBER (Positions 99-114) (Continued)**

This field must be left justified and must be at least three (3) alphanumeric characters with no spaces between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**42. POLICY IDENTIFICATION NUMBER (Positions 115-130)**

Report the sixteen (16) position alphanumeric code. The Policy Identification Number on the loss record must match the Policy Identification Number from the policy's corresponding premium record.

Refer to the Coding Section for examples.

**43. VEHICLE IDENTIFICATION NUMBER (Positions 131-147)**

Report the Vehicle Identification Number that corresponds to the vehicle for which the loss transaction is being reported.

This field must be left justified and must be at least five (5) alphanumeric characters with no spaces between significant digits. If the Vehicle Identification Number is less than seventeen (17) characters, report spaces in all unused positions.

Refer to the Coding Section for examples.

**44. COMPANY USE (Positions 148-150)**

This field is for company use only and may be reported with spaces, zeros, or may contain any alphanumeric combination that suits the individual company's purposes.

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Part VI - Coding Section**

**Liability, No-Fault, and Physical Damage**

This section applies to all records

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**TRANSACTION TYPE CODE**

<b>Premium Codes</b>			
<b>Transaction Type</b>	<b>Liability Subline 621</b>	<b>No-Fault Subline 625</b>	<b>Physical Damage Subline 628</b>
New or Renewal	11	11	11
Endorsement or Audit or Policy Extension	12	12	12
Cancellation of Policy Pro Rata or Short Rate	13	13	13
Reinstatement	14	14	14
Cancelled Flat	15	15	15

<b>Loss Codes</b>			
<b>Transaction Type</b>	<b>Liability Subline 621</b>	<b>No-Fault Subline 625</b>	<b>Physical Damage Subline 628</b>
Outstanding Loss	21	21	--
Outstanding Allocated Loss Adjustment Expense	22	22	--
Paid Loss	23	23	23
Paid All Other Allocated Loss Adjustment Expense	24	24	24 *
Salvage Recoveries	25	--	25
Subrogation Recoveries	26	26	26
Paid Legal Allocated Loss Adjustment Expense	27	27	27 *
Paid Medical Allocated Loss Adjustment Expense	29	29	--

\* Reporting Paid Allocated Loss Adjustment expenses on physical damage losses is required for ceded business and optional for voluntary business.

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**STATE CODE**

<b>State</b>	<b>Code</b>
Massachusetts	20

**Massachusetts Private Passenger Automobile  
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**CAR IDENTIFICATION CODE**

<b>Description (Policy Effective Years 1995 and subsequent)</b>	<b>Code</b>
Voluntary Business (retained) from Voluntary Agents or written directly by the company (Representative Producers)	0
Voluntary Business (retained) from Exclusive Representative Producers (No Voluntary Contract)	1
Ceded Business from Voluntary Agents or written directly by the company (Representative Producers)	4
Ceded Business from Exclusive Representative Producers (No Voluntary Contract)	5

<b>Description (Policy Effective Years 1994 and prior)</b>	<b>Code</b>
Voluntary Business from Voluntary Agents • Voluntary Business (not ceded) from Voluntary Agents or written directly by the company	0
Voluntary Business from Representative Producers (No Voluntary Contract) • Voluntary Business (not ceded) from a Representative Producer that does not have a voluntary motor vehicle insurance contract with their assigned Servicing Carrier, but does not meet the criteria for CAR ID Code 3 as defined below.	1
Voluntary Business from Subsidiary (Affiliated) Agencies • Voluntary Business (not ceded) from a subsidiary agency whose parent agency has a voluntary motor vehicle insurance contract with the Servicing Carrier, pursuant to Rule 14 of the CAR Rules of Operation.	2
Ceded Business from a Former Designated Broker • Ceded Business from a producer, appointed to the Servicing Carrier as a Designated Broker (as defined in the Facility Rules of Operation) prior to January 1, 1984, and that producer has not had a voluntary motor vehicle insurance contract with that Servicing Carrier subsequent to the date of the appointment as a Designated Broker. This status survives a change of Servicing Carrier, which has been granted pursuant to Rule 14 of the CAR Rules of Operation.	3
Ceded Business from Voluntary Agents • Ceded Business from Voluntary Agents or written directly by the company	4
Ceded Business from Representative Producers (No Voluntary Contract) • Ceded Business as defined for CAR ID Code 1	5
Ceded Business from Subsidiary (Affiliated) Agencies • Ceded Business from a subsidiary agency, as defined for CAR ID Code 2	6
Voluntary Business from a Former Designated Broker • Voluntary Business (not ceded) from a former Designated Broker, as defined for CAR ID Code 3	7
Voluntary Business from Representative Producers (No Voluntary Contract) • Voluntary Business (not ceded) from a Representative Producer where the producer had a voluntary contract with its Servicing Carrier, and the contract was cancelled on or after November 22, 1988.	8
Ceded Business from Representative Producers (No Voluntary Contract) • Ceded Business from a Representative Producer where the producer had a voluntary contract with its Servicing Carrier, and the contract was cancelled on or after November 22, 1988.	9

**Massachusetts Private Passenger Automobile  
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Part VI - Coding Section**

**TYPE OF RISK CODE**

<b>Description</b>	<b>Code</b>
Regular Business (Massachusetts Motor Vehicle Policies and Risks not coded below)	1
Business Written at Rate Deviations <ul style="list-style-type: none"> <li>• Approved under Section 193R of Chapter 175 of the General Laws</li> </ul>	3
Business Written at Rate Deviations <ul style="list-style-type: none"> <li>• Approved under Section 113B of Chapter 175 of the General Laws</li> <li>• Business written at compounded rate deviations approved under both Sections 113B and 193R.</li> </ul>	4
Business Written at Rate Deviations (Risks Not Subject to the Compulsory Law) <ul style="list-style-type: none"> <li>• Approved under Section 193R of Chapter 175 of the General Laws</li> </ul>	5
Business Written at Rate Deviations (Risks Not Subject to the Compulsory Law) <ul style="list-style-type: none"> <li>• Approved under Section 113B of Chapter 175 of the General Laws</li> <li>• Risks Not Subject to Compulsory Law written at compounded rate deviations approved under both Sections 113B and 193R.</li> </ul>	6
Business Not Subject to the Compulsory Law and Not Written at Rate Deviations	7
★ Business Endorsed with a Company Specific Coverage <ul style="list-style-type: none"> <li>• Managed Medical Care Endorsement (Applicable to PIP and Medical Payments Coverages only)</li> </ul>	9

**Massachusetts Private Passenger Automobile  
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**ANNUAL STATEMENT LINE OF BUSINESS CODE**

<b>Description</b>	<b>Line of Business</b>	<b>Code</b>
Private Passenger Auto No-Fault (Personal Injury Protection)	19.1	191
Other Private Passenger Auto Liability	19.2	192
Commercial Auto No-Fault (Personal Injury Protection)	19.3	193
Other Commercial Auto Liability	19.4	194
Private Passenger Auto Physical Damage	21.1	211
Commercial Auto Physical Damage	21.2	212



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**SUBLINE CODE**

<b>Subline</b>	<b>Code</b>
Liability	621
PIP (No-Fault)	625
Physical Damage	628

**Massachusetts Private Passenger Automobile  
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**CLASSIFICATION CODE**

**STATISTICAL CLASS CODE ASSIGNMENT**

- Statistical Class Code assignments should be based on the characteristics of the individual used to rate the vehicle.
- For single vehicle policies, the statistical class must correspond to the rate class based upon the characteristics of the individual being rated.
- For multiple vehicle policies, when an inexperienced operator is the principal operator of a specific automobile, an inexperienced principal operator classification shall apply to that automobile and the operator shall be disregarded from any further inexperienced operator classification assignment. In all other cases, the highest inexperienced occasional operator rate classification shall be applied to the automobile with the highest "Total Base Premium" (as defined in the Massachusetts Private Passenger Automobile Insurance Manual which is published by the Automobile Insurers Bureau of Massachusetts) until all inexperienced occasional operators have been assigned to an automobile.
- ★ • If the inexperienced principal operator has already been assigned to a vehicle, and this operator is the only operator listed on the policy, additional vehicles owned by this operator should be classified as Rate Class 10.
- For example:     On a policy with two vehicles and two operators, one of which is under 25, the statistical class for the highest rated vehicle will reflect the youthful operator unless that operator is the principal driver of the other vehicle. The remaining vehicle should be reported with Classification Code 1101## where the fifth and sixth positions of the Classification Code (represented by ##) indicate the SDIP status of the vehicle.
- ★                     On a policy with two vehicles and one inexperienced operator, if the inexperienced operator is the principal operator of one of the vehicles, an inexperienced principal operator classification will apply to that automobile. The other automobile will be classified as Rate Class 10.
- Below is a list of Statistical Class Code definitions that follow on the subsequent pages:
  - Private Passenger
  - Miscellaneous Rated as Private Passenger
  - Private Passenger Motorcycles
  - Non-Owned Automobiles
  - Special Rating and Adjustment

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**CLASSIFICATION CODE**

**PRIVATE PASSENGER DEFINITION**

<b>Description: First Three Positions (Statistical Class)</b>	<b>Code</b>
For single vehicle policies, there is no operator of the automobile under 25 years of age residing in the same household as the applicant or employed as a chauffeur for the automobile or who customarily operates the automobile and the automobile is not customarily used in business. Refer to the General Reporting Requirement section for information regarding multi-vehicle policies.	110
Qualifies for Class 110 except the principal operator of the automobile is 65 years of age or over.	115
There is a male operator under 25 years of age that is not principal operator of the automobile.	120
There is a male operator under 25 years of age that is principal operator of the automobile.	122
There is a female operator of the automobile under 25 years of age.	124
Qualifies for Class 124 except all female operators of the automobile who are under 25 years of age have completed a satisfactory Driver Training Program as defined in the Massachusetts Private Passenger Automobile Insurance Manual.	126
The automobile is owned by an individual and is used in business	130
Qualifies for Class 120 except all male operators of the automobile who are under 25 years of age have completed a satisfactory Driver Training Program as defined in the Massachusetts Private Passenger Automobile Insurance Manual.	140
Qualifies for Class 122 except all male operators of the automobile who are under 25 years of age have completed a satisfactory Driver Training Program as defined in the Massachusetts Private Passenger Automobile Insurance Manual.	142

<b>Description: Fourth Position (Rating Class)</b>	<b>Code</b>
Rate Class 10: Experienced Operator - licensed at least 6 years	1
Rate Class 15: Experienced Operator - Licensed at least 6 years - Age sixty-five (65) or more	2
Rate Class 17: Inexperienced Principal Operator – Licensed at least 3 years and less than 6 years	3
Rate Class 18: Inexperienced Occasional Operator - Licensed at least 3 years and less than 6 years	4
Rate Class 30: Business Use	5
Rate Class 20: Inexperienced Principal Operator – Licensed less than 3 years - No Driver Training	6
Rate Class 21: Inexperienced Occasional Operator - Licensed less than 3 years - No Driver Training	7
Rate Class 25: Inexperienced Principal Operator – Licensed less than 3 years - Driver Training	8
Rate Class 26: Inexperienced Occasional Operator - Licensed less than 3 years - Driver Training	9

<b>Description: Fifth and Sixth Positions (SDIP Status) *</b>	<b>Code</b>
Regular Premium, Loss and Outstanding Loss Records	00
Safe Driver Insurance Plan Credit Records (Premium Only)	09 - 14
Safe Driver Insurance Plan Surcharge Records (Premium Only)	16 - 35

\* Do not report records with SDIP Step 15.

