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Rules

D1: Driver Definitions

The term “eligible-to-be-rated driver” refers to any person who is required to be disclosed on the application (all persons above the legal age to drive who reside with named insured, and any other person who regularly or frequently drives a covered vehicle), other than excluded drivers as specified in Rule D5.

Whether an “eligible-to-be-rated driver” is rated is determined by Rule P22.

The term “spouse” is defined as follows: driver who is legally married to primary named insured (PNI) or has entered into a civil union in compliance with New Hampshire Civil Union Law RSA 457-A:6 with the primary named insured.

D2: Driver Classification

Drivers are classified by age, sex, and marital status.

Age refers to the age attained by the driver’s last birthday before inception of the policy term. If a driver’s age is less than 24 and has a birth date within 30 days after inception of the policy term, then add 1 year to the driver age for use in the Driver Class Factor (but not other age-related purposes throughout these Rules).

Marital status is defined as follows:

Single - a driver who is not married, as defined below;

Married - a driver who is legally married, or who is deemed married pursuant to state law, but not including a driver who is legally separated. (The inability of married persons to live together because of career obligations or military service does not deny them the married classification). Married status includes drivers who have entered a civil union as outlined in New Hampshire Civil Union Law RSA 457-A:6.

Widow/Widower - a driver who was legally married, but whose spouse is deceased. Widowed operators are rated as single.

D3: Driving Record Points

A. Driving record points are assigned to operators for chargeable accidents and violations.

The following types of accidents and violations are chargeable:

1. Chargeable Accidents
2. Major Violations
3. Minor Violations/Speeding
4. Not Chargeable Accidents
5. Comprehensive Claims
B. Chargeable Period - the 36-month period prior to policy term inception. When a driver is added mid-term, accidents and violations will be charged for the entire 36 month period prior to the driver being added to the policy.

C. Conviction Date - A violation(s) coming from the MVR needs to have a conviction date present on the MVR record in order for the violation(s) to be considered in developing a driver’s premium.

D. Chargeable Date - the occurrence date is used to determine if the accident or violation took place in the chargeable period. If the date is not furnished on the application and we cannot obtain the date through our MVR/CLUE reconciliation process, the occurrence date will be deemed to be the day before the inception date of the policy.

E. MVR/CLUE Reconciliations - accidents and violations listed on the application will be reconciled with similar accidents and violations on the MVR and/or CLUE to avoid duplication. When reconciliation occurs, the accidents and violations will be assigned the date of occurrence listed on the MVR or CLUE. If reconciliation does not occur, accidents and violations listed on the application and/or the MVR/CLUE reports will be considered separate violations.

F. Same Day Offenses - if an occurrence results in multiple violations or accidents, the driving record points for that occurrence will be based on the violation or accident with the highest point charge.

G. Source of Points - charge for accidents or violations occurring while a driver is operating a private passenger auto, commercial vehicle, motorcycle or recreational vehicle.

H. Greater than 12 violations: if a driver has more than 12 violations in the chargeable period, the total points, based on the point assignment table listed below, for the twelfth earliest and all subsequent accidents and violations within the chargeable period will be charged as an XPT (extra points) violation code. The Merit Table (Rule D10) does not apply to accidents or violations for which points are charged using the XPT violation code. As one or more violations age out of the chargeable period at renewal, a corresponding number of the earliest violations in the XPT violation code are taken out of the XPT violation code and assigned their regular chargeable dates.

I. Chargeable Accidents - accidents noted on the MVR or application will be deemed to be chargeable unless, after clear and timely notice to the insured, proof is received to verify that the insured was not-at-fault. Accidents noted on the CLUE report will be deemed to be chargeable if payments were made under liability coverages. Accidents involving hitting another vehicle or object as a result of swerving to avoid an animal are chargeable.

Accidents which are not considered to be chargeable include, but are not limited to, the following:

1. the accident was caused by collision with a bird or animal;
2. the automobile was lawfully parked;
3. the automobile was struck in the rear by another vehicle and the driver of the automobile which was struck in the rear was not convicted of a moving violation in connection with the accident;
4. the automobile was struck by a “hit-and-run” driver and the accident was reported to the proper authorities within 24 hours;
5. the driver of the automobile was not convicted of a moving traffic violation in connection with the accident, but the driver of another vehicle involved in the accident was convicted of a moving traffic violation;
6. the driver was at-fault but the accident is not chargeable under the applicable state laws and regulations or other Company procedures.
   a. Accidents involving physical damage, limited to and caused by flying gravel, missiles, or falling objects; or
   b. Accidents occurring as a result of the operation of an automobile in response to an emergency if the operator at the time of the incident was responding to an emergency if the operator at the time of the accident was responding to a call to duty as a paid or volunteer member of any police or fire department, first aid squad or any law enforcement agency, but not an accident occurring after the emergency situation ceases to be used in response to such emergency; or
   c. An automobile accident involving only bodily injury or property damage to the applicant or any other operator of the automobile currently a resident in the same household, unless the said applicant or operator is convicted of a moving traffic violation in connection with the occurrence;
   d. The owner or operator of the insured’s automobile has been reimbursed for the property damage loss by, on behalf of, another person responsible for the accident or has judgment against such other person for the property damage loss.
   e. Accidents occurring as a result of the operation of a vehicle by a municipal public works or highway department employee; or
   f. Payments were made as the result of the incident for Property Damage Liability or Collision and total less than or equal to $1,000; and Payments were made as the result of the incident for Bodily Injury less than or equal to $750; and no other Payments were made for Comprehensive; or
   g. Payments were made as the result of the incident for only Bodily Injury less than or equal to $750.

J. Violation Classification - Violations and accidents are classified into seven groups: driving under the influence, speeding, minor violations (routine traffic infractions like failure to yield) major violations (non-routine, serious infractions such as vehicular homicide), not chargeable accidents, chargeable accidents (defined above), and comprehensive incidents.

The Company uses the following point assignments:

<table>
<thead>
<tr>
<th>Violation</th>
<th>First</th>
<th>Each Additional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving under the influence (DUI)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Speeding violations (SPD)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Minor violations (MIN)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Major violations (MAJ)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Not-at-fault accidents (NCHG)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>At-fault accidents (CHG)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Campus incident</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
D4: Financial Responsibility Filings
At the insured's request, the Company will issue a financial responsibility filing (any vehicle owned or operated), otherwise known as an SR-22 filing for any listed driver on the policy. If the policy is for a named operator, the Company will issue a filing (any vehicle owned or operated).

Any policy with a filing must offer liability limits that satisfy minimum financial responsibility requirements for the state requesting the filing. Any driver requesting a filing must have a verifiable driving record and must be an eligible-to-be-rated driver.

The Company will cancel the filing upon lapse or expiration of the policy; the filing will be reinstated if the policy reinstates or renews.

Filing can only be made in the state of New Hampshire.

An administrative filing fee of $25 is charged once for each filing.

D5: List Only Drivers
Under certain circumstances, the applicant may designate specific household members as “list only” drivers so that they are not included in the rating process, except drivers requiring an SR-22 filing may not be designated as “list only”. For the Company to accept a request to designate a driver as list only, the driver must meet at least one of the following criteria:

(a) is out of the country;
(b) is disabled and does not drive;
(c) has other auto insurance;
(d) has never been licensed or has surrendered license;
(e) has a permanently revoked or suspended license;
(f) is age 55 or older, unlicensed and does not drive;
(g) is incarcerated
(h) drivers without a license who are of minimum licensed age (permits)

The Company will not pay for any claim arising from an accident or loss while any vehicle is parked or being driven, either with or without the named insured’s permission, except as required by statute.

