#### ADDITIONAL INFORMATION

#### TO MEMBERS OF THE MARKET REVIEW COMMITTEE

#### FOR THE MEETING OF:

#### Wednesday, May 11, 2016 at 10:30 a.m.

#### MR

#### 16.03 Calianos Insurance Agency/The Commerce Insurance Company

At the April 7, 2016 meeting of the Market Review Committee, the Committee agreed to keep the record of this agenda item open for an additional 45 days, in order to provide the parties involved with additional time to address matters involving allegations made by the Calianos Insurance Agency concerning commissions due for a period that extends from April 2008 through April 2016, and the improper investigation of the agency by Commerce Insurance Company.

In order to provide the parties with sufficient time to provide documentation, the matters to be discussed under this agenda item have been postponed to the next meeting of the Market Review Committee, which is scheduled for May 20, 2016. The meeting notice will be distributed in accordance with CAR's meeting distribution policy.

#### MR

#### 16.04 Rapo and Jepsen Insurance Services, Inc./Arbella Mutual Insurance Company

Attached is additional information from the Arbella Mutual Insurance Company and Mr. Joshua Lewin, representing the Rapo and Jepsen Insurance Services, Inc., relative to the agency's appeal of its commercial automobile Exclusive Representative Producer appointment termination. (Docket #MR16.04, Exhibits #5 and #6)

JOHN D. METCALFE Administrator – Residual Market Services

Attachments

Boston, Massachusetts May 6, 2016

#### LAW OFFICES OF ROBERTA FITZPATRICK

101 ARCH STREET, SUITE 1761 BOSTON, MASSACHUSETTS 02110 617 769-3500 | 617 946-0569 (Fax)

Roberta R. Fitzpatrick | 617 769-3511 Roberta.Fitzpatrick@arbella.com

May 5, 2016

#### VIA EMAIL

Mr. John Metcalfe Commonwealth Automobile Reinsurers 225 Franklin Street Boston, Massachusetts 02110

Re: Exhibits to Arbella's Submission for the May 11, 2016 Market Review

Committee Meeting In Connection with the Termination of the

Rapo and Jepsen Insurance Agency Limited Servicing Carrier Appointment

Dear Mr. Metcalfe:

Enclosed please find the fully redacted exhibits, a copy of which Arbella previously submitted, in connection with the May 11, 2016 Market Review Committee Meeting and in response to Rapo & Jepsen's request for additional information. I understand that CAR plans to distribute these electronically to the committee members. As the exhibits are voluminous, we have attached it as a zip file.

For the convenience of the committee members I will also bring hard copies of the exhibits with me to the May 11, 2016 committee meeting.

Should you have any questions, please feel free to contact me.

Thank you.

KAA

Very truly yours.

Roberta Fitzpatrick

RRF/jpc Enclosures

# CHART OF RAPO & JEPSEN SAMPLE INVESTIGATION RESULTS

	Business Name Individual	Effective Date of Commercial Policy	Date Business Created	R&J Employee	License	Increase in Premium if PPA Policy
-	Flores Florist Beatriz Flores	June 17, 2014	June 16, 2014	Daniel Bertolazzi a/k/a De Lima	MA	
2.	RMM General Services, Inc. Rodrigo M. Monteiro	October 21, 2013	October 18, 2013	Daniel Bertolazzi a/k/a De Lima	MA	\$2,596.00
<u>ω</u>	MIG Company, Inc. Walter Chaves	October 10, 2013	October 10, 2013	Daniel Bertolazzi a/k/a De Lima	None	\$4,072.00
4.	Messias Service, Inc. Macias DaSilva	October 3, 2013	October 1, 2013	Daniel Bertolazzi a/k/a De Lima	None	\$1,901.00
5.	Jet 617 Tailoring Manuel DeLeon	February 28, 2014	February 28, 2014	Daniel Bertolazzi a/k/a De Lima	MA	\$3,871.00
9.	SD Masonry Saul Diaz	September 29, 2014	September 15, 2014	Daniel Bertolazzi a/k/a De Lima	MA	\$1,669.00
7.	Lazo Trust Luis Lazo	November 23, 2015	November 23, 2015	Andre Silva	Ecuador	\$4,316.00
∞.	Erica's Cleaning Services	September 20, 2011	September 20, 2011	Luciana Lourenco	Brazil	
9.	Cedano Marketing Robert Cedano	August 18, 2014	August 13, 2014	Daniel Bertolazzi a/k/a De Lima	MA (restricted 8:00 a.m. to 8:00 p.m.)	\$5,618.00

	Business Name	Effective Date of	Date Business	R&J Employee	License	Premium if
	Individual	Commercial Policy	Created			Application
						Insurea Unaer PPA
10.	Camila's Beauty Camila Noguiera	July 24, 2014	July 15, 2014	Daniel Bertolazzi a/k/a De Lima	MA	\$5,788.00
1.	Rozana Universal Sales Ray Wilder	August 2, 2011	August 1, 2011	Daniel Bertolazzi a/k/a De Lima	MA	\$828.00
12.	Maria Yolanda Maza Trust	November 18, 2015	November 18, 2015	Leandro Rodrigues	Ecuador	\$904.00
13.	Landaverde Group Trust	November 4, 2015	November 4, 2015	Leandro Rodrigues	Salvador	\$4,330.00
14.	Juse Landaveluc Pinto Service, Inc. Juan Carlos Pinto	September 30, 2013	September 26, 2013	Daniel Bertolazzi a/k/a De Lima	Guatemala	\$2,058.00
15.	Bany Catering, Inc. Joel B. Ochoa	January 9, 2013	January 9, 2013	Leandro Rodrigues	None	\$1,485.00

# EXHIBITS TO ARBELLA'S SUBMISSION FOR THE MAY 11, 2016 MARKET REVIEW COMMITTEE MEETING

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January 21, 2016 Report

#### \*\*\*\*\*\*\*\*\*\*\*\*\*\*ARBELLA SIU CONFIDENTIAL DOCUMENT\*\*\*\*\*\*\*\*\*\*\*\*\*

Date of report: 01/21/2016

Subject: Ongoing Investigation into Rapo & Jepsen Insurance Agency

Investigator(s): Ed Spellman III & Frank Hart

Overview: As a result of an increase in overall volume and numbers regarding the Rapo & Jepsen Agency's book of business with Arbella a meeting was held in the Bow conference room of Arbella Insurance 1100 Crown Colony Drive Quincy, MA on 1-20-2016 at 10A.M. to discuss the following meeting agenda items:

- 1. Rapo & Jepsen policy and premium growth
- Loss Ratio on Book
- Policies and Procedures implemented to ensure that only legitimate businesses obtained Commercial Policies
- 4. Discussion of our review of new business policies
- 5. Fees for non-insurance services
- 6. High growth rate of fraudulent claims from Rapo & Jepsen insureds
- 7. Co-operation with Arbella investigations
- 8. Employee training and supervision

Meeting Participants: in attendance was Investigators Frank Hart & Ed Spellman III, Eileen Currie Arbella's Senior Vice President of Commercial lines, and representing the Rapo & Jepsen Insurance agency John J. Rapo.

1-2015 Meeting Summary: It was explained to Mr. Rapo that his growth over the past year was exponentially larger than the rest of Arbella's ceded commercial agents. In 2014 Rapo & Jepsen had 2961 ceded commercial policies totaling \$6.7 million in premiums. In 2015 Rapo & Jepsen had 5370 ceded commercial policies totaling \$11.9 million in premiums. This represents an increase in premium amount of 44%. Premium totals for all other agencies writing ceded commercial policies for Arbella (about 250 agencies) only increased about 10%. Mr. Rapo accredited this growth to the fact that they are well known in the communities where his offices are located (5 locations-Marlboro, Framingham, Everett, Boston, & Lowell). They offer many other services to their clientele, and are open more hours than their competitors. He indicated that he thinks he had four licensed producers working for him, Bruno, Eliana, Ivan, and himself; however all of the applications have him as the licensed producer. He also indicated that all of this growth is achieved

simply by word of mouth; they spend \$0 on an advertising budget. He writes for a variety of carriers voluntarily; however Arbella is his only assigned servicing carrier for commercial auto, which admittedly is a large portion of his book of business. He explained that his staff is all bilingual and some trilingual in the languages of English, Spanish and Portuguese. He has no office managers and is typically in all of his offices regularly although not on the floor. Mr. Rapo indicated that he has no formal operating procedures or guidelines for his business operations. He provides no formal training to his employees with regards to assisting their clientele in the formation of a business. Essentially he admitted they merely have the person who has been doing it for a while show a new employee how to do things based off of how they have been conducting business. He assured Arbella he knows what is happening in "his" offices and everything funnels up to him. He can be reached at any time through email or cell phone for any concerns we may have. (617-999-0290)

As we began to discuss our concern(s) surrounding the growth and the assurances he had made in prior conversations with Arbella, specifically as to the legitimizing of businesses that were obtaining commercial policies through his agency, he said "let's get straight to the point... The system is broke and it allows him to set up corporations for his clients" he explained. "It doesn't matter if someone works one day a month doing something on the side, they can have a business Someone who works at McDonald's 5 days a week but once a month does something on the side allows them to form a business for it". He knows that Commerce (through a third party investigator) and Safety are both investigating this issue. He personally knows of 20 other agents that are doing the same thing. Mr. Rapo said he has been involved with helping people insure their vehicles since 1999 through all the carriers he has worked with. Mr. Rapo said Rapo & Jepsen initially was sending their customers out to other vendors to help form the businesses (such as tax advisors etc.), but they were trying to charge the customers as much as \$1,400 to do it. Mr. Rapo said that he decided to help them set up the businesses and corporation(s) within his own office and charge fees. He viewed it as they had the capability to help service the customer and that was money walking out the door.

Mr. Rapo explained he had checked on the legality of forming the businesses/corporations for his clientele with his long time attorney David Bakst of Morrison, Mahoney, & Miller. He advised us that Attorney Bakst had drafted a letter for him which his customers sign allowing him to create a business for them. Mr. Rapo would not call it a power of attorney or a limited power of attorney, but referred to it as a letter; however for the purposes of the conversation this is how Arbella referred to that document. Mr. Rapo indicated that he would provide us with a copy of the document should we request it. He indicated that with every business/corporation they help set up, they retain a signed copy of this form in their file. Mr. Rapo confirmed that the customer is not given a copy of the signed document. Mr. Rapo indicated that due to prior involvements with his agency and Arbella he requires employees to check with him when releasing information; however if we ask for the entire file that is what he instructs them to give us. He will only give what we ask for. When asked as to why it is then when Arbella requests the file at their offices, and we ask for the entire policy file, we have never seen this "letter" in any file we requested. Mr. Rapo indicated that he did not know, as it should be in their files. (Note: He later said he is assuming the document is in the file.)

Mr. Rapo indicated that he retains all of the signed paperwork and it is scanned into their system which he referred to as being called AFW and then the physical paperwork is destroyed. He went on to explain their payment allocation software system they use at his agency called Intalio which he described as being similar to Intuit. He uses this system to input and allocate all of his funds, from the fees he charges, to insurance down payments, and payments to the Secretary of State for the

business creations. He also indicated that this is the system in which they generate their receipts from for all of their fees. Mr. Rapo was adamant that every customer gets an itemized receipt which they sign acknowledging that they understand what the charges are for and then it is placed in the policy file. "The Intalio system will not allow you to move forward in the process without it".

With regards to the fees themselves, Mr. Rapo explained that he charges \$500 for setting up a corporation, \$265 of which goes to the Secretary of State, and he keeps the remaining amount. Over the last year an increase has been seen in the amount of businesses that were being set up in Trusts, When asked about the fee he charges for setting up a trust, Mr. Rapo had no explanation or breakdown as to what the charge was for or how much he charged. As far as the declaration of the trust he indicated that Attorney Bakst had set up a blank form that they merely enter the information on and have it notarized in one of their offices. Then they submit that to the IRS to obtain a tax number. Mr. Rapo had indicated that although his wife is Brazilian and his 4 kids are as well. When asked what the Portuguese word was for "trust" he indicated he did not know as he himself is not bilingual, he may be able to understand a few words here or there but he himself is "just a stupid American". Mr. Rapo went on to say that he is no longer helping customers set up trusts. He said he had a meeting in November and decided to discontinue this practice. Since that time he only intends to place customers with corporations.

Mr. Rapo did not have any explanation as to why he started using trusts or why he suddenly discontinued the practice. He was very uncomfortable discussing the issue. Upon further questioning in this area stated "I'm not going to sit here and be deposed by you".

Previously through our policy review process Arbella had seen several charges for an auto club fee in the amount of \$100. Mr. Rapo said he no longer charges an Auto Club fee. He said this has been replaced by an Administration Fee (also \$100) which covers the "free" translation, registry, and notary services he provides. Mr. Rapo explained how his employees set up a tax ID for the customer with the IRS and then files the application for a corporation using fax and/or the internet. The payment to the Secretary of State is done out of his Intalio software somehow from a credit card or bank account electronically. Once the business is formed the information is then submitted by Rapo & Jepsen to the registry of motor vehicles and submission is made to Arbella to insure the policy.

He described the process as when someone comes in without a business, they speak to them to assess their needs and place them with a carrier. If they say they have a business or are trying to form one his agency doesn't question them any further on it. They will have them sign the form created by Attorney Bakst and then the Rapo & Jepsen employee will proceed right in the office to obtain an EIN tax number for them from the IRS and then register them with the Secretary of State as a corporation. If they have a business already established whether it is registered with the Secretary of State or not; they will also place them with a carrier (only option in that case is Arbella). Mr. Rapo said that he also has about a \$12 million book of personal line business with Occidental Insurance and MetLife Insurance. He also stated that he writes for Travelers, US Alliance, Atlantic, Charter and Foremost. If a customer comes in, they always have the option of asking for a personal policy rather than business. He informed us the other carriers have agreed to write foreign licensed operators such as Occidental. Mr. Rapo explained that Occidental will voluntarily write those policies with 15% down and a 13.5% commission rate to his agency and have agreed to not non-renew if the operators are unable to obtain a Massachusetts driver's license due to their status as an

undocumented citizen; however he admittedly indicated in those instances the customer would not be charged any of the business formation fees.

When asked if he had ever been contacted by an Immigration attorney, the IRS or Secretary of State regarding the formation of these businesses potentially jeopardizing a customer's citizenship, he indicated that he is very familiar with immigration policies and procedures. He uses an immigration attorney named Brian O'Neil for years. Mr. Rapo said that he currently has four Brazilians living in his house that Brian is helping to obtain their Visas.

