

# Massachusetts Commercial Automobile Statistical Plan Part I - Overview

## A. SCOPE OF THE PLAN

★ The Massachusetts Commercial Automobile Statistical Plan is applicable to total automobile direct business written by a company on vehicles rated in accordance with the Massachusetts Commercial Automobile Insurance Manuals. This Plan also applies to vehicle classifications or coverages for which companies may file their own rates (e.g. antique automobiles). The Massachusetts Commercial Automobile Insurance Manuals, which are published by the Automobile Insurers Bureau of Massachusetts and by Commonwealth Automobile Reinsurers, should be used in conjunction with both the Massachusetts Commercial 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 Commercial 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 Liability
- Personal Injury Protection
- Uninsured Motorist
- Property Damage Liability
- Medical Payments
- Underinsured Motorist
- Physical Damage
- Pollution Liability

## B. ORGANIZATION OF THE PLAN

The Massachusetts Commercial 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 Towns

The Overview Section introduces the Massachusetts Commercial 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 and loss 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 Commercial 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 Commercial 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 Code 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 in the Massachusetts Commercial Automobile Insurance Manual.

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

The Massachusetts Commercial 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 Commercial Automobile Statistical Plan applicable to the particular policy effective year.

## **★ D. UPDATES TO THE PLAN**

The Massachusetts Commercial Automobile Statistical Plan, initially published in loose-leaf form, is available for viewing or downloading from CAR's website ([www.commauto.com](http://www.commauto.com)). The current year version, as well as prior year versions of the Plan are available. Since the Commercial Statistical Plan is now available electronically, paper copies of revised pages are no longer distributed to companies. Instead, CAR will publish an Accounting and Statistical Notice to notify companies of the revised pages and companies will be directed to CAR's website for further information. The revised pages will be available on CAR's website and will be incorporated in the electronic version of the applicable Plan.

The revised 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 represents the date that the revised page was approved by the Massachusetts Division of Insurance. Any special reporting instructions will be provided to companies via an Accounting and Statistical Notice published by CAR.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section A – Premiums**

**7. POLICIES SUBJECT TO AUDIT**

There are several types of policies for which coverage is initially provided on an estimated basis and then adjusted once the actual exposure is determined by an audit of the risk. At the time of policy issuance, deposit statistical transactions which contain an estimate of a policy's exposure and premium based on the previous year of experience, must be statistically reported. Deposit transactions must be coded in accordance with the Classification Code Decision Table contained in Appendix A of this Plan.

Once an audit of a policy has been completed, report any necessary adjustment (audit) transactions containing the required statistical coding using Transaction Type Code 16 (Audit) or Transaction Type Code 12 (Endorsement, Audit or Policy Extension).

The exposure and premium reported on an audit transaction may be reported net of the exposure and premium reported on the initial deposit transaction or may be reported in conjunction with an endorsement record to offset the initial deposit transaction.

**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 not subject to audit 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 will be done in the usual manner under the new policy, coded with Transaction Type Code 11.

**Massachusetts Commercial 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**

**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.

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**Massachusetts Commercial Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section B – Losses**

**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)	611	05		\$1,500	ABC010	ABC010	ABC010
	615	24		\$7,500	ABC010	ABC010	ABC010
	615	34		\$500	ABC010	ABC010	ABC010
	618	11	016	\$1,600	ABC010	ABC019	ABC019
	618	09	083	\$900	ABC010	ABC019	ABC018
2 (Driver B)	611	03		\$3,500	ABC020	ABC020	ABC020
	611	01		\$10,000	ABC020	ABC020	ABC020
	611	11		\$9,160	ABC020	ABC020	ABC020

**Massachusetts Commercial Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section B – Losses**

**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 and summonses (excluding medical), 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 (Operational 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

**Massachusetts Commercial Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section B – Losses**

**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 carrier 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section B – Losses**

**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. 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. 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



**Massachusetts Commercial Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**Section B – Losses**

**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. Report Claim Count 0.

**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:

- 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 on ceded business, but may be optionally reported for voluntary business.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part III - General Reporting Requirements**

**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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section A – Liability**

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

Report Subline Code 611.

**14. 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.

**15. LIMITS IDENTIFIER CODE (Position 36)**

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

**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. UNINSURED MOTORIST LIMITS CODE (Positions 43-44)**

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

**19. UNDERINSURED MOTORIST 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. POLLUTION LIABILITY BROADENED COVERAGE CODE (Position 48)**

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

**22. ZONE RATING CODE (Positions 49-51)**

For zone rated risks, report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

For other than zone rated risks, report Zone Rating Code 000.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section A – Liability**

**23. AGE CODE (Position 52)**

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

**24. AGGREGATE LIMITS IDENTIFIER CODE (Position 53)**

Report the one (1) digit numeric code.

★ **25. Reserved for Future Use (Positions 54-55)**

Report spaces or zeros.

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

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

**27. Reserved for Future Use (Positions 57-58)**

Report spaces or zeros.

**28. RATING IDENTIFICATION CODE (Position 59)**

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

**29. Reserved for Future Use (Position 60)**

Report space or zero.

★ **30. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. 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.

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

Report spaces or zeros.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section A – Liability**

**32. 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.

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

Report exposure using the method appropriate for the vehicle's classification or coverage. Refer to the Coding Section for definitions and examples of calculating exposure under each of these methodologies.

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.

**34. EXPERIENCE RATING MODIFICATION FACTOR CODE (Positions 88-90)**

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report Experience Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

**35. ALL OTHER RATING MODIFICATION FACTOR CODE (Positions 91-93)**

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report All Other Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

**36. Reserved for Future Use (Positions 94-95)**

Report spaces or zeros.

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

Report the combined premium for the Bodily Injury, Optional Bodily Injury, Medical Payments, Uninsured Motorist and Underinsured Motorist coverages 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section A – Liability**

**38. 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.

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

Report spaces or zeros.