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**CLASSIFICATION CODE**

**PRIVATE PASSENGER DEFINITION (continued)**

**Valid Statistical Class Code Reporting Table**

<b>Stat Class</b>	<b>Rate Class (Fourth position of Class Code)</b>								
	<b>10 (1)</b>	<b>15 (2)</b>	<b>17 (3)</b>	<b>18 (4)</b>	<b>30 (5)</b>	<b>20 (6)</b>	<b>21 (7)</b>	<b>25 (8)</b>	<b>26 (9)</b>
<b>110</b>	1101		1103	1104		1106	1107	1108	1109
<b>115</b>		1152	1153			1156		1158	
<b>120</b>	1201			1204			1207		
<b>122</b>	1221		1223			1226			
<b>124</b>	1241		1243	1244		1246	1247		
<b>126</b>	1261		1263	1264				1268	1269
<b>130</b>					1305				
<b>140</b>	1401			1404					1409
<b>142</b>	1421		1423					1428	

**Massachusetts Private Passenger Automobile  
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**CLASSIFICATION CODE**

**MISCELLANEOUS RATED AS PRIVATE PASSENGER DEFINITION**

<b>Description (SDIP does not apply)</b>	<b>Code</b>	
	<b>Liability</b>	<b>Physical Damage</b>
Snowmobiles	042600	042600
Antique Motor Cars and Antique Motorcycles	048300	048300
Golfmobiles (motorized)	049500	049500
Lawnmowers (motorized)	049500	049500

<b>Description: First Four Positions (SDIP does apply)</b>	<b>Code</b>	
	<b>Liability</b>	<b>Physical Damage</b>
Electric (Private Passenger)	0400	0400
Trailers designed for use with Private Passenger Motor Vehicles	----	0453
Travel Trailers – Including Mobile Home Trailers not on an enclosed foundation	----	0459
Motor Homes (Self Propelled) – Not including Camping Trailers, Travel Trailers and Mobile Homes	0455	0455
Vehicles Carrying School Children (Seating 0-9 passengers) Not registered for Carrying Passengers for hire	0539	0539

<b>Description: Fifth and Sixth Positions (SDIP Status) *</b>	<b>Code</b>
Regular Premium, Loss and Outstanding Loss Records	00
Safe Driver Insurance Plan Credit Records (Premium Only)	09 – 14
Safe Driver Insurance Plan Surcharge Records (Premium Only)	16 – 35

\* Do not report records with SDIP Step 15.

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Part VI - Coding Section**

**CLASSIFICATION CODE**

**PRIVATE PASSENGER MOTORCYCLE DEFINITION**

- Motorcycles (including Motorbikes)
- Motorscooters (including Scootmobiles, Safticycles, Motorglides)
- Mopeds
- Similar Motor Vehicles

<b>Description: First Four Positions (Statistical Class)</b>		<b>Code</b>	
<b>Rating Group</b>	<b>Cubic Centimeter Engine Displacement</b>	<b>Standard Class</b>	<b>Age sixty-five (65) or more</b>
Group A	C.C. Displacement to 70	0408	0608
	C.C. Displacement 71 – 100	0409	0609
Group B	C.C. Displacement 101 – 125	0410	0610
	C.C. Displacement 126 – 200	0411	0611
	C.C. Displacement 201 – 275	0412	0612
	C.C. Displacement 276 – 350	0413	0613
Group C	C.C. Displacement 351 – 500	0414	0614
	C.C. Displacement 501 – 650	0415	0615
Group D	C.C. Displacement over 650	0416	0616

<b>Description: Fifth and Sixth Positions (SDIP Status) *</b>	<b>Code</b>
Regular Premium, Loss and Outstanding Loss Records	00
Safe Driver Insurance Plan Credit Records (Premium Only)	09 - 14
Safe Driver Insurance Plan Surcharge Records (Premium Only)	16 - 35

\* Do not report records with SDIP Step 15.

**Massachusetts Private Passenger Automobile  
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Part VI - Coding Section**

**CLASSIFICATION CODE**

**NON-OWNED AUTOMOBILES DEFINITION**

<b>Description</b>	<b>Code</b>	
	<b>Liability</b>	<b>Physical Damage</b>
Use of Other Automobiles Coverage	902000	902000
Named Non-Owner Automobiles Policy	902000	902000
All Other	700000	700000

**SPECIAL RATING AND ADJUSTMENT DEFINITION**

<b>Description</b>	<b>Code</b>	
	<b>Liability</b>	<b>Physical Damage</b>
Public Transit Discount (Commuter Discount)	190000	190000
Non-Cedable Limits	800000	-----
All Other	998000	998000

**Massachusetts Private Passenger Automobile  
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**MODEL YEAR CENTURY CODE**

- Model Year Century Code is a one digit numeric code that corresponds to the century of the model year of the vehicle which is denoted by the first position of the model year

Examples:

<b>Vehicle</b>	<b>Model Year</b>	<b>Century</b>	<b>Code</b>
Dodge Colt	1989	1900	1
Ford Escort	1996	1900	1
Toyota Camry	2000	2000	2



**Massachusetts Private Passenger Automobile  
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Part VI - Coding Section**

**ESTIMATED ANNUAL MILEAGE CODE**

- The Estimated Annual Mileage Code is a three digit numeric code that shall be reported on all Private Passenger records
- The vehicle's estimated annual mileage shall be rounded to the nearest hundred miles and the rounded miles are used to develop the Estimated Annual Mileage Code
- If the annual mileage is estimated to be 100,000 or greater, report Estimated Annual Mileage Code 999
- If the estimated annual mileage is not available, report Estimated Annual Mileage Code 999

Examples:

<b>Estimated Annual Mileage</b>	<b>Estimated Annual Mileage (rounded to the nearest hundred miles)</b>	<b>Code</b>
100,000	100,000	999
15,065	15,100	151
5,000	5,000	050
500	500	005
Not Available	Not Available	999

**Massachusetts Private Passenger Automobile  
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Part VI - Coding Section**

**MODEL YEAR CODE**

- Model Year Code is a two digit numeric code that corresponds to the third and fourth positions of the model year of the vehicle

Examples:

<b>Vehicle</b>	<b>Model Year</b>	<b>Code</b>
Dodge Colt	1989	89
Ford Escort	1996	96
Toyota Camry	2000	00

**Massachusetts Private Passenger Automobile  
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**CLASS GROUP CODE**

- For voluntary business, companies may optionally use Class Group Codes 1 or 3 to identify whether the class is private passenger or other than private passenger business

<b>Description</b>	<b>Code</b>
Voluntary	0
Ceded Private Passenger <ul style="list-style-type: none"><li>• Private Passenger</li><li>• Public Transit Discount (Commuter Discount)</li><li>• Private Passenger SDIP Credits</li><li>• Private Passenger SDIP Points</li></ul>	1
Ceded All Other Than Private Passenger <ul style="list-style-type: none"><li>• PP Motorcycles</li><li>• Miscellaneous Rated as Private Passenger</li><li>• Non-Owned Automobiles (PP)</li><li>• Special Rating and Adjustment (PP) – excluding Public Transit Discount (Commuter Discount)</li></ul>	3

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VI - Coding Section**

**PARTIAL/TOTAL LOSS INDICATOR**

- This field applies to Property Damage Liability and Physical Damage Losses only
- Non-vehicle claims should be coded as a partial loss (Partial/Total Loss Indicator 1)
- For additional information regarding reporting the extent of vehicle loss, refer to Section B – Losses of the General Reporting Requirements Section of this Plan

<b>Description</b>	<b>Code</b>
Partial Loss	1
Total Vehicle Loss	2

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VI - Coding Section**

**PASSIVE RESTRAINT DEVICE DISCOUNT CODE**

- This discount applies to Medical Payments, Uninsured and Underinsured Liability and PIP (No-Fault) coverage only

<b>Description</b>	<b>Code</b>
No Discount	0
Category I Applies <ul style="list-style-type: none"><li>• Vehicle contains occupant safety features approved by the Massachusetts Division of Insurance</li></ul>	1

**Massachusetts Private Passenger Automobile  
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Part VI - Coding Section**

**DISCOUNT CODE**

<b>Description</b>	<b>Multi-Car Status * Exists</b>	<b>Multi-Car Status * Does Not Exist</b>
Multi-Car Discount Applies (Rate Class 10 and 15 only)	1***	---
Annual Mileage Discount Applies **	2	3
Multi-Car Discount (Rate Class 10 and 15 only) and Annual Mileage Discount Apply	4***	---
Motorcycle Rider Training Discount Applies	---	6
No Discount Applies	5	9

\* Multi-Car Status is defined as “An individual, (or husband and wife resident in the same household) who owns two or more automobiles ... At least two of the automobiles must be classified as use class 10, 15 or 30. The premium reduction applies only to Class 10 and 15 automobiles”. Therefore Multi-Car Status may exist but the Multi-Car Discount may not be applicable.