At one point, Eileen left the room. Mr. Rapo began talking by saying that, "We all know what is going on." He discussed how the immigration problem in this country could be ended immediately by not allowing undocumented aliens to work in this country, and he stated that he was for not issuing them licenses as they were here illegally. He went on further to indicate that being illegal is almost better than being legal as you are not in the system and they cannot do anything to you. When you are under the regulations they can impose them on you; however when you are not in the system what can they do to you?

Rapo again addressed the phenomenal growth of his business by saying that he has had the same long time employees to work with their customers. The Rapo & Jepsen agency provides registry of motor vehicle runner services, and translation services. People can come in and pay with cash which is the preferred form of payment for much of his clientele. Mr. Rapo said he was handling so much cash; he had to install "reverse ATM machines" in his office. He said customers also come in with other non-insurance related issues, and they help them out with those problems by providing a wide array of services. He said the agency is well known by word of mouth in the Brazilian and Hispanic communities. He said the word is out there.

We asked him given the fact that he had staff that did such services as translation services, and he charged for the translation of documents when customers would come into his office with their electric bill or whatever the document was, did he have insurance forms or the correspondence that Attorney Bakst had drafted for him translated in multiple languages so that the customers could read them in their native language and he indicated that he did not. Mr. Rapo relies solely on his employees to verbally explain things to those customers that cannot read English, which is most likely Spanish or Portuguese according to him based on his clientele. This includes the explanation of fees for the services that Rapo & Jepsen is providing the customer.

Mr. Rapo indicated that regarding customers coming in to set up businesses, Rapo repeatedly said that the word is out in the community that this is how a person can register a car as a business. Word has spread through the community and as Mr. Rapo stated "if I'm not doing it, someone else will".

#### **Investigation 1**

Flores Florist/Beatriz Flores

**BUSINESS NAME: FLORES FLORIST** 

INDIVIDUAL NAME: BEATRIZ FLORES

A. Affidavit of Beatriz Flores in English and Spanish

B. Application Documents for Commercial Insurance (with Business Card)

June 17, 2014

C. IRS Tax ID Number Notice

June 16, 2014

D. Receipt

June 14, 2014

# **EXHIBIT A**

### **Affidavit**

#### My name is Beatriz Flores and I do hereby swear as follows:

- 1. In 2014 I purchased a car and obtained insurance for my car.
- 2. The car was for my own use and was not to be used in business.
- 3. I never told the car dealer or the insurance agency that I had a business or that they should register or insure my car under the name of a business.
- 4. I never gave anyone permission to create a business for me or to apply for a tax number.
- I never asked anyone to apply for commercial insurance for me.
- 6. I was moving and I went to the insurance agency, Rapo and Jepsen, to change my address and they told me I had to inform the IRS. I realized that something was not right. I learned that when Rapo and Jepsen applied for insurance for me they applied under the name of a business called Flores Florist.
- 7. I am not involved in, nor have I ever been involved in any business under the name of "Flores Florist." I never told Repo and Jepsen or the car dealer that I worked in a florist business or that I wanted a commercial insurance policy.
- At the time I applied for insurance I worked at the Danish Pastry House in Watertown, MA.
- 9. I also learned that someone made a business card for a business called Flores Florist and put my telephone number on the business card. Attached is a copy of a business card that the insurance company showed me when they asked me questions about this. I never saw that business card before. I did not have any business cards made and never asked anyone to do that. I have never been involved in any florist business.
- 10. Rapo and Jepsen applied for a commercial insurance policy for me in the name of a business which I was not involved in. I never asked them to do this, I never told them or anyone that I was involved in a florist business.

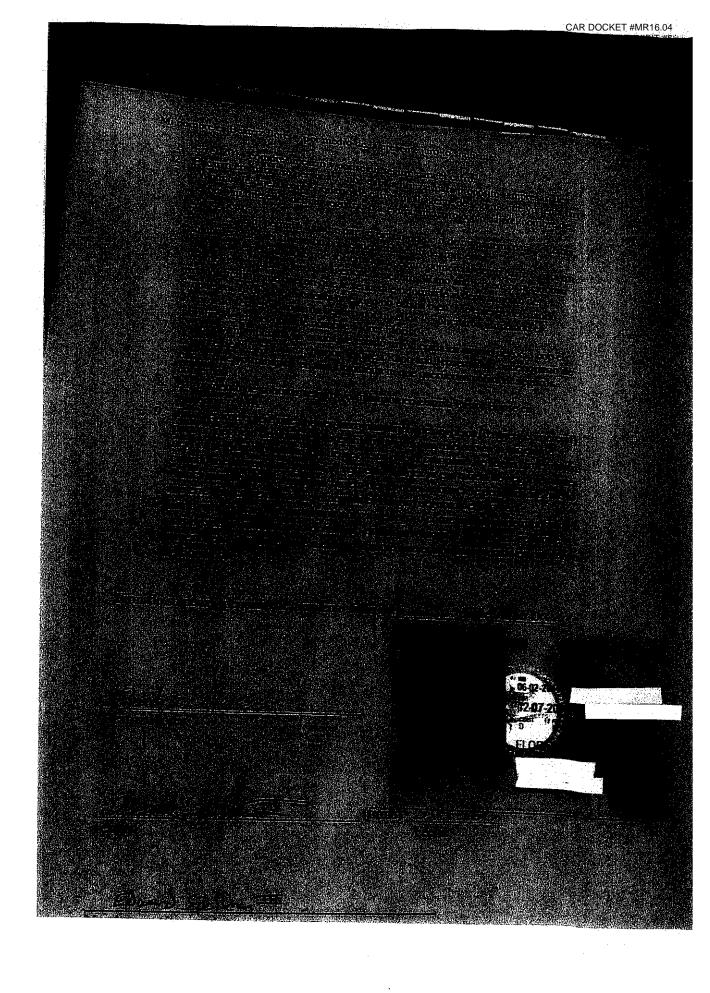
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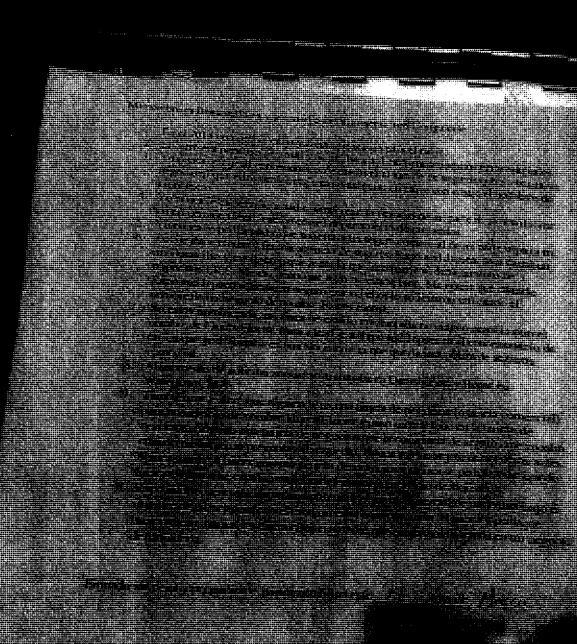
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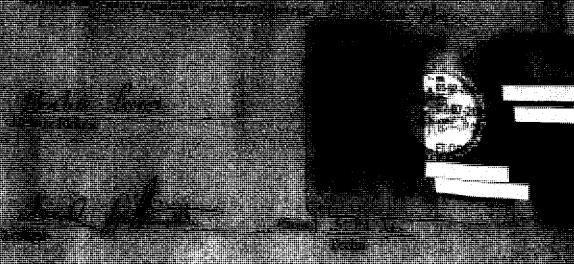
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# **EXHIBIT B**

# **Application Documents for Commercial Insurance**

(with Business Card)

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PRIOR CARRIER INFORMATION

Name and Address BEATRIZ FLORES

Additional information

APPLICANT INFORMATION:

Status of Transaction: Submitting for Issuance

PAYMENT PLAN :

Billing Method : Direct Bill - Mail-in Chack

Down Payment Information

Down Payment Type: Electronic Rayment Down Payment Amount: \$180.00

ADDITIONAL ATTACHMENTS INFORMATION :

: CARD.pdf

Document Type : Other

MISCELLANEOUS INFORMATION :

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AGENT REMARKS :

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#### FLORES FLORIST

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Specializing in Wednings, Funerals, and Special Occasions

# **EXHIBIT C**

## **IRS Tax ID Number Notice**

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

BEATRIZ FLORES FLORES FLORIST Date of this notice: 06-16-2014 Employer Identification Number:

Form: 88-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you this EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets cartain tests and it will be electing s corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective data of the S corporation election and does not need to file Form 8832.

To obtain tar forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Reep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this MIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tex-related correspondence and documents.

If you have questions about your ETN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is FLOR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

06-16-2014 FLOR O 9999999999 58-4

Keep this part for your records.

CP 575 6 (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

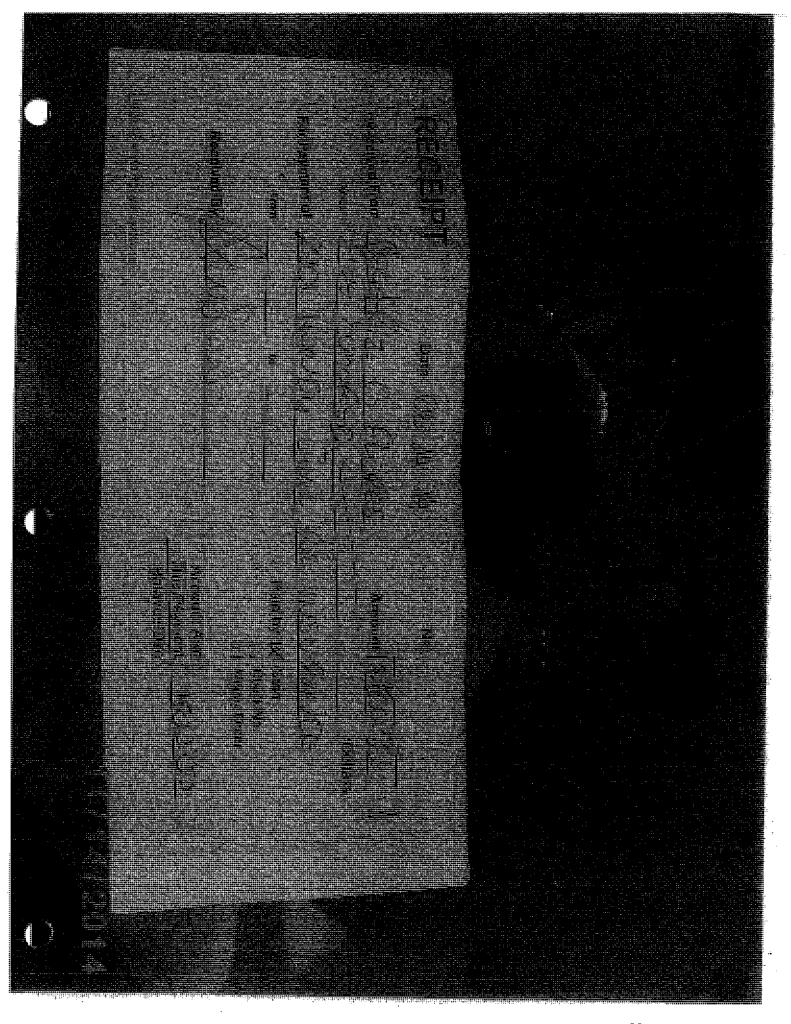
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Your Telephone Number Sest Time to Call DATE OF THIS NOTICE: 06-15-2014
( ) - EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 NOBCD

 BEATRIZ FLORES FLORES FLORIST

# **EXHIBIT D**

# Receipts



#### **Investigation 2**

RMM General Services, Inc./Rodrigo M. Monteiro

BUSINESS NAME: RMM GENERAL SERVICES, INC.

INDIVIDUAL NAME: RODRIGO M. MONTEIRO

- A. SIU Investigation Report
- B. Application Documents for Commercial Insurance

October 21, 2013

C. Corporation Information

Date of Organization of Corporation

October 18, 2013

## **EXHIBIT A**

## **SIU Investigation Report**

## 

## S.LU. UNDERWRITING INVESTIGATION

Investigator(s): Ed Sp	ellman III & Frank Hart
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Agent: Rapo & Jepsen

Insured: RMM General Services Inc.

Policy Number:

Review of Policy Documents: On 10-21-2013 an application for a commercial auto policy was submitted to Arbella for named insured RMM General Services Inc. the corporation has a listed tax number of \_\_\_\_\_\_\_\_ The business is described as a painting business. The policy scheduled one vehicle a 2004 Mazda 6I bearing \_\_\_\_\_\_\_ and had one listed operator Rodrigo M Monteiro. Arbella received \$260 as a down payment on this policy.

According to the secretary of state the corporate filing was done on 10-18-2013

Field Investigation: Investigators Frank Hart and Ed Spellman III travelled to the policy address of

The insured was found to reside at the policy address. The assistance of a friend Paolo Andrade was utilized in order to translate and obtain a statement from him. Rodrigo Monteiro had no idea what a corporation is and does not have any business of his own. He worked most recently for Jose Hosha doing odd jobs in construction/painting for cash, however he was currently unemployed.

He was asked about the corporation. He claims he did not even know what RMM General Services was and had never heard of it before. He denied ever seeing the corporate articles and that this was the first time he had seen them. He stated that he just wanted to open insurance and that Rapo & Jepsen had done the rest. He paid them \$1400.00 in cash. Rodrigo has a Massachusetts license which he produced at the time of the statement. Rodrigo stated he was not explained anything at the agency. He claims Rapo & Jepsen told him they were going to do everything for him. The insured never told anyone to open a business for him, never told anyone or gave permission to apply for an EIN or apply at the Secretary of State. He simply paid the agent \$1400.00 cash and went back a few days later and picked up the plates for the car. Rapo & Jepsen handled everything according to Rodrigo.

Summary/Conclusion: Rodrigo Monteiro is a 24 year old construction worker who does odd jobs for cash. He has a MA driver's license for the past year and a half. He had no knowledge of the alleged business RMM General Services Inc., no knowledge of the tax number associated with the corporation or how it was created. He merely indicated he paid \$1400 to Rapo & Jepsen and they took care of everything, when he came back his car was registered. He never received a breakdown of where the \$1400 went.

