

This Endorsement Changes Your Policy. Please Read It Carefully.



Liberty Mutual Deductible Fund™

The terms of the policy apply unless modified by this endorsement.

The reduced "Collision" deductible afforded by this endorsement applies to each of "your covered autos" only if the Coverage Selections Page indicates that Liberty Mutual Deductible Fund™ and Part 7 "collision" coverage applies to that auto.

A. Definitions

For the purpose of this endorsement the following definitions are added:

1. "Net Collision Deductible" means the reduced "Collision" deductible that is calculated as:

The original "Collision" deductible as shown on the Coverage Selections Page less any Liberty Mutual Deductible Fund™ Dollars. The "Net Collision Deductible" cannot be less than \$0.

2. "Liberty Mutual Deductible Fund™ Experience Period" shall be:

Claims resulting in payments made in the 12 months ending 4 months prior to the policy effective date.

B. Liberty Mutual Deductible Fund™

The Liberty Mutual Deductible Fund™ reduces the "Collision" deductible shown on the Coverage Selections Page for "your covered autos," as follows:

1. Earning Liberty Mutual Deductible Fund™ Dollars:
 - (a) For the first policy period during which the Liberty Mutual Deductible Fund™ is included with your policy, 100 of these Dollars will be available for use as described below.
 - (b) These Dollars will reduce your "Collision" deductible.
 - (c) The Dollars available for use will increase by 100 for each consecutive policy period that the Liberty Mutual Deductible Fund™ is included with your policy.
 - (d) The Dollars available for use will decrease in the event of one or more covered "collision" claims, as set forth in Section B. 2. (b), below.
 - (e) At each such renewal, a "Net Collision Deductible" will be calculated based on the amount of these Dollars shown in the Coverage Selections Page.
 - (f) This "Net Collision Deductible" will apply for the entire policy period, as long as this endorsement continues to be part of your policy.
 - (g) Total Dollars available for use are shown on the Coverage Selections Page.

2. Application of Liberty Mutual Deductible Fund™ Dollars:

- (a) In the event of a covered “Collision” claim, the “Net Collision Deductible” as shown on the Coverage Selections Page will apply.
- (b) At policy renewal, each vehicle’s “Net Collision Deductible” will be re-stated as follows:
 - i. Liberty Mutual Deductible Fund™ Dollars for each vehicle will first be decreased by the total amount withdrawn from the policy’s fund during the previous term, never less than zero.
 - ii. Then, the Liberty Mutual Deductible Fund™ will increase by \$100.
 - iii. Using this updated Liberty Mutual Deductible Fund™ amount, each vehicle’s “Net Collision Deductible” will be restated.

C. Expiration of Liberty Mutual Deductible Fund™ Dollars

- 1. These Dollars expire instantly upon cancellation of this endorsement or your policy.
- 2. These Dollars expire instantly upon nonrenewal of your policy.
- 3. These Dollars expire instantly upon removal of “Collision” coverage from your policy.
- 4. These Dollars cannot be saved or otherwise maintained for future application in the event you repurchase this Liberty Mutual Deductible Fund™ endorsement at any time.
- 5. These Dollars cannot be applied to any other policy issued by us.
- 6. These Dollars cannot be used for any purpose other than reducing your “Collision” deductible.
- 7. These Dollars have no cash value.
 - (a) Nothing of value will be exchanged or provided for these Dollars if your policy is cancelled.
 - (b) Nothing of value will be exchanged or provided for these Dollars if your policy is nonrenewed.
 - (c) Nothing of value will be exchanged or provided for these Dollars if “Collision” coverage is removed from your policy.

D. Conditions

- 1. Liberty Mutual Deductible Fund™ Dollars available for use are those earned by the date of the accident as shown on the Coverage Selections Page.
- 2. This endorsement shall be effective only if “Collision” coverage applies to at least one of “your covered autos.”



Coverage Selections Page

A summary of your auto insurance coverage

This page and any attached endorsements form a part of your policy, which is issued by Liberty Mutual Insurance Company, Boston, Massachusetts.

Welcome. Thank you for insuring with us.
Your policy is effective as of mm/dd/yyyy.



INSURANCE INFORMATION

Named Insured:

Policy Number:

Policy Period:

Mailing Address:

Affinity Affiliation:

Vehicles Covered by Your Policy

VEH	YEAR	MAKE	MODEL	CC	VEHICLE ID NUMBER
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Coverage Information

This policy provides only the coverages for which a premium charge is shown.

Total Annual Policy Premium:	\$
Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.	

