## 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	1,502	1,502	1,502	1,502	1,502	1,502	1,502	1,502	1,502	1,502	382	386	267	479	367	612	549	567	779	669
Coverage A-2	191	191	191	191	191	191	191	191	191	191	48	49	34	61	47	78	70	72	99	85
Coverage PDL	1,608	1,608	1,608	1,608	1,608	1,608	1,608	1,608	1,608	1,608	408	413	286	512	393	655	587	607	834	717
Coverage B	277	277	277	277	277	277	277	277	277	277	70	71	49	88	68	113	101	105	144	124

	GARAGES	MEDICAL	PAYMENT TAE	BLES		
				Garage A	Automobile	and
	Garage Autom	nobile Medic	al Payments	Other Tha	n Covered	Autos
Bodily Injury	Limi	Limit	Limit per Person			
<u>Liability Limits</u>	<u>1,000</u>	2,000	<u>5,000</u>	<u>1,000</u>	2,000	5,000
20/40	5.1%	5.9%	7.1%	7.2%	8.4%	10.0%
25/50	4.4%	5.1%	6.1%	6.2%	7.2%	8.6%
35/80	3.6%	4.2%	5.1%	5.1%	6.0%	7.1%
50/100	3.1%	3.6%	4.4%	4.4%	5.2%	6.1%
100/300	2.3%	2.7%	3.2%	3.3%	3.8%	4.6%
250/500	1.7%	2.0%	2.4%	2.4%	2.8%	3.3%
500/500	1.4%	1.7%	2.0%	2.0%	2.4%	2.8%
500/1000	1.4%	1.6%	2.0%	2.0%	2.3%	2.8%
1000/1000	1.3%	1.5%	1.8%	1.8%	2.1%	2.5%

	ALL TERRITOR	IES
	U-1	U-2
Limits	Uninsured	Underinsured
20/40	3	0
20/50	4	0
25/50	5	1
35/80	6	5
50/100	7	8
100/300	8	26
250/500	9	103
500/500	10	271

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	0.524	0.681	0.848	0.903	0.940	1.036	1.175	
Minimum Premium per Location	_	44	55	59	61	67	76	

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	1.191
\$80,000	1.216
\$100,000	1.299
\$200,000	1.619
\$250,000	1.723
\$300,000	1.793
\$500,000	1.978
\$750,000	2.132
\$1,000,000	2.242
\$2,000,000	2.464
\$2,500,000	2.535
\$5,000,000	2.764

The Aggregate Limit is three times the Accident Limit.