## **EXHIBIT B**

# **Application Documents for Commercial Insurance**

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References	CA-NR-37600

Submitted Date 10-21-2013 Name and Address RMM GENERAL SERVICES INC

#### Additional Information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

PAYMENT PLAN :

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Check Down Payment Amount: \$260.00

MISCELLANEOUS INFORMATION :

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AGENT REMARKS :

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Reference# CA-NB-37699

Name and Address	543411CCGC DACG 10-21-2013	
RIM GENERAL SERVICES INC	,	
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ADDITIONAL VEHICLE INFORMATION : VEHICLE # Rate Physical Damage Coly? Rate Physical Damage Coly? Plate Number Hodily Trjury Limit Personal Injury Limit Property Damage Limit Property Damage Deductible Uninsured Motorist Limit Medical Payment Limit : No : Unknown : 20000/40000 : \$100,000 : 25000/50000 Madical Payment Limit : 25000/50000

Bodily Injury To Others Limit : 25000/50000

Onderinsured Motorist Limit : 25000/50000

Collision Type : Full

Saiver of Collision Deductible : Yes

\$100 class Deductible \$100 Glass Deductible Rantal Reinbursemant : No : 45 Rowing and Labor Passive Restraint Anti-Theft Device : 100 : Yes : 15% Pollution Type Is this a Leased Vehicle : No Pollution Liability Coverage-No Surcharge : No End of Document

**Additional Information** 

Acord Additional Info (2004/08)

OverFlowPageNumber :1

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#### Reference# CA-NB-37699

#### Submitted Date 10-21-2013

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Submitted Date 10-21-2013

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Additional Information

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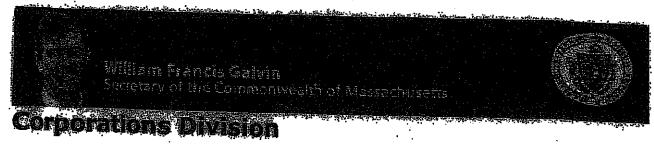
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## **EXHIBIT C**

# Corporation Information Date of Organization of Corporation



## Business Entity Summary

10 Mampers





Summary for: RMM GENERAL SERVICES INC

(P.18.00 H)	a. The Bouleauc Libit Col	poration: RMM GENERAL SERVICES INC
cutty type: Do	mestic Profit Corporation	
Identification N	umber:	
Date of Grganiza 10-18-2013	ation in Massachusetts:	
		Last date certain;
Current Fiscal M	onth/Day:12/31	
The location of t	he Principal Office:	
Address:		
City or town, State Country:	e, Zip code,	
The name and a	ddress of the Registered A	gent:
	O MONTEIRO	<b></b>
Address:	·	
City er town, State Country:	, Zip code,	•
The Officers and	Directors of the Corporati	ien:
Title	Individual Name	Address
THE SIDENT	RODRIGO MONTEIRO	
PRESIDENT	T	Address USA
	RODRIGO MONTEIRO	Address USA USA
PRESIDENT TREASURER	RODRIGO MONTEIRO RODRIGO MONTEIRO RODRIGO MONTEIRO	Address USA

Class of Stock	Par value per share	No. of shares	thorized Total par value	Total issued and outstanding No. of shares
CNP	\$ 0.00	1,000	\$ 0.00	1,000
	Consent Data		lerger wed	Manufacturing
iew filings for t	his business entity:			
				- Charles
Administrative D	ssolution	· · · · · · · · · · · · · · · · · · ·		
Annual Report		•		
Application For R	evival	· ·		
Articles of Amend			•	
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ertificate of Cha	nge of Fiscal Year End	uers (Kesignatio	)n)	
ertificate of Cha	nge of Principal Office			
ertificate of Con	ection	·		
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ertificate of Rev	ocation of Appointment	of Resident Ac	ent	
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sue of Capital S	TOCK Howing Advisor:	<b>.</b>		
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MA SOC Filing Number

Date: 10/18/2013 2:11:00 PM



#### The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

Articles of Organization

(Goneral Laws, Chapter 1569, Section 2.02, 950 CMR 113.18)

Federal Employer Identification Number:

(must be 9 digits)

#### ARTICLE I

The exact riame of the corporation is:

#### RMM GENERAL SERVICES INC

#### ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

#### ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

CONTRACTOR COMPANY OF THE PARTY	Class of Steck	Par Value Per Share Enter 0 if no Par	Total Authoriz of Organization Num of Shares		Total Issued and Outstanding Num of Shares
Į	CNP	\$0.0000	1,000	20.00	1,000

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L.
C156D Section 6.21 and the comments thereto.

#### ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

#### NONE

#### ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

#### **NONE**

#### **ARTICLE VI**

48	here are no provisions, this article ma	y be left blank.										
NONE												
Note: The preceding six (6) a appropriate articles of amend	nticles are considered to be perm dment.	anent and may	be changed only by filling									
	ARTICLE VII											
The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a <i>later</i> effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing.												
Later Effective Date: Time:												
ARTICLE VIII												
The information con a,b. The street address of the of the initial registered agent	itained in Article VIII is not a permand initial registered office of the col at the registered office	ant part of the Ar	rticles of Organization. e commonwealth and the name									
Name: <u>RODI</u> No. and Street:	RIGO MONTEIRO											
City or Town:	State: MA	Zip: _	Country: <u>USA</u>									
c. The names and street addrestreasurer and secretary of the officer or director is the same  Title  PRESIDENT	esses of the Individuals who will corporation (an address need no as the principal office location):	serve as the ini t be specified i	itial directors, president, f the business address of the									
Title	Individual Name		Address (no PO Bin)									
PRESIDENT:	First, Middle, Last, Suffix RODRIGO MONTEIRO	Address	, City or Town, State, Zip Code									
Treasurer	RODRIGO MONTEIRO											
SECRETARY												
•	RODRIGO MONTEIRO											
VICE PRESIDENT	RODRIGO MONTEIRO											
DIRECTOR	RODRIGO MONTEIRO											
d. The fiscal year end (i.e., tax December	year) of the corporation:	<del></del>										
A brief description of the ty	se of business in which the corpo	oration intends	to engage:									
LEANING AND MAINTEN												
. The street address (post offic	se boxes are not acceptable) of the	e, principai offic	ce of the corporation:									
Vo. and Street:	<u> </u>		, -									
Ity or Town:	State: MA	Zip:	Country: USA									

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (sost office boxes are not acceptable):													
No. and Street: City or Town: which is X its principal office an office of its secretary/assistant secretary	State: <u>MA</u> an office of the register	Zip:  of its transfer age red office	Country: <u>USA</u> nt										
Signed this 18 Day of October, 2013 at 2:12:31 PM by the incorporator(s). (If an existing corporator acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction with was incorporated, the name of the person signing on behalf of said business entity and the title helpholds or other authority by which such action is taken.)  RODRIGO MONTEIRO 10/18/2013													
© 2007 - 2013 Commonwealth of Massachusetts All Rights Reserved	-												

MA SOC Filing Number:

Date: 10/18/2013 2:11:00 PM

## THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 18, 2013 02:11 PM

WILLIAM FRANCIS GALVIN

Thetia Fraing Palier.

Secretary of the Commonwealth

#### **Investigation 3**

MIG Company, Inc./Walter Chaves

BUSINESS NAME: MIG COMPANY, INC.

INDIVIDUAL NAME: WALTER CHAVES

- A. SIU Investigation Report
- B. Application Documents for Commercial Insurance

October 10, 2013

C. Corporation Information Date of Organization of Corporation

October 10, 2013

## **EXHIBIT A**

## **SIU Investigation Report**

#### 

### S.I.U. UNDERWRITING INVESTIGATION

Investigator(s): Ed Spellman III & Frank Hart

Agent:

Rapo & Jepsen

Insured:

MIG Company Inc.

Policy Number.

Review of Policy Documents: : On 10-10-2013 an application for a commercial auto policy was submitted to Arbella for named insured MIG Company Inc. the corporation has a listed tax number of The business is described as a painting business. The policy scheduled one vehicle a 2006 Chrysler Town & Country bearing and had one listed operator Walter Chaves. Arbella received \$300 as a down payment on this policy.

According to the secretary of state the corporate filing was done on 10-10-2013

Field Investigation: Investigators Frank Hart and Ed Spellman III travelled to the policy address of MA. The insured was not found at the policy address. Cards were left in order to reconnect. A few days later Ed received a call from a person who identified himself as the principal of the corporation and contact for the business Walter Chaves. Walter denied having a painting company and indicated that he is a carpenter and works for the JEN Company as a carpenter/employee.

Walter stated that he went to the Rapo & Jepsen agency on Rt. 16 in Everett and spoke to Daniel Bertolazzi (he knew his first and last name). He indicated that Daniel did not explain a 100% what he was doing to open the insurance. He understood that Daniel was applying for an EIN for him and a corporation solely for the purposes of obtaining an insurance policy. Walter had no idea what the fees were associated with doing so. He paid \$1300.00 in cash to Daniel to take care of everything. Walter did admit that he signed the paperwork to do it all. He claims there was no breakdown of the charges; merely it was \$1300 he had to pay to get insurance. Walter explained to Arbella that if he had a license, he wouldn't need to pay this much or get insurance this way. However, since he did not have a license, he is forced to do it like this. Walter acknowledges that they set the corporation up for him knowing it didn't exist and was done simply to get the insurance. Walter had a DBA beforehand that was cancelled which is why this time; they had to do it this way Daniel explained to him. His DBA was also through Rapo & Jepsen and was also done by Daniel.

He states the company was for the purpose of getting auto insurance and he chose the name MIG Company because it is the state he comes from in Brazil. Since he has been insured with Athella through the Rapo & Jepsen agency he has never owned a business of any kind.

Summary/Conclusions: Walter Chaves has no business. He openly admits that the agent created the MIG Company Inc. solely for the purpose of obtaining a commercial auto policy through Arbella. Walter has no license and indicated to Arbella if he did he wouldn't have to do it like this or pay so much. He acknowledged his involvement in allowing the agent to set up the fake corporation; however appeared credible with his lack of knowledge as to the fees associated with things. He merely knew that \$1300 was what Rapo & Jepsen was charging for him to get insurance.

## **EXHIBIT B**

## **Application Documents for Commercial Insurance**

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Reference#

NB-37510

Submitted Dat: .-10-2013

Name and Address

MIG COMPANY INC

**Additional Information** 

APPLICANT INFORMATION : - .

Status of Transaction: Submitting for Tempence

PAYMENT PLAN :

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Check Down Payment Amount: 5256.00

MISCELLANEOUS INFORMATION :

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AGENT REWARKS :

And of Document

Acord Additional Info (2004/08)

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References

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Submitted Date -10-2013

Name and Address MIG COMPANY INC

#### Additional Information

#### ADDITIONAL VEHICLE INFORMATION :

Vencus # Eats Physical Danage Only? Plate Number i No i Unknown Flate Sumber

Bodily Injury Limit

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MIG COMPANY INC		٦
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Additional information

GARAGEKEEPERS COVERAGE:

Locations

Address Limit

Coverage Options Collision Deductible OTC Type

: Coverage Not Requested

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The quote provided is an estimate only based on infrarestics amond. It may be autiliar to additional tenders and validation.

Dom Payment information

Type: Check Amount: \$280.00

Payment Malling Address: Artista in

P.O. Box 55702 Boston, MA 02205-9262

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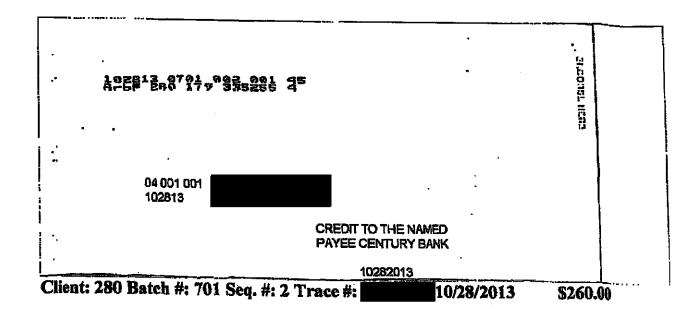
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PREMIUM

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Client: 280 Batch #: 701 Seq. #: 2 Trace #:	10/28/2013 \$260.00



## **EXHIBIT C**

# Corporation Information Date of Organization of Corporation



#### **Corporations Division**

#### **Business Entity Summary**

ID Number:		Request conditions Newsearch
Summary for: MIC	COMPANY INC	
The exact name of	the Domestic Profit C	orporation: MIG COMPANY INC
Entity type: Dome	estic Profit Corporation	
Identification Nun	nberr	
Date of Organizati 10-10-2013	on in Massachusetts:	
		Last date certain:
Current Fiscal Mo	nth/Day:12/31	
The location of th	e Principal Office:	
Address:		
City or town, State, Country:	Zip code,	USA
The name and add	dress of the Registere	d Agent:
Name: WALTER (	CHAVES	·
Address:		
City or town, State, Country:	, Zip code,	USA <sub>.</sub>
The Officers and	Directors of the Corpo	ration:
Title	Individual Name	Address
PRESIDENT	WALTER CHAVES	
TREASURER	WALTER CHAVES	
SECRETARY	WALTER CHAVES	
VICE PRESIDENT	WALTER CHAVES	
DIRECTOR	WALTER CHAVES	
Business entity (	stock is publicly trade	d: 🗇

Class of Stock	<b>P</b> ar veli:	e per share	Tot	al Authorized	Total issued outstandij	and ng
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MA SOC Filing Number

Date: 10/10/2013 12:53:00 PM



#### The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

#### Articles of Organization

(General Lays) C

© CMR 143 163

Federal Employer Identification Number:

must be 9 digits)

#### ARTICLE I

The exact name of the corporation is:

#### MIG COMPANY INC

#### **ARTICLE 1**

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

#### **ARTICLE III**

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Cless of Stock	Par Value Per Share Enter 0 if no Par		red by Articles or Amendments Total Par Value	Total Issued and Outstanding Num of Shares
CNP	\$0.0000	1,000	\$0.00	1,080

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L..
C156D Section 6.21 and the comments thereto.