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3

Compulsory Insurance				
1. Bodily Injury to Others	\$	Each Person	\$	\$
	\$	Each Accident		
2. Personal Injury Protection	\$	Each Person	\$	\$
Deductible applies for yourself and household members.				
	Veh 1: \$	Veh 2: \$		
3. Bodily Injury Caused by An Uninsured Auto (Compulsory Limit \$ /\$)	\$	Each Person	\$	\$
	\$	Each Accident		
4. Damage to Someone Else's Property (Compulsory Limit \$)	\$	Each Accident	\$	\$



ACTION REQUIRED:

Please **review and keep** for your records.



QUESTIONS ABOUT YOUR POLICY?

By Phone
1-XXX-XXX-XXXX

Liberty Mutual Office

Sales Representative

Visit us online
LibertyMutual.com



MANAGE YOUR ACCOUNT ONLINE

Sign up for eService
LibertyMutual.com/eService

To report a claim

By phone
1-800-2CLAIMS
(1-800-225-2467)

Online
LibertyMutual.com/Claims

THIS IS NOT YOUR AUTO INSURANCE BILL. YOU WILL BE BILLED SEPARATELY.

Coverage Selections Page

Coverage Information *(continued)*

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3
Optional Coverage				
5. Optional Bodily Injury to Others	\$ \$	Each Person Each Accident	\$	\$
6. Medical Payments	\$	Each Person	\$	
7. Collision			\$	\$
Actual Cash Value Less Deductible Veh 1: \$1000/Waiver* Veh 2: \$1000/No Waiver *Waiver Of Deductible endorsement provisions apply Liberty Mutual Deductible Fund™ Balance: \$100 Net Collision Deductible Veh 1: \$900 Veh 2: \$900				
8. Limited Collision				
9. Comprehensive			\$	\$
Actual Cash Value Less Deductible Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass				
10. Substitute Transportation	Up to \$ \$	Each Day Maximum	\$	
11. Towing and Labor	Up to \$	For Each Disablement	\$	
12. Bodily Injury Caused by an Underinsured Auto	\$ \$	Each Person Each Accident	\$	
Driving Record Rating Plan Adjustment			\$	\$
Annual Premium Per Vehicle:			\$	\$



Policy Number:

Policy effective:

Policy Information

BENEFIT/COVERAGE SELECTED	POLICY PREMIUM
Liberty Mutual Deductible Fund™	\$

Total Annual Policy Premium: \$

Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.

Discounts and Benefits

Your Discounts and benefits have been applied to your Total Annual Policy Premium.

VEHICLE DISCOUNTS

VEH 1 VEH 2 VEH 3

POLICY SAVINGS

POLICY BENEFITS

Because you have added Liberty Mutual Deductible Fund™ to your policy, you will receive 100 Deductible Fund dollars for every consecutive year the endorsement remains on your policy, with no maximum limit. These Deductible Fund dollars will reduce your collision deductible so that you pay less out of pocket in the event of an accident.

Additional Information for Vehicles Covered by Your Policy

SECURED LENDOR/LESSEE—
ADDITIONAL INSURED, IF RENTED AUTO MONTH/YEAR EXPIRES

VEH 1:
VEH 2:

PLACES OF PRINCIPAL GARAGING

VEH 1:

CLASS

VEH 1:
VEH 2:
VEH 3:

DRIVING RECORD POINTS

VEH 1:
VEH 2:
VEH 3:



Policy Number:
Policy effective:

Driver Information

1. DRIVER NAME: First Last Name

DATE OF BIRTH STATE LICENSE NUMBER DATE FIRST LICENSED
Auto Motorcycle

2. DRIVER NAME: First Last Name

DATE OF BIRTH STATE LICENSE NUMBER DATE FIRST LICENSED
Auto Motorcycle

3. DRIVER NAME: First Last Name

DATE OF BIRTH STATE LICENSE NUMBER DATE FIRST LICENSED
Auto Motorcycle

To ensure proper coverage and avoid possible actions such as cancellation or rescission of your policy, please check carefully that all drivers of your vehicle(s) are shown above. All household members and individuals who customarily operate your vehicle(s) must be listed on your policy.

Endorsements — Changes to Your Policy

Special State Provisions

NOTICE: You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the driving record rating plan.



Policy Number:
Policy effective:

This policy, including endorsements listed above,
is countersigned by:

Authorized Representative

President

Secretary

SECTION II - PRIVATE PASSENGER AUTOMOBILES (cont.)

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MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE MANUAL

1. Apply the appropriate rating factor under Rule 24 to the rate for Parts 7 and 9, if applicable.
2. Apply the appropriate discount to the premium developed in Step 1. Refer to Rule 19 for a definition of the available discounts.