D6: Reserved for Future Use

D7: Unverifiable Driving Record and Foreign Driver’s License

Unverifiable Driving Record - When a driver’s driving record cannot be verified by a state’s Bureau of Motor Vehicles, we will assess that driver the amount of points associated with a major violation. The points will be removed if the Company receives a valid MVR within 30 days of policy inception. The date assigned to the points will be the day before the inception date of the policy.

Drivers 18 years of age and younger will not be charged unverifiable driving record points.

Foreign Driver’s License - Any driver who does not have a valid U.S. or Canadian license but has a valid foreign license or international driver’s license will be assessed the amount of points associated with a major violation. The date assigned to the points will be the day before the inception date of the policy.

After a valid U.S. license has been maintained for twelve months, the points will be dropped.

D8: Distant Student Discount
A licensed single driver who is under the age of 23, a child of the primary named insured, resides away from home, and is a student enrolled at an educational institution located where the student resides, will be rated with the distant student discount set forth in the rate schedules if the following conditions are met:

(a) The student will not have regular access to a covered vehicle while at school; and
(b) the school must be more than 100 miles away from the garaging zip code of the covered vehicle on the policy that is nearest to the student’s residence at school.

This discount will be applied to Bodily Injury/Property Damage, Medical Payment, Comprehensive and Collision coverages. This discount is a driver level discount. This discount will not apply if the child was disclosed as a result of a claim with the Company, nor if the minor child discount (Rule D9) is being applied.

D9: Minor Child Discount
All licensed single drivers who are under the age of 19 and a child of the primary named insured, will be rated with the minor child discount specified in the rate schedules if the policy (including its prior terms) has been continually in force for at least 12 months. This discount will be applied as of:

1. the endorsement date when adding the minor child to a policy that meets the 12-month requirement or
2. the first renewal after meeting the 12-month requirement of a policy that meets the other qualifications described above.

This discount will be applied to Bodily Injury/Property Damage, Medical Payment, Comprehensive and Collision coverages. This discount is a driver level discount. This discount will not apply if:

1. the minor child was disclosed as a result of a claim with the Company; or
2. the total number of AAF, MAJ, MIN, DUI, and SPD incidents on the policy is greater than one.

D10: Merit Tables

The merit tables provide adjustment factors based on the combination of violation age and the number of occurrences of specific violation types. Violation age groups are less than or equal to 12 months, greater than 12 but less than or equal to 24 months, and greater than 24 but less than 36 months. The merit table specifies the factor for 1 or 2 occurrences of specified violation types. If a driver has more than two occurrences, the factor for 2 occurrences will be multiplied by an additional surcharge factor.
There are different merit tables accommodating different violation types. The first table is for CHG/MAJ. The second table is for DUI/MIN/SPD.

The merit table does not apply to accidents and violations for which points are charged using the XPT violation class code.

**D11: Reserved for Future Use**

**G1: Definition of Private Passenger Auto; Permitted Named Insured**

A. The term “private passenger auto” means a land motor vehicle of the private passenger, pickup body, or cargo van type, designed for operation principally upon public roads, with at least four (4) wheels, and with a gross vehicle weight rating of 12,000 pounds or less according to the manufacturer’s specifications. However, the term does not include step-vans, parcel delivery vans, or cargo cutaway vans or other vans with cabs separate from the cargo area.

B. The named insured must be a natural person. Corporations or partnerships cannot be listed as a named insured, but may be listed as an “additional interest insured.”

**G2: Unacceptable Risks**

Only private passenger automobiles are acceptable under our program. However, the following risks are not acceptable:

A. Named insureds who have never been licensed, unless the named insured is excluded from coverage;

B. Drivers under the minimum age for state licensing; (unless they hold a valid driver’s permit)

C. Vehicles without a garaging address;

D. Vehicles used for:
   1. racing;
   2. carrying persons or property for compensation or a fee, including, but not limited to, limousine, taxi, or other livery services (does not apply to shared expense car pools), pickup or delivery of magazines, newspapers, food, or any other products;
   3. emergency services; or
   4. Business or Artisan use that does not meet the acceptable use standards in Rule V2.

E. Vehicles:
   1. equipped with altered suspensions, which are suspensions that are homemade, custom built, or modified, and include lift kits greater than 4 inches (usually installed on off-road vehicles or street rods). However, lift kits of 4 inches or less, low riders with hydraulics and kit cars are acceptable if registered for street use;
   2. not registered for street use; or
   3. equipped with cooking equipment or bathrooms, except for Motor Homes under section V.16.A

F. GEM, Ford Think Neighbor, golf cart type vehicles, Micro-trucks, and other vehicles that have a top speed of 25 mph or less;

G. GEM, Ford Think Neighbor, golf cart type vehicles, Micro-trucks, and other vehicles that have a top speed of 25 mph or less;

H. Vehicles leased or rented to others by the applicant;

I. Commercial vehicle types including, without limitation, Step Vans and Panel Vans;

J. Named operator policies with business use;

K. Policies with all vehicles generally garaged out of state, with the exception of out of state students or military risks

L. Policies with vehicles garaged at two different addresses and drivers in two different households, with the following exceptions:
   1. Student or military risks (e.g. spouse of insured/unmarried child of insured);
   2. Named insured has two different households (e.g. one permanent home and one vacation home)
   3. Drivers who live at different addresses but all vehicles are garaged at one place; or
   4. Husband/wife in the process of divorce and the vehicle is considered community

M. Two or more private passenger automobile insurance policies for the same household, with the following exceptions:
   1. Children who own their own vehicle; or
   2. Unrelated residents/roommates

N. Vehicles owned or leased by a partnership or corporation unless:
   1. The vehicles are customarily operated by the named insured or a resident relative for pleasure or commuting;
   2. All drivers are household members and are listed on the policy;
   3. No more than four such vehicles are owned or leased by the partnership or corporation; and
   4. The partnership or corporation does not engage in a business:
      a. of carrying persons or property for compensation or a fee, including, but not limited to, limousine, taxi, or other livery services (does not apply to shared expense car pools), pickup or delivery of magazines, newspapers, food, or any other products; or
      b. of selling, leasing, repairing, parking, storing, services, delivering, or testing vehicles

O. Vehicles that are not owned or leased by the named insured or a resident relative.
P1: Policy Period

There are rates for a twelve-month and six-month policy terms. The Policy Term Factor is applied to calculate the rate.

P2: Zip Code Level Rating

Vehicles are rated at the zip code level by coverage based on the zip code in which the vehicle is principally garaged. Each zip code is given a territory designation in accordance with the schedule attached. Each territory designation has the territory factors that are set forth in the rate schedule. Factors are assigned for the following coverages: Bodily Injury, Property Damage, Comprehensive, Collision, Medical Payments, UM/UIM and Loan/Lease.

Vehicles garaged out-of-state are rated with out-of-state factors. Such policies must have liability limits that satisfy local financial responsibility requirements. Policies with all vehicles principally garaged out-of-state are unacceptable.

P3: Residence Classification

The named insured’s residence is classified as follows:

- **Own Home** - primary residence is a home or condominium owned by the named insured.
- **Own Mobile Home** - primary residence is a mobile home, 10 years old or newer, owned by the named insured.
- **Rent** - primary residence is a home, condominium, mobile home, apartment or other residence rented by the named insured.
- **Live with Parents** - primary residence is a home, condominium, mobile home, apartment, or other residence that is owned or rented by the named insured or spouse’s parents.
- **Other** - residence classification unknown or not otherwise classified.

P4: Summary of Coverages Offered

This program offers the following coverages: (Residual) Bodily Injury, Property Damage, Medical Payments, Uninsured Motorist Protection, Underinsured Motorist Protection, Comprehensive, Collision, Rental Reimbursement, Towing and Labor, Covered Property and Loan/Lease Payoff. This program also offers the Named Non-Owner and Extended Non-Owner Endorsements.