#### **ARTICLE IV**

if more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

#### NONE

#### **ARTICLE V**

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

#### <u>NONE</u>

#### ARTICLE VI

NONE	<u>.                                    </u>	
Note: The preceding six (6) articles of amendm	cles are considered to be permane ent.	nt and may be changed only by filing
	ARTICLE VII	
The effective date of organization a time prescribed by law. If a <i>later</i> of after the articles are received for fil	fective date is desired, specify such d	filing if the articles are not rejected within the late, which may not be later than the 90th day
Later Effective Date: Time:		
	ARTICLE VIII	
The information conte	ined in Article VIII is not a permanent	part of the Articles of Organization.
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Name: <u>WALT</u> No. and Street:	ER CHAVES	٠.
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g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):							
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MA SOC Filing Number:

Date: 10/10/2013 12:53:00 PM

#### THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filled with me on:

October 10, 2013 12:53 PM

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

#### **Investigation 4**

Messias Services, Inc./Messias Da Silva

BUSINESS NAME: MESSIAS SERVICES, INC.

INDIVIDUAL NAME: MESSIAS DA SILVA

- A. SIU Investigation Report
- B. Application Documents for Commercial Insurance

October 3, 2013

C. Corporation Information Date of Organization of Corporation

October 1, 2013

D. Vehicle Registration

October 3, 2013

## **EXHIBIT A**

## SIU Investigation Report

#### 

#### S.LU. UNDERWRITING INVESTIGATION

Investigator(s): Ed Sp	ellman III & Frank Hart
------------------------	-------------------------

Agent: Rapo & Jepsen

Insured: Messias Services Inc.

**Policy Number:** 

Review of Policy Documents: On 10-3-13 an application for a commercial auto policy was submitted to Arbella for named insured Messias Service Inc. the corporation has a listed tax number of The business is described as a painting business. The policy scheduled one vehicle a 2000 Toyota Camry bearing VIN# and had one listed operator Messias Da Silva. Arbella received \$280 as a down payment for this policy.

According to the secretary of state filings the corporation was filed on 10-1-13

Field Investigation: On December 27th 2013 investigators Frank Hart and Ed Spellman III travelled to the policy address of

The insured was found to reside at the policy address. He indicates that he works as a painter for someone else right now.

He was shown the corporate articles and confirms he has never seen them before. He has no idea where they came from. He denies signing any paperwork to set up a corporation at Rapo & Jepsen insurance agency. Messias does not have any driver's license whether foreign or domestic.

After meeting with Messias, Ed received a call from OBTS's, Lillian O'Brien telephone number is

She identified herself as a legal assistant at this service in Revere,
MA. She was very concerned that Messias was there with these business documents because they were trying to help him become a citizen and he had these documents which they had no knowledge of prior to our visit. She informed Arbella that Messias did not have a business and that she thinks the agency had set this up for him without explaining it to him because he did not have a license.

Summary/conclusion: Messias had no knowledge of a corporation; he denied allowing anyone to file for one on his behalf. He does not own a painting business but does occasional work as a painter for someone else. According to OBTS they suspect agent filed for documents without his knowledge or proper explanation due to the fact that he had no license.

### **EXHIBIT B**

## **Application Documents for Commercial Insurance**

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Additional information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

PAYMENT PLAN

Billing Method : Direct Bill - Meil-in Check

Down Payment Information

Down Payment Type: Check Down Payment Assuut: \$280.00

MISCELLANEOUS INFORMATION :

.Bic Code

AGENT REKARKS :

DEIVER 108: 05/11/1969.

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Additional Information

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CAR DOCKET #MR16.04 EXHIBIT #5 PAGE 104 OF 481

Name and Address. MESSIAS SERVICE INC	Cn :48-37343	Šubmitted : 10-0	3-2013	•
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Additional Information

GARAGEREPERS COVERAGE:

Locations

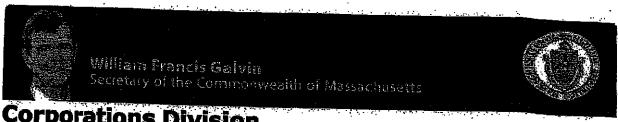
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## **EXHIBIT C**

# Corporation Information Date of Organization of Corporation



### **Corporations Division**

#### **Business Entity Summary**

ID Number:



	of the Domestic Profit Co	rporation: MESSIAS SERVICE INC
Entity type: Do	mestic Profit Corporation	
Identification N		
Date of Organiz 10-01-2013	ation in Massachusetts:	
		Last date certain:
	ionth/Day:01/31	
The location of t	the Principal Office:	
Address:		
City or town, Stat Country:	e, Zip code,	· 1
The name and a	ddress of the Registered A	Agent:
	S DA SILVA	
Mairie MC32TV		
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MASOC Filing Number

Date: 10/1/2013 2:32:00 PM



### The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division One Ashbutton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

Articles of Organization

Gegoraf Lower Chapter (FeD, Stanton 2,93)-960 CNR (15,16)

Faderal Employer Identification Number:

must be 9 digits)

#### **ARTICLE 1**

The exact name of the corporation is:

### MESSIAS SERVICE INC

#### **ARTICLE II**

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

#### **ARTICLE #**

State the total number of shares and per value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify

	Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized of Organization or /		Total Issued and Outstanding
-	CNP	\$0,00000	Num of Shares T	otal Par Value \$0.00	Num of Shares

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

#### ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

#### NONE

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

#### **NONE**

#### **ARTICLE VI**

Note: The preceding six (6) a appropriate articles of amend	rticles are considered to be per iment.	manent and may be changed only by filing
	ARTICLE VI	
The effective date of organization three prescribed by law. If a later after the articles are received for	n and time the articles were received effective date is desired, specify a filing.	ed for filing if the articles are not rejected within the such date, which may not be later than the <i>90th d</i> a
Later Effective Date: Time:		
	ARTICLE VIII	
The information con	izined in Article VIII is not a perma	anent part of the Articles of Organization.
a,b. The street address of the of the initial registered agent	initial registered aims and at	corporation in the commonwealth and the nan
Name: <u>MB</u>	SSIAS DA SILVA	
No. and Street: Zity or Town:	Dina. 3.54	<u> </u>
	State: MA	Zip: Country: USA
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g. Street address where the records of the corpor located (post office boxes are not acceptable):	ration required to be kept in the C	commonwealth a.re
No. and Street:  City or Town:  which is  X its principal office  an office of its secretary/assistant secretary	State: <u>MA</u> Zip:  an office of its transfer ag its registered office	
Signed this 1 Day of October, 2013 at 2:34:12 P. acting as incorporator, type in the exact name of it was incorporated, the name of the person significant holds or other authority by which such action is to MESSIAS DA SILVA 10/01/2013	the outliess entity, the state or o	existing corporation is other jurisdiction where ity and the title he/she

MA SOC Filing Number:

Date: 10/1/2013 2:32:00 PM

### THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 01, 2013 02:32 PM

WILLIAM FRANCIS GALVIN

Thering Traing Dalies

Secretary of the Commonwealth

### **EXHIBIT D**

# Registration

ATTOM/TITLE INQUIRY PUNCTION: RI MSG: INQUIRY PROCESS COMPLETE. PLT TYP: PAN RECH: CLR: R VINH: LIC #1 . LIC #2 : PILLE: æseæ , FID#: JWMER1 NAME : RMV-1 BATCH \$: 01327557440101 DOB: CORP/CO DAME: MESSIAS SERVICE INC DOB: ALL ADDR : CKTY | PLOC/APT : ST: MA ETP: 02149 REG ONLY HAIL: N BLDG/AFT CITY: ar: teg status dt: Acty/ CARACE: EVERETT .IFE PD: N STER#-DT: - 10/03/2013 REG EFF DT: 10/03/2013 REG EEP DT: 07/2015 :000 TOYT CAMBY MODELS: USCELE STYLE: SEDAN :XI.: 4 PASS: 5 DODRS: 4 TRAN : A PRO-THEP RELAT: CLR: BROWN / TL STATUS-DT: EXAM - 10/03/2013 TRANG A PAR: G BUS: SEATS: TTL DT: 10/63/2013 PRIDT DT: E/U: U PREV TTL ST/6: MA 20504369 eats: Wot: Paint dt: TRCH DT: 09/24/2013 OD: 0123900 TL TYPE: C BRAND: REASON CD: DIEN: TYPE/CD: / MAME: LIEN: TYPE/CD: / MAME: MS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 10/03/2013 NOMPROF: M VALUE: LIENI TYPE/CD: LT ORDER STATUS/DT: lact-mert bild: - 10/2013

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### **Investigation 5**

JET 617 Tailoring/Manuel DeLeon Ventura

**BUSINESS NAME: JET 617 TAILORING** 

INDIVIDUAL NAME: MANUEL DELEON VENTURA

- A. SIU Investigation Report
- B. Application Documents for Commercial Insurance (with Business Card)

February 28, 2014

C. IRS Tax ID Number Notice

February 28, 2014

D. Vehicle Registration

March 4, 2014

# **EXHIBIT A**

# **SIU Investigation Report**

Investigator(s): Ed Spellman III & Steven Fuller

Agent

Rapo & Jepsen

Insured:

Manuel Deleon Ventura: DBA JET 617 TALORING

Policy Number(8):

Claim Number: 033583095

Facts of claim: Steven Fuller was assigned a claim for policy number for insured Manuel Deleon Ventura: DBA JET 617 TALORING bearing claim number 033583095 with a date of loss of April 30, 2015. It was reported to Arbella that the insured's 2009 BMW X-5 was parked near the insured's residence unattended and when he came back to it there were several scratches all over the vehicle, including headlight covers and profanity written into the hood panel.

#### Summary of claims investigation

Policy Investigation: A review of the policy documents revealed that the insured was listed as a "TAYLORING" business; however was alleged to be operating as a DBA JET 617 TALORING. In the initial report of claim Mr. Ventura explained he had just gotten home from work when he parked the vehicle prior to coming back to find it damaged. He informed Arbella he works at the Marriot, Boston Hotel. In the policy documents there is a business card for JET 617 TAILORING that lists Manuel as a "Taylor/Owner". There is also IRS paperwork for the application of a tax ID number of:

which was dated 2-28-14 which is the same date on the application of insurance 2-28-2014. Arbella received a down payment of \$280 for the policy.

There was a Mercedes on the policy previously which was still on the policy at the time of this loss; however the insured informed us in early April late March he paid the agent \$130 to switch the vehicles; after some back tracking it appears an endorsement was filed prior to the date of loss but not applied to the policy for an unknown reason.

Claims Investigation: The claim pattern followed a similar fact pattern with several other claims being investigated in SIU 033582837 & 033585542, which involved high end vehicles being vandalized, the insurance agent was the same as was the repair facility in each claim. The insured Manuel Deleon Ventura was interviewed by Investigator Steven Fuller as part of the claims investigation. It was determined that he has a valid Massachusetts driver's license and a social security number. He is currently employed at The Marriot Boston Hotel as a front desk clerk. Previously he was employed at Russo's tuxedo shop for roughly 2 years. He was shown the business card and tax information associated with his policy application. He had no idea of the origins of the business card and never applied for or gave anyone permission to apply for a tax number for the business of JET 617 TALORING. He had no idea how he ended up with a commercial auto policy

as he has no business of his own and at no time ever ran a Tailoring business. He denied receiving any documentation regarding the allocation of funds he paid totaling \$800 for insurance.

Claims Resolution: The claim remains under active SIU investigation and is unresolved as further inquiry into whether or not an accident direct and accidental occurred as alleged. It has been determined through speaking to the insured that he does not operate a tailoring business currently and never has, any documentation (business cards, tax numbers, etc..) associated with the alleged business were not done by the insured or with his permission.

# **EXHIBIT B**

# **Application Documents for Commercial Insurance**

(with Business Card)

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References - C

B-40533

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MANUEL DELEON-VENTURA

Additional information

APPLICANT INFORMATION :

Status of Transaction:

Submitting for lessance

PAYMENT PLAN :

Billing Rathed : Direct Bill - Mail-in Check

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References . C B-40533 Submitted Bate L. 28-2014 Name and Address MANUEL DELEON-VENTURA

Additional Information

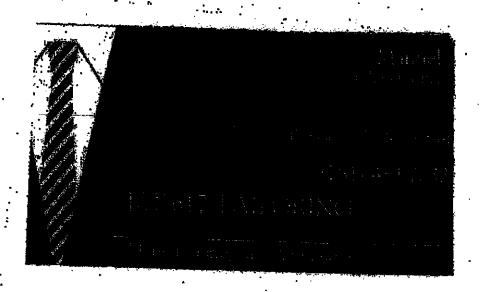
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### **EXHIBIT C**

### IRS Tax ID Number Notice

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IRS DEPARTMENT OF THE TREASURY CINCINNATI OH 45999-0023

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WANTEL DELECT-VENTURA JET 617 TATORINA

Date of this notice: 02-28-2014 Employer Identification Muniter:

Norm: 35-4

Number of this notice: OP 575 @

For essistance you may call us at: 1-800-829-4934

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ME PRETENED ACT IN EMISTORES IDENTIFICATION NUMBERS

Thank you for applying for an Employee Identification Manher (EIN). We sessioned Yes, documents, even if you have no supleyees. Slass keep this notice in your parameter.

When filling the dormants, payments, and teleted correspondence, it is very important that you use work and confilete name and address exactly as shown above. Any variation cause you to be assigned more than one and information in your advant, or syen shows, please make the correction using the attacked tear off stub and return it to us.

A limited limiting character (IIC) may file from 8832, but by Character Election and elect to be character as an association transle as a composation. If the MC is composation status, it must timely file form 2883, Election by a Small Business composation. The MC will be trained as a composation by a Small Business composation election and does not need to file form 2882.

To Chimir tax forms and publications, including those referenced in this metter.

visit our web site at memical service in you do not have access to the internet, call

1-800-819-3676 (Fig./Ind 1-800-829-4659) or visit your local INS office.

#### IMPORTAGE REMINDERS

- Resp & dopy of this notice in your permittent records. This milite is liked only one time and the IRE will not be able to generate a duplicate dopy for your way give a copy of this document to anyone asking for proof of your EIR.
- The this sin and your hams exectly as they appear at the top of this notice on all
- Teler to this sin on your tax related correspondence and documents.

If you have questions about your BDN, you can call us at the phone number or write to us at the shows at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Hour same control associated with this EIN is DEIE. You will need to provide this information, slong with your EIN, if you file your returns electronically.

Thank you for your cooperation,

# **EXHIBIT D**

### Registration

03-05-2014 08:45 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES FUNCTION: RI MSG: INQUIRY PROCESS COMPLETE.