**40. 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.

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

Report the alphanumeric 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.

**42. 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**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. Reserved for Future Use (Position 36)**

Report space or zero.

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

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

**16. Reserved for Future Use (Positions 38-48)**

Report spaces or zeros.

**17. ZONE RATING CODE (Positions 49-51)**

For zone rated risks, report the three (3) digit numeric code. Refer to the Coding Section for applicable codes.

For other than zone rated risks, report Zone Rating Code 000.

**18. AGE CODE (Position 52)**

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

★ **19. Reserved for Future Use (Positions 53-55)**

Report spaces or zeros.

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

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

**21. Reserved for Future Use (Positions 57-58)**

Report spaces or zeros.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section B – No-Fault**

**22. RATING IDENTIFICATION CODE (Position 59)**

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

**23. Reserved for Future Use (Position 60)**

Report space or zero.

★ **24. PRODUCER CODE (Positions 61-66)**

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. 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.

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

Report spaces or zeros.

**26. 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.

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

Report exposure using the method appropriate for the vehicle's classification or coverage. Refer to the Coding Section for definitions and examples of calculating exposure under each of these methodologies.

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.

**28. EXPERIENCE RATING MODIFICATION FACTOR CODE (Positions 88-90)**

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report Experience Rating Modification Factor Code 100.

Refer to the Coding Section for examples.



**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section B – No-Fault**

**29. ALL OTHER RATING MODIFICATION FACTOR CODE (Positions 91-93)**

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report All Other Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

**30. Reserved for Future Use (Positions 94-95)**

Report spaces or zeros.

**31. 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.

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

Report spaces or zeros.

**33. 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.

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

Report the alphanumeric 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.

**35. 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**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 positions of the policy effective year of the entry being reported. For example, an 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section C – Physical Damage**

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

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

★ **24. Reserved for Future Use (Positions 54-58)**

Report spaces or zeros.

**25. RATING IDENTIFICATION CODE (Position 59)**

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

**26. Reserved for Future Use (Position 60)**

Report space or zero.

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

Report the six (6) character alphanumeric code. Note that a unique Producer Code is required to be reported for each agency office location. 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.

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

Report spaces or zeros.

**29. 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section C – Physical Damage**

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

Report exposure using the method appropriate for the vehicle's classification or coverage. Refer to the Coding Section for definitions and examples of calculating exposure under each of these methodologies.

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.

**31. EXPERIENCE RATING MODIFICATION FACTOR CODE (Positions 88-90)**

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report Experience Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

**32. ALL OTHER RATING MODIFICATION FACTOR CODE (Positions 91-93)**

Report the three (3) digit numeric code that reflects the credit or debit applied to the reported premium. If no modification is applicable, report All Other Rating Modification Factor Code 100.

Refer to the Coding Section for examples.

**33. Reserved for Future Use (Positions 94-95)**

Report spaces or zeros.

**34. 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.

**35. 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.

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

Report spaces or zeros.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part IV - Reporting Instructions - Premiums**

**Section C – Physical Damage**

**37. 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.

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

Report the alphanumeric 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.

**39. 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.



**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section A – Liability**

**14. LIMITS IDENTIFIER CODE (Position 36)**

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

★ **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 accidents out-of-state 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. POLLUTION LIABILITY BROADENED COVERAGE CODE (Position 48)**

Report the one (1) digit numeric code. The Pollution Liability Broadened Coverage Code on the loss record must match the Pollution Liability Broadened 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.

**20. ZONE RATING CODE (Positions 49-51)**

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

For other than zone rated risks, report Zone Rating Code 000.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section A – Liability**

**21. AGE CODE (Position 52)**

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

**22. AGGREGATE LIMITS IDENTIFIER CODE (Position 53)**

Report the one (1) digit numeric code. The Aggregate Limits Identifier Code on the loss record must match the Aggregate Limits Identifier Code in effect as of the date of loss, from the policy's corresponding premium record.

★ **23. Reserved For Future Use (Position 54)**

Report space or zero.

**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. 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.

**26. Reserved for Future Use (Positions 57-58)**

Report spaces or zeros.

**27. RATING IDENTIFICATION CODE (Position 59)**

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

**28. Reserved for Future Use (Position 60)**

Report space or zero.



**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section A – Liability**

**29. 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.

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

Report spaces or zeros.

**31. 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.

**32. Reserved for Future Use (Position 81)**

Report space or zero.

**33. 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.

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

Report spaces or zeros.

**35. 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section A – Liability**

★ **36. Reserved for Future Use (Positions 89-90)**

Report spaces or zeros.

**37. 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.

**38. 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 blanks between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report blanks in all unused positions.

Refer to the Coding Section for examples.

**39. 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section A – Liability**

**40. 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.

**41. 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**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 positions 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 position 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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section B – No-Fault**

★ 21. **Reserved for Future Use (Positions 53-55)**

Report spaces or zeros.

22. **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.

23. **Reserved for Future Use (Positions 57-58)**

Report spaces or zeros.

24. **RATING IDENTIFICATION CODE (Position 59)**

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

25. **Reserved for Future Use (Position 60)**

Report space or zero.

26. **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.

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

Report spaces or zeros.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section B – No-Fault**

**28. 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.

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

Report spaces or zeros.

**30. 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.

**★ 31. Reserved for Future Use (Positions 89-90)**

Report spaces or zeros.

**32. 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.

**33. 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 blanks between significant digits. If the Claim Identification Number reported is less than sixteen (16) characters, report blanks in all unused positions.

Refer to the Coding Section for examples.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section B – No-Fault**

**34. 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.

**35. 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.

**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.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**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.



**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section C – Physical Damage**

**21. ZONE RATING CODE (Positions 48-50)**

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

For other than zone rated risks, report Zone Rating Code 000.