Parts 7, 8, and 9 may be subject to more than one discount or rating factor. The order of application shall be (1) Annual Mileage, (2) Multi-car, (3) Anti-theft, (4) Group, (5) Liberty Preferred, (6) Driver Training, (7) Good Student, (8) Driving Years, (9) Public Transit, (10) Class 15, (11) Driving Record Rating Plan Factor (Merit Rating Plan), (12) Enrollment Credit, and (13) Liberty Advantage Plus Charge. The discount or charge shall be rounded to the nearest dollar and cents after each application, with the exception of the final calculation which will be rounded down to the nearest whole dollar for Parts 7, 8, 9. Exception - Class 15 is rounded to the nearest dollar and cents.

RULE 33. TOWING AND LABOR COST

Private Passenger Automobiles and Motorcycles only.

Refer to the Rate Pages (Section R) for limits and premiums.

Applicable regardless of the term of the policy or endorsement.

RULE 34. TRAILERS DESIGNED FOR USE WITH PRIVATE PASSENGER MOTOR VEHICLES

This equipment includes utility, boat, horse, camping, travel or similar type trailers designed to be pulled by a private passenger auto, motorcycle, pick-up truck, van or similar type vehicle, and if not a home, office, store, display or passenger trailer.

The following sequence shall be used in rating the policy. The private passenger rate will be adjusted by the trailer factor found as shown in the Rate Pages, Section R.. The rate includes any premium adjustment as may be necessary to increase, reduce or eliminate the deductible amount applicable to Parts 7, 8 and 9, or to apply Waiver of Deductible under Part 7. Refer to Rule 22 to determine rating symbol. Use the FOB List or purchase price, whichever is greater.

1. Apply the appropriate discount to the premium. Refer to Rule 19 for a definition of the available discounts.

Parts 7, 8, and 9 may be subject to the group discount. The discount shall be rounded to the nearest dollar and cents after each application, with the exception of the final calculation which will be rounded down to the nearest whole dollar for Parts 7, 8, and 9.

RULE 35. EMPLOYEE PARKING GUARD

This coverage may be written only when Comprehensive Coverage is afforded on a policy and applies only to Private Passenger Automobiles.

Refer to the Rate Pages (Section R) for factors.

Endorsement AS 3720 "Employee Parking Guard Coverage" must be issued with the policy.

RULE 36. LIBERTY MUTUAL DEDUCTIBLE FUND

This optional coverage may be written only when Part 7 Collision Coverage is afforded on at least one vehicle on a policy and applies only to Private Passenger Automobiles. The Liberty Mutual Deductible Fund reduces the Part 7 Collision deductible as described in the endorsement. For customers purchasing the Part 7 Collision Waiver of Deductible, The Liberty Mutual Deductible Fund reduces the Part 7 Collision deductible only in the case of at fault accidents.

Refer to the Rate Pages (Section R) for factors.

RULES 37 - 38. RESERVED FOR FUTURE USE

**MASSACHUSETTS
Automobile Rating Manual**

Liberty Mutual Deductible Fund

Indicator	Vehicles	Premium
Yes	1	\$33
Yes	2	\$51
Yes	3	\$69
Yes	4+	\$87
No	1+	\$0



Coverage Selections Page

A summary of your auto insurance coverage

This page and any attached endorsements form a part of your policy, which is issued by Liberty Mutual Insurance Company, Boston, Massachusetts.

Welcome. Thank you for insuring with us.
Your policy is effective as of mm/dd/yyyy.



INSURANCE INFORMATION

Named Insured:

Policy Number:

Policy Period:

Mailing Address:

Affinity Affiliation:

Vehicles Covered by Your Policy

VEH	YEAR	MAKE	MODEL	CC	VEHICLE ID NUMBER
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Coverage Information

This policy provides only the coverages for which a premium charge is shown.

Total Annual Policy Premium:	\$
Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.	

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3

Compulsory Insurance				
1. Bodily Injury to Others	\$	Each Person	\$	\$
	\$	Each Accident		
2. Personal Injury Protection	\$	Each Person	\$	\$
Deductible applies for yourself and household members.				
	Veh 1: \$	Veh 2: \$		
3. Bodily Injury Caused by An Uninsured Auto (Compulsory Limit \$ /\$)	\$	Each Person	\$	\$
	\$	Each Accident		
4. Damage to Someone Else's Property (Compulsory Limit \$)	\$	Each Accident	\$	\$



ACTION REQUIRED:

Please **review and keep** for your records.



QUESTIONS ABOUT YOUR POLICY?

