



Class 4259		OPERATING TERRITORY 11		LIMITS 1,000,000 CSL			
Coverage	BASE RATE (Rate Schedules)		INCREASED LIMITS FACTORS* (Rule 52)		PRIMARY RATING FACTOR (Rule 103)	Additional Charges (Appendix 1)	PREMIUM
BI	2302	x	2.98	x	0.50	N/A	= 3,430
PD	419	x	2.98	x	0.50	N/A	= 625
PPI	254		N/A	x	0.50	N/A	= 127
PIP	3346		N/A	x	0.50	+	214 = 1,887
UM	4		N/A		N/A	N/A	= 4
MLPD	12		N/A		N/A	N/A	= 12
						TOTAL	\$6,085
* Use All Other Risk Factor unless vehicle is subject to Michigan Public Ace 271. Refer to Rule 101.							
PHYSICAL DAMAGE		COMP DED. 500		COLL. DED. 500 BROAD			
COST NEW \$60,000		AGE GROUP 5					
Coverage	BASE RATE (Rate Schedules)		DEDUCTIBLE CREDIT (Rule 55 and Appendix 4)		PRIMARY RATING FACTOR (Rule 103)	BROAD COLLISION COVERAGE (Rule 55)	PREMIUM
COMP	579	-	38	x	1.35	N/A	= 730
COLL	835	-	34	x	1.35	+	22 = 1,103
						TOTAL	\$1,833
						TOTAL PREMIUM	\$7,918
<b>ROUNDING NOTE: Round to the nearest whole dollar at each step.</b>							

CLASS	5901	OPERATING TERRITORY	11	LIMITS	100/300/50
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COVERAGE	BASE RATE	x	INCREASED LIMITS	Additional Charges	=	PREMIUM
	(Rate Schedules)		FACTOR **			
BI	2,412	x	1.67	N/A	=	4,028
PD	75	x	1.17	N/A	=	88
PPI	281		N/A	N/A	=	281
PIP	5,175		N/A	214	=	5389
MLPD	19		N/A	N/A	=	19
				<b>TOTAL</b>		<b>\$9,805</b>

\* Taxi insureds may select between limits of 20,000/40,000 BI, 10,000 PD or \$100,000/300,000 BI \$50,000 PD.

\*\* Applicable only if higher limits are required by law or local ordinance. Use All Other Risks Factor. Apply factor to base 20/40/10 limits.

PHYSICAL DAMAGE

AGE GROUP	4	STATED AMOUNT	15,000	COST NEW	\$17,000
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	\$100 OF STATED AMOUNT		COLLISION BASE RATE (Rate Schedules)		STATED AMOUNT FACTOR	=	PREMIUM
Fire & Theft \$500 Ded.	150		N/A	x	5.15	=	773
Limited Collision \$500 Deductible	N/A				N/A	=	
Reg. Collision \$500 Deductible	N/A				N/A	=	
Broad Collision \$500 Deductible	N/A		1,694		N/A	=	1,694
					<b>TOTAL</b>		<b>2,467</b>
					<b>TOTAL PREMIUM</b>		<b>\$12,272</b>

**ROUNDING NOTE: Round to the nearest whole dollar at each step.**

MICHIGAN AUTOMOBILE INSURANCE PLACEMENT FACILITY MANUAL

APPENDIX 5

MAIPF COMMERCIAL AUTO WORKSHEET

Public Transportation--Zone Rated Autos: Buses

Zone Rated Autos: Long Haul Trucks, Tractors and Trailers

CLASS	5479		ZONE	44	TO	ZONE	44	LIMITS	5,000,000 CSL		
	20/40/10 BASE RATE (Rate Schedules)		ZONE RATING FACTOR (Rule 73.C3)		INCREASED LIMITS FACTOR (Rule 52)			PRIMARY RATING FACTOR (Rule 74 or 103)		ADDITIONAL CHARGES (Appendix 1)	PREMIUM
BI	1380	x	0.80	x	3.33	x		1.85		N/A	= 6801
PD	256	x	0.80	x	3.33	x		1.85		N/A	= 1264
PPI	256	x	0.21		N/A	x		1.85		N/A	= 100
PIP	1380	x	0.08		N/A	x		1.85	+	214	= 418
UM	4		N/A		N/A			N/A		N/A	= 4
MLPD	12		N/A		N/A			N/A		N/A	= 12
										<b>TOTAL</b>	<b>\$8,599</b>
PHYSICAL DAMAGE			COMPREHENSIVE DED.	1000				COLLISION DED.	1000 BROAD		
COST NEW	\$100,000		AGE GROUP	2							
	BASE RATE (Rate Schedules)		Ded. Credit (Rule 55 & Appendix 4)		ZONE RATING FACTOR (Rule 73.C3)			PRIMARY RATING FACTOR (Rule 103)		BROAD COLLISION CHARGE (Rule 55)	PREMIUM
COMP	866	-	14	x	1.52	x		1.00		N/A	1295
COLL	1868	-	53	x	3.12	x		1.00	+	151	5814
										<b>TOTAL</b>	<b>\$7,109</b>
If Limited Collision, multiply 0.22 by the \$100 ded. Collision zone rate (Rule 102.D)											
										<b>TOTAL PREMIUM</b>	<b>\$15,708</b>
Collision zone rate:											
\$100 DED. LIMITED COLLISION = 0 (Enter above)											

**ROUNDING NOTE: Round to the nearest whole dollar at each step.**