**22. AGE CODE (Position 52)**

Report the one (1) digit numeric code. The Age Code on the loss record must match the Age 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. 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.

**★ 24. Reserved for Future Use (Position 54)**

Report space or zero.

**25. 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.

**26. Reserved for Future Use (Positions 56-58)**

Report spaces or zeros.

**27. RATING IDENTIFICATION CODE (Position 59)**

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

**28. Reserved for Future Use (Position 60)**

Report space or zero.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section C – Physical Damage**

**29. 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.

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

Report spaces or zeros.

**31. 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.

**32. Reserved for Future Use (Position 81-84)**

Report spaces or zeros.

**33. 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.

**34. 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.

**★ 35. Reserved for Future Use (Positions 89-90)**

Report spaces or zeros.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part V - Reporting Instructions - Losses**

**Section C – Physical Damage**

**36. 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.

**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. 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.

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



**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**CLASS GROUP CODE**

For Policy Effective Years 1990 and prior:

- For voluntary business, companies may optionally use Class Group Code 3 to identify that the class is other than commercial business

<b>Description</b>	<b>Code</b>
Voluntary	0
Ceded Commercial <ul style="list-style-type: none"> <li>• Fleet CAR Rated Risk</li> <li>• Trucks, Tractors and Trailers – Fleet</li> <li>• Private Passenger Types – Fleet</li> </ul>	2
Ceded All Other Commercial	3

★ For Policy Effective Years 1991 through 2002:

<b>Description</b>	<b>Code</b>
Voluntary	0
Ceded Commercial – CAR Rate Used	2
Ceded Commercial – CAR Rate Not Used <ul style="list-style-type: none"> <li>• Non-Fleet Private Passenger Types Only (Class Code 739100)</li> </ul>	3

**Massachusetts Commercial 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 Loss	2

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**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*)
- ★ • Note that a unique Producer Code is required to be reported for each agency office location.

Examples:

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

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**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><i>bbbb</i></b>
02135-9822	021359822



**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**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
1,000,000	1,000,000	14
All Other Limits Not Above		49
No Bodily Injury		00

<b>MEDICAL PAYMENTS</b>		<b>Code</b>
<b>Limits of Liability</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 MOTORIST</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 ***
1,000,000	1,000,000	14 ***
All Other Limits Not Above		49
No Uninsured Auto		00

<b>UNDERINSURED MOTORIST</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 ***
1,000,000	1,000,000	14 ***
All Other Limits Not Above		49
No Underinsured Auto		00

<b>PROPERTY DAMAGE</b>		<b>Code</b>
<b>Limits of Liability</b>		
\$	5,000	01
	10,000	02
	15,000	03
	25,000	04
	35,000	05
	50,000	06
	100,000	07
	250,000	11
	500,000	10
	750,000	12 ***
	1,000,000	13 ***
Property Damage Deductible		08
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 Motorists coverage is purchased, although there is no associated cost, Limits Code 04 must be reported.

★ \*\*\* This limit is available for voluntary business only.

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**LIABILITY LIMITS CODE (Continued)**

- If a policy is written at a per occurrence limit that is not identified by a specific code, the transaction shall be coded to the next higher per occurrence limit.

<b>COMBINED SINGLE LIMIT</b>	
<b>Limits of Liability Per Occurrence</b>	<b>Code</b>
\$ 45,000	04
50,000	08
75,000	09
100,000	10
150,000	11
200,000	12
250,000	13
300,000	14
400,000	15
500,000	16
750,000	17
1,000,000	18
1,500,000	19
2,000,000	20
2,500,000	21
3,000,000	22
5,000,000	23
7,500,000	24
10,000,000	25
15,000,000	26
20,000,000	27
30,000,000	28
50,000,000	29

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**OTHER THAN COLLISION COVERAGE CODE**

★ The \$100 Towing and Labor Costs Coverage codes are optional for policies effective 9/4/2002 – 12/31/2002 and mandatory for policies effective 1/1/2003 and subsequent.

<b>OTC Coverage with Full Glass Coverage</b>				
<b>Description</b>	<b>Code</b>			
	<b>Towing and Labor Cost Coverage</b>			
	<b>\$25 Included</b>	<b>\$50 Included</b>	<b>★ \$100 Included</b>	<b>Excluded</b>
Comprehensive Coverage				
• \$ 300 Deductible	034	234	434	035
• \$ 500 Deductible	036	236	436	037
• \$1,000 Deductible	038	238	438	039
• \$2,000 Deductible	022	222	422	023
• All Other Deductibles with Full Glass Coverage	064	264	464	004
Fire only Coverage	065	265	465	005
Fire and Theft Coverage	066	266	466	006
Fire, Theft and Combined Additional Coverage with MMV or Dealers Supplemental Coverage with MMV	068	268	468	008
Fire, Theft and Combined Additional Coverage without MMV or Dealers Supplemental Coverage without MMV	069	269	469	009
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 Cost Coverage</b>			
	<b>\$25 Included</b>	<b>\$50 Included</b>	<b>★ \$100 Included</b>	<b>Excluded</b>
Comprehensive Coverage				
• \$ 300 Deductible	134	334	534	135
• \$ 500 Deductible	136	336	536	137
• \$1,000 Deductible	138	338	538	139
• \$2,000 Deductible	122	322	522	123
• All Other Deductibles with Optional Glass Deductible	164	364	564	104
Fire only Coverage	165	365	565	105
Fire and Theft Coverage	166	366	566	106
Fire, Theft and Combined Additional Coverage with MMV or Dealers Supplemental Coverage with MMV	168	368	568	108
Fire, Theft and Combined Additional Coverage without MMV or Dealers Supplemental Coverage without MMV	169	369	569	109