CLR: R VIN#: REGISTRATION/TITLE INQUIRY **UGR4060** TIL#: Lessee : FID#: OWNER1 NAME : RMV-1 BATCH #: 01406336330117 OWNER2 NAME : DOB 2 CORP/CO NAME: MANUEL DELEON VENTURA MAIL ADDR : CITY: BIDG/APT : ST: MA ZIP: RESID ADDR : REG ONLY MAIL: N CITY: BLDG/APT : CARAGE: LYNN PEG EFF I REG STATUS-DT: ACTV/ - 03/04/2014 LIFE PD: N STER#-DT: IMEP RELT: REG EXP DT: 02/2016 REG EFF DT: 03/04/2014 2008 MERZ E350 MODEL#; 4MAND STYLE: SEDAN CLR: WHITE /
CYL: 6 PASS: 5 DOORS: 4 TRAN: A PWR: G BUS: SEATS: TTL STATUS-DT: EXAM - 03/04/2014 TTL DT: 03/04/2014 PRINT DT: PURCH DT: 02/28/2014 OD: 0124650 N/U: U PREV TTL ST/#: MA BK200158 REASON CD: TTL RTN: LIEN1 TYPE/CD: C / 10977 NAME: USALLIANCE FEDERAL CR UN LIEN2 TYPE/CD: / NAME: IMS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 03/04/2014 NONPROF: N VALUE: PLT ORDER STATUS/DT: -LAST-NEXT BILL: - 03/2014

### **Investigation 6**

SD Masonry/Saul Diaz

**BUSINESS NAME: SD MASONRY** 

INDIVIDUAL NAME: SAUL DIAZ

### A. SIU Investigation Report

В.	Application Documents f	or
	Commercial Insurance	
	(with Business Card)	

September 29, 2014

C. IRS Tax ID Number Notice

**September 15, 2014** 

D. Vehicle Registration

September 19, 2014

### **EXHIBIT A**

# **SIU Investigation Report**

Investigator(s): Ed Spellman III & Steven Fuller

Agent

Rapo & Jepsen

Insured:

Saul Diaz DBA: SD Masonry

Policy Number(s):

Claim Number: 033558388

Facts of claim: Steven Fuller was assigned a claim for policy number for insured Saul Diaz DBA SD Masonry bearing claim number 033558388 with a reported date of loss of March 7, 2015. It was reported that his 2004 Nissan maxima was struck while parked and unattended damaging the entire passenger side of the vehicle.

#### Summary of claims investigation

Policy Investigation: A review of the policy documents revealed that the insured was listed as a "Masonry" business; and was alleged to be operating as a DBA SD Masonry. In the policy documents there is a business card for SD Masonry. There is also IRS paperwork for the application of a tax ID number of which was dated 09-15-2014 which is the same date on the application of insurance 09-29-2014. Arbella received a down payment of \$450 for the policy.

Claims Investigation: A expert in accident collision damage analysis was asked to view the damaged vehicle due to the fact that the appraisal photographs depicted damage(s) in which it appeared was not consistent with the loss description of the vehicle being struck while parked and unattended. The results of the expert's findings indicated that the vehicle was in forward motion. There was high visibility yellow paint transfer in the area of damage compelling a conclusion to be reached that the passenger side of the insured's Nissan came into contact with some kind of fixed object while under operation. As part of the investigation Mr. Diaz was interviewed by Investigator Steven Fuller. Mr. Diaz testified that his vehicle was parked and unattended on Eutaw St when he came back to find the vehicle damaged. He is employed at the Whole foods in and has a Massachusetts driver's license and a social security card, as well as obtained his green card. He indicated that he does not even know what a Masonry business is or does. As a result he indicated that the policy documents (business card and tax paperwork, etc...) were not done by him or with his knowledge; however he was given the option to obtain a commercial policy and opted for that for the financial benefits.

Claims Resolution: The claim was denied as a result of the material misrepresentations made by the insured as to the facts of the alleged incident. The physical evidence simply did not support his version of events. As a result of the denial a referral was made to the Insurance Fraud Bureau of Massachusetts. It was later learned that the insured confessed to conspiring with the body shop to enhance damages to the vehicle, and that their investigation remains ongoing.

## EXHIBIT B

# **Application Documents for Commercial Insurance**

(with Business Card)

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Acord Additional Info (2004/08)

Reference# 18-45235 Submatted Date 29-2014 Name and Address SAUL DIAZ

#### Additional Information

#### ADDITIONAL DRIVER INFORMATION : '

Driver 8 · 1 Hope Littl : SAUL DIAR : 00

#### ADDITIONAL VEHICLE INFORMATION :

VEHICLE & 0001 Rate Physical Damage Only? Blate Number . Ma : Unicocan State Sumber Bedily Injury Limit Pursonal Injury Limit Property Damage Ident Property Damage Dedoctible Uninsured Schoolet Limit 20000/40000 : 800D : \$100,000 1 20000/40000 Nedical Payment Limit : Coverage Not Requested : 20000/40000 Bodily Injury To Others Idmit Underinsured Motorist Idmit : 20000/40000 Collision Type
Waiver of Collision Deductible . Full : Yes \$100 Glass Daductible : Mo Rental Reinburge : 30 Model Maintenant Towing and Lebon Anti-Theft Device Pollution Type Is this a Leased Vehicle : 50 1 208

4 No Pollution Liability Coverage-No Surcharge 2 NO

End of Dogument

Acord Additional Info (2004/08)

Reference# / WB-45235

29-2014 "S" Submitted Data

Name and Address

SAUL DIAZ

Additional Information

APPLICANT INFORMATION:

Status of Transaction: . Submitting for Issuance

PAYMENT PLAN

Billing Method : Direct Bill - Mail-in Chack

Down Payment Information

Down Payment Type: Electronic Payment Down Payment Assumt: \$450.00

ADDITIONAL ATTACHMENTS INFORMATION :

Pile : CMD.pdf Document Type : Cther

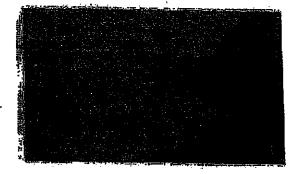
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### **Investigation 7**

Lazo Trust/Luis Lazo

**BUSINESS NAME: LAZO TRUST** 

INDIVIDUAL NAME: LUIS LAZO

A. SIU Investigation Report

B. Application Documents for November 23, 2015
Commercial Insurance

C. Receipt for \$1,090.00 November 20, 2015

D. Registry Documents November 23, 2015

### **EXHIBIT A**

### **SIU Investigation Report**

### S.I.U. UNDERWRITING INVESTIGATION

Investigator(s): Ed Spellman III & Frank Hart

Agent:

Rapo & Jepsen

Insured:

Lazo Trust

**Policy Number:** 

Review of Policy Documents: On 11-23-2015 an application for a commercial auto policy was submitted to Arbella for named insured Lazo Trust. The Trust has a listed tax number of the business is described as a Construction business. The policy scheduled one vehicle a 2005 GMC Envoy bearing VIN#

and had one listed operator Luis A Lazo Zhau. Arbella received \$160 as a down payment on this policy.

No declaration of trust was submitted with the policy documents.

Field Investigation: Investigators Frank Hart and Ed Spellman III located the insured at the policy address of

He is employed as a roofer by various companies and is paid a daily wage for his services. He indicated that he went to the Rapo & Jepsen agency in Framingham and told them he wanted to insure a family vehicle. He denied at any time making any representations to them that he had a business or wanted a business. He had no idea where the tax number associated with the trust originated from. He had no idea of what a trust even was or how one creates a trust. He is from Ecuador and has a license from that country; Mr. Lazo did teceive a breakdown of charges in the form of a receipt from Rapo & Jepsen agency totaling \$1090. He explained that the only fee he was told anything about was the registry fee which he simply was told it is for the license plates. Luis speaks and reads only Spanish; despite this he was given all documents in English only.

Summary/Conclusion: Luis Lazo has no construction business of his own, he works for various people and is paid daily. He has no idea as to why he has a business auto policy or how this Trust in his name came to be. He only told the insurance agent Rapo & Jepsen that this was a family vehicle. He did not have an understanding of anything itemized on the receipt he was provided. The only thing he was told regarding the allocation of his \$1090 was that \$478 of it was for the license plates. A review of the RMV-1 for his policy obtained from the registry shows the fees were actually \$353.75 a difference of \$124.25 that is unaccounted for. Mr Lazo indicated that he was originally from Ecuador however why on the application is it listed he had a prior foreign license from Brazil?

### **EXHIBIT B**

# **Application Documents for Commercial Insurance**

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**©ACORD CORPORATION 1996-2006** 

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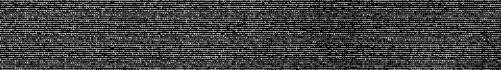
### **EXHIBIT C**

# Receipts









### **EXHIBIT D**

### **Registry Documents**

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### **Investigation 8**

Erica's House Cleaning/Erica Fialho

**BUSINESS NAME: ERICA'S HOUSE CLEANING** 

INDIVIDUAL NAME: ERICA FIALHO

### A. SIU Investigation Report

В.	Application Documents for Commercial Insurance	September 20, 2011
C.	Business Certificate	September 20, 2011
D.	IRS Tax ID Number Notice	September 20, 2011
E.	Receipt for \$461.00	September 20, 2011

# **EXHIBIT A**

# **SIU Investigation Report**

### \*\*ARBELLA SIU CONFIDENTIAL DOCUMENT\*\*\*

### S.L.U. UNDERWRITING INVESTIGATION

Agent:

Rapo & Jepsen

Insured:

Erica Fialho DBA Erica's Cleaning

Policy Number:

Review of Policy Documents: : On 09-20-2011 an application for a commercial auto policy was submitted to Arbella for named insured Erica M Fialho DBA Erica's House Cleaning the DBA has a listed tax number of \_\_\_\_\_\_\_ The business is described as a Janitorial and Cleaning Services business. The policy scheduled one vehicle a 2007 Jeep Grand Cherokee bearing VIN# \_\_\_\_\_\_ and had one listed operator George \_\_\_\_\_\_. Arbella received \$261 as a down payment on this policy.

There is what appears to be a Microsoft word generated document which alleges that George Nichols is an employee of the company and the driver of the insured vehicle. The form is alleged to be signed by Erica Fialho.

Field Investigation: On March 8 2012 I located the jeep from the policy at the policy address of shortly after a woman approached who was later identified as Erica Fialho, she indicated that she would not discuss matters with me at this time. I left her my card for re-contact for a later date should she be willing. I later received a call from George telephone number to the indicated that he used to date Erica and by no means is he an employee of her business, she contacted him this morning after I spoke to her. According to George Erica is nervous being from Brazil. George indicated that he did go with her to the Rapo & Jepsen agency when she took out the policy for insurance; They were speaking in Portuguese which he does not understand. George refused to sign anything but did give a copy of his license.

Later that day I spoke with Erica Fialho telephone number , she informed Atbella that she had been cleaning only residential houses for about 6 years. She has one employee Maty Ferreira who she pays cash. Erica admits she has no social security number and no driver's license from Massachusetts; however she does have a valid Brazilian driver's license. She indicated that when she went to the Rapo & Jepsen Insurance agency they informed her that she needed someone with a MA license in order to take out the policy. The woman at Rapo & Jepsen created the employee form that stated George was an employee which Erica admitted to signing despite knowing he was not an employee. Rapo & Jepsen employee advised Erica on how to go to city hall and obtain a business certificate. According to Erica she paid \$461 dollars to the agent on the first visit. Erica did indicate that she pays taxes with her IT number and knows nothing of the business associated tax number.

She never gave anyone permission to apply for the business tax number.

Erica had a receipt of the \$461 she paid to the agent which she provided to us. It states nothing on there about what the monies were for or how they were allocated.

Summary/Conclusion: Erica does appear to have a cleaning company where she cleans residential homes. She has an employee who she pays cash but it is not the listed operator George Nichols. Erica admits that she signed the employee form that Rapo & Jepsen had made up because they told her she needed someone with a MA license to get insurance because she had no social security number and only a Brazilian license. Erica knew nothing about the business tax number and never gave anyone permission to create it for her. Based on the evidence obtained it also appears that Erica paid \$461 at the time she took out the policy however her down payment was only \$261. There is no indication of where the \$200 went.

# **EXHIBIT B**

# **Application Documents for Commercial Insurance**

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Status: Submitted		
Agency information  Agency Name:  Producer Code:	RAPO & JEPSEN INS SERVICES INC 0127	A. MCCARTHY OCT 0 4 2011
Submission Summary		T) CJL
Reference #:	CA-NB-22423	
Applicant Name:	ERICA M FIALHO	OCT 06 2011
	09-20-2011 to 09-20-2012	•
	luciana@rapoandjepsen.com	•
Date Submitted:	09/20/2011	•

Issued SAN OCT 06 2011 -Estimated Premium

Total Policy Premlum: \$1,303 V

Policy Optional Coverages

Coverages	•	Premium .	
Coverages	Limits	Deducțible	Premium
Vehicle #1 Premium : \$1,393		<del></del>	
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Compulsory Bodily injury	\$20,000 Per Person / \$40,000 Per Accident	er Arriad a grang in bunker reporter manua a majara da apa ara este materia. E	\$204
Compulsory Personal Injury Protection	\$8,000	د ميس د هو د وي د ميسوس که در د د د د د د د د د د د د د د د د د د	\$28
Compulsory Damage To Someone Else's Property	\$100,000	\$0	\$316
Compulsory Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident	· 1484 -	28 ************************************
Optional insurance:		1 12	
Optional Bodily Injury To Others	\$50,000 Per Person / \$100,000 Per Accident	,	\$158
Optional Medical Payments	\$25,000	,	\$11
Collision		\$300	\$43E
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#### - Modifications

The quote provided is an estimate only based on information entered. It may be subject to additional review and validation. This quote is valid for 30 days.

#### **Down Payment Information**

Type: Electronic Payment

Make electronic payment now.

Amount: \$328.00

You have elected to make an Electronic Payment. Click the link to process the down payment.

Payment Mailing Address:

Arbeila insurance Group

P.O. Box 371349

Pittsburgh PA 15250-7343

#### . Documents

An original copy of the application must be signed by the applicant and the agent, and kept on file by the agency of record. The original copy of the application is subject to audit by Arbella.

To View/ Print Commercial Auto - MA Application click this icon

ACORD 125 PDF

To View/ Print Commercial Auto - MA Application click this Icon

ACORD 127 PDF

To View/ Print Commercial Auto - MA Application click this icon

ACORD 137MA PDF

View/Print Other

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Reference# CA-NS-22423

Submitted Date 09-. -2011

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Submitted Date 09. J-2011

Name and Address erica m fialeo

Additional information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Inc.