\*\* The Estimated Annual Mileage Discount does not apply to other than collision coverage, therefore, when only other than collision coverage is afforded and no other discounts apply, code space or zero (0) for the Discount Code.

\*\*\* May be optionally reported for liability and PIP (no-fault) coverage since Multi-Car discount only applies to physical damage collision and limited collision coverage.

**Massachusetts Private Passenger Automobile  
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**PRODUCER CODE**

- Producer Code is a six position alphanumeric code
- Producer Code should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)

Examples:

<b>Producer Code</b>	<b>Code</b>
A1234	A1234 <i>b</i>
987	987 <i>bbb</i>
AB5678	AB5678

**Massachusetts Private Passenger Automobile  
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**ZIP CODE**

- ZIP Code is a nine position numeric code
- It is mandatory to report the first five positions of the ZIP Code
- The ZIP Code extension (occupying the last four positions) is optional
- ZIP Code should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)

Examples:

<b>ZIP Code</b>	<b>Code</b>
01463-8735	014638735
01463	01463 <b>bbbb</b>
02135-9822	021359822





**Massachusetts Private Passenger Automobile  
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**RATE DEPARTURE FACTOR CODE**

- The Rate Departure Factor Code is a three digit numeric code reflecting the decimal complement of the deviation percentage approved by the Division of Insurance for the policy
- If multiple deviation percentages exist for a vehicle, the decimal complements of the deviation percentages must be multiplied and then use the rounded product to develop the Rate Departure Factor Code
- If no rate deviation exists, report Rate Departure Factor Code 100

**For Single Deviations:**

Examples:

Deviation Percentage	Decimal Complement	Code
3.0	.970	970
10.0	.900	900
12.5	.875	875
None	None	100

**For Multiple Deviations:**

Examples:

Deviation Percentage #1	Decimal Complement	Deviation Percentage #2	Decimal Complement	Product of Complements	Code
3.0	.970	10.0	.900	.873000	873
5.0	.950	7.5	.925	.878750	879
7.5	.925	12.5	.875	.809375	809

**Massachusetts Private Passenger Automobile  
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**CLAIM IDENTIFICATION NUMBER**

- Claim Identification Number is a sixteen position alphanumeric code
- It is mandatory to report at least three characters
- Claim ID should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)
- Refer to Section B – Losses of the General Reporting Requirements Section for additional information on accident reporting

Examples:

<b>Claim Identification Number</b>	<b>Code</b>
CL014638735	CL014638735 <b>bbbbbb</b>
123456789	123456789 <b>bbbbbbb</b>
ABCDEF1234567890	ABCDEF1234567890

**Massachusetts Private Passenger Automobile  
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**POLICY IDENTIFICATION NUMBER**

- Policy Identification Number is a sixteen position alphanumeric code
- It is mandatory to report at least three characters
- Policy ID should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)

Examples:

<b>Policy Identification Number</b>	<b>Code</b>
PL014638735	PL014638735 <b>bbbbbb</b>
123456789	123456789 <b>bbbbbbb</b>
ABCDEF1234567890	ABCDEF1234567890

**Massachusetts Private Passenger Automobile  
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**VEHICLE IDENTIFICATION NUMBER**

- Vehicle Identification Number (VIN) is a five to seventeen position alphanumeric code
- VIN should be left justified with no blanks between significant digits and all unused positions must be coded as spaces (denoted as: *b*)
- For Losses: If a claim is incurred on an insured's policy, that does not involve a vehicle named on said policy, the losses may be coded as 97 followed by fifteen zeros (97000000000000000)

Examples:

Vehicle Identification Number	Code
1FABP28A6FF143890	1FABP28A6FF143890
1C3BH41J6MN109186	1C3BH41J6MN109186
ZC2FP1101KB202230	ZC2FP1101KB202230
GV5VK3212B	GV5VK3212Bbbbbbbb
MA12345	MA12345bbbbbbbbbb

**Massachusetts Private Passenger Automobile  
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**Liability Only**

This section applies to liability records only

**Massachusetts Private Passenger Automobile  
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**LIABILITY LIMITS CODE**

<b>BODILY INJURY</b>		
<b>Limits of Liability</b>		<b>Code</b>
<b>Per Claim</b>	<b>Per Accident</b>	
\$ 20,000	\$ 40,000	01
20,000	40,000	04 *
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	1,000,000	10
All Other Limits Not Above		49
No Bodily Injury		00

<b>★ MEDICAL PAYMENTS</b>	
<b>Limits of Liability</b>	<b>Code</b>
\$ 500	01
750	02
1,000	03
2,000	04
5,000	05
10,000	06
15,000	07
20,000	08
25,000	09
50,000	10
100,000	11
No Medical Payments	00

<b>UNINSURED AUTO</b>		
<b>Limits of Liability</b>		<b>Code</b>
<b>Per Claim</b>	<b>Per Accident</b>	
\$ 20,000	\$ 40,000	04
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	1,000,000	10
All Other Limits Not Above		49
No Uninsured Auto		00

<b>UNDERINSURED AUTO</b>		
<b>Limits of Liability</b>		<b>Code</b>
<b>Per Claim</b>	<b>Per Accident</b>	
\$ 20,000	\$ 40,000	04 **
20,000	50,000	11
25,000	60,000	05
25,000	50,000	06
30,000	70,000	12
35,000	80,000	13
50,000	100,000	07
100,000	300,000	08
250,000	500,000	09
500,000	1,000,000	10
All Other Limits Not Above		49
No Underinsured Auto		00

<b>★ PROPERTY DAMAGE</b>	
<b>Limits of Liability</b>	<b>Code</b>
\$ 5,000	01
10,000	02
15,000	03
25,000	04
35,000	05
50,000	06
100,000	07
All Other Limits Not Above	09
No Property Damage	00

\* If both mandatory (code 01) and optional (code 04) Bodily Injury coverage are purchased, Limits Code 04 must be reported.

\*\* If the 20/40 limit of Underinsured Auto coverage is purchased, although there is no associated cost, Limits Code 04 must be reported.

**Massachusetts Private Passenger Automobile  
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**TYPE OF LOSS CODE - LIABILITY**

<b>Description</b>	<b>Code</b>
Bodily Injury to Others – Excluding claims covered under Type of Loss Code 02	01
Bodily Injury to Others – Guest claims, claims arising out of accidents occurring off the ways of the Commonwealth or claims out of Massachusetts	02
Damage to Someone Else's Property (Property Damage Liability)	03
Medical Payments	05
Bodily Injury Caused by an Uninsured Automobile	06
Bodily Injury Caused by an Underinsured Automobile	07
Bodily Injury to Others – Inter or Intra Company Reimbursements resulting from PIP (No-Fault) claims (excluding claims covered under Type of Loss Code 14)	11
Bodily Injury to Others – Inter or Intra Company Reimbursements resulting from PIP (No-Fault) claims arising out of accidents occurring off the ways of the Commonwealth or claims out of Massachusetts	14



**Massachusetts Private Passenger Automobile  
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**No-Fault Only**

This section applies to no-fault records only

**Massachusetts Private Passenger Automobile  
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**PIP COVERAGE CODE**

<b>Description</b>	<b>Code</b>
Basic PIP (No-Fault) Coverage Only	1

**Massachusetts Private Passenger Automobile  
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**PIP DEDUCTIBLE CODE**

<b>Description</b>	<b>Deductible Amount</b>	<b>Code</b>
Full Coverage	\$ 0	01
Named Insured	\$ 100	12
	250	13
	500	14
	1,000	15
	2,000	16
	4,000	17
	8,000	18
Named Insured and Members of Household	\$ 100	22
	250	23
	500	24
	1,000	25
	2,000	26
	4,000	27
	8,000	28

**Massachusetts Private Passenger Automobile  
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**TYPE OF CLAIMANT CODE**

<b>Description</b>	<b>Code</b>
Named Insured	1
Member of Insured's Household	2
Other Occupant	3
Pedestrian	4

**Massachusetts Private Passenger Automobile  
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**TYPE OF LOSS CODE – PIP (NO-FAULT)**

<b>Description</b>	<b>Code</b>
Non-Split Outstanding Loss	23
Medical Loss	24
Wage Loss	34
Other Economic Loss	44
Subrogation Recovery	45

**Massachusetts Private Passenger Automobile  
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**Physical Damage Only**

This section applies to physical damage records only

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**OTHER THAN COLLISION COVERAGE CODE**

<b>OTC Coverage with Full Glass Coverage</b>			
<b>Description</b>	<b>Code</b>		
	<b>Towing and Labor Costs Coverage</b>		
	<b>\$25 Included</b>	<b>\$50 Included</b>	<b>Excluded</b>
Comprehensive Coverage			
• \$ 300 Deductible	034	234	035
• \$ 500 Deductible	036	236	037
• \$1,000 Deductible	038	238	039
• \$2,000 Deductible	022	222	023
• All Other Deductibles with Full Glass Coverage	064	264	004
★ Fire Only	065	265	005
Fire and Theft	066	266	006
Fire, Theft and Combined Additional Coverage	068	268	008
Stated Amount	060		
Agreed Amount	063		

<b>OTC Coverage with Optional \$100 Glass Deductible</b>			
<b>Description</b>	<b>Code</b>		
	<b>Towing and Labor Costs Coverage</b>		
	<b>\$25 Included</b>	<b>\$50 Included</b>	<b>Excluded</b>
Comprehensive Coverage			
• \$ 300 Deductible	134	334	135
• \$ 500 Deductible	136	336	137
• \$1,000 Deductible	138	338	139
• \$2,000 Deductible	122	322	123
• All Other Deductibles with Optional \$100 Glass Ded.	164	364	104
★ Fire Only	165	365	105
Fire and Theft	166	366	106
Fire, Theft and Combined Additional Coverage	168	368	108

**Massachusetts Private Passenger Automobile  
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**OTHER THAN COLLISION COVERAGE CODE**

