

COMMONWEALTH AUTOMOBILE REINSURERS
Massachusetts Commercial Automobile

GARAGES

GARAGES SUBJECT TO THE MASSACHUSETTS COMPULSORY LAW																		
	Territories																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17-26	27
RATES PER PLATE																		
Coverage A-1	304	306	348	379	357	434	451	500	564	463	585	604	611	712	730	634	1539	278
Coverage A-2	39	39	44	47	45	53	55	60	67	56	69	71	72	83	85	74	171	36
Coverage PDL	306	309	354	387	363	448	466	520	589	479	613	634	642	751	771	667	1654	278
Coverage B	54	55	62	67	63	77	80	89	100	82	104	108	109	127	130	113	274	50

GARAGES MEDICAL PAYMENT TABLES						
Bodily Injury <u>Liability Limits</u>	Garage Automobile Medical Payments Limit per Person			Garage Automobile and Other Than Covered Autos Limit per Person		
	<u>1,000</u>	<u>2,000</u>	<u>5,000</u>	<u>1,000</u>	<u>2,000</u>	<u>5,000</u>
	20/40	5.1%	5.9%	7.1%	7.2%	8.4%
25/50	4.7%	5.4%	6.5%	6.6%	7.7%	9.2%
35/80	4.1%	4.8%	5.8%	5.9%	6.8%	8.1%
50/100	3.7%	4.3%	5.2%	5.3%	6.1%	7.3%
100/300	2.9%	3.4%	4.1%	4.2%	4.9%	5.8%
250/500	2.3%	2.7%	3.2%	3.2%	3.8%	4.5%
500/500	1.9%	2.2%	2.7%	2.7%	3.2%	3.8%
500/1000	1.9%	2.2%	2.7%	2.7%	3.2%	3.8%
1000/1000	1.6%	1.8%	2.2%	2.2%	2.6%	3.0%

ALL TERRITORIES		
<u>Limits</u>	<u>U-1 Uninsured</u>	<u>U-2 Underinsured</u>
20/40	8	0
20/50	9	1
25/50	10	4
35/80	11	14
50/100	12	23
100/300	13	48
250/500	14	125
500/500	20	313

The foregoing tables are based on Table 4 increased limits factors. For other limits, the policy factor for medical payments shall be determined as follows:

Medical Payments Percentage for Basic Bodily Injury Limits / Table Percentage for Increased Limits

Commercial Automobile Rates
Garages-Not Subject to the Massachusetts Compulsory Law

Liability Rates

Territory	Combined Single Limit of Liability (in 000's)						
	50	100	200	250	300	500	1000
1 - 4, 27	1.511	1.856	2.244	2.366	2.489	2.815	3.465
5 - 13	2.745	3.371	4.076	4.299	4.521	5.114	6.294
14 - 26	2.875	3.531	4.269	4.502	4.735	5.356	6.592
Minimum Premium per Location	91	112	135	143	150	170	209

These rates reflect an aggregate limit, applicable to other than auto losses, of three times the otherwise applicable per accident liability limit.

For aggregate limits other than three times the per accident limit, multiply the rates by the following factors:

1 x Accident Limit	0.950
2 x Accident Limit	0.980
5 x Accident Limit	1.030
7 x Accident Limit	1.050

Increased Limit Factors

<u>CSL</u>	<u>Factor</u>
\$50,000	1.000
\$75,000	1.146
\$80,000	1.166
\$100,000	1.228
\$200,000	1.485
\$250,000	1.566
\$300,000	1.647
\$500,000	1.863
\$750,000	2.112
\$1,000,000	2.293
\$2,000,000	2.516
\$2,500,000	2.591
\$5,000,000	2.808

Medical Payments Percentage Table			
Garage Operations - Other Than Covered Auto - Covered Auto			
<u>Combined Single Limit (000)</u>	<u>Limit per Person</u>		
	\$1,000	\$2,000	\$5,000
\$50	2.4%	2.7%	3.3%
\$100	2.0%	2.2%	2.7%
\$200	1.6%	1.8%	2.2%
\$250	1.5%	1.7%	2.1%
\$300	1.5%	1.6%	2.0%
\$500	1.3%	1.4%	1.8%
\$1,000	1.0%	1.2%	1.4%

The Aggregate Limit is three times the Accident Limit.

**Commercial Automobile Rates
 Garages Subject to the Massachusetts Compulsory Law**

Garage Operations - Other Than Covered Autos

Liability Rates

Territory	Combined Single Limit of Liability (in 000's)						
	50	100	200	250	300	500	1000
1 - 4, 27	0.321	0.394	0.477	0.503	0.529	0.598	0.736
5 - 13	0.418	0.513	0.621	0.655	0.688	0.779	0.958
14 - 26	0.515	0.632	0.765	0.806	0.848	0.959	1.181
Minimum Premium per Location	28	34	42	44	46	52	64

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