**Massachusetts Commercial Automobile  
Statistical Plan  
Part VI - Coding Section**

**OTHER THAN COLLISION COVERAGE CODE (Continued)**

**MISCELLANEOUS COVERAGES**

<b>Description</b>	<b>Code</b>
Trailer Interchange Legal Liability (Class Code 993200)	050
Single Interest – Fire and Theft (Class Code 998000)	051
Single Interest – Conversion, Embezzlement or Secretion (Class Code 998000)	052
Dealers Wholesale Floor Plan (Class Code 998000)	054
Composite Rated Risks (Class Code 999000)	059
★ Towing and Labor Cost – \$100 per disablement <ul style="list-style-type: none"> <li>• No other Comprehensive coverage afforded</li> <li>• Optional for policies effective 9/4/2002 – 12/31/2002. Mandatory for policies effective 1/1/2003 and subsequent.</li> </ul>	080
Towing and Labor Cost – \$25 per disablement <ul style="list-style-type: none"> <li>• No other Comprehensive coverage afforded</li> </ul>	081
Towing and Labor Cost – \$50 per disablement <ul style="list-style-type: none"> <li>• No other Comprehensive coverage afforded</li> </ul>	082
Rental Reimbursement	083
Automobile Dealers False Pretense Coverage	084
Sound Receiving and Transmitting Equipment (excluding Police vehicles, Fire vehicles, and Garagekeepers)	087
Retrospective Rating Plan D premium adjustment only (Report Retrospective Rating Plan D premium, other than adjustments, with applicable class and coverage)	089
All Other Coverages – excluding Collision	089

# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## COMMERCIAL RECORD LAYOUT MODIFICATION KEY

The Commercial Record Layout Modification Key should be used in conjunction with the Commercial Record Layouts contained on the following pages. 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 Commercial Record Layout. For reporting instructions for prior effective years, refer to the Massachusetts Commercial Automobile Statistical Plan in effect for the specific year (which can be found on CAR's website ([www.commauto.com](http://www.commauto.com))).



No.	Valid Policy Effective Date(s)	Field	Subline Codes	Reporting Position
①	1989 through 1995	Intensified Appraisal Code	618 Losses	47
②	1991 and subsequent	Producer Code	All	61 - 66
③	10/1/1992 and subsequent Optional 3/1/1992–9/30/1992	Pollution Liability Broadened Coverage Code	611	48
④	1995 and prior	Age Code	618	44
		Symbol Code (Motorcycle Value*)	618	44 - 46
⑤	1995 and subsequent	Zip Code	All	72 - 80
		Vehicle Identification Number	All	131 - 147
⑥	1996 and subsequent	Symbol Code (Motorcycle Value*)	618	45 - 46
		Age Code	611,615,618	52
⑦	1998 and subsequent	Aggregate Limits Identifier Code	611	53
⑧	2002 and prior	Class Group Code	All	54
	2003 and subsequent	Reserved for Future Use		
⑨	2002 and prior	Claim Count	All Losses	90
	2003 and subsequent	Reserved for Future Use		



\* For Policy Effective Years 1995 and prior, Motorcycle Value was a three position code that was reported within the Age Code and Symbol Code fields. For Policy Effective Years 1996 and subsequent, Motorcycle Value is a two a position code, reported within the Symbol Code field now located in positions 45-46.

# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## LIABILITY PREMIUM

1		
2	COMPANY OR GROUP NUMBER CODE	
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING DATE	Month Year
7		
8	POLICY EFFECTIVE DATE	Month Year Year
9		
10		
11	TRANSACTION EFFECTIVE DATE	Month Year Year
12		
13		
14	POLICY EXPIRATION DATE	Month Year Year
15		
16		
17	STATE CODE	
18		
19	PREMIUM TOWN CODE	
20		
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24		
25	ANNUAL STATEMENT LINE OF BUSINESS CODE	
26		
27		
28	SUBLINE CODE	
29		
30		
31		
32	CLASSIFICATION CODE	
33		
34		
35		
36	LIMITS IDENTIFIER CODE	
37	BODILY INJURY LIMITS CODE	
38		
39	PROPERTY DAMAGE LIMIT CODE	
40		
41	MEDICAL PAYMENTS LIMIT CODE	
42		
43	UNINSURED MOTORIST LIMITS CODE	
44		
45	UNDERINSURED MOTORIST LIMITS CODE	
46		
47	Reserved for Future Use	
48	POLLUTION LIAB. COV. CODE ③	
49		
50	ZONE RATING CODE	

51	ZONE RATING CODE (Continued)	
52	AGE CODE ⑥	
53	AGGREGATE LIMITS ID. CODE ⑦	
54	Reserved for Future Use ⑧	
55		
56	PASSIVE RESTRAINT DISC. CODE	
57	Reserved for Future Use	
58		
59	RATING IDENTIFICATION CODE	
60	Reserved for Future Use	
61	PRODUCER CODE ②	
62		
63		
64		
65		
66		
67		
68	Reserved for Future Use	
69		
70		
71		
72	ZIP CODE ⑤	
73		
74		
75		
76		
77		
78		
79	EXPOSURE	
80		
81		
82		
83		
84		
85		
86	EXPERIENCE RATING MODIFICATION FACTOR CODE	
87	ALL OTHER RATING MODIFICATION FACTOR CODE	
88		
89	Reserved for Future Use	
90		
91	BODILY INJURY PREMIUM	
92		
93		
94		
95		
96		
97		
98		
99		
100		

101	BODILY INJURY PREMIUM (Continued)	
102		
103		
104	PROPERTY DAMAGE PREMIUM	
105		
106		
107		
108		
109		
110		
111	Reserved for Future Use	
112		
113		
114		
115	POLICY IDENTIFICATION NUMBER	
116		
117		
118		
119		
120		
121		
122		
123		
124		
125	VEHICLE IDENTIFICATION NUMBER ⑤	
126		
127		
128		
129		
130		
131		
132		
133		
134		
135	COMPANY USE	
136		
137		
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Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