**MISCELLANEOUS COVERAGES**

<b>Description</b>	<b>Code</b>
Non-Owned Automobiles – Broad Form	056
Non-Owned Automobiles – Limited Form	057
Towing and Labor – \$25 per disablement • No other comprehensive coverage afforded	081
Towing and Labor – \$50 per disablement • No other comprehensive coverage afforded	082
Substitute Transportation - \$15 per day/ \$450 maximum	083
★ Substitute Transportation - \$45 per day/\$1,350 maximum • Optional for policies effective 1/1/2001 – 12/31/2001. Mandatory for policies effective 1/1/2002 and subsequent.	084
Substitute Transportation - \$30 per day/ \$900 maximum	085
Substitute Transportation - \$100 per day/ \$3,000 maximum	086
Sound Receiving and Transmitting Equipment	087
All Other Coverages – excluding Collision	089



**Massachusetts Private Passenger Automobile  
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**COLLISION COVERAGE CODE**

<b>Collision Coverage Without Waiver of Deductible</b>		
<b>Description</b>	<b>Code</b>	<b>Type of Loss Code</b>
\$ 300 Deductible	076	10
\$ 500 Deductible	077	10
\$1,000 Deductible	078	10
\$2,000 Deductible	072	10
All Other Deductibles	079	10

<b>Collision Coverage With Waiver of Deductible</b>		
<b>Description</b>	<b>Code</b>	<b>Type of Loss Code</b>
\$ 300 Deductible	015	11 or 12
\$ 500 Deductible	016	11 or 12
\$1,000 Deductible	017	11 or 12
\$2,000 Deductible	012	11 or 12
All Other Deductibles	019	11 or 12

<b>Limited Collision Coverage</b>		
<b>Description</b>	<b>Code</b>	<b>Type of Loss Code</b>
Full Coverage	040	12
\$ 300 Deductible	045	10
\$ 500 Deductible	042	10
\$1,000 Deductible	043	10
\$2,000 Deductible	046	10
All Other Deductibles	049	10

<b>Miscellaneous Coverages</b>	
<b>Description</b>	<b>Code</b>
Stated Amount – Limited Collision	041
Stated Amount – Collision	092
Non-Owned Automobiles – Broad Form	096
Non-Owned Automobiles – Limited Form	097
All Other	099

**Massachusetts Private Passenger Automobile  
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**SYMBOL CODE**

**PRIVATE PASSENGER VEHICLES**

- For records with Stated Amount coverage, use the value of Stated Amount coverage in the chart below, rather than the Cost New dollar value, to determine the Symbol Code

<b>Model Years 1989 &amp; Prior</b>		
<b>Symbol</b>	<b>Cost New</b>	<b>Code</b>
1	\$ 0 – 1,600	01
2	1,601 – 2,100	02
3	2,101 – 2,750	03
4	2,751 – 3,700	04
5	3,701 – 5,000	05
6	5,001 – 6,500	06
7	6,501 – 8,000	07
8	8,001 – 10,000	08
10	10,001 – 12,500	10
11	12,501 – 15,000	11
12	15,001 – 17,500	12
13	17,501 – 20,000	13
14	20,001 – 24,000	14
15	24,001 – 28,000	15*
16	28,001 – 33,000	16*
17	33,001 – 39,000	17*
18	39,001 – 46,000	18*
19	46,001 – 55,000	19*
20	55,001 – 65,000	20*
21	65,001 & above	21*
Pick-ups, Sedans and Panel Deliveries rated as Private Passenger cars		09**

\* Applies to Model Years 1981 and subsequent only. For Model Years 1980 and prior, to indicate \$20,001 and above, use Symbol Code 14.

\*\* Symbol Code 09 should only be used when no Symbol exists in the Symbol and Identification Section of the Massachusetts Private Passenger Automobile Insurance Manual.

<b>Model Years 1990 &amp; Subsequent</b>		
<b>Symbol</b>	<b>Cost New</b>	<b>Code</b>
1	\$ 0 – 6,500	01
2	6,501 – 8,000	02
3	8,001 – 9,000	03
4	9,001 – 10,000	04
5	10,001 – 11,250	05
6	11,251 – 12,500	06
7	12,501 – 13,750	07
8	13,751 – 15,000	08
10	15,001 – 16,250	10
11	16,251 – 17,500	11
12	17,501 – 18,750	12
13	18,751 – 20,000	13
14	20,001 – 22,000	14
15	22,001 – 24,000	15
16	24,001 – 26,000	16
17	26,001 – 28,000	17
18	28,001 – 30,000	18
19	30,001 – 33,000	19
20	33,001 – 36,000	20
21	36,001 – 40,000	21
22	40,001 – 45,000	22
23	45,001 – 50,000	23
24	50,001 – 60,000	24
25	60,001 – 70,000	25
26	70,001 – 80,000	26
27	80,001 & above	27
Pick-ups, Sedans and Panel Deliveries rated as Private Passenger cars		09**

**Massachusetts Private Passenger Automobile  
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**VALUE CODE**

**PRIVATE PASSENGER MOTORCYCLES**

- Motorcycles (including Motorbikes), Motorscooters (including Scootmobiles, Safticycles, Motorglides), Mopeds and similar Motor Vehicles

Value	Code	Value	Code	Value	Code
\$ 100	001	\$ 3,500	035	\$ 6,900	069
200	002	3,600	036	7,000	070
300	003	3,700	037	7,100	071
400	004	3,800	038	7,200	072
500	005	3,900	039	7,300	073
600	006	4,000	040	7,400	074
700	007	4,100	041	7,500	075
800	008	4,200	042	7,600	076
900	009	4,300	043	7,700	077
1,000	010	4,400	044	7,800	078
1,100	011	4,500	045	7,900	079
1,200	012	4,600	046	8,000	080
1,300	013	4,700	047	8,100	081
1,400	014	4,800	048	8,200	082
1,500	015	4,900	049	8,300	083
1,600	016	5,000	050	8,400	084
1,700	017	5,100	051	8,500	085
1,800	018	5,200	052	8,600	086
1,900	019	5,300	053	8,700	087
2,000	020	5,400	054	8,800	088
2,100	021	5,500	055	8,900	089
2,200	022	5,600	056	9,000	090
2,300	023	5,700	057	9,100	091
2,400	024	5,800	058	9,200	092
2,500	025	5,900	059	9,300	093
2,600	026	6,000	060	9,400	094
2,700	027	6,100	061	9,500	095
2,800	028	6,200	062	9,600	096
2,900	029	6,300	063	9,700	097
3,000	030	6,400	064	9,800	098
3,100	031	6,500	065	9,900	099
3,200	032	6,600	066	10,000	100
3,300	033	6,700	067	Over	999
3,400	034	6,800	068	10,000	

Examples:

Motorcycle Value	Rating Value	Code
\$101	\$200	002
\$2,550	\$2,600	026

**Massachusetts Private Passenger Automobile  
Statistical Plan  
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**PRE-INSURANCE INSPECTION IDENTIFICATION CODE**

<b>Description</b>	<b>Code</b>
Eligible for Pre-Insurance Inspection and Inspected	1
Eligible for Pre-Insurance Inspection and Not Inspected	2
Not Eligible or Waived	9

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VI - Coding Section**

**INTENSIFIED APPRAISAL IDENTIFICATION CODE**

- This code is valid for Policy Effective Years 1995 and prior

<b>Description</b>	<b>Claims &lt;= \$4,000</b>	<b>Claims &gt; \$4,000</b>
Eligible for Intensified Appraisal and Appraised	3	5
Eligible for Intensified Appraisal and Not Appraised	4	6
Not Eligible	9	8

**Massachusetts Private Passenger Automobile  
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**ANTI-THEFT DEVICE DISCOUNT CODE**

- Applies to other than collision coverage only
- Refer to the Anti-Theft Device Standards and Discounts Rule which is contained in the Massachusetts Private Passenger Automobile Insurance Manual for detailed descriptions of each category

<b>Description</b>	<b>Code</b>
No Discount Applies	0
Category I Applies	1
Category II Applies	2
Category III Applies	3
Category IV Applies	4
Category IV plus Category I Apply	5
Category IV plus Category II Apply	6
Category IV plus Category III Apply	7

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VI - Coding Section**

**OEM COVERAGE CODE**

- ★ • If OEM Coverage exists on a policy, but is only applicable to one of the written physical damage coverages, separate collision and other than collision physical damage statistical records must be reported.

<b>Description</b>	<b>Code</b>
OEM Coverage Applies	1
OEM Coverage Does Not Apply	0

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VI - Coding Section**

**HIGH-THEFT VEHICLE CODE**

- Applies to other than collision coverage only
- Refer to the High Theft Vehicle List section of the Massachusetts Private Passenger Automobile Insurance Manual for a list of such vehicles

<b>Description</b>	<b>Code</b>
Not Applicable	0
High-Theft Vehicle	1
High-Theft Vehicle – No Rate Adjustment Vehicle contains Category I, II, III, or IV Anti-Theft Device or Vehicle Recovery System that had been installed before December 31, 1990.	2



**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VI - Coding Section**

**EXTRA-RISK RATING CODE**

**OTHER THAN COLLISION**

- When multiple categories of extra-risk rating apply, code the lowest of the applicable codes
- For additional information regarding reporting extra-risk rating, refer to Section A – Premiums of the General Reporting Requirements Section of this Plan

<b>Description</b>	<b>Code</b>
Not Applicable	0
Convicted of motor vehicle theft <ul style="list-style-type: none"> <li>• Within the last five years</li> </ul>	1
Convicted of auto insurance related fraud <ul style="list-style-type: none"> <li>• Within the last five years</li> </ul>	2
Material misrepresentation of a Physical Damage claim <ul style="list-style-type: none"> <li>• Within the last five years</li> <li>• Rated at 1.5 times the otherwise applicable total rate</li> </ul>	3
Two or more total fire claims OR two or more total theft claims <ul style="list-style-type: none"> <li>• Within the last three years</li> </ul>	4
Material misrepresentation of a Physical Damage claim <ul style="list-style-type: none"> <li>• Within the last five years</li> <li>• Rated at 1.2 times the otherwise applicable total rate</li> </ul>	5
Convicted of vehicular homicide <ul style="list-style-type: none"> <li>• Within the last five years</li> </ul>	6
Convicted of driving under the influence of alcohol or drugs <ul style="list-style-type: none"> <li>• Within the last three years</li> </ul>	7
Four or more greater than 50% at-fault accidents <ul style="list-style-type: none"> <li>• Within the last three years</li> </ul>	8
Salvage Title – No new certificate issued	9

