

Enter Contact Person's Name
 Enter Contact Person's Telephone Number
 Enter Contact Person's E - Mail Address
 Enter Date Sent

ANSWERS FOR RATING EXAMPLE _____

Enter Group Name
 Enter Company Name
 Driver #1

Driver #2
 Enter Vehicle Number, Make and Model

Enter Vehicle Number, Make and Model

Policy Term	ANNUAL	BI Limits		Policy Term	ANNUAL	BI Limits		
Class Code		PD Limits		Class Code		PD Limits		
Class Factor		PIP		Class Factor		PIP		
Tier Number		UM		Tier Number		UM		
Tier Factor		Ded. Comp		Tier Factor		Ded. Comp		
Model Year		Ded. Coll		Model Year		Ded. Coll		
Symbol		VERBAL THRESHOLD		Symbol		VERBAL THRESHOLD		
PAIP TERRITORY: Newark Trenton Suburban New Brunswick 2 15 40				PAIP TERRITORY: Newark Trenton Suburban New Brunswick 2 15 40				
BODILY INJURY				BODILY INJURY				
Base Rate				Base Rate				
x Class Factor	0.00	0.00	0.00	x Class Factor	0.00	0.00	0.00	
x Increased Limits Factor				x Increased Limits Factor				
x Tier Factor	0.00	0.00	0.00	x Tier Factor	0.00	0.00	0.00	
x Policy Term Factor				x Policy Term Factor				
x Anti - Lock Discount Factor				x Anti - Lock Discount Factor				
+ Expense Fee				+ Expense Fee				
= TOTAL RATE	\$0.00	\$0.00	\$0.00	= TOTAL RATE	\$0.00	\$0.00	\$0.00	
PROPERTY DAMAGE				PROPERTY DAMAGE				
Base Rate				Base Rate				
x Class Factor	0.00	0.00	0.00	x Class Factor	0.00	0.00	0.00	
x Increased Limits Factor				x Increased Limits Factor				
x Tier Factor	0.00	0.00	0.00	x Tier Factor	0.00	0.00	0.00	
x Policy Term Factor				x Policy Term Factor				
x Anti - Lock Discount Factor				x Anti - Lock Discount Factor				
+ Expense Fee				+ Expense Fee				
= TOTAL RATE	\$0.00	\$0.00	\$0.00	= TOTAL RATE	\$0.00	\$0.00	\$0.00	
PIP				PIP				
Base Rate				Base Rate				
x Class Factor	0.00	0.00	0.00	x Class Factor	0.00	0.00	0.00	
x Tier Factor	0.00	0.00	0.00	x Tier Factor	0.00	0.00	0.00	
x Policy Term Factor				x Policy Term Factor				
x Anti - Lock Discount Factor				x Anti - Lock Discount Factor				
X Passive Restraint Discount				X Passive Restraint Discount				
+ Expense Fee				+ Expense Fee				
= TOTAL RATE	\$0.00	\$0.00	\$0.00	= TOTAL RATE	\$0.00	\$0.00	\$0.00	
Med Pay				Med Pay				
UNINSURED/UNDERINSURED				UNINSURED/UNDERINSURED				
Base Rate				Base Rate				
+ Increased Limit Additive				+ Increased Limit Additive				
= TOTAL RATE	\$0.00	\$0.00	\$0.00	= TOTAL RATE	\$0.00	\$0.00	\$0.00	
COMPREHENSIVE				COMPREHENSIVE				
Base Rate				Base Rate				
x Increased Deductible Factor				x Increased Deductible Factor				
x Symbol Factor				x Symbol Factor				
x Model Year Factor				x Model Year Factor				
x Class Factor	0.00	0.00	0.00	x Class Factor	0.00	0.00	0.00	
x Tier Factor	0.00	0.00	0.00	x Tier Factor	0.00	0.00	0.00	
x Policy Term Factor				x Policy Term Factor				
x Anti - Theft Discount				x Anti - Theft Discount				
+ Expense Fee				+ Expense Fee				
= TOTAL RATE	\$0.00	\$0.00	\$0.00	= TOTAL RATE	\$0.00	\$0.00	\$0.00	
COLLISION				COLLISION				
Base Rate				Base Rate				
x Increased Deductible Factor				x Increased Deductible Factor				
x Symbol Factor				x Symbol Factor				
x Model Year Factor				x Model Year Factor				
x Class Factor	0.00	0.00	0.00	x Class Factor	0.00	0.00	0.00	
x Tier Factor	0.00	0.00	0.00	x Tier Factor	0.00	0.00	0.00	
x Policy Term Factor				x Policy Term Factor				
+ Expense Fee				+ Expense Fee				
= TOTAL RATE	\$0.00	\$0.00	\$0.00	= TOTAL RATE	\$0.00	\$0.00	\$0.00	
LIABILITY ONLY	0.00	0.00	0.00	LIABILITY ONLY	0.00	0.00	0.00	
PHYSICAL DAMAGE	0.00	0.00	0.00	PHYSICAL DAMAGE	0.00	0.00	0.00	
TOTAL RATE	\$0.00	\$0.00	\$0.00	TOTAL RATE	\$0.00	\$0.00	\$0.00	
EXAMPLE 3B								
LIABILITY ONLY	0.00	0.00	0.00					
PHYSICAL DAMAGE	0.00	0.00	0.00					
TOTAL RATE	\$0.00	\$0.00	\$0.00					