PAYMENT PLAN :

Milling Method : Direct Bill - Mail-in Co

Down Payment Information

Down Rayment Type: Electronic Payment Down Rayment Assent: 6326,00

ADDITIONAL ATTACHMENTS INFORMATION :

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MISCELLANEOUS INFORMATION :

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Reference# CA-MB-22423

Submitted Date 09-\_J-2011

Name and Address

ERICA M FIALEO

### Additional information

### ADDITIONAL VESICLE IMPORMATION :

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Acord Additional Info (2004/08)

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Additional information

POLICE LEVEL DEDUCTIBLES:

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# **EXHIBIT C**

### **Business Certificate**



# Town of Framingham, Massachusetts Business Certificate

	•	11-471
Under the provisions of Chapter 110, Section hereby declares that a business under the title	n 5 of the Massachusetts Gener e of:	ral Laws, as amended, the unclersigned
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by the following individual(s) or Corporation	<b>:</b>	
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(Notary Public, Justice of the Pear	a, Town Clerk, Assi, Town Clerk,	Designated Clerk)
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his Certificate Expires: Stot.	QO, 2015 (For Administrative Use)	· · ·
is certificate registers the name of your husiness a siness, nor does it alter your requirement to come		Fore no sutherization recogniting the leasting of
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# **EXHIBIT D**

### **IRS Tax ID Number Notice**

RS department of the theastry CINCINATI OH 45999-0023

Date of this notice: 09-20-2011

Employer Identification Humber:

FORM: SR-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACK THE STUB AT THE HARD OF THIS NOTICES.

erica n pialeo BUCA BOOKE CLEANING

### WE ASSIGNED YOU AM EXPLOYER THEMPTIFICATION HUMBER

Thank you for suplying for an Employer Identification Momber (EIE). We assigned you documents, even if you have no employees. Please keep this notice in your parament

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. May variation may cause a dalay in processing, result in incorrect information in your account, or even cause you to be assigned more than one REF. If the information is not correct as shown above, please make the correction using the attacked tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a componation. If the LLC is eligible to be treated as a componation that weeks certain tests and it will be electing a componation status, it must timely file Form 2553, Election by a Small Business Componation. The LLC will be treated as a componation as of the effective date of the 8 componation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at waw.irs.gov. If you do not have access to the Internet, call 1-800-829-8676 (TTY/THE 1-800-829-6059) or visit your local THE office.

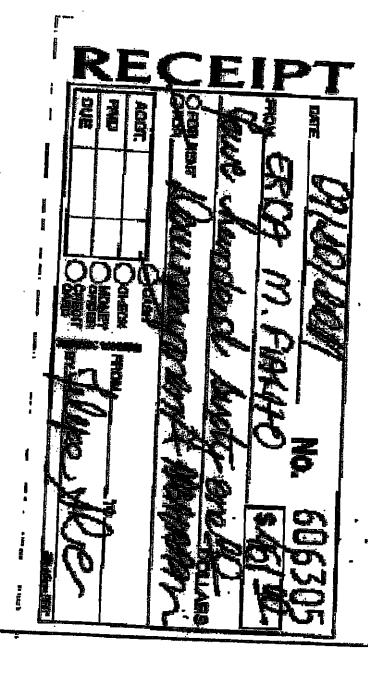
#### TEPOPTANT PRODUCES:

- \* Neep a copy of this notice in your personent records. This notice is issued only one time and the IRS will not be able to generate a implicate copy for you.
- \* Use this KIN and your name excelly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIM on your tax-related correspondence and documents.

If you have questions about your BTM, you can call us at the phone master or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. There you for your cooperation.

### **EXHIBIT E**

# Receipts



03/08/2012 4:08PM (GMT-05:0

## **Investigation 9**

Roberto Cedano Marketing Guru/Roberto Cedano

BUSINESS NAME: ROBERTO CEDANO MARKETING GURU

INDIVIDUAL NAME: ROBERTO CEDANO

- A. SIU Investigation Report
- B. Application Documents for Commercial Insurance

August 18, 2014

C. IRS Tax ID Number Notice

August 13, 2014

# **EXHIBIT A**

# **SIU Investigation Report**

Investigator(s): Ed Spellman III & Steven Fuller

Agent: H

Rapo & Jepsen

Insured:

Roberto Cedano: DBA Cedano Marketing

Policy Number(s):

Claim Number: 033585542

Facts of claim: Steven Fuller was assigned a claim for policy number for insured Roberto Cedano DBA Cedano Marketing bearing claim number 033585542 with a reported date of loss of May 6, 2015. It was reported that his 2008 Mercedes Benz R350 was vandalized while left unattended on Peabody St in Salem, Massachusetts.

#### Summary of claims investigation

Policy Investigation: A review of the policy documents revealed that the insured was listed as a "Marketing" business; and was alleged to be operating as a DBA Cedano Marketing. The Application for a commercial auto policy was submitted 8-18-2014. There is also IRS paperwork for the application of a tax ID number of which was dated 08-13-2014. In the policy documents there is a business card for Roberto Cedano "RC Marketing Guru". Arbella received a down payment of \$280 for the policy.

Claims Investigation: This claim was part of several being investigated by Steven Fuller of the SIU, involving high end vehicles being vandalized under suspicious circumstances all of which were being repaired at Exotic Collision in Revere, Massachusetts. As part of the investigation Mr. Cedano was interviewed by Investigator Steven Fuller. Mr. Cedano testified that his vehicle was parked and unattended on Peabody St. when he came back to find the vehicle damaged. He resides in and not in tas policy application indicated. He stated he was employed doing odd jobs as a painter/carpenter and has a valid Massachusetts driver's license, which he provided as identification at the time of the recorded interview. He indicated that he does not even know what a Guru is, and became irate when shown the IRS tax paperwork and business card for "Roberto Cedano RC Marketing Guru" for his alleged business. He indicated that the policy documents (business card and tax paperwork) were not done by him or with his knowledge.

On June 3, 2015 Steve Fuller received a call from the insured and allegedly his brother, where they indicated they had returned to the agency and were met with resistance. He found out they charged him \$150 per vehicle insured under the policy, but he has no idea what the charge(s) were for (he had 3 vehicles on the policy the 08 Mercedes involved in loss, a 01 Nissan Pathfinder, and a 97 Honda Accord). The insured also indicated that he had called Commerce to change policies and they had indicated to him they had heard of similar instances involving the Rapo & Jepsen Insurance agency.

Claims Resolution: The claim was withdrawn by the insured at his request. On or about June 12, 2015 the insured called and spoke with Jeffrey Ward (claims service center). The insured conveyed to Mr. Ward that he wished to drop the claim. Subsequently, we received a call from Leandro and John Rapo regarding an Attorney General complaint wanting to know why the claim was denied. Steve made them aware that it was not denied and that the insured voluntarily contacted us and indicated he wished to withdraw his claim from us. We sent the insured a withdrawal affidavit (dated June 16 2015) which he signed and sent back to us. Subsequently, the insured had another claim in the same vehicle on June 24, 2015 bearing claim 033604452 whereby the insured was arrested after a collision for OUI. The claim was reviewed and despite it being taken back to the same repair facility there were no indicators of fraudulent activity and the case was not taken into the SIU. The policy was cancelled/non-renewed as of September 17, 2015.

# **EXHIBIT B**

# **Application Documents for Commercial Insurance**

(with Business Card)

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Reference

NB-44327 Submitted Dat

3-18-2014

Name and Address

ROBERTO CEDANO

Additional information

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

PAYMENT PLAN :

Billing Method : Direct Bill - Heil-in Check

Down Payment Information

Down Payment Type: Chank Down Payment Amount: 5280,00

ADDITIONAL ATTACHMENTS INFORMATION :

File : CERD.pdf Document Type : Other File

MISCELLANEOUS INFORMATION:

Bio Code

ACENT REMARKS :

ATTACHED PROOF OF THE BURNIESS

End of Booument

Acord Additional Info (2004/08)

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Reference# NB-44327. Submitted Dat J-18-2014

Name and Address

ROBERTO CEDANO

#### Additional Information

### ADDITIONAL VEHICLE INFORMATION :

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Property Desemble Limit
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Acord Additional Info (2004/08)

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# Additional Information GARAGEREEPERS COVERAGE:

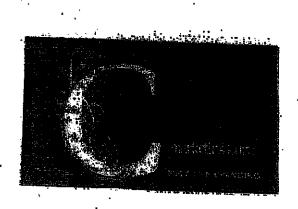
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# **EXHIBIT C**

# **IRS Tax ID Number Notice**

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINERTI ON ...45299-0023

ROBERTO CEDANO CEDANO MARKETING Date of this notice: 08-13-2014 Employer Identification Number:

Form: S5-4

Number of this notice: @p 595 G

For assistance you may sall us st:

STIP AT THE END OF THE MOTICE.

#### ME ASSIEMED YOU AN EMPLOYER INSNITTICATION NUMBER

Thank you for deplying for an Employer Identification Number (EIN), We assigned you will be the first and identify you, your business accounts, tax returns, and declinents, even if you have no employees. Plaase keep this notice in your paintagent necords.

When filling tax documents, payments, and related correspondence, it is very important that you use your RIN and complete hame and address exactly as shown above. Any variability may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off show and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets centain tests and it will be electing a corporation status, it must timely file from 1553, Election by a small Justices to corporation. The LLC will be treated as a corporation as of the effective date of the a corporation and does not need to file form 8832.

To obtain tax forms and publications, including those referenced in this notice; visit out Web site at www.ire.gov. If won do not have agrees to the laternet, call 1-800-828-3676 (TMY/TDD 1-805-829-4059) or visit your local IRS office.

#### INFORTANT REMINDENS:

- Keep a copy of this notice in your personent records. This notice is issued only that the int and the IRS will not be able to pensents a diplicate copy for you. You may give a copy of this document to envone asking for preef of your RIM.
- " Use this RIM and your name exactly as they appear at the top of this notice on all
- \* Refer to this EIN on your the related sorrespondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to its at the address shown at the top of this hotice. If you write, please test off the stub write us, do not complete and return the stub.

Your name control esseciated with this BIN is CEDA. You will need to provide this information, along with your EIN, if you file your seturns electronically.

Thank you for your cooperation.

(IRS USE ONLY). 575G

08-13-2014 CEDA O 999999999 SS-4

Resp this part for your records.

CP 575 6 (Rev. 7-2007)

Return this part with any correspondence so we hay identify your account. Please correct any errors in your name or address.

CP 575 @

9999999999999

Your Telephone Number Best time to Call DATE OF THIS NOTICE: OR-13-2014
EMPLOYER IDENTIFICATION NUMBER: / FORM: WORGD

INTERNAL REVENUE SERVICE GINCHWATT OH 45998-0023

ROBERTO CEDANG CEDINO MARKETING

# **Investigation 10**

Camila's Beauty/Camila Nogueira

BUSINESS NAME: CAMILA'S BEAUTY

INDIVIDUAL NAME: CAMILA NOGUEIRA

A. Excerpt of Recorded Statement and Recorded Statement

B. Application Documents for Commercial Insurance (with Business Card)

July 24, 2014

C. IRS Tax ID Number Notice

**July 15, 2014** 

# **EXHIBIT A**

# Excerpt of Recorded Statement and Recorded Statement

#### **Recorded Statement**

Business Name: Camila's Beauty

Camila Nogueira

Claim No.: 033588074

Page	Description
3	Q: are you currently employed, Camila?
	A: Yes.
3	Q: What is it that you do for work?
	A: I'm a waitress.
3	Q: Okay, and where are you a waitress at?
	A: Margaritas Mexican Restaurant.
4	Q: Okay, and ah, what was the last grade that you completed in ah school
	A: Graduated high school.
4	Q: And which high school did you attend?
<del></del>	A: Medford High School,
4	Q: And what year did you graduate?
	A: 2014
4	Q: Alright, so you've been working at Margaritas since your last year of high
	school?
	A: Yes.
4	Q: Okay, ah, and is that a part-time position, full-time position?
	A: Full-time, now.
4	Q: Okay. Ah, do you have any other sources of income other than Margaritas?
26	A. No.
20	Q: On here, it says your name Camila Nogueira, and then it says DBA Camila
	Beauty. Do you know what DBA stands for?  A: No.
26	
20	Q: Do you know what Camila Beauty is? A: No.
26	
	Q: Do you see this number here, where it says FEIN or Social Security number?  A: Yeah,
26	Q: That's not your social security number, though. Is it?
	A: No.
26	Q: Now, if I go back at what I had shown you before, the IRS document?
	A: It's the same number.
26	Q: Okay, did you ever give anyone permission to use that IRS number to open up a
	policy of insurance?
	A: No.

Pige	Description
27	Q: It says here though, it's X'd off for corporation. Do you know how you even
	apply for a corporation?
	A: I do not know how to apply for a corporation.
27	Q: To your knowledge, are you part of a corporation?
	A: No.
27	Q: Ah, here where it says nature of business, description of operations by premises,
	it says Camila's Beauty. Do you know anything about Camila's Beauty?
	A: Do not know anything about Camila's Beauty.
27	Q: Okay, do you know if that's a business? Do you know?
	A: No.
27	Q: Is that YOUR business?
	A: That is not my business.
30	Q: Alright, did you ever have anyone make these business cards up for you?
	A: No.
.30	Q: Did you ever give anyone permission to make these business cards?
	A: I have NEVER seen these. Nope.
30	Q: Okay, do you have any kind of beauty, aesthetician background, cosmetology,
	anything like that?
	A: No.

Arbella Insurance Company Claim No. 033588074

This is Ed Spellman and I am speaking with Camila Nogueira from

Massachusetts. Today's date is May 29, 2015, and the time is now approximately 10 or 10:00 am.

- Q. Camila, this conversation is being recorded. Is this being done with your permission, sir?
- A. Yes.
- Q. Do you have your license with you today?
- A. Yes,
- Q. Okay. May I see it?
- A. Yes.
- Q. Let the record show that Camila has handed me a Massachusetts drivers license. It is a vertical style, under-21 drivers license. It lists under 21 until July 31, 2016. It was issued on October 18, 2013. It is a Class D license with no restrictions. Sex is listed as Female. She is approximately 5'1" tall. Drivers license number is It has an expiration date of July 31, 2018 and her date of birth is listed as The name listed on the license, last name Nogueira N-O-G-U-E-I-R-A, first name Camila C-A-M-I-I-A, middle initial P. Address on the front of the license is actually the number then spelled out Massachusetts There is no change of address label on the back and there are no restrictions and no endorsements on the license. Thank you. You can have that back. Let the record show that I've handed the license back to Camila.
- Q. Camila, what is the P. stand for?
- A. Pinto P-I-N-T-O.
- Q. Okay, and do you have any other names or aliases that you go by?
- A. Viegas, V-I-E-G-A-S, my other middle name.
- Q. Okzy, so your full name would be Camila Pinto
- A. Pinto Viegas Nogueira.
- Q. Ah, and could you spell Viegas one more time?
- A. V-I-E-G-A-S.