P5: Named Non-Owner Coverage

The named non-owner endorsement provide liability protection (Bodily Injury/Property Damage, Medical Payments, UM/UIM) for an individual who does not own a vehicle or have access to any personal use vehicles on a regular basis. The endorsement does not cover a spouse, any resident relatives, or any other person or organization (other than a person or organization with respect only to vicarious liability for an accident arising out of the use of a non-owned vehicle by the named operator with the express or implied permission of the owner).

The Named Non-Owner base rates are 50% of the private passenger auto base rates. Named non-owner endorsements are not available if the insured operates a vehicle used for business or artisan use. See Rule V2 for description of business and artisan use.

Comprehensive and Collision coverages are not available.

P6: Extended Non-Owner Coverage

Extended Non-Owned Coverage is available for individuals who are furnished with an auto for regular use. This endorsement does not afford coverage under Part A (Liability Coverage) or Part B (Medical Payments Coverage) of the policy for any accident involving a vehicle owned by the individual named in the Schedule or by a member of the same household.

Comprehensive and Collision coverages are not available.

Limits for Extended Non-Owner must match selected limits for the Liability coverages.

P7: Reserved for Future use

P8: Liability Increased Limits

Bodily Injury and Property Damage liability limits are required to be equal to or higher than the minimum financial responsibility limits required by law in any state in which a vehicle is garaged for more than two months out of the year. All vehicles on the policy must carry the same liability limits.

Valid limit combinations are ($000s):

- 25/50/25
- 50/100/25
- 50/100/50
- 100/300/50
- 100/300/100
- 250/500/100
- 100CSL
- 300CSL
- 500CSL

P9: UM/UIM Limits

Uninsured Motorist’s and Underinsured Motorist’s limits must be equal to the insured’s Bl limits. All vehicles listed on the policy must carry the same UM/UIM limits.

The following limits are available:

- 25/50
- 50/100
- 100/300
- 250/500
P10: Physical Damage Deductibles

Comprehensive and Collision coverages may be purchased at the following deductible levels: Deductible levels for Comprehensive and Collision coverages for a vehicle may be different. Deductible levels for vehicles on a multi-car policy may be different.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limit/Deductible</th>
</tr>
</thead>
</table>
| Comprehensive | $100  
$200  
$250  
$500  
$1,000  
$100  
$200  
$250  
$500  
$1,000  
$30/DAY,$900 MAX  
$40/DAY,$1200 MAX  
$50/DAY,$1500 MAX  
25/occurrence  
50/occurrence  
Rental | 75/occurrence  
0 DED  
$50/DAY,$1500 MAX  
Towing and Labor | 25/occurrence  
50/occurrence  
75/occurrence  
Loan/Lease | 0 Ded |

P11: Medical Payments Limits

Medical Payments limits are available as follows:

- $1,000
- $5,000
- $7,500
- $10,000

P12: Multi-car Discount

A multi-car discount applies to Bodily Injury, Property Damage, Medical Payments, Comprehensive, UM/UIM and Collision coverages, if there is more than one vehicle on the policy. The Multi Car discount may be applied via the Core Discount table and/or the Policy Structure Table.

P13: Paid-in-Full Discount

A paid-in-full discount applies to Bodily Injury, Property Damage, Medical Payments, Comprehensive, UM/UIM and Collision coverages, if the insured chooses the 1 Pay or 2 Pay bill plan at point of sale.

P14: Core Discounts

The core discounts are Multi-Car (Rule P12), Homeowners (Rule P18), and Paid-in-Full (Rule P13).

P15: Joint Marketing Discount

The Company may offer affinity group discounts to affinity groups. These discounts are applied as the Joint Marketing Discount in calculating the rate. A policy may only have one Joint Marketing Discount.

Service your way — in person, by phone or online

- Competitive rates
- Online account access
- Electronic billing
- Online bill payment
- Personal service
- Fast, easy claim resolution
P16: Multi-Policy Discount

For policies with original effective date before July 1st 2013, a multi-policy discount applies to Bodily Injury, Property Damage, Medical Payments, Comprehensive, and Collision coverages, if the insured has a qualifying homeowners, condo or renters policy with Mt. Washington Assurance Corporation.

For policies with original effective date on or after July 1st 2013, a multi-policy discount applies to Bodily Injury, Property Damage, Medical Payments, Comprehensive, and Collision coverages, if the insured has a qualifying homeowners, condo or renters policy with Mt. Washington Assurance Corporation, ACE, Chubb or AIG/Chartis.

Qualified policies are HO-3, HO-4, HO-5 and HO-6 policies.

P17: Comprehensive Only

Comprehensive Only coverage can be purchased for one or more vehicles on a policy if there is at least one other vehicle on the policy with liability coverage.

P18: Homeowner Discount

A homeowner discount applies to Bodily Injury, Property Damage, Medical Payments, UM/UIM, Comprehensive, and Collision coverages, if the named insured or resident spouse owns a home or condominium as determined in accordance with Rule P3. This discount is not available based on ownership of a mobile home. Company may take reasonable steps to verify this information.

P19: Underwriting Tier

The classification criteria are: (A) the Underwriting Tier; and (B) the Financial Responsibility Group.

A. For all policies with an original effective date before July 1st 2013, the prior insurance status is used to determine the Underwriting Tier, and considers:

a. whether there was private passenger automobile liability insurance covering the primary named insured or rated spouse and providing continuous coverage for the six months immediately preceding the inception of the Company policy;

b. whether there was a lapse in coverage of 1-30 days, or greater than or equal to 31 days (no POP) prior to the inception of the Company policy; If there is no proof of prior or lapse in coverage is greater than 30 days, applicants will be placed in a neutral UW Tier under the following circumstances:

1. Applicants were previously listed on a family member’s policy;
2. Applicants are newly licensed operators;
3. Applicants have had, within the past 30 days, use of an insured company vehicle
4. Applicants are returning military personnel
5. whether the prior private passenger automobile liability insurance Bodily Injury limits were written at the statutory minimum, greater than minimum but less than $100,000/$300,000 or $100,000 CSL, or greater than or equal to $100,000/$300,000 or $100,000 CSL; and
6. whether the prior insurance, if any, referenced in 1 through 3 above was with a standard or nonstandard carrier, as determined by Company’s categorization in accordance with Rule P20.

B. For all policies with an original effective date on or after July 1st 2013, the prior insurance status is used to determine the Underwriting Tier, and considers:

a. whether there was private passenger automobile liability insurance covering the primary named insured or rated spouse and providing continuous coverage for the six months immediately preceding the inception of the Company policy;

b. whether there was a lapse in coverage of 1-30 days, or greater than or equal to 31 days (no POP) prior to the inception of the Company policy; If there is no proof of prior or lapse in coverage is greater than 30 days, applicants will be placed in a neutral UW Tier under the following circumstances:

1. Applicants were previously listed on a family member’s policy;
2. Applicants are newly licensed operators;
3. Applicants have had, within the past 30 days, use of an insured company vehicle
4. Applicants are returning military personnel
5. whether the prior private passenger automobile liability insurance Bodily Injury limits were written at the statutory minimum, greater than minimum but less than $100,000/$300,000 or $100,000 CSL, or greater than or equal to $100,000/$300,000 or $100,000 CSL; and
6. whether the prior insurance, if any, referenced in 1 through 3 above was with a standard or nonstandard carrier, as determined by Company’s categorization in accordance with Rule P20.