# Massachusetts Commercial 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			
12	ACCIDENT DATE		
13			Day
14			Day
15	Year		
16	Reserved for Future Use		
17	STATE CODE		
18			
19			
20	PREMIUM TOWN CODE		
21			
22			
23	CAR IDENTIFICATION CODE		
24	TYPE OF RISK CODE		
25	ANNUAL STATEMENT LINE OF BUSINESS CODE		
26			
27			
28	SUBLINE CODE		
29			
30	CLASSIFICATION CODE		
31			
32			
33			
34			
35	LIMITS IDENTIFIER CODE		
36	LIABILITY LIMITS CODE		
37	Reserved for Future Use		
38			
39			
40	ACCIDENT TOWN CODE		
41			
42			
43	Reserved for Future Use		
44			
45			
46			
47			
48	POLLUTION LIAB. COV. CODE ③		
49	ZONE RATING CODE		
50			

51	ZONE RATING CODE (Continued)	
52	AGE CODE ⑥	
53	AGGREGATE LIMITS ID. CODE ⑦	
54★	Reserved for Future Use ⑧	
55	PARTIAL/TOTAL LOSS INDICATOR	
56	PASSIVE RESTRAINT DISC. CODE	
57	Reserved for Future Use	
58		
59	RATING IDENTIFICATION CODE	
60	Reserved for Future Use	
61	PRODUCER CODE  ②	
62		
63		
64		
65		
66	Reserved for Future Use	
67		
68		
69		
70		
71	ZIP CODE  ⑤	
72		
73		
74		
75		
76		
77		
78		
79	Reserved for Future Use	
80		
81	REPORTING DATE	
82	Month	
83	Year	
84	Year	
85	Reserved for Future Use	
86		
87	TYPE OF LOSS CODE	
88	Reserved for Future Use ⑨	
89		
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	
117	
118	
119	
120	
121	VEHICLE IDENTIFICATION NUMBER  ⑤
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	COMPANY USE
132	
133	
134	
135	
136	
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Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## NO-FAULT PREMIUM

1		
2	COMPANY OR GROUP NUMBER CODE	
3		
4	TRANSACTION TYPE CODE	
5		
6	ACCOUNTING DATE	Month Year
7		
8	POLICY EFFECTIVE DATE	Month Year Year
9		
10		
11	TRANSACTION EFFECTIVE DATE	Month Year Year
12		
13		
14	POLICY EXPIRATION DATE	Month Year Year
15		
16		
17	STATE CODE	
18		
19	PREMIUM TOWN CODE	
20		
21		
22	CAR IDENTIFICATION CODE	
23	TYPE OF RISK CODE	
24		
25	ANNUAL STATEMENT LINE OF BUSINESS CODE	
26		
27		
28	SUBLINE CODE	
29		
30		
31		
32	CLASSIFICATION CODE	
33		
34		
35		
36	Reserved for Future Use	
37	PIP COVERAGE CODE	
38		
39		
40		
41		
42		
43	Reserved for Future Use	
44		
45		
46		
47		
48		
49		
50	ZONE RATING CODE	

51	ZONE RATING CODE (Continued)	
52	AGE CODE ⑥	
53		
54★	Reserved for Future Use ⑧	
55		
56	PASSIVE RESTRAINT DISC. CODE	
57	Reserved for Future Use	
58		
59	RATING IDENTIFICATION CODE	
60	Reserved for Future Use	
61		
62	PRODUCER CODE	
63		
64	②	
65		
66		
67		
68	Reserved for Future Use	
69		
70		
71		
72		
73		
74		
75	ZIP CODE	
76		
77	⑤	
78		
79		
80		
81		
82		
83		
84	EXPOSURE	
85		
86		
87		
88		
89	EXPERIENCE RATING MODIFICATION FACTOR CODE	
90		
91		
92	ALL OTHER RATING MODIFICATION FACTOR CODE	
93		
94	Reserved for Future Use	
95		
96		
97		
98	PIP (NO-FAULT) PREMIUM	
99		
100		

101	PIP (NO-FAULT) PREMIUM (Continued)	
102		
103		
104		
105		
106		
107		
108		
109	Reserved for Future Use	
110		
111		
112		
113		
114		
115		
116		
117		
118		
119		
120		
121		
122	POLICY IDENTIFICATION NUMBER	
123		
124		
125		
126		
127		
128		
129		
130		
131		
132		
133		
134		
135		
136		
137		
138	VEHICLE IDENTIFICATION NUMBER	
139		
140		
141	⑤	
142		
143		
144		
145		
146		
147		
148		
149		
150	COMPANY USE	

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 Commercial Automobile Statistical Plan Part VIII – Record Layouts

## NO-FAULT LOSS

1			
2	COMPANY OR GROUP NUMBER CODE		
3			
4	TRANSACTION TYPE ODE		
5			
6	ACCOUNTING	Month	
7	DATE	Year	
8	POLICY	Month	
9	EFFECTIVE	Year	
10	DATE	Year	
11			
12	ACCIDENT DATE		
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			
25	ANNUAL STATEMENT LINE OF BUSINESS CODE		
26			
27			
28	SUBLINE CODE		
29			
30			
31			
32	CLASSIFICATION CODE		
33			
34			
35			
36	Reserved for Future Use		
37	PIP COVERAGE CODE		
38	Reserved for Future Use		
39			
40	ACCIDENT TOWN CODE		
41			
42			
43			
44	Reserved for Future Use		
45			
46			
47			
48			
49	ZONE RATING CODE		
50			