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VI - Coding Section**

**EXTRA-RISK RATING CODE**

**COLLISION**

- When multiple categories of extra-risk rating apply, code the lowest of the applicable codes
- For additional information regarding reporting extra-risk rating, refer to Section A – Premiums of the General Reporting Requirements Section of this Plan

<b>Description</b>	<b>Code</b>
Not Applicable	0
Convicted of vehicular homicide <ul style="list-style-type: none"> <li>• Within the last five years</li> </ul>	1
Convicted of motor vehicle theft <ul style="list-style-type: none"> <li>• Within the last five years</li> </ul>	2
Convicted of auto insurance related fraud <ul style="list-style-type: none"> <li>• Within the last five years</li> </ul>	3
Material misrepresentation of a Physical Damage claim <ul style="list-style-type: none"> <li>• Within the last five years</li> <li>• Rated at 1.5 times the otherwise applicable total rate</li> </ul>	4
Material misrepresentation of a Physical Damage claim <ul style="list-style-type: none"> <li>• Within the last five years</li> <li>• Rated at 1.2 times the otherwise applicable total rate</li> </ul>	5
Convicted of driving under the influence of alcohol or drugs <ul style="list-style-type: none"> <li>• Within the last three years</li> </ul>	6
Four or more greater than 50% at-fault accidents <ul style="list-style-type: none"> <li>• Within the last three years</li> </ul>	7
Two or more total fire claims OR two or more total theft claims <ul style="list-style-type: none"> <li>• Within the last three years</li> </ul>	8
Salvage Title – No new certificate issued	9

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VI - Coding Section**

**TYPE OF LOSS CODE – PHYSICAL DAMAGE**

**OTHER THAN COLLISION**

<b>Description</b>	<b>Code</b>
Fire	01
Theft	02
Glass <ul style="list-style-type: none"> <li>• For additional information on Glass Losses, refer to Section B – Losses of the General Reporting Requirements Section of this Plan</li> </ul>	03
Malicious Mischief and Vandalism	05
Cyclone, Earthquake, Explosion, Hail, Tornado, Water Damage and Windstorm	06
Flood and Rising Water	07
Towing and Labor Costs <ul style="list-style-type: none"> <li>• Refer to the Coverage Code Decision Table in Appendix A for reportable fields</li> </ul>	08
All other types – excluding Collision	09

**COLLISION**

<b>Description</b>	<b>Code</b>
Without Waiver of Deductible – <ul style="list-style-type: none"> <li>• Collision loss payment when deductible is applied</li> <li>• Limited Collision with a deductible</li> </ul>	10
With Waiver of Deductible – <ul style="list-style-type: none"> <li>• Collision loss payment when deductible is applied</li> </ul>	11
With Waiver of Deductible – <ul style="list-style-type: none"> <li>• Collision loss payment when deductible is waived</li> <li>• Limited Collision with full coverage</li> </ul>	12

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section A - Statistical Data Quality Components**

The Statistical Data Quality Program consists of the components noted below. Each component identifies a specific company requirement or responsibility relative to the reporting of statistics to CAR and is intended to assure that CAR receives complete and accurate statistical data on a timely basis. This Section also describes the special edits or methods used by CAR to verify the quality of reported statistical data.

**1. STATISTICAL SUBMISSIONS**

Companies are responsible for assuring that all of the data for a particular accounting month is received at CAR on or before the submission due date, and that the data is in processable and statistically acceptable condition. If any portion of the submission does not meet these requirements, Statistical Data Quality Penalties will be assessed. The key date to be used for determining penalty amounts will be the date upon which the last portion of the particular accounting month's shipment is received at CAR in processable and statistically acceptable condition. Refer to Section B - Statistical Data Quality Penalties Section of the Statistical Data Quality Program for specific penalty information.

In order to assure that a company's submission of data for a particular accounting month is complete, all premium and paid loss data for each accounting month must be submitted to CAR in a single mailing. However, it is acceptable for quarterly outstanding loss data to be submitted separately.

If a company is not able to consolidate their shipments for mailing to CAR, a request for waiver from this requirement must be filed with CAR. If CAR grants a waiver to this requirement, it is necessary for the company to continue to submit their data shipments to CAR in the same manner for each subsequent accounting month.

Companies may request the ability to report a supplemental submission to CAR after their original shipment for the accounting month has been submitted. Such supplemental submissions will not be accepted unless CAR has agreed in advance to accept the shipment. If CAR agrees to accept the supplemental submission, but it is not received by CAR until after the shipment due date, the shipment will be subject to applicable Statistical Data Quality Penalties in the same manner as other statistical submissions. Refer to Section B – Statistical Data Quality Penalties of the Statistical Data Quality Program for specific penalty information.

**a. Compliance For Newly Reporting Companies**

If a company exceeds the established private passenger reporting thresholds of \$100,000 in written premiums or \$50,000 in paid losses, as identified through the Annual Statement Reconciliation Process, statistical reporting to CAR must commence. Companies identified as exceeding the reporting thresholds will be required to report detailed statistical data no later than the December shipment of the second following year.

Example: The 2000 Massachusetts Annual Statement Page 15 indicates that a company has exceeded the reporting thresholds. This company will be instructed to begin reporting to CAR no later than the December, 2002 submission.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section A - Statistical Data Quality Components**

**1. STATISTICAL SUBMISSIONS (continued)**

**b. Nil Submissions**

Notification of a nil submission will be accepted by CAR only if there were no premium, paid loss and/or outstanding loss transactions booked by the company during the accounting month being reported. A Nil Submission Form, which is available at CAR from the Data Analyst assigned to your company, must be submitted for this purpose

**c. Low Volume Company**

A company that has written less than \$500,000 in premium and \$500,000 in paid losses for reportable coverages during the prior calendar year, based on the information contained on their Massachusetts Annual Statement Page 15, is referred to as a low volume company. A low volume company may request the option of reporting data to CAR on a quarterly, rather than monthly, basis.

**d. Due Date**

The due date is generally the first CAR business day 45 days after the close of each accounting month. CAR will notify the industry on a yearly basis of the specific submission due dates that will be in effect for the upcoming calendar year via the Call Schedule, which is issued as an Accounting and Statistical Notice. All premium, paid loss and outstanding loss submissions for a particular accounting month must be received in processable and statistically acceptable condition at the offices of CAR by the close of business on the established due date.

**e. Turnaround Time Commitment**

CAR provides companies with a turnaround time commitment relative to the receipt and processing of monthly submissions. The turnaround time commitment guarantees that all shipments received at CAR prior to the first business day of each month will be processed such that the company will be notified of any reporting problems or rejections no later than the fifth business day of that calendar month. In addition, if required by the company, these rejected tapes will be sent back to the company via Federal Express, no later than the fifth business day of the month, for the receipt by the company no later than the sixth business day of the month. The turnaround time commitment is subject to modification by CAR's Operations Committee.

If the established turnaround time commitment cannot be met by CAR, and as a result, a company's shipment is rejected and cannot be resubmitted by the shipment due date, the key dates used to calculate Statistical Data Quality Penalties for the affected shipments would be adjusted accordingly. However, the cut-off dates for monthly accounting/statistical shipments to be included in CAR's processing cycles would not be adjusted. For those companies that are financially impacted due to the exclusion of their monthly accounting/statistical shipment from a processing cycle because CAR did not meet its turnaround time commitment, CAR will reimburse the company for loss of investment income or provide another appropriate financial remedy.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section A - Statistical Data Quality Components**

**1. STATISTICAL SUBMISSIONS (Continued)**

**f. Acceptable Shipments**

For a shipment to be accepted by CAR, it must be received in processable condition as specified in the Accounting/Statistical Submission Reporting Instructions contained in the CAR Statistical Edit Package. In addition, the shipment must be in balance with its corresponding statistical and accounting summary control totals, and in statistically acceptable condition such that its statistical error content must be less than 15% of the shipment or less than 100 records. Note that the statistical error criteria will apply separately for premiums, paid losses, and outstanding losses, and on a subline basis.

A record is considered to be a statistical error record when it has one or more statistical errors (S01-S49). A record is considered to be a verification only error record when it has no statistical errors, but has one or more verification errors (V50-V53). Refer to CAR's Statistical Edit Package for a description of these error records. Verification errors are not included in the determination of error percentages or error record counts. The statistical error criteria will be waived for a particular shipment if the company confirms in writing to CAR that the shipment's error content exceeds the 15% tolerance because the submission contains offsets for previously reported error records, and consequently these offsets have caused the error percentage to exceed 15%.

Companies that have not reported complete and acceptable shipments to CAR by the shipment due date will be subject to Statistical Data Quality Penalties. Note that penalties are based on the receipt date at CAR of the last acceptable portion of the particular accounting month's shipment, and will therefore be the same if one portion of the shipment or the entire shipment is late or unacceptable. In addition, note that shipments received on weekends or holidays will be assigned the receipt date of the next CAR business day following the weekend or holiday. Refer to Section B – Statistical Data Quality Penalties of the Statistical Data Quality Program for specific penalty information.

**g. Limits In Excess (LEX) Records**

Any record with an extremely high exposure, premium dollar amount, or loss dollar amount (according to the chart below) will be identified for CAR Staff to review. Note that for the premium dollar tolerances, bodily injury and property damage premium amounts are checked separately for liability records and collision and other than collision premium amounts are checked separately for physical damage records. Also, note that Commuter Discount records are excluded from the relevant exposure checks.

<b>LEX Tolerance Levels</b>	
<b>Field</b>	<b>Tolerance</b>
Exposure	-120 to +120 exposures
Premium Dollar Amount	-\$10,000 to +\$10,000
Loss Dollar Amount	-\$500,000 to +\$500,000

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section A - Statistical Data Quality Components**

**1. STATISTICAL SUBMISSIONS (Continued)**

**g. Limits In Excess (LEX) Records (Continued)**

CAR Staff will review records that exceed the established LEX tolerance levels. If it is determined that the records will significantly distort CAR's database, CAR will reject the affected shipments(s) and instruct the company to correct the records and resubmit the data immediately (prior to the shipment due date). Otherwise, CAR will accept the data and instruct the company to offset the records in a future submission.