<table>
<thead>
<tr>
<th>Proof or Prior Days of Lapse</th>
<th>Prior BI Limit</th>
<th>Prior Carrier Type</th>
<th>Underwriting Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>POP with No Lapse</td>
<td>100/300+</td>
<td>S</td>
<td>A</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>100/300+</td>
<td>N</td>
<td>B</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>&gt; Min Limit, but &lt;100/300</td>
<td>S</td>
<td>B</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>100/300+</td>
<td>N</td>
<td>C</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>&gt; Min Limit, but &lt;100/300</td>
<td>S/N</td>
<td>C</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>Min Limit</td>
<td>S/N</td>
<td>D</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>Min Limit</td>
<td>S/N</td>
<td>D</td>
</tr>
<tr>
<td>No POP</td>
<td>N/A</td>
<td>N/A</td>
<td>E</td>
</tr>
</tbody>
</table>

e. The Financial Responsibility Group is determined based on Rule P27.

f. The Underwriting Tiers and associated factors are set forth in the rate schedules.

g. Underwriting Tier is determined at new business time, and remains the same for all renewal terms except when changed in accordance with Rule P30.
### Proof or Prior Days of Lapse

<table>
<thead>
<tr>
<th>Prior BI Limit</th>
<th>Prior Carrier Type</th>
<th>Underwriting Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>POP with No Lapse</td>
<td>100/300+</td>
<td>U</td>
</tr>
<tr>
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<td>&gt; Min Limit, but &lt;100/300</td>
<td>U</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>100/300+</td>
<td>S</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>100/300+</td>
<td>U</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>&gt; Min Limit, but &lt;100/300</td>
<td>S</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>100/300+</td>
<td>N</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>100/300+</td>
<td>S</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>&gt; Min Limit, but &lt;100/300</td>
<td>N</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>100/300+</td>
<td>N</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>&gt; Min Limit, but &lt;100/300</td>
<td>S</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>&gt; Min Limit, but &lt;100/300</td>
<td>N</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>Min Limit</td>
<td>U</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>Min Limit</td>
<td>U</td>
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<tr>
<td>POP with No Lapse</td>
<td>Min Limit</td>
<td>S</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>Min Limit</td>
<td>S</td>
</tr>
<tr>
<td>POP with No Lapse</td>
<td>Min Limit</td>
<td>N</td>
</tr>
<tr>
<td>POP with Lapse 1-30</td>
<td>Min Limit</td>
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</tr>
<tr>
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<td>Min Limit</td>
<td>U</td>
</tr>
<tr>
<td>No POP</td>
<td>&gt; Min Limit, but &lt;100/300</td>
<td>U</td>
</tr>
<tr>
<td>No POP</td>
<td>100/300+</td>
<td>U</td>
</tr>
<tr>
<td>No POP</td>
<td>Min Limit</td>
<td>S</td>
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<tr>
<td>No POP</td>
<td>&gt; Min Limit, but &lt;100/300</td>
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<td>Min Limit</td>
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<tr>
<td>No POP</td>
<td>&gt; Min Limit, but &lt;100/300</td>
<td>N</td>
</tr>
<tr>
<td>No POP</td>
<td>100/300+</td>
<td>N</td>
</tr>
</tbody>
</table>

**P20: Prior Carrier Type**

For all policies with an original effective date before July 1st, 2013, the insurance carrier that the named insured had prior to the inception of the Company policy is classified by Company as either a standard or nonstandard prior carrier in accordance with the attached table.

<table>
<thead>
<tr>
<th>Company</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol West Ins Co</td>
<td>Nonstandard</td>
</tr>
<tr>
<td>Aegis Security Ins Co</td>
<td>Nonstandard</td>
</tr>
<tr>
<td>American International Pacific Ins</td>
<td>Nonstandard</td>
</tr>
<tr>
<td>Dairyland Ins Co</td>
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</tr>
<tr>
<td>Farmington Casualty Co</td>
<td>Nonstandard</td>
</tr>
<tr>
<td>Infinity Ins Co</td>
<td>Nonstandard</td>
</tr>
<tr>
<td>Omni Ins Co</td>
<td>Nonstandard</td>
</tr>
<tr>
<td>Regal Ins Co</td>
<td>Nonstandard</td>
</tr>
<tr>
<td>Windsor Ins Co</td>
<td>Nonstandard</td>
</tr>
<tr>
<td>Allstate Group</td>
<td>Standard</td>
</tr>
<tr>
<td>Central Ins Co</td>
<td>Standard</td>
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<tr>
<td>Concord Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Encompass</td>
<td>Standard</td>
</tr>
<tr>
<td>Farmers Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Geico Group</td>
<td>Standard</td>
</tr>
<tr>
<td>Hartford Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Liberty Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Maine Mutual Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Metropolitan Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>National Grange Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Peerless Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Progressive Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>State Farm Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Travelers Ins Co</td>
<td>Standard</td>
</tr>
<tr>
<td>Usaa Group</td>
<td>Standard</td>
</tr>
<tr>
<td>Other</td>
<td>Standard</td>
</tr>
</tbody>
</table>

**Rule P27**

- The Underwriting Tiers and associated factors are set forth in the rate schedules.
- Underwriting Tier is determined at new business time, and remains the same for all renewal terms except when changed in accordance with Rule P30.
P21: Reserved for Future Use

P22: Household Risk Factor

The household risk factor is the average of risk factors of all rated drivers. The household risk factor is developed for each coverage and is applied to all private passenger autos, classics and motorcycles on a policy

The household risk factor is derived as follows:

A. Determine the rated drivers as follows:

1. For each eligible-to-be-rated driver, take the driver class factor multiply it by the driver point factor, multiply by the driver points and financial responsibility tier factor, then multiply by the driver age group and points factor, multiply by the financial responsibility tier and age group factor, multiply by the major violation merit factor, multiply by the minor violation merit factor, multiply by the major violation surcharge factor, multiply by the minor violation surcharge factor, then multiply by any applicable driver level discount;

B. Determine the average driver factor for all rated drivers (by coverage):

1. For each rated driver, add the driver class factor, the point factor, add the tier factor, subtract 1, and multiply by the driver age-points adjustment factor, multiply by the driver tier-points adjustment factor, multiply by the driver tier-age adjustment factor, multiply by CHG/MAJ merit table factor, multiply by DUI/MIN/SPD merit table factor,

2. Add the results for all rated drivers

3. Divide by the number of rated drivers.

P23: Household Structure Factor

The household structure is determined by the Youthful Primary Named Insured ("PNI"), Parent/Child Relationship, PNI Marital Status, Homeownership, and Multi-car Status, and is the same for all coverages. The Household Structure Factor, a multiplicative factor in the rate order calculation, is developed by coverage. A table in the rate factor pages indicates how the Household Structure Factor is determined, and the applicable factors by coverage.

Youthfuls, as defined for this Rule, are persons under 21 years of age.

P24: Driver Age-Points-Tier Adjustment Factors

Three separate multiplicative tables to adjust pricing for age/points, tier/age and tier/points interaction effects are applied. The factors are developed by coverage and applied to all eligible-to-be-rated drivers. The tables are in the rate factor pages.
P25: Policy Level Structure Factor

The policy level structure is determined by the

- Financial Responsibility Tier determined in accordance to Rule P27,
- Total rated driver count,
- Vehicle count (Count of Private Passenger Auto, Classic Auto, Motor Home and Antique Auto on the policy),
- Maximum household age as defined under Rule D2,
- Minimum household age as defined under Rule D2,
- Total household incident count (count of all DUI, SPD, MIN, MAJ, AAF and CMP incidents in the chargeable period. Accidents that are not considered to be chargeable under Rule D3 are not included in this count),
- PNI marital status determined in accordance to Rule D1
- Policy Module Indicator (0 indicates that the policy has been with the Company for less than 1 year since the original effective date, 1 indicates that the policy has been with the Company for greater than or equal to 1 year since the original effective date).

The factors are developed by coverage and are available in the rate factor pages.