	Arbella Insurance Company Claim No. 033588074
	Q. Okay, and other than that, ah, is all the information contained on your license true and accurate to the best of your knowledge?
	A. Yes. I just have to get a change of address.
	Q. Okay, so would the answer be "No" then?
	A. No. Sorry.
	Q. That's okay. No problem. Um, so currently you don't reside at
	A. No.
	Q. Okay, what is your current address?
	<b>A.</b>
	Q. You know the zip code there?
	A. It's
مرخون ا	Q. And when approximately did you move from ah,
) 	A. Ah, six months ago.
	Q. Okay, and was it from that address,
	A. Yes.
	Q. Alright. Ah, other than that, date of birth and all the personal information on the license is accurate to the best of your knowledge?
	A. Yes.
	Q. Alright. Do you have a social security number?
	A. Yes.
	Q. Okay, what is it?
	<b>A.</b>
	Q. And currently, at your current address of do you live there alone or do you live there with others?
$\sim$	A. My mother.

- Arbella Insurance Company Claim No. 033588074
- Q. And what's your mother's name jus' for ...
- A. Claudia ... Pinto.
- Q. Okay, C-L-A-U-D-I-A?
- A. Mm-hm.
- Q. Yes, or no?
- A. Yes! (chuckle-sorry)
- Q. That's okay, no problem. Ahm, is it a single family home or is there an apartment number or ...?
- A. Apartment number, .
- Q. Alright, so for the purposes of this case, um with regards to correspondence to you, do we have to list on there for you to get it or simply if it goes to the mailman will get it to you?
- A. He will get it there.
- Q. Um, are you currently employed, Camila?
- A. Yes,
- Q. What is it that you do for work?
- A. I'm a waitress.
- Q. Okay, and where are you a waitress at?
- A. Margaritas Mexican Restaurant.
- Q. Okay, and ah ... which one?
- A. Medford. Station Landing.
- Q. Okay, that's the one I figured but I jus...
- A. ... there's so many.
- Q. Ahh, how long have you been working at Margaritas?

- Arbella Insurance Company Claim No. 033588074
- A. Two years.
- Q. And so it's currently 2015, ahh, so sometime in 2013 you would have started?
- A. Right, mm-hm. Yes.
- Q. Okay, and ah, what was the last grade that you completed in ah, school.
- A. Graduated high school.
- Q. And which high school did you attend?
- A. Medford High School.
- Q. Go Mustangs.
- A. Yeah. (chuckle)
- Q. (chuckle) Alright. Ah, so would that be the 12th grade?
- A. Yes.
- Q. And what year did you graduate?
- A. 2014.
- Q. Alright, so you've been working at Margaritas since your last year of high school?
  - A. Yes.
- Q. Okay, ah, and is that a part-time position, full-time position?
- A. Full-time, now.
- Q. Okay, alright. Currently, are you currently enrolled in any ah, secondary school or junior college, associates degree or something like that?
- A. No.
- Q. Okay. Ah, do you have any other sources of income other than Margaritas?
- A. No.
- Q. With regards to your vehicle... actually let me back track. In your household at how many vehicles are there between you and your mom?

- Arbella Insurance Company Claim No. 033588074
- A. Two.
- Q. Okay, and what are those vehicles for the record?
- A. Ah, mine. The Infinity and here is a Honda CRV.
- Q. Okay, and do you ever drive hers or does she ever drive yours or ...
- A. No.
- Q. Okay. Ah, with regards to the Infinity, do you know the year, make and model of that vehicle?
- A. It's a 2008 FX 35.
- Q. And is that a sedan or an SUV?
- A. An SUV.
- Q. And do you remember when you came to own that vehicle?
- A. July ... of 2014.
- Q. Okay, and do you remember, is that an approximate?
- A. Yeah.
- Q. So definitely sometime in the summer ...
- A. Yes.
- Q. ... of 2014.
- A. Yes.
- Q. And how did you learn that that vehicle was for sale? Were you in the market for specifically an FX 35 or ...?
- A. No. My ... boyfriend, ex-boyfriend at the time, went to the dealership, went to buy a car, and I just tagged along and once I saw it I wanted it. So I went for it.
- Q. Fair enough. No problem, just for the record, what's the ex-boyfriend's name?
- A. Warliey...
- Q. Would you spell that?

#### Arbella Insurance Company Claim No. 033588074

- A. W-A-R-LL-E-Y.
- Q. And last name for Warlley?
- A. Souza S-O-U-Z-A.
- Q. Okay. Um, and what was the dealership that you guys had gone to?
- A. Um.... I don't remember the name, it's on ...
- Q. Remember where it is?
- A. Broadway in Somerville.
- Q. Okay, um Broadway in Somerville. Is it a corner lot, almost?
- A. Yes,
- Q. If I were to mention the name ahh ... I'm familiar with Somerville and I'm familiar with a lot of car dealers there just from the nature of what we do here in Special Investigations. Um. Ah, could it possibly be Inman Motor Sports?
- A. No.
- Q. It wasn't Imman?
- A. No. It was ... it's on Broadway across from Taco Bell. I don't know if that rings a bell.
- Q. Okay.
- A. You know where Taco Bell used to be.
- Q. Yes, I do. Ahh, alright, so on Broadway across from Taco Bell there's a car dealer and that's where you bought it.
- A. Yes.
- Q. Okay, when you go there, your intent isn't to buy a car?
- A. No.
- Q. It's just Warlley is buying a car?
- A. Yes.

#### Arbella Insurance Company Claim No. 033588074

- Q. Okay, did he end up purchasing a vehicle?
- A. No.
- Q. Okay, um. Was this vehicle, the Infinity, was it purchased by you for him or was it ...
- A. For me, for myself.
- Q. ... just always your vehicle.
- A. Mm-hm.
- Q. Okay, at that time did you have a vehicle of your own that you had traded in or ...
- A. No, I used ah ... I used to use one of my mom's friend's car, which was the one that I got in the accident with. The previous accident with the Ferrari.
- Q. Okay, since we talked about that briefly off the record, can you reestablish what you're referring to?
- A. Ah, we spoke about it earlier, we just ah, ya know, that I had gotten in an accident before.
- Q. Right, 'cause I had asked if this was your first accident ...
- A. Yes.
- Q. I was trying to prepare you as to what to expect type of thing.
- A. Yes.
- Q. When was that accident? Do you remember?
- A. Um. February of ... 2014.
- Q. Okay, and at that time you said you were driving one of your mom's friend's vehicles?
- A. Yes.
- Q. And what's your mom's friend's name, just for the record?
- A. Agna.
- Q. A-G-N-A?
- A. Yes.

- Arbeila Insurance Company Claim No. 033588074
- Q. Okay, last name?
- A. Oliveria.
- Q. Okay. O-L-I-V-E-R-I-A.
- A. Yes.
- Q. Okay, ah, and what type of vehicle was it that you were driving?
- A. Ahh... a KIA, KIA Sorento. KIA Sorento.
- Q. Okay, like a little SUV?
- A. Yes.
- Q. Perfect. And just briefly what had happened in that accident? I know you said you had hit a
- A. I ... I was parked and he parked behind me and I had no views of him with any of my mirrors. So as I was backing up, like I backed up into him.
- Q. Okay, and was there anyone in the Ferrari at the time?
- A. No.
- Q. Okay. Ah, did the police come to the scene and ...
- A. Yes.
- Q. Did you call them, did he call them?
- A. Yeah, we both did. My mom called, she was with me and he also called.
- Q. Oh, okay. But you were driving, your mom was a passenger?
- A. My mom had just gotten there. She wasn't in the car with me.
- Q. Okay, so she came via her own vehicle.
- A. Yes.
- Q. Okay. Um, what parking lot was this?
- A. Ah, the Yamaha one on Revere Beach Parkway.

- Arbeila Insurance Company Claim No. 033588074
- Q. Yamaha...?
- A. Where they sell the bikes.
- Q. Oh, ah ah, yezh, um ...
- A. In Everett.
- Q. Yep, yep. It's ahh, Park ... Parkway, right?
  - A. Yes.
  - Q. Parkway Motor Sports. Gotcha. You got a motorcycle (inaudible)
- A. No. At nighttime they have like a hot dog stand that usually Brazilians and we just get together after and it just happened to be one of those nights.
- Q. So I take it you're Brazilian?
- A. Yes. (chuckle)
- Q. With regards to that, um ... were you part of an insurance claim on that for Agna's car?
- A. If ...?
- Q. In other words, did Agna's insurance company contact you with regards to that incident?
- A. Yeh, yeah. Yeah.
- Q. Do you remember who she has for insurance at that time? If not, it's alright.
- A. Umm. Occidental? Occidental Insurance.
- Q. Yeh, that's an insurance company.
- A. Okay, then it's that one.
- Q. Okay. Um. Other than that accident and the one we're here discussing today, have you ever been involved in any other automobile accidents?
- A. No.
- Q. Any kind of Work Comp. incident?
- A. No.

- Q. No injury at work or anything like that?
- A. No.
- Q. Um, with regards to purchasing the Infinity, ahh, if we can go back to that. So you see the vehicle, you're on the lot at the dealer, ah ... do you test drive it or do you just say "I want this car."
- A. I test drive it, mm-hm.
- Q. Okay, right there that day?
- A. Yes.
- Q. You drive it. Do you remember who you dealt with at the dealership? Do you remember like a sales person's name or anything like that?
- A. Ahh, it was a little bit with each. Like there was three of them that used to work there at the time. But I spoke with ... (what was the name) Douglas and ah, just like for speaking in English and stuff it's easier for me than Portuguese. So ... and he spoke English, the other one's didn't.
- Q. Okay. I just wanted to check. So it's easier for you to speak English than Portuguese.
- A. Than Portuguese, it's easier, yes.
- Q. Alright, do you speak Portuguese at all? I'm guessin'...
- A. Yeah, yeah.
- Q. Alright, so I'm guessin' your mother is from Brazil?
- A. Yes.
- Q. And then you speak Portuguese then at home?
- A. Yes,
- Q. And then going to Medford High and all you're predominantly English.
- A. Yes.
- Q. Okay. I get it. So Douglas was the one who spoke better English so it was easier for you to deal with him?
- A. Mm-hm. Yes.

- Q. Okay, so what happens with the purchasing of that vehicle? Do you have to go like to a finance house, an insurance agent? What happens? How is it ... that takes place?
- A. Um, I ... I remember I .... he, he told me to fill out an application for the bank to see if I could get like a first buyers loan...
- Q. Typical loan. Yeah.
- A. Yeah. I filled it out. Got the loan and ... got the loan. The car was, I was still putting a down payment on the car, 'cause I didn't have all the money up front. So I was still like slowly paying 'em ... um, and within ... I would say a month, I ... they insured the car and everything. They did everything for me.
- Q. Okay, so you've never actually been to your insurance agency?
- A. No.
- Q. Do you know who it is?
- A. No.
- Q. Interesting. Okay. Um. With regards to ... hhh ... that whole process, was it something that you did that day and then the rest of it was done via like ... like e-mail or telephone or you had to go back down to the dealership a couple of times?
- A. I had to go back down a couple of times. I was going there every week to give them the money for the down payment.
- Q. How much was the down payment?
- A. Umm ... Seven ...?
- Q. Thousand?
- A. Yes.
- Q. Okay. When you gave them the down payment, did you pay with check, credit card?
- A. Cash.
- Q. Okay. Did you get receipts?
- A. Yes.

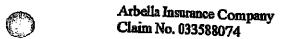
- Q. At any point in time, did they provide you with a breakdown of ... what this money was going for? In other words, \$7,000 for the down payment, X-amount for um ... ya kenow insurance, X-amount for title...
- A. Ah, so \$7,000 was just for the down payment. The insurance and the registration ah ... that was around like another Two-Grand, maybe.
- Q. Okay, just clarify it.
- A. Yeah.
- Q. \$2,000?
- A. Ah, I got a paper from Motor Vehicle 'cause like they were dealing with everything, and then I got a paper to my house saying that one of their checks got sent back for ... I don't know if it's the tags, the registry? I have no idea what Motor Vehicles, but it was like \$1200 for that.
- Q. From the registry.
- A. Yes. And then ...
- Q. Did you keep copies of all this paperwork?
- A. Um, I ... I don't think I have this one. I don't have this paper. There were four.
- Q. Do you have all the purchase paperwork for the vehicle and all of that?
- A. Yeah, Yeah.
- Q. Okay,
- A. I do.
- Q. Alright. Umm. I'm gonna want to see all that.
- A. Okay.
- Q. I gave you my business card, my fax number is on there and my e-mail, um. If you're gonna e-mail it, just scan it, don't snap pictures of it 'cause it's hard when I have to look at it. Um, but I'm gonna want to see everything you have with regards to the purchasing of that vehicle.
- A. Okay.
- Q. Okay. Um ...
- A. Do you want the receipts as well?

- Q. Ah, yeah. Everything you have.
- A. Okay,
- Q. How much ah, Total, after the \$7,000 and \$2,000 and so am I correct that it was about \$9,000, and I'm assuming it's in cash ... that you gave the dealer?
- A. Yes.
- Q. Alright, any reason why you didn't pay with a check or anything like that?
- A. Ieee... No. I like don't have ... like I don't use checks at all and ...
- Q. Okay, so do you typically deal in all your transactions, do you typically pay only in cash?
- A. Yes. Most of the time.
- Q. Okay. Um. Alright. Hhh! Did you ever get anything from ... And all the time you're going to the dealership, is it always Douglas who you're dealing with or is it some ...
- A. Most of the time.
- Q. Okay. Um, did he ever provide you anything FROM your insurance company, ahh from Arbella or from ahh, your insurance agent? As far as like a receipt from them ...
- A. Like an insurance binder, sort of thing?
- Q. Well a binder, a receipt, um ... anything from them, ya know to show ah, ya know the amount like. Basically when you go ah, ya know when you walk into an insurance agent you get ... ya know, you fill out the paperwork, you get your binder, you get your quote and then they need a down payment for the insurance, which would be like 10% or 20% usually of the total premium is gonna be.
- A. Yeh, yeah.
- Q. Did you ever get any of that paperwork?
- A. I have Not. I don't have copies of those paper works.
- Q. Have you ever seen any of it?
- A. Iee... I scanned through it looking at the folder that they had, but I have never, like paid attention to any of those.
- Q. Okay, did you ever get any like, bills and stuff sent to your house?