51	ZONE RATING CODE (Continued)		
52	AGE CODE ⑥		
53			
54★	Reserved for Future Use ⑧		
55			
56	PASSIVE RESTRAINT DISC. CODE		
57			
58	Reserved for Future Use		
59	RATING IDENTIFICATION CODE		
60	Reserved for Future Use		
61			
62	PRODUCER CODE  ②		
63			
64			
65			
66			
67	Reserved for Future Use		
68			
69			
70			
71			
72			
73	ZIP CODE  ⑤		
74			
75			
76			
77			
78			
79			
80			
81	Reserved for Future Use		
82			
83			
84			
85			
86			
87	TYPE OF LOSS CODE		
88			
89	Reserved for Future Use ⑨		
90★			
91	LOSS AMOUNT		
92			
93			
94			
95			
96			
97			
98			
99	CLAIM IDENTIFICATION NUMBER		
100			

101	
102	
103	
104	
105	
106	CLAIM IDENTIFICATION NUMBER (Continued)
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	POLICY IDENTIFICATION NUMBER
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	VEHICLE IDENTIFICATION NUMBER  ⑤
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	COMPANY USE
150	

Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

# Massachusetts Commercial Automobile Statistical Plan Part VIII – Record Layouts

## PHYSICAL DAMAGE PREMIUM

1	COMPANY OR GROUP NUMBER CODE	
2		
3		
4	TRANSACTION TYPE CODE	
5	ACCOUNTING DATE	
6		
7	Year	
8	POLICY EFFECTIVE DATE	
9	Month	
10	Year	
11	TRANSACTION EFFECTIVE DATE	
12	Month	
13	Year	
14	POLICY EXPIRATION DATE	
15	Month	
16	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	CLASSIFICATION CODE	
29		
30		
31		
32		
33		
34		
35		
36	Reserved for Future Use	
37	OTHER THAN COLLISION COVERAGE CODE	
38	COLLISION COVERAGE CODE	
39		
40	Reserved for Future Use ④	
41		
42		
43	SYMBOL CODE ④ ⑥	
44	PRE-INSURANCE INSP. ID CODE	
45	Reserved for Future Use	
46	ZONE RATING CODE	
47		
48		
49		
50		

51	ZONE RATING CODE (Continued)
52	AGE CODE ⑥
53	ANTI-THEFT DEVICE DISC. CODE
54★	Reserved for Future Use ⑧
55	
56	
57	
58	
59	RATING IDENTIFICATION CODE
60	Reserved for Future Use
61	PRODUCER CODE ②
62	
63	
64	
65	
66	
67	
68	Reserved for Future Use
69	
70	
71	
72	ZIP CODE ⑤
73	
74	
75	
76	
77	
78	
79	
80	EXPOSURE
81	
82	
83	
84	
85	
86	
87	
88	EXPERIENCE RATING MODIFICATION FACTOR CODE
89	
90	ALL OTHER RATING MODIFICATION FACTOR CODE
91	
92	Reserved for Future Use
93	
94	
95	
96	OTHER THAN COLLISION PREMIUM
97	
98	
99	
100	

101	OTHER THAN COLLISION PREMIUM (Continued)
102	
103	
104	COLLISION PREMIUM
105	
106	
107	
108	
109	
110	
111	Reserved for Future Use
112	
113	
114	
115	POLICY IDENTIFICATION NUMBER
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	VEHICLE IDENTIFICATION NUMBER ⑤
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	COMPANY USE
136	
137	
138	
139	
140	
141	
142	
143	
144	
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149	
150	

Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.

# Massachusetts Commercial 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	Month	
7	DATE	Year	
8	POLICY	Month	
9	EFFECTIVE	Year	
10	DATE	Year	
11			
12	ACCIDENT DATE		
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	Reserved for Future Use		
37	COVERAGE CODE		
38			
39			
40	ACCIDENT TOWN CODE		
41			
42			
43	Reserved for Future Use ④		
44			
45	SYMBOL CODE ④ ⑥		
46			
47	INTENSIFIED APPRAISAL ID CODE ①		
48	Reserved for Future Use		
49			
50	ZONE RATING CODE		

51	ZONE RATING CODE (Continued)	
52	AGE CODE ⑥	
53	ANTI-THEFT DEVICE DISC. CODE	
54★	Reserved for Future Use ⑧	
55	PARTIAL/TOTAL LOSS INDICATOR	
56		
57	Reserved for Future Use	
58		
59	RATING IDENTIFICATION CODE	
60	Reserved for Future Use	
61	PRODUCER CODE  ②	
62		
63		
64		
65		
66	Reserved for Future Use	
67		
68		
69		
70		
71		
72	ZIP CODE  ⑤	
73		
74		
75		
76		
77		
78		
79		
80	Reserved for Future Use	
81		
82		
83		
84		
85	CATASTROPHE CODE	
86		
87	TYPE OF LOSS CODE	
88		
89	Reserved for Future Use ⑨	
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		
112		
113		
114		
115	POLICY IDENTIFICATION NUMBER	
116		
117		
118		
119		
120		
121		
122		
123		
124		
125		
126		
127		
128		
129		
130	VEHICLE IDENTIFICATION NUMBER  ⑤	
131		
132		
133		
134		
135		
136		
137		
138		
139		
140		
141		
142		
143		
144		
145		
146		
147		
148	COMPANY USE	
149		
150		

Refer to the Commercial Record Layout Modification Key on the first page of this Section for further information on prior modifications to the noted fields.