P26: Rate Capping / Rate Flooring

In order to better manage renewal customer disruption caused by the introduction of rating events renewal premium increases and decreases will be capped by application of vehicle level factors, subject to and in accordance with this Rule and attached schedules. The cap will be calculated and applied as follows:

A. The expiring full term premium is compared to the uncapped full term renewal premium. For purposes of the comparison, the calculation of the uncapped full term renewal premium does not include any incidents used in Rule P33 that are no longer in the chargeable period of the renewal term and any new incidents falling within that chargeable period, and it does not take into account any renewal endorsements or policy changes.

B. If the rate change (as % of expiring full term premium) exceeds the cap set forth above, then a vehicle level factor shall be determined and applied to the full term renewal premium so as to limit the change to the cap set forth in the attached schedules.

C. The same vehicle level factor % is applied to all vehicles.

D. Vehicles endorsed at or subsequent to renewal are not eligible for a vehicle rate capping

E. After the vehicle level factor is determined and applied, the full-term, renewal premium is determined by

(i) applying any new incidents that fall within the new chargeable period and that are used in Rule P22, and

(ii) updating the renewal premium for any renewal endorsements and policy changes that were omitted from the calculation of the uncapped full term renewal premium as described in Paragraph A.

Subsequent midterm endorsements and policy changes that cause a midterm premium change shall do so without regard to the rate cap or the associated vehicle level factors.

F. Note that in cases where the expiring full term premium was a capped premium, the comparison done in section A above is to that capped premium. The cap and related vehicle factors are applied to each renewal term separately. That means that increases and decreases that are not applied at renewal because of capping may carryover and be applied (subject to the capping limits described above) at subsequent renewals.

If the Company reviews the financial responsibility tier at renewal in accordance with Rule P30, any change in renewal premium caused by adjustment of the financial responsibility tier in accordance with Rule P30 is made prior to determining the vehicle level, rate capping factor. All policy holders with a new business effective date on or after 7/1/2013 and all renewal business effective on or after 8/15/2013 will achieve their manual premium at the fifth renewal.

Policies subject to rules P35 or P36 or P42 are not eligible for rate capping.

P27: Financial Responsibility

A. Rules of Ordering:

A consumer report is ordered on the primary named insured (PNI) if "eligible" and on an eligible spouse, if any.

A PNI/spouse is "eligible" if at least 19 years of age and not an excluded driver.

B. Hierarchy of Use:

If consumer report is ordered on the PNI and the resulting Financial Responsibility Group is equal to or better than for the spouse, then information from that consumer report is used to determine the financial responsibility score and the Financial Responsibility Group.

If consumer report is ordered on a spouse and the resulting Financial Responsibility Group is better than for the PNI, then information from that consumer report is used to determine the financial responsibility score and the Financial Responsibility Group.

C. Special Rules:

1. If the PNI is not at least 19 years old and:
   a. either there is no spouse or, if there is a spouse, the spouse is not at least 19 years old, then the Financial Responsibility Group is classified as “PNI Youthful”; or
   b. the spouse’s consumer report order is a no-hit or thin file, then the spouse’s consumer report order status as no-hit or thin file, and the spouse’s age, are used to determine the Financial Responsibility Group;
   c. the spouse is an excluded driver, then the Financial Responsibility Group is classified as “PNI Excluded”;

2. If the PNI is an excluded driver and:
   a. either there is no spouse or, if there is a spouse, the spouse is an excluded driver, then the Financial Responsibility Group is classified as “PNI Excluded”; or
b. the spouse’s consumer report order is a no-hit or thin file, then the spouse’s consumer report order status as no-hit or thin file, and the spouse’s age, are used to determine the Financial Responsibility Group; or

c. the spouse is not at least 19 years old, then the Financial Responsibility Group is considered “PNI Excluded.”

3. If the PNI’s consumer report order is a no hit and:

a. there is no spouse or, if there is a spouse, the spouse is not at least 19 years old or the spouse is an excluded driver, then the PNI’s consumer report order status as no hit, and the PNI’s age, are used to determine the Financial Responsibility Group; or

b. the spouse’s consumer report order is thin file, then the spouse’s consumer report order status as thin file, and the spouse’s age, are used to determine the Financial Responsibility Group, or

c. the spouse’s consumer report order is a no hit, then the PNI’s consumer report order status as no hit, and the PNI’s age, are used to determine the Financial Responsibility Group.

4. If the PNI’s consumer report order is a thin file and:

a. there is no spouse or, if there is a spouse, the spouse is not at least 19 years old or the spouse is an excluded driver, then the PNI’s consumer report order status as thin file, and the PNI’s age, are used to determine the Financial Responsibility Group; or

b. the spouse’s consumer report order is a no hit or thin file, then the PNI’s consumer report order status as thin file, and the PNI’s age, are used to determine the Financial Responsibility Group.

D. Financial Responsibility Score

The financial responsibility score is from the ChoicePoint Attract Standard Model, which we understand has already been approved by the State of New Hampshire Department of Insurance.

Financial responsibility Tiers are determined by financial responsibility scores and are shown in the table in Section E.

E. Financial Responsibility Group Table

<table>
<thead>
<tr>
<th>Financial Responsibility Score Breaks</th>
<th>Financial Responsibility Tier</th>
</tr>
</thead>
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<tr>
<td>899-933</td>
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<tr>
<td>866-898</td>
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</tr>
<tr>
<td>836-865</td>
<td>D1</td>
</tr>
<tr>
<td>814-835</td>
<td>E1</td>
</tr>
<tr>
<td>796-813</td>
<td>F1</td>
</tr>
<tr>
<td>776-795</td>
<td>G1</td>
</tr>
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<td>760-775</td>
<td>H1</td>
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<td>742-759</td>
<td>I1</td>
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<td>723-741</td>
<td>J1</td>
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<tr>
<td>710-722</td>
<td>K1</td>
</tr>
<tr>
<td>695-709</td>
<td>L1</td>
</tr>
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<td>675-694</td>
<td>M1</td>
</tr>
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<td>655-674</td>
<td>N1</td>
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<td>605-629</td>
<td>P1</td>
</tr>
<tr>
<td>570-604</td>
<td>Q1</td>
</tr>
<tr>
<td>0-569</td>
<td>R1</td>
</tr>
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<td>Thin Files; ages 0-53</td>
<td>N1</td>
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<tr>
<td>Thin Files; ages 54-60</td>
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<td>No-Hit; ages 61+</td>
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</tr>
<tr>
<td>PNI/Spouse Youthful</td>
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</tr>
</tbody>
</table>

CT Model: ChoicePoint Attract CT Model

F. Consumer report Vendors

We obtain consumer report history information from nationally recognized vendors such as ChoicePoint, TransUnion and Experian.

P28: No-Hits

A No-Hit occurs the consumer report vendor is unable to return a consumer report for an individual either because none exists of because the file consists only of inquiries or because the file is not available for automated processing. No-Hits are classified into Financial Responsibility Tiers R1 and H1 based on the age of the named insured or spouse (see Rule P27).
P29: Thin Files

A Thin File is a consumer report that contains insufficient information to score (e.g., no dated inquiry or tradeline within the most recent 24 months) as determined by the score vendor. Thin Files are classified into Financial Responsibility Tiers N1 and N2 based on the age of the named insured or spouse (see Rule P27).

Trade lines are not eligible for scoring if the individual who is the subject of the trade line has been reported as deceased.

P30: Underwriting Tier Re-Evaluation

Company performs periodic reviews of underwriting tier to determine Underwriting Tier placement.

