

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	18	19	20
RATES PER PLATE																				
Coverage A-1	1917	1917	1917	1917	1917	1917	1917	1917	1917	1917	400	422	404	480	435	502	576	689	734	862
Coverage A-2	196	196	196	196	196	196	196	196	196	196	45	47	46	53	49	55	63	74	78	91
Coverage PDL	2032	2032	2032	2032	2032	2032	2032	2032	2032	2032	412	436	416	497	449	521	600	720	769	905
Coverage B	109	109	109	109	109	109	109	109	109	109	23	24	23	27	25	29	33	39	42	49

GARAGES MEDICAL PAYMENT TABLES						
Bodily Injury Liability Limits	Garage Automobile Medical Payments			Garage Automobile and Other Than Covered Autos		
	Limit per Person			Limit per Person		
	1,000	2,000	5,000	1,000	2,000	5,000
20/40	5.1%	5.9%	7.1%	7.2%	8.4%	10.0%
25/50	4.6%	5.4%	6.5%	6.5%	7.6%	9.1%
35/80	4.1%	4.8%	5.7%	5.8%	6.7%	8.0%
50/100	3.8%	4.4%	5.3%	5.3%	6.2%	7.4%
100/300	3.1%	3.6%	4.3%	4.4%	5.1%	6.1%
250/500	2.5%	2.9%	3.5%	3.5%	4.1%	4.9%
500/500	2.2%	2.5%	3.0%	3.1%	3.6%	4.3%
500/1000	2.2%	2.5%	3.0%	3.1%	3.6%	4.3%
1000/1000	1.9%	2.2%	2.7%	2.7%	3.2%	3.8%

ALL TERRITORIES		
Limits	U-1	U-2
	Uninsured	Underinsured
20/40	4	0
20/50	5	1
25/50	6	3
35/80	7	11
50/100	8	18
100/300	9	42
250/500	10	122
500/500	12	307

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 Subject to the Massachusetts Compulsory Law

Garage Operations - Other Than Covered Autos

Liability Rates

		Combined Single Limit of Liability (in 000's) - Rate is per \$100 of Payroll						
		50	100	200	250	300	500	1000
All Territories		0.393	0.468	0.549	0.575	0.597	0.658	0.748
Minimum Premium per Location		28	33	39	41	43	47	53

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	1.122
\$80,000	1.137
\$100,000	1.191
\$200,000	1.396
\$250,000	1.463
\$300,000	1.518
\$500,000	1.674
\$750,000	1.809
\$1,000,000	1.903
\$2,000,000	2.092
\$2,500,000	2.152
\$5,000,000	2.347

Medical Payments Percentage Table			
Garage Operations			
Other Than Covered Auto - Covered Auto			
Combined Single Limit (000)	Limit per Person		
	\$1,000	\$2,000	\$5,000
\$50	2.4%	2.7%	3.3%
\$100	2.0%	2.3%	2.8%
\$200	1.7%	1.9%	2.4%
\$250	1.6%	1.8%	2.3%
\$300	1.6%	1.8%	2.2%
\$500	1.4%	1.6%	2.0%
\$1,000	1.3%	1.4%	1.7%

The Aggregate Limit is three times the Accident Limit.