# Massachusetts Commercial Automobile Statistical Plan Index

## A

Accident Date, V:1–V:2, V:8–V:9, V:14–V:15  
Accident Reporting, III:8  
Accident Town Code, V:3, V:10, V:16  
Accident Town Tables *See* Premium Town  
Tables  
Accounting Date, IV:1, IV:7, IV:12, V:1, V:8,  
V:14  
Adjustments. *See* Endorsements  
Age Code, IV:4, IV:9, IV:14, V:4, V:10, V:17,  
VI:24  
Aggregate Limits Identifier Code, IV:4, V:4,  
VI:40  
All Other Rating Modification Factor Code,  
IV:5, IV:11, IV:16, VI:34  
Allocated Loss Adjustment Expenses (ALAE),  
III:9–III:10  
Annual Statement Line of Business Code, IV:2,  
IV:8, IV:13, V:2, V:9, V:15, VI:5  
Anti-Theft Device Discount Code, IV:15, V:17,  
VI:56  
Audit. *See* Policies Subject to Audit

## C

CAR Identification Code, IV:2, IV:8, IV:13,  
V:2, V:9, V:15, VI:3  
Catastrophe Code, V:18  
Claim Definition, III:6  
Claim Identification Number, V:6, V:12, V:13,  
V:19, VI:35  
reporting of, III:8  
Classification Code, IV:3, IV:9, IV:14, V:2,  
V:10, V:16  
Commercial Motorcycles, VI:18  
Garages  
Risks Not Subject to the Compulsory Law,  
VI:20  
Risks Subject to the Compulsory Law,  
VI:19  
Non-Owned Automobiles, VI:21  
Private Passenger Types, VI:12

## C (continued)

Classification Code (*continued*)  
Public Transportation, VI:15  
Publics  
fleet, VI:13  
miscellaneous, VI:15  
non-fleet, VI:14  
Special Rating and Adjustment, VI:22  
Special Types, VI:17  
Trucks, Tractors, Trailers, VI:7  
primary classification code, VI:8  
secondary classification code, VI:9–VI:11  
Van Pools, VI:16  
Collision Coverage Code, IV:14, VI:50  
garage coverages, VI:51  
miscellaneous coverages, VI:51  
Companies in a Run-Off Position, II:2  
Company (Group) Number Code, IV:1, IV:7,  
IV:12, V:1, V:8, V:14  
Coverage Code, V:16

## D

Data Reporting Requirements, II:2–II:3, II:4  
alphanumeric/numeric coding, II:3  
consolidated shipment reporting, II:3  
monthly/quarterly submissions, II:3  
reporting of spaces, II:3  
Decision Tables  
Tables of Required Fields, A:1  
Classification Code Decision Table, A:2  
Coverage Code Decision Table, A:3  
Exposure Basis Table, A:4

## E

Effective Date of the Plan, I:2  
Endorsements  
reporting changes in coverage, III:2–III:3  
as of policy effective date, III:2  
subsequent to policy effective date, III:2–  
III:3  
Experience Rating Modification Factor Code,  
IV:5, IV:10, IV:16, VI:33  
Exposure, IV:5, IV:10, IV:16, VI:31–32  
reporting of exposure, III:2  
Extending a Policy, III:5

# Massachusetts Commercial Automobile Statistical Plan Index

## **E** (*continued*)

Extent of Vehicle Loss. *See* Partial/Total Loss Indicator  
Extra-Risk Rating, III:13

## **G**

Glass Losses, III:13

## **I**

Installment Policies, III:5  
Intensified Appraisal Identification Code, V:16, VI:55  
Intercompany Reimbursement of PIP Claims, III:10–III:11  
Intracompany Reimbursement of PIP Claims, III:11

## **L**

Liability Limits Code (Losses), V:3  
Limits Codes  
    Bodily Injury Limits Code, IV:3, VI:41  
    Combined Single Limit, VI:42  
    Liability, VI:41, VI:42  
    Medical Payments Limit Code, IV:3, VI:41  
    Property Damage Limit Code, IV:3, VI:41  
    Underinsured Motorist Limits Code, IV:3, VI:41  
    Uninsured Motorist Limits Code, IV:3, VI:41  
Limits Identifier Code, IV:3, V:3, VI:39  
Limits in Excess (LEX) Records, VII:3–VII:4  
Loss Amount, V:6, V:12, V:19  
Loss Requirements, III:6–III:13  
    reporting of losses, III:6  
Low Volume Companies, II:1, VII:2  
    eligibility, II:1

## **M**

Massachusetts Annual Statement Page 15, II:2  
    non-compliance penalties, VII:10  
    reconciliation of, II:2, VII:6  
Massachusetts Automobile Insurance Expense Call, II:2, VII:6  
    non-compliance penalties, VII:10  
Multiple Year Policies, III:5

## **N**

Nil Submission, II:1, VII:2

## **O**

Other Than Collision Coverage Code, IV:14, VI:47  
    garage coverages, VI:49  
    miscellaneous coverages, VI:48  
Outstanding Losses, III:13

## **P**

Partial/Total Loss Indicator, III:13, V:4, V:17, VI:26  
Passive Restraint Device Discount Code, IV:4, IV:9, V:4, V:11, VI:27  
PIP Coverage Code, IV:9, V:10, VI:45  
Policies Subject to Audit, III:5  
Policy Effective Date, IV:1, IV:7, IV:12, V:1, V:8, V:14  
Policy Expiration Date, IV:2, IV:8, IV:13  
Policy Identification Number, IV:6, IV:11, IV:17, V:6, V:13, V:19, VI:36  
Pollution Liability Broadened Coverage Code, IV:3, V:3, VI:43  
Pre-Insurance Inspection Identification Code, IV:14, VI:54  
Premium Amounts  
    Bodily Injury Premium Amount, IV:5  
    Collision Premium Amount, IV:16  
    Other Than Collision Premium Amount, IV:16  
    PIP (No-Fault) Premium Amount, IV:11  
    Property Damage Premium Amount, IV:6  
Premium Modification, III:4  
Premium Requirements, III:1–III:5  
    premium cancellation, III:3  
        flat cancellation, III:3  
        pro rata cancellation, III:3  
        short rate cancellation, III:4  
    reporting of premiums, III:1  
Premium Town Code, IV:2, IV:8, IV:13, V:2  
Premium Town Tables, B:1-14  
    Alphabetical Listing, B:1-7  
    Numerical Listing, B:8-14

**Massachusetts Commercial Automobile  
Statistical Plan  
Appendix A - Classification and Coverage Code Decision Tables**

**TABLES OF REQUIRED COMMERCIAL FIELDS**

The fields identified below are required to be reported on all commercial statistical records and are therefore not listed in the Decision Tables contained on the following pages. For all other fields not noted below, refer to the Classification Code and Coverage Code Decision Tables to determine which fields are required to be reported. For information regarding the exposure reporting basis for each commercial classification code, refer to the Exposure Basis table.