A. Underwriting Tier

At the request of the named insured or named insured’s spouse or agent of record, which request may be made on an annual basis but no more frequently than once in a twelve-month period, the Company will reevaluate the underwriting tier. For purposes of evaluating prior insurance status the limits carried by the named insured with Company on the expiring policy will be used. The evaluation will be based on the current new business underwriting tier rules (Rule P19) in effect at the time of policy renewal and the renewal effective date will serve as the original effective date when determining which underwriting tier rules apply per Rule P19 (excludes Financial Responsibility information). re-evaluated at the subsequent renewal. A policy will not be moved to a worse underwriting tier.

B. Financial Responsibility Tier

At the request of the named insured or named insured’s spouse, which request may be made on an annual basis but not more frequently than once in a twelve-month period, the Company will re-order consumer report information, update and evaluate the insurance score to determine if it would place the policy in a different financial responsibility tier (based on the Bodily Injury/Property Damage financial responsibility tier factor). Absent a request by the named insured to recalculate the insurance score, the Company will, 36 months following the effective date of the most recent calculation or recalculation and evaluation of the financial responsibility tier, the Company will re-order consumer report information, update and evaluate the insurance score to determine if it would place the policy in a different financial responsibility tier (based on the Bodily Injury/Property Damage financial responsibility tier factor). If a different tier placement is indicated the Company will move the policy one tier better or worse in the direction of the newly indicated tier. Each evaluation for re-order consumer report information, update and evaluate the insurance score (including evaluations that do not result in placement in a different financial responsibility tier) starts a new waiting period for subsequent re-order requests.

If we receive confirmation of an inaccuracy in a credit history, we will re-rate the applicable policy retroactive to the effective date.

P31: Financial Responsibility Filing Surcharge

A surcharge is applied when any eligible-to-be-rated driver has an SR22 filing, which can be any vehicle owned or operated. The surcharge applies to Bodily Injury, Property Damage, Comprehensive, Collision, and Medical Payments. The surcharge applies to all vehicles on the policy. Surcharge factors may differ by coverage.

P32: Advance Quote Discount

The Advance Quote Discount is applied to new business policies if the Company quote is initiated by the customer more than 7 days before the policy effective date and the policy has prior insurance with no lapse in coverage. The Advance Quote Discount will also be applied to all new business policies that have been remarked within an agency. The discount continues to apply at renewal. The discount applies to Bodily Injury, Property Damage, Comprehensive, Collision, Medical Payments, and Loan/Lease coverage. This discount only applies to insureds who are new to the agency.

P33: Safe Driver Discount

The Safe Driver Discount is a policy level discount that applies to Bodily Injury, Property Damage, Comprehensive, Collision, and Medical Payments. The magnitude of the discount is determined by an interaction of the current 3 Years Accident and Violation Free Discount and a new 5-Years Accident Free Discount.

1. 3 Year Accident and Violation Free Discount

This discount applies to Bodily Injury, Property Damage, Comprehensive, Collision, and Medical Payments if the following conditions are met:

A. None of the eligible-to-be-rated drivers have any occurrences in the past 36 months that have a CHG, MAJ, MIN, SPD, DUI, NCHG or CMP violation code; and

B. The policy has prior insurance without lapse or with a lapse of 30 days or less; The following exceptions apply:

1. Applicant(s) or insured(s) were previously listed on a family member’s policy;
2. Applicant(s) or insured(s) are newly licensed operators;
3. Applicant(s) or insured(s) have had, within the past 30 days, use of an insured company vehicle; or
4. Applicant(s) or insured(s) are returning military personnel.

The discount applies to both new and renewal policies. The discount will be removed if an eligible-to-be-rated driver who does not meet the criteria is endorsed on the policy.

2. 5 Year Accident Free Discount

This discount applies to Bodily Injury, Property Damage, Comprehensive, Collision, and Medical Payments if the following conditions are met:

A. None of the eligible-to-be-rated drivers have any occurrences in the past 60 months that have a CHG, NCHG or CMP accident code excluding, at most per policy, one of the following events:

i. A comprehensive claim with a paid amount < $500, or
ii. A MIN2 violation (e.g. seatbelt violation).

B. The policy has prior insurance without lapse or with a lapse of 30 days or less; The following exceptions apply:

1. Applicant(s) or insured(s) were previously listed on a family member’s policy;
2. Applicant(s) or insured(s) are newly licensed operators;
3. Applicant(s) or insured(s) have had, within the past 30 days, use of an insured company vehicle; or
4. Applicant(s) or insured(s) are returning military personnel.

The discount applies to both new and renewal policies. The discount will be removed if an eligible-to-be-rated driver who does not meet the criteria is endorsed on the policy.

P34: Motor Vehicle Record Requests

Company makes a determination about the drivers on which it will request motor vehicle records (MVRs) at the annual renewal based on several factors, including the cost of ordering an MVR, the likelihood that the MVR will disclose additional violations, and the impact of those violations on the renewal premium.

P35: Transfer Process

Qualifying policies moved to the company as a portfolio will be subject to the Transfer Process. Such policies will often experience significant rate change (up and down) as a result of the change in classification and rates. These, sometimes significant, changes in premium are generally unwelcome by consumers, agents and the marketplace in general. The Transfer Process applies the principle of Bayes' Theorem to mitigate the effect of any such change in premium. All policies that go through the Transfer Process also go through the Transition Process (see Rule P36, below

P36: Transition Process

To limit rate dislocation, policies with large rate changes implied, either as a result of the Transfer Process or due to reclassification for the proposed rate plan, will move to the new rate over more than one policy term. The amount of rate change allowed in one year will be limited to a fixed percentage. If the total change required is greater than that limit, it will take more than one policy term to get to the new rate level.

Of course, as rate revisions alter the filed rate for an individual risk, the target rate for that risk will change, potentially increasing or decreasing the number of policy terms it takes to reach to the revised rate.

New vehicles added during the Transition Process will be rated at the target rate, not at a transition rate. The exception is replacement vehicles, which will be rated with the same transition factor as the vehicle being replaced.

P37: IAT Discount

The IAT (In-Agency Transfer) Discount is applied to new business policies that have been remarkedet within an agency. The discount continues to apply at renewal. The discount applies to Bodily Injury, Property Damage, Comprehensive, Collision, Medical Payments, UM/UIM and Loan/Lease coverage. Only policies with original new business effective dates of 10/1/2012 and later are eligible for this discount.

P42: Qualified Book Transfer Renewal Stabilization Program

Qualified Book Transfer Renewal Stabilization pricing is used in connection with writing business from another insurance carrier to Mt. Washington Assurance Corporation. The purpose of this rule is to reduce policyholder disruption that may result from the conversion of the policy into the Mt. Washington Assurance Corporation rating program as the result of a qualified book transfer transaction.

1. Eligibility


2. Pricing Determination

Policies converted to Mt. Washington Assurance Corporation from a Non-Mt. Washington Assurance Corporation pricing program will be subjected to book transfer renewal stabilization pricing. The Company recognizes that there may be instances when the Mt. Washington Assurance Corporation rate is significantly different than the former company’s premium. The Company may mitigate these differences by applying a transition factor to the company’s former premium.

Based on the percentage variance between the policyholders former company’s premium and the Mt. Washington Assurance Corporation rate, calculate the Book Transfer Rate Stabilization factor using the formulas below.

i. First term of acquisition Rate Stabilization Factor = [(Former Company’s Premium)”Transition Factor] / Mt. Washington Assurance Corporation Total Policy Premium

ii. Subsequent Renewal Years Renewal Rate Stabilization Factor = [1 + Desired Percent Change in Premium] / [1 + Indicated change to achieve the unadjusted Mt. Washington Assurance Corporation Rate]

iii. At the fifth renewal, no policy will be eligible for the program
Mt. Washington Assurance Corporation

Qualified Book Transfer Renewal Stabilization Program

Indicated Rate Change

<table>
<thead>
<tr>
<th>Min Rate Change</th>
<th>Max Rate Change</th>
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V1: Vehicle Symbols

Vehicle symbols will be assigned to 1981 and newer model years. The symbols for bodily injury, property damage, comprehensive, collision, and medical payment coverages may differ by coverage, and are determined by features including the year, make, model, sub model, vehicle type, body type, wheel drive and engine of the vehicle. The symbol for bodily injury is used for medical payments, uninsured, and underinsured motorist coverages.