**2. STATISTICAL ERROR LISTINGS**

**a. Due Date**

CAR produces and distributes, either via mail or the On-line Telecommunications System, statistical error listings to companies on a weekly basis and establishes a due date for the necessary corrections to be completed and returned. The established due date for the return of paper listings or completion of on-line corrections is approximately 60 calendar days from the date the listings are mailed by CAR or available on-line.

**b. Acceptability**

Companies are responsible for assuring that statistical errors are corrected in a timely manner so that the number of uncorrected error records within an error listing is reduced to no greater than 5%. Verification errors will be identified separately and will not be included in the determination of error percentages. If the submitted number of error corrections does not reduce the error content on the error listing to the 5% tolerance, the error records will be returned to the company and considered in an overdue status until sufficient additional corrections are received by CAR.

Companies that receive statistical error listings for several accounting months at the same time will be provided with additional time to correct these errors as long as the pertinent shipments were received at CAR in a timely and acceptable manner. Such cases will be handled on an individual basis. Taken into consideration will be the reason that several accounting months' listings were produced at the same time, the size of the listings and any extenuating circumstances that may affect the timely correction of data.

**c. Low Volume**

A statistical error listing is considered low volume if both the total number of error records contained on the listing and the total exposures, premiums or losses in error fall within the ranges indicated below. Statistical error listings that meet this criteria will not be considered in an overdue status and will not be required to be corrected to reduce the error content to the 5% tolerance level.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section A - Statistical Data Quality Components**

**2. STATISTICAL ERRORS (Continued)**

**c. Low Volume (Continued)**

<b>Statistical Error Tolerance Levels</b>		
<b>Private Passenger</b>	<b>Total Number Of Error Records</b>	<b>Total Exposures or Loss Dollars In Error</b>
Liability, No-Fault and Physical Damage Premiums	1 to 25	-60 to +60 exposures
Liability Losses	1 to 20	-\$5,000 to +\$5,000 losses
No-Fault Losses	1 to 20	-\$2,000 to +\$2,000 losses
Physical Damage Losses	1 to 20	-\$2,000 to +\$2,000 losses

**3. RATE EDIT**

CAR will edit voluntary and ceded private passenger premium data for the latest two policy effective years to assure that it has been rated properly. Only data that has successfully passed CAR's statistical edits will be rate edited, and companies will be notified by CAR of the rate edit results of their data.

**a. Tolerance**

Companies are responsible for assuring that their cumulative percentage of rate errors, for each line of business and policy effective year, remains below the established rate edit error tolerance of 2%. Once a company exceeds the rate edit error tolerance, and provided that there is a minimum of two hundred error records per line of business, the company will be provided with six accounting months from the error listing cycle in which the tolerance was exceeded to reduce their cumulative rate edit error percentage, for that line of business and policy effective year, to within the established tolerance. In order to correct rate edit errors, companies are required to submit offset and re-enter adjustment records. Refer to the General Rules and Section A – Premiums of the General Reporting Requirements Sections of this Plan for information on reporting adjustment records.

**b. Appeal Process For Exceeding Established Tolerance**

Companies with errors in excess of the established tolerance may appeal to CAR for a reduction of the Statistical Data Quality Penalty if it can be clearly demonstrated that the rate error condition does not impact the ratemaking database. The granting of an appeal will be allowed for one policy year only, and companies will be required to correct their reporting systems for the next reporting year in order to prevent the assessment of rate edit penalties in the subsequent reporting year.



**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section A - Statistical Data Quality Components**

**4. MASSACHUSETTS ANNUAL STATEMENT PAGE 15**

For each calendar year, all companies licensed to write automobile insurance in Massachusetts are required to submit a copy of their Massachusetts Annual Statement Page 15 to CAR by approximately March 15th of the following year. CAR also collects Page 15 data from companies, on a quarterly basis. CAR requires that companies complete and return special forms with the Page 15. These forms are distributed to the industry as an attachment to the Accounting and Statistical Notice containing the specific due date for each quarter. CAR will also inform the industry on an annual basis, via the Annual Call Schedule, of the exact Annual Statement Page 15 due dates on a calendar year basis.

On a quarterly basis, CAR reconciles each company's Massachusetts Annual Statement Page 15 to the statistical data reported by the company through the particular quarter. The reconciliation is performed each quarter in an effort to identify, as soon as possible, reporting problems that may impact the quality of CAR's statistical database. Companies are provided with the results of their reconciliation. If it is determined that a company's statistically reported totals for a given quarter and their quarterly Annual Statement Page 15 totals vary by more than 5% for any premium or loss line of business, CAR requests that the company provide a satisfactory written response explaining the difference(s). Responses are due at CAR approximately forty-five days after the reconciliation reports are mailed to the company.

**5. MASSACHUSETTS AUTOMOBILE INSURANCE EXPENSE CALL**

The Massachusetts Automobile Insurance Expense Call pertaining to a particular calendar year will be due at CAR by approximately June 1 of the following year. CAR will notify the industry each year via an Accounting and Statistical Notice of the exact due date of the Massachusetts Automobile Insurance Expense Call for the particular calendar year.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section B – Statistical Data Quality Penalties**

In order to encourage companies to report complete and accurate statistical data on a timely basis, CAR has established the Statistical Data Quality Penalties described below. The Statistical Data Quality Program only establishes those penalties that will apply for statistical purposes. Additional penalties may result due to accounting errors on ceded data, and these penalty provisions are contained in the CAR Manual of Administrative Procedures.

Mandated legislative changes and other contingencies that would delay the reporting or processing of data or require substantial operational changes will be reviewed as to their impact on the Statistical Data Quality Program. If sufficient lead time is not available to the companies to submit any of the required reportings to CAR, the Operations Committee will consider the potential need for temporary revisions or suspensions to the provisions of the Statistical Data Quality Program and its associated penalties.

**1. STATISTICAL SUBMISSIONS**

This section details the Statistical Data Quality Penalty amounts assessed for late or unreported statistical submissions.

**★ a. Compliance for Newly Reporting Companies**

Companies that fail to report statistical submissions to CAR, after being identified as exceeding the established private passenger reporting thresholds for written premiums and/or paid losses, will be assessed a \$10,000 Statistical Data Quality Penalty the first calendar year. If non-compliance continues, a \$25,000 penalty will be assessed after the second calendar year, and a \$50,000 penalty will be assessed each calendar year thereafter until statistical data reporting begins. In addition, the Division of Insurance will be notified of the company's non-compliance.

Example: The 2000 Massachusetts Annual Statement Page 15 indicates that a company has exceeded the reporting thresholds. The company must begin reporting to CAR no later than the December 2002 submission. If a submission is not reported to CAR on or before this deadline, the company will be assessed a \$10,000 Statistical Data Quality Penalty. If the company again fails to report by the December 2003 submission, the company will be assessed a \$25,000 penalty. If the company fails to report by December 2004 submission, the company will be assessed a \$50,000 penalty, and the Division of Insurance will be notified of the company's non-compliance.

**b. Nil Submissions**

If a nil shipment is reported for any month in which written premium, paid loss and/or outstanding loss transactions should have been reported to CAR, a penalty of \$2,000 will be assessed per occurrence.

**c. Low Volume Company**

Low volume companies have a maximum penalty amount of \$1,000 for any one submission. Accordingly, low volume companies reporting on a quarterly basis will never be assessed more than \$4,000 in a calendar year, and low volume companies electing to report on a monthly basis will never be assessed more than \$12,000 in a calendar year.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section B – Statistical Data Quality Penalties**

**1. STATISTICAL SUBMISSIONS (Continued)**

**d. Late And Unacceptable Shipments**

The Statistical Data Quality Penalty amounts accumulate based on the receipt date of the shipment. Statistical Data Quality penalty amounts accrue up to \$2,000 for a particular range of shipment receipt dates as shown in the chart below. An additional \$2,000 penalty is incurred for each additional calendar month that passes until the shipment is received. For the shipment in the example below, a penalty of \$2,000/month would be added to the \$2,000 amount previously accrued on the shipment since the displayed receipt date had passed.

Receipt Date at CAR of Last Acceptable Portion	Penalty Amount
After the shipment due date, but before the end of the month in which the shipment due date occurs	\$ 300
After the end of the month in which the shipment due date occurs, but on or before the due date of the next month's shipment	\$ 800
After the due date of the next accounting month's shipment, but before the end of the month in which this due date occurs	\$ 2,000
Each additional calendar month	\$ 2,000/month

Example: January Monthly Accounting Shipment Due 3/15		
Receipt Date of Shipment	Calculation of Penalty	Penalty Dollars
3/16 – 3/31	\$300	\$300
4/1 – 4/15	\$800	\$800
4/16 – 4/30	\$2,000	\$2,000
5/1	\$2,000 + \$2,000	\$4,000
6/1	\$4,000 + \$2,000	\$6,000

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section B – Statistical Data Quality Penalties**

**2. STATISTICAL ERROR LISTINGS**

This section details the Statistical Data Quality Penalty amounts assessed for statistical error listings. There are two types of penalties that apply to the statistical error listings: the late return of paper error corrections and the error percentage remains in excess of the established tolerance. Note that if statistical error listing corrections are both late and over the 5% tolerance, only the greater of the two final penalties will be assessed. That is, double penalties will not be assessed. However, regardless of which penalty is assessed, the company will still be required to reduce the error percentage to less than or equal to 5%.

**a. Late Return of Paper Error Corrections**

If any portion of the statistical paper error listing corrections is not received at CAR on or before the established due date, with the required volume of corrections applied, the following Statistical Data Quality Penalties will be assessed.