<b>Fields Common to All Records</b>
★ Accounting Date
Annual Statement Line of Business Code
CAR Identification Code
PIP Coverage Code (No-Fault)
Policy Effective Date
Policy Identification Code
Producer Code
State Code
Subline Code
Transaction Type Code
Type of Risk Code

<b>Fields Common to Premium Records Only</b>
All Other Rating Modification Factor Code
Experience Rating Modification Factor Code
Policy Expiration Date
Premium Amounts
Transaction Effective Date

<b>Fields Common to Loss Records Only</b>
Accident Date
Catastrophe Code (Physical Damage)
Claim Identification Number
Loss Amount
Reporting Date (Liability)
Type of Claimant Code (No-Fault)
Type of Loss Code

# Massachusetts Commercial Automobile Statistical Plan

## Appendix A - Classification and Coverage Code Decision Tables

### CLASSIFICATION CODE DECISION TABLE

Vehicle Type		Accident Town Code	Age Code	Aggregate Limits ID Code	Anti-Theft Device Disc Code	Exposure	Intensified Appraisal ID	Limits Code (Liability)	Limits Identifier Code	Partial/Total Loss Indicator	Passive Restr. Disc. Code	Pollution Liability Cov. Code	Pre-insurance Insp. ID Code	Premium Town Code	Rating Identification Code	Symbol Code (Cost New/Value)	Vehicle Identif. Number	ZIP Code	Zone Rating Code	
		Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	
Trucks, Tractors, and Trailers	Zone Rated	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	
	Not Zone Rated	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	
Priv.Pass.Types	Fleet and Non-Fleet	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	
Public Transportation	Zone Rated	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	
	Not Zone Rated	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	
Van Pools	Fleet and Non-Fleet	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	
Special Types	7214,7908,7911,7915,7922	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	
	9620	Y	N	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	
	7926,7927	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	
	0456,0706,0707,7040,7219,7924,7925,7953,7964,9460	Y	N	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N	
	7213,7216,7934,7939,7965,7906,7907,0452	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	N
	Other Spec.Types	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	N
★ Commercial Motorcycles		Y	Y	N	N	Y	N	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	N	
★ Garages*	Subj. to Comp. Law	Y	N	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N	
	Not Subj (0750)	Y	N	Y	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N	
	Not Subj (7070)	Y	N	Y	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N	
	Premises (0704,0705)	Y	N	Y	N	Y	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	N	
★ Non-Owned Automobiles	6619,7000	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N	
	6611,6613,6626,6628,5000	N	N	N	N	Y	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N	
	9020	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	
	Other Non-Owned	N	N	N	N	Y	N	Y	Y	N	N	N	N	N	Y	N	N	N	N	
Special Rating & Adjustment	0599,0898,0899	N	N	N	N	Y	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N	
	8000,9932,9980,9990	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N	
	9981,9982,9985,9987 9989	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	Y	N	N	N	N	

\* For all Garage Classifications, Exposure is not required for physical damage coverages.



# Massachusetts Commercial Automobile Statistical Plan

## Appendix A - Classification and Coverage Code Decision Tables

### COVERAGE CODE DECISION TABLE

- For all shaded areas, refer to the Classification Code Decision Table
- Applicable to Physical Damage records

Other Than Collision														
Coverage Code	Accident Town Code	Age Code	Anti-Theft Device Disc. Code	Classification Code	Exposure	Intensified Appraisal Code	Partial/Total Loss Indicator	Pre-Insurance Insp. ID Code	Premium Town Code	Rating Identification Code	Symbol Code (Cost New/Value)	Vehicle Identification Number	ZIP Code	Zone Rating Code
004,006-009,022,023,034-039,064 066-069,104,106-109,122,123,134-139,164,166-169,222, 234-238, 264, 266-269,322, 334-338,364,366-369				Y										
005,065,105,165,265,365			N	Y										
060,063		N		Y										
050-054,059	N	N	N	Y	N	N	N	N	N	N	N	N	N	N
080,081,082	N	N	N	N	N	N	N	N	N	N	N	N	N	N
083,087	N	N	N	N	N	N	N	N	N	N	N	N	N	N
084	N	N	N	Y	N	N	N	N	N	N	N	N	N	N
089	N	N	N	Y	N	N	N	N	N	N	N	N	N	N
202-204,211-217		N	N	Y	N	N	N	N		Y	N	N		N

Collision														
Coverage Code	Accident Town Code	Age Code	Anti-Theft Device Discount	Classification Code	Exposure	Intensified Appraisal Code	Partial/Total Loss Indicator	Pre-Insurance Insp. ID Code	Premium Town Code	Rating Identification Code	Symbol Code (Cost New/Value)	Vehicle Identification Number	ZIP Code	Zone Rating Code
012-019,040,042-049,072,076-079			N	Y										
090,091,093,094	N	N	N	Y	N	N	N	N	N	N	N	N	N	N
041,092,095		N	N	Y										
099	N	N	N	Y	N	N	N	N	N		N	N	N	N
311-313,317,477,478		N	N	Y	N	N	N	N		Y	N	N		N