Vehicles not appearing on the symbol list that require only liability coverage are rated with symbol 69. Vehicles not appearing on the symbol list which require physical damage or liability and physical damage coverage are rated as symbol 67 with a stated amount.

Grey Market vehicles are rated using the same symbol as would be used for a comparable U.S. vehicle. A copy of the vehicle registration is required for binding and to verify that the vehicle has been homologated by the Department of Transportation for safety standards and the Environmental Protection Agency for emission standards.

Symbols not in the system:

The majority of the time vehicle symbols are determined by the system once the VIN (vehicle identification number) has been entered. However, there are cases where the symbol will need to be manually determined. Examples of when this may happen is:

- 1981 and newer vehicles with VIN error message
- 1981 and newer vehicles that have stated amount entered
- New model year or new model not yet in system
- New model year = next year's vehicles
- New model = vehicle that has not been produced before
- Named Operator policy
- Endorsement Quote and caller does not have VIN

The manual symboling procedure used is as follows:

1. Access specific vehicle year, make and model in VIN Symbols database
2. Eliminate all vehicle body types that do not apply based on what is known about vehicle.
3. Break down Vehicle Identification Number (VIN) to obtain as much additional information as possible.
4. Select symbol from remaining using:
   a) Liability Only Choose vehicle with highest liability symbol.
      If tied, choose vehicle with highest collision symbol.
      If still tied, choose vehicle with highest comprehensive symbol.
   b) Physical Damage Choose vehicle with highest collision symbol.
      If tied, choose vehicle with highest comprehensive symbol.

   The choice must tie to an actual vehicle.

V2: Vehicle Use Definitions

Vehicles are classified by their use:

- **Pleasure** - vehicles not used for commercial purposes or commuting to work or school;
- **Commuting** - vehicles used to drive back and forth to work or school;
- **Business** - acceptable business use vehicles are those vehicles, other than Artisan use vehicles, that are:
  A. used by sales or service representatives or for consumer-oriented direct home sales;
  B. used by real estate or insurance agents, lawyers, doctors, accountants or other professionals visiting multiple locations;
C. owned by the insured and used by domestic employees; or
D. used in a business for occasional errands.

Acceptable business use does not include vehicles used for pick up or delivery of goods, limousine or taxi services, or livery conveyance, including not-for-hire livery. It does not include vehicles with a load capacity of one ton or greater or with a gross vehicle weight rating (according to the manufacturer’s specifications) greater than 12,000 pounds. It does not include trailers used for business purposes.

Farm - vehicles used primarily on a farm, ranch, or orchard

Artisan - acceptable artisan use vehicles are those vehicles used by the insured to transport tools or other materials in a trade or business if:
A. there is only one vehicle in this category on the policy;
B. the insured visits no more than two job sites per day;
C. the vehicle is owned or leased by an individual, not a corporation or partnership;
D. the vehicle is operated solely by the named insured or other resident relative; and
E. the vehicle is not used to transport explosives, chemicals, flammable materials, or more than 500 pounds of supplies or equipment.

Acceptable artisan use does not include vehicles with a load capacity of one ton or greater or with a gross vehicle weight rating (according to the manufacturer’s specifications) greater than 12,000 pounds.

V3: Value Class Vehicle Rating

Value class factors are used to rate stated amount vehicles and conversion vehicles.

A. Stated amount vehicles are vehicles requiring physical damage coverage which:
1. do not appear on the Symbol list (see Rule V1) or
2. are limited production, classic, or collectible vehicles; or
3. are private passenger automobiles having more than $5,000 of custom parts equipment (i.e., equipment, devices, accessories, enhancements, and changes, other than those which are original manufacturer installed, which are permanently installed or attached and alter the appearance or performance of a vehicle).

Stated amount vehicles are rated with Symbol 67 factors for liability coverages. Stated amount value class factors and Symbol 67 factors are used for Comprehensive and Collision coverages.

Model Year and Model/Year/Make Model Adjustment factors are not applied to stated amount vehicles.

The stated amount value for stated amount vehicles may not exceed $150,000.

1. more than $5,000 of custom parts equipment (i.e., equipment, devices, accessories, enhancements, and changes, other than those which are original manufacturer installed, which are permanently installed or attached and alter the appearance or performance of a vehicle); or
2. Conversion Packages. Conversion vehicles are rated with Symbol 68 factors for liability coverages. Conversion vehicles value class factors and Symbol 68 factors are used for Comprehensive and Collision coverages.

Model Year and Model/Year/Make Model Adjustment factors are not applied to conversion vehicles.

The stated amount value for conversion vehicles may not exceed $150,000.

Physical damage coverage on stated amount vehicles and conversion vans provides coverage up to the lowest of
(i) the actual cash value, reduced by the deductible and the salvage value if retained by the owner;
(ii) the amount necessary to replace the property, reduced by the deductible and the salvage value if retained by the owner;
(iii) the amount necessary to repair the property, reduced by the deductible and the salvage value if retained by the owner; or
(iv) the stated amount value specified by the insured, reduced by the salvage value if retained by the owner.

V4: Reserved for Future use

V5: Model Year

The model year of the private passenger automobile is the year assigned by the original automobile manufacturer. If the auto is rebuilt or structurally altered, then the model year of the chassis determines the model year of the automobile.

V6: Rental Reimbursement Coverage

Rental Reimbursement Coverage can be purchased to reimburse the insured up to the following applicable limit: $30 per day for a maximum of 30 days for each qualified disablement on a covered vehicle; or $40 per day for a maximum of 30 days for each qualified disablement on a covered vehicle; or $50 per day for a maximum of 30 days for each qualified disablement on a covered vehicle.

Qualified disablement means a loss covered by the Comprehensive or Collision coverages of the policy.

Rental reimbursement may be purchased only for a vehicle covered by Comprehensive coverage.

V7: Towing and Labor

Towing and Labor coverage can be purchased to pay for an authorized service representative to provide:
A. towing of a covered disabled vehicle to the nearest qualified repair facility; and
B. labor on a covered disabled vehicle at the place of disablement when necessary due to a covered emergency

Towing and Labor may be purchased only for a vehicle covered by Comprehensive Coverage. The following limits for Towing and Labor coverage are available for purchase:

- $25/occurrence
- $50/occurrence
- $75/occurrence

V8: Reserved for Future use

V9: Vehicle Use Surcharge

A 20% surcharge applies to Bodily Injury, Property Damage, Comprehensive, Collision and Medical Payments coverages for any vehicle classified as “business” or “artisan” use. See Rule V2 for use classifications.

V10: Loan/Lease Coverage

Loan/Lease Payoff Coverage applies when a vehicle sustains a total loss. The coverage provides for payment of the difference between the actual cash value of the vehicle at the time of the total loss (less the deductible and less the salvage value retained by the insured or the owner) and any greater amount the owner of the vehicle owes under a written loan or lease agreement (less any unpaid finance charges, excess mileage charges or charges for wear and tear, charges for extended warranties, charges for credit insurance, past due payments, and collection or repossession expenses). Payment, however, cannot exceed 25% of the actual cash value of the vehicle at the time of the total loss.

Loan/Lease Payoff Coverage may be purchased only on a vehicle with both Collision and Comprehensive coverage and a Loss Payee or lien holder. The coverage may be purchased for any vehicle whose model year is greater than, or within the five immediately preceding, the policy’s inception date.

