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	1254	1254	1254	1254	1254	1254	1254	1254	1254	1254	335	385	334	519	388	493	555	547	751	551
Coverage A-2	168	168	168	168	168	168	168	168	168	168	59	65	59	81	65	78	85	84	108	84
Coverage PDL	1321	1321	1321	1321	1321	1321	1321	1321	1321	1321	345	399	344	541	402	513	579	571	787	575
Coverage B	158	158	158	158	158	158	158	158	158	158	42	49	42	65	49	62	70	69	95	69

	GARAGES	MEDICAL	PAYMENT TAB	ILES			
				Garage /	Automobile	and	
	Garage Autom	obile Medica	Other Tha	Other Than Covered Autos			
Bodily Injury	Limi	t per Person	Limit	Limit per Person			
<u>Liability Limits</u>	<u>1,000</u>	2,000	<u>5,000</u>	<u>1,000</u>	2,000	<u>5,000</u>	
20/40	5.1%	5.9%	7.1%	7.2%	8.4%	10.0%	
25/50	4.6%	5.3%	6.3%	6.4%	7.5%	8.9%	
35/80	3.9%	4.5%	5.5%	5.5%	6.4%	7.6%	
50/100	3.5%	4.0%	4.9%	4.9%	5.8%	6.8%	
100/300	2.8%	3.2%	3.8%	3.9%	4.5%	5.4%	
250/500	2.1%	2.5%	3.0%	3.0%	3.5%	4.2%	
500/500	1.9%	2.2%	2.6%	2.7%	3.1%	3.7%	
500/1000	1.9%	2.2%	2.6%	2.7%	3.1%	3.7%	
1000/1000	1.7%	2.0%	2.4%	2.4%	2.8%	3.3%	

ALL TERRITORIES						
<u>Limits</u>	U-1 Uninsured	U-2 <u>Underinsured</u>				
20/40	4	0				
20/50	5	0				
25/50	6	0				
35/80	7	4				
50/100	8	7				
100/300	9	22				
250/500	10	86				
500/500	12	234				

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

Commonwealth Automobile Reinsurers Massachusetts Commercial Automobile

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 0.431 0.520 0.617 0.649 0.674 0.743 0.841 Minimum Premium 28 34 40 42 44 48 55 per Location

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	1.123
\$80,000	1.142
\$100,000	1.206
\$200,000	1.432
\$250,000	1.505
\$300,000	1.563
\$500,000	1.723
\$750,000	1.857
\$1,000,000	1.952
\$2,000,000	2.145
\$2,500,000	2.207
\$5,000,000	2.406

The Aggregate Limit is three times the Accident Limit.