<b>Receipt Date at CAR of Corrected Statistical Error Listings</b>	<b>Penalty Amount</b>
Between 1 – 14 calendar days after the error listing due date	\$ 100
Between 15 – 31 calendar days after the error listing due date	\$ 400
Each additional 30 day period	\$ 800

<b>Example: Corrected Statistical Error Listing Due 4/30</b>		
<b>Receipt Date of Paper Listing</b>	<b>Calculation of Penalty</b>	<b>Penalty Dollars</b>
5/1 – 5/14	\$100	\$100
5/15 – 5/31	\$400	\$400
6/1	\$800	\$800
7/1	\$800 + \$800	\$1,600

**b. Insufficient Volume of Statistical Error Corrections Applied**

This penalty is applicable to corrections that are made via telecommunications or on paper error listings. If statistical error listings are received at CAR with an insufficient volume of corrections applied, the following Statistical Data Quality Penalties will be assessed.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section B – Statistical Data Quality Penalties**

**2. STATISTICAL ERROR LISTINGS (Continued)**

**b. Insufficient Volume of Statistical Error Corrections Applied (Continued)**

Statistical Error Listings Meeting the Following Criteria	Penalty Amount
The initial due date has expired and the error percentage has not been reduced to less than or equal to 5%	\$ 100
The error listing has been re-listed, the second due date has expired, and the error percentage has not been reduced to less than or equal to 5%	\$ 400
Each additional re-listing with error percentages not less than or equal to 5%	\$ 800

Example: Statistical Error Percentage Not Reduced to Less Than or Equal to 5%: Error Listings Due 4/30			
Due Date	Receipt Date	Calculation of Penalty	Penalty Dollars
4/30	5/1	\$100	\$100
6/30	7/18	\$400	\$400
8/30	9/30	\$800	\$800
10/30	11/1	\$800 + \$800	\$1,600

**3. RATE EDIT**

This section details the Statistical Data Quality Penalties assessed for Rate Edit errors.

**a. Error Penalties**

Any company that does not reduce their error percentage to no greater than established rate edit tolerance within the six month timeframe will be assessed a Statistical Data Quality Penalty of \$1 per error record in excess of the tolerance level, with a minimum penalty of \$2,000 assessed. Additionally, a penalty of \$2,000 per month will be assessed for each subsequent month that the error percentage remains uncorrected and a company remains over the rate edit tolerance.

**b. Penalty Reduction**

A penalty reduction will be granted only if it can be verified that the reported premiums and exposures are correct on a policy or summary level and are not in violation of the Massachusetts Private Passenger Statistical Plan. A penalty will be assessed based upon \$1 per error record for each error record over the established rate edit tolerance with a minimum penalty of \$2,000 being assessed. However, the \$2,000 per month penalty for each subsequent month will not be assessed in this situation.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VII – Statistical Data Quality Program**

**Section B – Statistical Data Quality Penalties**

**4. MASSACHUSETTS ANNUAL STATEMENT PAGE 15**

A Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for the late submission of Fourth Quarter Massachusetts Annual Statement Page 15 and corresponding forms. Also, a Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for a late Fourth Quarter Massachusetts Annual Statement Reconciliation response until CAR receives the response.

**5. MASSACHUSETTS AUTOMOBILE INSURANCE EXPENSE CALL**

A Statistical Data Quality Penalty of \$50 per CAR business day will be assessed for the late submission of the Massachusetts Automobile Insurance Expense Call.

**6. DISPUTED PENALTY FEES**

CAR shall maintain its own records for the purpose of determining whether or not a company has submitted all required data. In case of a disagreement regarding whether a company is delinquent in submitting data, the records of CAR shall become the deciding factor. Statistical Data Quality Penalties may be appealed to CAR's Operations Committee. However, it is necessary for the company to pay the penalty amount before such an appeal can be considered. Any company aggrieved by the findings of the Operations Committee may appeal the decision to CAR's Governing Committee. All decisions of the Governing Committee shall be final.

**Massachusetts Private Passenger Automobile  
Statistical Plan  
Part VIII – Record Layouts**

**PRIVATE PASSENGER RECORD LAYOUT MODIFICATION KEY**

The Private Passenger Record Layout Modification Key should be used in conjunction with the Private Passenger Record Layouts contained on the following pages. For prior effective years, refer to the Massachusetts Private Passenger Automobile Statistical Plan in effect for the specific year. The key identifies those fields to which modifications were made in prior policy years. For example, the field may have been reported in an alternate field position, or the field was added to or eliminated from the Private Passenger Record Layout.

No.	Valid Policy Effective Date(s)	Field	Subline Codes	Reporting Position
①	1989 through 1995	Intensified Appraisal ID Code	628 Losses	47
②	1991 and subsequent	Producer Code	All	61 – 66
③	1995 and prior	Model Year Code	628	43 – 44
④	1995 and subsequent	ZIP Code	All	72 – 80
		Vehicle Identification Number	All	131 – 147
⑤	1996 and subsequent	Model Year Code	All	51 – 52
		Rate Departure Factor Code	All Premiums	88 – 90
★ ⑥	2001 and subsequent	OEM Coverage Code	628	56
★ ⑦	2001 and subsequent Optional 1/1/1999-12/31/2000	Model Year Century Code	All	36
★ ⑧	2001 and subsequent	Property Damage Limit Code	621	39 – 40
	2000 and prior			40

# Massachusetts Private Passenger Automobile Statistical Plan Part VIII – Record Layouts

## LIABILITY PREMIUM

1	COMPANY OR GROUP NUMBER CODE	
2		
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11	TRANSACTION	Month
12	EFFECTIVE	Year
13	DATE	Year
14	POLICY	Month
15	EXPIRATION	Year
16	DATE	Year
17	STATE CODE	
18	PREMIUM TOWN CODE	
19	CAR IDENTIFICATION CODE	
20	TYPE OF RISK CODE	
21	ANNUAL STATEMENT LINE OF BUSINESS CODE	
22	SUBLINE CODE	
23	CLASSIFICATION CODE	
24	MODEL YEAR CENTURY CODE ⑦	
25	BODILY INJURY LIMITS CODE	
26	PROPERTY DAMAGE LIMIT CODE	
27	⑧	
28	MEDICAL PAYMENTS LIMIT CODE	
29	BODILY INJURY CAUSED BY AN UNINSURED AUTO LIMITS CODE	
30	BODILY INJURY CAUSED BY AN UNDERINSURED AUTO LIMITS CODE	
31	Reserved for Future Use	
32	ESTIMATED ANNUAL MILEAGE CODE	
33	50	

51	MODEL YEAR CODE ⑤
52	Reserved for Future Use
53	CLASS GROUP CODE
54	Reserved for Future Use
55	PASSIVE RESTRAINT DISC. CODE
56	DISCOUNT CODE
57	Reserved for Future Use
58	PRODUCER CODE
59	②
60	Reserved for Future Use
61	ZIP CODE
62	④
63	EXPOSURE
64	RATE DEPARTURE FACTOR CODE
65	⑤
66	Reserved for Future Use
67	BODILY INJURY PREMIUM
68	51
69	52
70	53
71	54
72	55
73	56
74	57
75	58
76	59
77	60
78	61
79	62
80	63
81	64
82	65
83	66
84	67
85	68
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91	74
92	75
93	76
94	77
95	78
96	79
97	80
98	81
99	82
100	83

101	BODILY INJURY PREMIUM (Continued)
102	PROPERTY DAMAGE PREMIUM
103	Reserved for Future Use
104	POLICY IDENTIFICATION NUMBER
105	VEHICLE IDENTIFICATION NUMBER
106	④
107	COMPANY USE
108	101
109	102
110	103
111	104
112	105
113	106
114	107
115	108
116	109
117	110
118	111
119	112
120	113
121	114
122	115
123	116
124	117
125	118
126	119
127	120
128	121
129	122
130	123
131	124
132	125
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134	127
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137	130
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139	132
140	133
141	134
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143	136
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146	139
147	140
148	141
149	142
150	143

Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.



# Massachusetts Private Passenger Automobile Statistical Plan Part VIII – Record Layouts

## LIABILITY LOSS

1	COMPANY OR GROUP NUMBER CODE		
2			
3			
4	TRANSACTION TYPE CODE		
5			
6	ACCOUNTING	Month	
7	DATE	Year	
8	POLICY	Month	
9	EFFECTIVE	Year	
10	DATE	Year	
11	ACCIDENT DATE		
12			Month
13			Day
14			Day
15	Year		
16	Reserved for Future Use		
17	STATE CODE		
18	PREMIUM TOWN CODE		
19			
20			
21	CAR IDENTIFICATION CODE		
22			
23	TYPE OF RISK CODE		
24	ANNUAL STATEMENT LINE OF BUSINESS CODE		
25			
26			
27	SUBLINE CODE		
28			
29			
30	CLASSIFICATION CODE		
31			
32			
33			
34			
35			
36	MODEL YEAR CENTURY CODE ⑦		
37	LIABILITY LIMITS CODE		
38	Reserved for Future Use		
39			
40	ACCIDENT TOWN CODE		
41			
42			
43	Reserved for Future Use		
44			
45			
46			
47			
48	ESTIMATED ANNUAL MILEAGE CODE		
49			
50			



51	MODEL YEAR CODE ⑤	
52		
53	Reserved for Future Use	
54	CLASS GROUP CODE	
55	PARTIAL/TOTAL LOSS INDICATOR	
56	PASSIVE RESTRAINT DISC. CODE	
57	DISCOUNT CODE	
58	Reserved for Future Use	
59		
60		
61	PRODUCER CODE ②	
62		
63		
64		
65		
66		
67	Reserved for Future Use	
68		
69		
70		
71	ZIP CODE ④	
72		
73		
74		
75		
76		
77		
78		
79		
80	Reserved for Future Use	
81	REPORTING	
82	DATE	Month
83		Year
84		Year
85	Reserved for Future Use	
86	TYPE OF LOSS CODE	
87		
88	Reserved for Future Use	
89	CLAIM COUNT	
90	LOSS AMOUNT	
91		
92		
93		
94		
95		
96		
97		
98		
99	CLAIM IDENTIFICATION NUMBER	
100		

101	CLAIM IDENTIFICATION NUMBER (Continued)
102	
103	
104	
105	
106	
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108	
109	
110	
111	POLICY IDENTIFICATION NUMBER
112	
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120	
121	VEHICLE IDENTIFICATION NUMBER ④
122	
123	
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130	
131	COMPANY USE
132	
133	
134	
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Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