V11: Model/Year/Make Model Adjustment

Model/Year/Make Model adjustment factors will be used in addition to the vehicle symbols defined in Rule V2 (not including Stated Amount or Named Operator). The adjustment factors will apply to bodily injury, property damage, comprehensive, collision, medical payments coverages and UM/UIM.

An adjustment factor will be assigned to each Make/Model 1994 and newer. The new/future model year adjustments will be based on the current model year for the same model. If a vehicle is older than Make/Model 1994, no adjustment will be made. If a vehicle is not able to be identified for any reason, an XXX code adjustment factor will be assigned.

V12: Reserved for Future use

V13: Personal Use Snowplow Surcharge

A 25% surcharge applies to Bodily Injury, Property Damage, Comprehensive and Collision coverages for pleasure use vehicles equipped in any way for snowplowing.

V14: Miscellaneous Types

The Company offers coverage for the following miscellaneous vehicle types: motor homes, trailers, motorcycles, antique and classic autos.

Towing, Rental and Loan/Lease coverage are not offered for motor homes, motorcycles, trailers, antiques, or snowmobiles. A motorcycle must be on its own policy.

The Company does not offer coverage for motor homes used to drive to or from work or used in business. The Company only offers coverage for motor homes for pleasure use as defined in Rule V2.

A. Motor Homes

A motor home is a self-propelled motor vehicle with a living area that is an integral part of the vehicle chassis, or a pickup with a permanently attached camper body. The living area or camper body must consist of facilities for cooking and sleeping.

Rental (Rule V6), Towing (Rule V7), and Loan/Lease (Rule V10) coverages are not available.

Attach the Miscellaneous Type Vehicle and the Miscellaneous Type Vehicle amendment (motor homes) endorsements to the policy.

Liability, Medical Payments/No-Fault Uninsured and Underinsured Motorists Coverages

Pleasure Use Motor Homes - Use rates for private passenger autos. The coverage base rate, territory factor and limit/deductible factors apply as in the rating of Private Passenger Autos. The Miscellaneous Vehicle Factor for motor homes must also be applied.

Physical Damage (Comprehensive and Collision)

1. Determine the stated amount value, including the value of any custom built additions.
   a. The coverage base rate, territory factor and limit/deductible factors apply as in the rating of Private Passenger Autos.
   b. Pleasure Use Motor Homes - multiply the base rates calculated in a by the Miscellaneous Vehicle Factor for motor homes.

2. Covered Property Coverage

Attach the Covered property coverage endorsement to the policy.

B. Trailers designed for use with Private Passenger Autos

Recreational and All Other Trailers - Non-self-propelled recreational units equipped as living quarters (including cooking, dining, plumbing or refrigeration facilities). To be eligible for coverage, insured must maintain a separate and permanent residence other than the recreational trailer.
Liability
A Personal Auto Policy affording liability coverage covers trailers designed for use with a private passenger auto, pickup or van without additional premium charge and without specific description of the trailer.

Exceptions: Coverage is not provided for a trailer:
1. Used for business purposes with other than a private passenger auto or owned pickup or van, or
2. When no auto is owned by the insured.

Medical Payments
A Personal Auto Policy affording Medical Payments coverage provides coverage for trailers without additional premium charge and without specific description of the trailer if designed for use with a private passenger auto, pickup or van.

Exceptions: Coverage is not provided for a trailer:
1. Used for business purposes with other than a private passenger auto or owned pickup or van, or
2. When no auto is owned by the insured, or
3. Located for use as a residence or premises.

Liability and Medical Payments
Liability and Medical Payments coverage is afforded without additional premium charge for farm wagons and farm implements when attached to a private passenger auto, pickup or van.

Physical Damage
Trailers are to be insured as separate items with separate premiums shown for each unit. The deductible applies separately to each unit. Covered Property Coverage - Attached the covered property coverage endorsement to the policy.

Coverage
Coll - $100 Deductible
Comp - $100 Deductible

Covered Property Coverage: attach the Covered property coverage endorsement to the policy.

C. Motorcycles, Mopeds, Motorscooters, Motorbikes, And Any Other Similar Motor Vehicles Not Used For Business Purposes

Rental and Towing coverages are not available. Motorcycles must have liability coverage at a minimum, including UM/UIM coverage.

Motorcycles must be written on stand-alone policies and must accompany a Private Passenger Auto policy as described in the above plan.

Attach the Miscellaneous Type Vehicle endorsement.

Liability
Motorcycles are rated using the same algorithm as Private Passenger Autos. The Household factor is substituted for the Driver Factor for the Principal Operator of the Motorcycle (Rule P24). The motorcycle is then rated with the Private Passenger vehicle rates and multiplied by the Engine Volume Factor.

Medical Payment coverage is not available.

Physical Damage
Rate as the liability coverages above with the exception that the rates are also multiplied by the stated amount factor. Note that these factors are different than the factors in Rule V3. This rule applies to Comprehensive and Collision.

D. Antique and Classic Automobiles

An Antique automobile is a motor vehicle of the private passenger type which is 25 or more years old and is maintained primarily for use in exhibitions, club activities, parades and other functions of public interest, and occasionally used for other purposes. Antiques can be used only for pleasure use.

A classic automobile is a motor vehicle of the private passenger type which is 10 or more years old and may be used on a regular basis. Its value is significantly higher than the average value of other autos of the same make and model year.

To obtain classic or antique auto coverage from The Company:
1. The owner of the classic or antique auto must be the principal operator of a non-antique, non-classic private passenger automobile which is insured with the Company, and all registered vehicles in the owner’s household must be insured with the Company; or
2. All registered vehicles, with a minimum of one, in the owner’s household must be insured with The Company. In addition, the number of registered vehicles, including the antique or classic auto, must exceed the number of listed drivers on the policy or policies for said vehicles. For example, if there are three drivers in the household there must be a minimum of four registered and insured vehicles including the antique or classic auto.

Antique Autos
For Liability Coverages: Antique Autos are rated as with the base rate and territory factors of Private Passenger Autos. Then apply the Miscellaneous Vehicle Factor for Antiques.

For Physical Damage Coverages: Multiply the vehicle’s value by the Antique Deductible Factor.

The vehicle’s value is the appraised value.

Classic Autos
For Liability, Medical Payments, and UM/UIM coverage, classify and rate as a private passenger auto.

E. Snowmobiles

A snowmobile is a motor vehicle designed for use principally on snow or ice, using wheels or crawler-type treads or belts for locomotion across land, ice, or snow. This does not include a vehicle using airplane type propellers or fans. Attach the Snowmobile endorsement.

A passenger hazard exclusion is not permitted.

Rental (Rule V6), Towing (Rule V7), and Loan/Lease (Rule V10) coverages are not available.

Attach the Miscellaneous Type Vehicle and the Miscellaneous Type Vehicle amendment (snowmobile) endorsements to the policy.
Liability, Medical Payments/No-Fault Uninsured and Underinsured Motorists Coverages

1. Use rates for private passenger autos. The coverage base rate, territory factor and limit/deductible factors apply as in the rating of Private Passenger Autos. The Miscellaneous Vehicle Factor for snowmobiles must also be applied.

2. For Medical Payments: $500 limit only – use private passenger limit factor for $1000.

Physical Damage (Comprehensive and Collision)

Snowmobiles are to be insured as separate items with separate premiums shown for each unit. The deductible applies separately to each unit. Attach the coverage for damage to your auto (stated amount maximum limit of liability) endorsement.

F. Unacceptable Miscellaneous Vehicles

Coverage for All-Terrain Vehicles, Dune Buggies and Golf Carts is not available.
Contact Mt. Washington

First Notice of Loss:  800-932-6288
Claims Office:  800-932-6288
Customer Service /Underwriting:  800-979-6288