By Phone
1-XXX-XXX-XXXX

Liberty Mutual Office

Sales Representative

Visit us online
LibertyMutual.com



MANAGE YOUR ACCOUNT ONLINE

Sign up for eService
LibertyMutual.com/eService

To report a claim

By phone
1-800-2CLAIMS
(1-800-225-2467)

Online
LibertyMutual.com/Claims

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Coverage Selections Page

Coverage Information *(continued)*

COVERAGES (PARTS 1-12)	LIMITS	PREMIUM PER VEHICLE		
		VEH 1	VEH 2	VEH 3
Optional Coverage				
5. Optional Bodily Injury to Others	\$ \$	Each Person Each Accident	\$	\$
6. Medical Payments	\$	Each Person	\$	
7. Collision			\$	\$
Actual Cash Value Less Deductible Veh 1: \$1000/Waiver* Veh 2: \$1000/No Waiver *Waiver Of Deductible endorsement provisions apply Liberty Mutual Deductible Fund™ Balance: \$100 Net Collision Deductible Veh 1: \$900 Veh 2: \$900				
8. Limited Collision				
9. Comprehensive			\$	\$
Actual Cash Value Less Deductible Veh 1: \$ /\$ Glass Veh 2: \$ /\$ Glass				
10. Substitute Transportation	Up to \$ \$	Each Day Maximum	\$	
11. Towing and Labor	Up to \$	For Each Disablement	\$	
12. Bodily Injury Caused by an Underinsured Auto	\$ \$	Each Person Each Accident	\$	
Driving Record Rating Plan Adjustment			\$	\$
Annual Premium Per Vehicle:			\$	\$



Policy Number:

Policy effective:

Policy Information

BENEFIT/COVERAGE SELECTED	POLICY PREMIUM
Liberty Mutual Deductible Fund™	\$

Total Annual Policy Premium:	\$
Your discounts and benefits have been applied. Includes state sales tax and local surcharge where applicable.	

Discounts and Benefits

Your Discounts and benefits have been applied to your Total Annual Policy Premium.

VEHICLE DISCOUNTS

	VEH 1	VEH 2	VEH 3
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POLICY SAVINGS

POLICY BENEFITS

Because you have added Liberty Mutual Deductible Fund™ to your policy, you will receive 100 Deductible Fund dollars for every consecutive year the endorsement remains on your policy, with no maximum limit. These Deductible Fund dollars will reduce your collision deductible so that you pay less out of pocket in the event of an accident.

Additional Information for Vehicles Covered by Your Policy

SECURED LENDOR/LESSEE—
ADDITIONAL INSURED, IF RENTED AUTO MONTH/YEAR EXPIRES

VEH 1:

VEH 2:

PLACES OF PRINCIPAL GARAGING

VEH 1:

CLASS

VEH 1:

VEH 2:

VEH 3:

DRIVING RECORD POINTS

VEH 1:

VEH 2:

VEH 3:



Policy Number:
Policy effective:

Driver Information

1. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

2. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

3. DRIVER NAME: **First Last Name**

DATE OF BIRTH	STATE	LICENSE NUMBER	DATE FIRST LICENSED	
			Auto	Motorcycle

To ensure proper coverage and avoid possible actions such as cancellation or rescission of your policy, please check carefully that all drivers of your vehicle(s) are shown above. All household members and individuals who customarily operate your vehicle(s) must be listed on your policy.

Endorsements — Changes to Your Policy

Special State Provisions

NOTICE: You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given above for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators.

We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require the payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the driving record rating plan.



Policy Number:
Policy effective:

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Authorized Representative

President

Secretary

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MASSACHUSETTS PRIVATE PASSENGER AUTOMOBILE INSURANCE MANUAL

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RULE 34. TRAILERS DESIGNED FOR USE WITH PRIVATE PASSENGER MOTOR VEHICLES

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The following sequence shall be used in rating the policy. The private passenger rate will be adjusted by the trailer factor found as shown in the Rate Pages, Section R.. The rate includes any premium adjustment as may be necessary to increase, reduce or eliminate the deductible amount applicable to Parts 7, 8 and 9, or to apply Waiver of Deductible under Part 7. Refer to Rule 22 to determine rating symbol. Use the FOB List or purchase price, whichever is greater.

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RULE 35. EMPLOYEE PARKING GUARD

This coverage may be written only when Comprehensive Coverage is afforded on a policy and applies only to Private Passenger Automobiles.

Refer to the Rate Pages (Section R) for factors.

Endorsement AS 3720 "Employee Parking Guard Coverage" must be issued with the policy.

RULE 36. LIBERTY MUTUAL DEDUCTIBLE FUND

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Refer to the Rate Pages (Section R) for factors.

RULES 36 37 - 38. RESERVED FOR FUTURE USE