# Massachusetts Private Passenger Automobile Statistical Plan Part VIII – Record Layouts

## NO-FAULT PREMIUM

1	COMPANY OR GROUP NUMBER CODE	
2		
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING	Month
7	DATE	Year
8	POLICY	Month
9	EFFECTIVE	Year
10	DATE	Year
11	TRANSACTION	Month
12	EFFECTIVE	Year
13	DATE	Year
14	POLICY	Month
15	EXPIRATION	Year
16	DATE	Year
17	STATE CODE	
18	PREMIUM TOWN CODE	
19		
20		
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEMENT LINE OF BUSINESS CODE	
25		
26		
27	SUBLINE CODE	
28		
29		
30	CLASSIFICATION CODE	
31		
32		
33		
34		
35		
36	MODEL YEAR CENTURY CODE ⑦	
37	PIP COVERAGE CODE	
38	PIP DEDUCTIBLE CODE	
39		
40	Reserved for Future Use	
41		
42		
43		
44		
45		
46		
47		
48	ESTIMATED ANNUAL MILEAGE CODE	
49		
50		



51	MODEL YEAR CODE ⑤	
52		
53	Reserved for Future Use	
54	CLASS GROUP CODE	
55	Reserved for Future Use	
56	PASSIVE RESTRAINT DISC. CODE	
57	DISCOUNT CODE	
58		
59	Reserved for Future Use	
60		
61	PRODUCER CODE ②	
62		
63		
64		
65		
66		
67	Reserved for Future Use	
68		
69		
70		
71		
72	ZIP CODE ④	
73		
74		
75		
76		
77		
78		
79		
80		
81	EXPOSURE	
82		
83		
84		
85		
86		
87		
88	RATE DEPARTURE FACTOR CODE	
89	⑤	
90		
91	Reserved for Future Use	
92		
93		
94		
95		
96		
97	PIP (NO-FAULT) PREMIUM	
98		
99		
100		

101	PIP (NO-FAULT) PREMIUM (Continued)	
102		
103		
104	Reserved for Future Use	
105		
106		
107		
108		
109		
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111		
112		
113		
114		
115	POLICY IDENTIFICATION NUMBER	
116		
117		
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126		
127		
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129		
130		
131	VEHICLE IDENTIFICATION NUMBER ④	
132		
133		
134		
135		
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142		
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144		
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148	COMPANY USE	
149		
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Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

# Massachusetts Private Passenger Automobile Statistical Plan Part VIII – Record Layouts

## NO-FAULT LOSS

1	COMPANY OR GROUP NUMBER CODE		
2			
3			
4	TRANSACTION TYPE CODE		
5			
6	ACCOUNTING	Month	
7	DATE	Year	
8	POLICY	Month	
9	EFFECTIVE	Year	
10	DATE	Year	
11	ACCIDENT DATE		
12			Month
13			Day
14			Day
15	Year		
16	Reserved for Future Use		
17	STATE CODE		
18			
19	PREMIUM TOWN CODE		
20			
21			
22	CAR IDENTIFICATION CODE		
23	TYPE OF RISK CODE		
24	ANNUAL STATEMENT LINE OF BUSINESS CODE		
25			
26			
27	SUBLINE CODE		
28			
29			
30	CLASSIFICATION CODE		
31			
32			
33			
34			
35			
36	MODEL YEAR CENTURY CODE ⑦		
37	PIP COVERAGE CODE		
38	PIP DEDUCTIBLE CODE		
39			
40	ACCIDENT TOWN CODE		
41			
42	Reserved for Future Use		
43			
44			
45			
46			
47			
48	ESTIMATED ANNUAL MILEAGE CODE		
49			
50			

51	MODEL YEAR CODE ⑤	
52		
53	TYPE OF CLAIMANT	
54	CLASS GROUP CODE	
55	Reserved for Future Use	
56	PASSIVE RESTRAINT DISC. CODE	
57	DISCOUNT CODE	
58		
59	Reserved for Future Use	
60		
61	PRODUCER CODE ②	
62		
63		
64		
65		
66	Reserved for Future Use	
67		
68		
69		
70		
71		
72	ZIP CODE ④	
73		
74		
75		
76		
77		
78		
79		
80	Reserved for Future Use	
81		
82		
83		
84		
85		
86	TYPE OF LOSS CODE	
87		
88	Reserved for Future Use	
89	CLAIM COUNT	
90		
91	LOSS AMOUNT	
92		
93		
94		
95		
96		
97		
98		
99	CLAIM IDENTIFICATION NUMBER	
100		

101	CLAIM IDENTIFICATION NUMBER (Continued)	
102		
103		
104		
105		
106		
107		
108		
109		
110		
111	POLICY IDENTIFICATION NUMBER	
112		
113		
114		
115		
116		
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119		
120		
121	VEHICLE IDENTIFICATION NUMBER ④	
122		
123		
124		
125		
126		
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130		
131	COMPANY USE	
132		
133		
134		
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Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

# Massachusetts Private Passenger Automobile Statistical Plan Part VIII – Record Layouts

## PHYSICAL DAMAGE PREMIUM

1	COMPANY OR GROUP NUMBER CODE		51	MODEL YEAR CODE ⑤	101	OTHER THAN COLLISION PREMIUM (Continued)
2			52		102	
3			53	103		
4	TRANSACTION TYPE CODE		54	CLASS GROUP CODE	104	COLLISION PREMIUM
5			55	Reserved for Future Use	105	
6	ACCOUNTING DATE	Month	56	★ OEM COVERAGE CODE ⑥	106	
7		Year	57	DISCOUNT CODE	107	
8	POLICY EFFECTIVE DATE	Month	58	VALUE CODE	108	
9		Year	59		109	
10	Year	60	61		110	
11	TRANSACTION EFFECTIVE DATE	Month	62		PRODUCER CODE ②	111
12		Year	63	112		
13	Year	64	65	113		
14	POLICY EXPIRATION DATE	Month	66	114		
15		Year	67	115		
16	Year	68	HIGH-THEFT VEHICLE CODE	116		
17	STATE CODE		69	Reserved for Future Use	117	
18	PREMIUM TOWN CODE		70	EXTRA-RISK RATING CODE – OTC	118	
19			71	Reserved for Future Use	119	
20			72	EXTRA-RISK RATING CODE – COLL	120	
21	CAR IDENTIFICATION CODE		73	ZIP CODE ④	121	
22			74		122	
23	TYPE OF RISK CODE		75		123	
24			76		124	
25	ANNUAL STATEMENT LINE OF BUSINESS CODE		77		POLICY IDENTIFICATION NUMBER	
26			78			125
27	SUBLINE CODE		79			126
28			80			127
29	CLASSIFICATION CODE		81	128		
30			82	129		
31			83	130		
32			84	131		
33			85	132		
34	MODEL YEAR CENTURY CODE ⑦		86	EXPOSURE	133	
35			87		134	
36	OTHER THAN COLLISION COVERAGE CODE		88		RATE DEPARTURE FACTOR CODE ⑤	135
37			89			136
38	COLLISION COVERAGE CODE		90		Reserved for Future Use	137
39			91	138		
40	Reserved for Future Use ③		92	139		
41			93	140		
42	SYMBOL CODE		94	OTHER THAN COLLISION PREMIUM		141
43			95		142	
44	PRE-INSURANCE INSP. ID CODE		96	143		
45			97	144		
46	ESTIMATED ANNUAL MILEAGE CODE		98	VEHICLE IDENTIFICATION NUMBER ④	145	
47			99		146	
48			100		147	
49	COMPANY USE		99		148	
50			100		149	
				150		

★

Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

# Massachusetts Private Passenger Automobile Statistical Plan Part VIII – Record Layouts

## PHYSICAL DAMAGE LOSS

1	COMPANY OR GROUP NUMBER CODE	
2		
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING DATE	Month
7		Year
8	POLICY EFFECTIVE DATE	Month
9		Year
10		Year
11	ACCIDENT DATE	Month
12		Day
13		Day
14		Year
15		Year
16	Reserved for Future Use	
17	STATE CODE	
18		
19	PREMIUM TOWN CODE	
20		
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24	ANNUAL STATEMENT LINE OF BUSINESS CODE	
25		
26		
27	SUBLINE CODE	
28		
29		
30	CLASSIFICATION CODE	
31		
32		
33		
34		
35		
36	MODEL YEAR CENTURY CODE ⑦	
37	COVERAGE CODE	
38		
39		
40	ACCIDENT TOWN CODE	
41		
42		
43	Reserved for Future Use ③	
44		
45	SYMBOL CODE	
46		
47	INTENSIFIED APPRAISAL ID CODE ①	
48	ESTIMATED ANNUAL MILEAGE CODE	
49		
50		

51	MODEL YEAR CODE ⑤
52	
53	ANTI-THEFT DEVICE DISC. CODE
54	CLASS GROUP CODE
55	PARTIAL/TOTAL LOSS INDICATOR
56	★ OEM COVERAGE CODE ⑥
57	DISCOUNT CODE
58	
59	VALUE CODE
60	
61	
62	
63	PRODUCER CODE
64	②
65	
66	
67	HIGH-THEFT VEHICLE CODE
68	Reserved for Future Use
69	EXTRA-RISK RATING CODE – OTC
70	Reserved for Future Use
71	EXTRA-RISK RATING CODE – COLL.
72	
73	
74	
75	ZIP CODE
76	④
77	
78	
79	
80	
81	Reserved for Future Use
82	
83	
84	
85	CATASTROPHE CODE
86	
87	TYPE OF LOSS CODE
88	
89	Reserved for Future Use
90	CLAIM COUNT
91	
92	
93	
94	
95	LOSS AMOUNT
96	
97	
98	
99	CLAIM IDENTIFICATION NUMBER
100	

101	CLAIM IDENTIFICATION NUMBER (Continued)
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	POLICY IDENTIFICATION NUMBER
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	VEHICLE IDENTIFICATION NUMBER ④
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	COMPANY USE
132	
133	
134	
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Refer to the Private Passenger Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

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