- A. Ah, I just got like a tax ... excise tax for this year.
- Q. Right, that would be from ahs, from the city of (inaudible) but did you ever get like an insurance bill?
- A. Ah, I pay it every month, yeah.
- Q. How do you pay it?
- A. Ah, online.
- Q. Okay, how do you pay it online?
- A. Ah, automated ... automated ... like debit.
- Q. Okay.
- A. It just takes out of my account (inaudible)
- Q. Okay, and did you have that set up at the agency or did the dealer set that up for you?
- A. No. I ... I went online.
- Q. Okay, to Arbella.com?
- A. Yeah.
- Q. Set that up.
- A. Yeah
- Q. When you set that up, did you need any special ath ... numbers or anything like that in order to be able to like, your policy number, social, billing number? Anything like that to be able to schedule that?
- A. Um. Policy mumber...? Maybe? I don't remember.
- Q. Do you remember when you set that up?
- A. I'm gonna say 4 or 5 months ago.
- Q. Okay, at that time did you have to call anyone to get that information or did you have your policy number on hand?
- A. I... I had to call ... that ... Rappo and Jopson.

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- Q. So you do know who your agent is.
- A. Okay, So it's them. Yeah, I had to call them.
- Q. And how did you find out ...
- A. That ...
- Q. They were your agent?
- A. 'Cause like I tried looking for Arbella and they were just like, "Oh, you have to go with them" that actually Arbella...
- Q. Who, who did you call?
- A. Ahh, the dealership.
- Q. Okay, so. Let me backtrack. So when you were looking to set up ... Is that the reason for the call? You were looking to set up like an automatic withdrawal or something to that effect?
- A. No. I had to go ... umm, what was it that I had to go there for? To pay ... when I first started paying, I used to go there to pay.
- Q. Go where?
- A. To Rappo and Jepsen and pay... the insurance.
- Q. Back track. How did you know to go there?
- A. 'Cause that's where they told me to go.
- Q. Okay, so the dealership ...
- A. The dealership.
- Q. Okay, was it Douglas specifically who told you you had to go there?
- A. Umm. No. They ... I mean like I spoke to all of them. But it was just easier for me to speak to him 'cause it was in English, but so he would pretty much tell me all the information.
- Q. Okay, so it was three people there ...
- A. Yeah.

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- Q. Three males? Males? Females?
- A. Yeah, three males.
- Q. Three males.
- A. Mm-hm.
- Q. Primarity spoke to Douglas. Do you remember the other two's names?
- A. Bruno and Neto, Neto N-E-T-O, is one. And the other one's Bruno, B-R-U-N-O.
- Q. Okay, do you know a last name on Bruno just per chance?
- A. I do not.
- Q. Okay, so there's Bruno, Neto and then Douglas.
- A. Yes.
- Q. Is Douglas' name Douglas or is it just what he goes by?
- A. No, it's Douglas. He's Brazilian but he doesn't speak, like Portuguese.
- Q. Okay, so in the times you're going back and forth to the dealership giving partial payments on your down payment for your car ahh, insurance payment and stuff like that, somewhere along the way they tell you this is your insurance agent Rappo and Jepsen and that's where you gotta go to make your insurance payment.
- A. Yes.
- Q. But for the down PAYMENT for the insurance ... you gave it to the dealership, correct?
- A. Yes.
- Q. Seem odd to you?
- A. Huh?
- Q. Does that seem odd to you?
- A. Ah, well they were setting up everything.
- Q. Okay.
- A. Sop ...



- Q. I'm just asking.
- A. I didn't ... like it was my first time doing it so I don't ..
- Q. Gonna be my next question so ...
- A. Yeah.
- Q. Have you ever been with anyone else when they've purchased a vehicle or ... register a vehicle?
- A. No. First time.
- Q. Okay. At some point along that time, is it after you take possession of the vehicle that they tell you, "Here's where you have to go to make your monthly insurance payments or did you know that beforehand, before you actually picked up the car?
- A. Um, they ... I was at work and they called and they were like "Okay, we're setting up your insurance and everything" and he told me how much it was gonna come out to, and I said "Okay, I agree to it."
- Q. Okay, did they ever mention anything to you with regards to the differences in insurance policies? Like did they ever ask you specifically what type of insurance policy you wanted?
- A. No.
- Q. Okay, they just basically said, "Here's your insurance policy. Here's the cost."
- A. Yeah.
- Q. Did they ever give you a breakdown of that cost ... for insurance?
- A. No. Not exactly like on paper.
- Q. Okay, did they ever verbally give you a breakdown ...
- A. Yeah.
- Q. ... like it would be this much for that, this much for this?
- A. Yes.
- Q. Do you remember what any of that breakdown was?

- A. No. It was on that \$2,000 I gave them besides the down payment, was just for like the registry and for the insurance. So it could've been less. I don't know.
- Q. Okay. With regards to specifically the insurance, did they ever break down, what ... the amounts were, like this much goes to Arbella, this much is the processing fee, this much is another fee?
- A. No.
- Q. Did you ever get a receipt from either the dealership or ... Rappo and Jepson showing that breakdown?
- A. Nn-no. I don't have that paperwork.
- Q. Okay. As far as all the insurance paperwork goes, and we're gonna go through it in a little bit here, ah ... the application, all of those things, was that all signed at the agency or was that all signed at the dealership?
- A. Ahhm.
- Q. Like did ya, prior to picking up the car, did you ever have to go to Rappo and Jepson in order to be able to fill out paperwork there?
- A. I Think I had to go there to, to sign like a couple of papers.
- Q. Okay. And that was prior to picking up the vehicle?
- A. Yes.
- Q. During ...
- A. Like that same ... around the same week.
- Q. Okay. During that time when you went there, ah how'd you know where to go? Did the dealer give you the address?
- A. He was with me. He went with me.
- Q. Perfect. Okay. So when you go to the agency, you go to the dealership. They then drive you over ... to the insurance agent?
- A. Yes. He went with me.
- Q. Okay, and then drive you back to the dealership?
- A. Yeah.

- Q. Okay. Umm. And that's all within that month time prior to picking up the vehicle?
- A. Yes.
- Q. Ah, do you remember who the lien holder was on it? Who the bank was you got the loan from?
- A. DCU.
- Q. And ... do you still currently have a loan on the vehicle?
- A. Yes.
- Q. Alright, what was the total purchase price of the vehicle?
- A. Ahh, I believe it was Twenty-two ...?
- Q. Okay. And ...
- A. Around there.
- Q. What approximately are your monthly payments on it?
- A. Two-eighty.
- Q. Okay. And do you know the life of the loan?
- A. Five years,
- Q. Five-year?
- A. Mm-hm.
- Q. Alright, do you remember who specifically took you to the insurance agent to sign the paperwork?
- A. Alth, if I did anything it would've been with Douglas. Like everything I did ... like talking ...
- Q. Primarily with him.
- A. Yeah.

- Q. When you go to the insurance agency with the ... well, we'll say Douglas for the sake of conversation, to sign paperwork, did they go through what the paperwork is you're signing? Did they say this is the application, this is this, this is that... Did they ...
- A. They, they like say it quickly, but not like in detail or anything.
- Q. Okay, do they say it in English, or Portuguese or ...
- A. Portuguese,
- Q. Okay. Are they speaking to YOU or are they speaking to Douglas and Douglas is just like "Sign here, here and"
- A. They were speaking to me, but ...
- Q. Okay, did you ask them to speak in English or ...
- A. No, the guy ... like they speak Portuguese, so ...
- Q. Okay, did you understand what they were saying or ... ?
- A. Yeah.
- Q. Okay. Well I guess my ... the point I'm trying to get at is did you have a full understanding of what it was that they were telling you?
- A. Well, like I said, he ... like he scanned through the papers and not like in details of anything.
- Q. Okay, did he explain to you that ... ya know "This is an IRS form. This is a Secretary of State form. This is for Arbella Insurance. This is the type of policy you're getting. This is X....
- A. No.
- Q. With regards to the ah trip to the agency, do you remember who at the agency that you sat down with and went through everything with?
- A. No.
- Q. Okay, do you remember what they look like?
- A. I do not. Well, I know it was a guy...
- Q. There ya go, okay.
- A. And that's about it.

- Q. Alright, glasses, no glasses?
- A. I don't think so,
- Q. Tall, short, fat, skinny.
- A. Everyone to me is tall. Ahh... so ... but, no. I went there just like a couple of times and then like after I got the car, to pay and I didn't really... I ...
- Q. Okay, prior to ... ah, getting the car. You go there a couple of times or is it a couple of times including when you go to pay?
- A. When I go to pay.
- Q. So prior to getting the car, then would you have gone maybe once?
- A. Once or twice.
- Q. Just to sign papers?
- A. Yes.
- Q. When you go there, do you ever actually give money to them?
- A. I didn't.
- Q. Okay, does that seem odd that you would have to go there to sign papers but you're paying the dealer to pay them? That seem weird to you?
- A. Ahh, well. Now that you're bringing it up, yes, but before when I like jus' I was just sorta would just do it, like I want the car ...?
- Q. Right.
- A. So jus' when they're were like "Oh, we'll do it for you" and I was just like "Okay." like if you do it, that's good.
- Q. Alright. After you take possession of the vehicle, ah I'm guessing, judging by what you're saying, that they just called you one day and said "It's registered, it's got plates so come on down and get it."
- A. Yes. I was at work and they ... like they came and they dropped it off.

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A. Okay.
Q. Thank you. Alright. Um, okay. After that time when they give you that information, you go back home, you go to Arbella.com, you fill out direct withdrawal. Ah, and from that point forward the money just comes direct debit out of a savings or checking account?
A. Yes.
Q. Alright. To the best of your knowledge, do you have any other dates of birth that you use?
A. No.
Q. So you have any other tax information? Any other socials or IT numbers that you've used?
A. No.
Q. In the past or currently.
A. No.
Q. So it's safe to say that ah, do you list yourself as um, always Camila P. Nogueira and the Viegas is just kind of obsolete or do you ever list yourself as, like do you have different information for Camila
A. Ah, sometimes I put Pinto, sometimes I put Viegas, sometimes like I'll put both.
Q. But always with the same date of birth and social security?
A. Yes.
Q. What we'll do at this time is I'm gonna show you um, an Exhibit here. Want you to take your time, take a look at that and ah, let me know if you've EVER seen that document before.
A
Q. Okay. Alright, let the record indicate that ah, what I had shown Camila is a letter, the result of a SS4 filing with the IRS of the United States of America. It lists her name, Camila Nogueira, Camila's Beauty,  Street and it has a tax ID number, an employee identification number of  And it basically is a thank you letter for applying for an employee tax ID number. Um. Okay. So with regards to this correspondence, you've never seen it before in your life, correct?
A. No.

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- Q. Okay. This tax number here, an employee identification number, are you aware of even what that is?
- A. No.
- Q. Have you ever seen that number before?
- A. No.
- Q. I'm just gonna put that aside for a moment.
- A. Okay,
- Q. When you went to your insurance agency or to the dealership, did you ever give anyone permission to apply for anything in your name with the IRS?
- A. Ah, they jus' they said like, they just told me whatever they were gonna do for the insurance and I said "okay" ... like if they had to do anything, "Okay." So.
- Q. Do you remember what specifically they told you they were gonna do?
- A. No. It was jus' like a vague ... like we're gonna do the insurance for you. We're gonna open it up for you. And I said, "Okay."
- Q. Okay. Did they ever tell you, like I said before, the difference between types of insurance ...
- A. Ah. They told me ... the only thing they were telling me were prices. Ah, they checked out, at ah GEICO, I think it was and GEICO was like ... \$200 to almost \$300. And then ...
- Q. More or total?
- A. Total.
- Q. A month.
- A. A month.
- Q. Okay.
- A. Yes, monthly, monthly payments for almost like \$300. And ... I was like, "No."
- Q. Okay, and what were the monthly payments they quoted you from Arbella?
- A. One ... I've been paying \$134? \$135?

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- Q. So how many quotes did they give you from other carriers?
- A. Umm. I got GEICO, then they called me with Arbella and I said "Yeah."
- Q. Okay, did you ever ask why it so much cheaper?
- A. No.
- Q. Why would ya, right?
- A. Yeah. (chuckle)
- Q. Fair enough. (chuckle) Airight. What I'm gonna show you here is ahh, let me see how much we got here. Alright, what I'm gonna show you here is your insurance application. Alright. Take a minute and look at that. Ah, and tell me if you've ever seen this document before. Umm. And I believe, I'm sorry, I'm jus' gonna pull this back one second, 'cause I believe that ... Yeh, take a look at it. What this is is it's a ... Alright, let me rephrase. This is an electronic upload submission, sorry not an upload, an electronic submission sent to Arbella. It is your application, however it is not the actual original application. That would've been maintained at the agency.
- A. Okay.
- Q. What they do is when you apply for insurance they will upload, or not upload, they will submit the information to us. And basically, this is what it is. It's not the actual signed application, but it's ah, ya know, basically a mirror image of it other than the actual signature.
- A. Mm-hm.
- Q. So I just want to be clear, that this isn't the actual piece of paper that you submitted type of thing.
- A. Exact...
- Q. But, just so we can specify for the record. Alright, but are we in agreement when you look at this, ya know, this is basically the insurance application ...
- A. Yeah.
- Q. ... multiple pages. At the top of the page under, with the agency name of Rappo and Jepson, it says Daniel Everett. Now my guess is that this is the Everett location and Daniel is the gentleman, I don't know if that's his last name as well, but ... um ... do you know if that was the gentleman who you actually sat down with?
- A. It could've been. (inaudible)

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	Q. Okay. Fair enough. Um. On here, it says your name Camila Nogueira, and then it says DBA Camila Beauty. Do you know what DBA stands for?
	A. No.
	Q. Do you know what Camila Beauty is?
	A. No.
	Q. Is that your address?
	A. Yes.
	Q. Do you see this number here, where it says FEIN or Social Security number?
	A. Yeah.
	Q. And it's numbers   correct?
	A. Yes.
)	Q. That's not your social security number, though. Is it?
	A. No.
	Q. Now, if I go back at what I had shown you before, the IRS document?
	A. It's the same number.
	Q. Okay, did you ever give anyone permission to use that IRS number to open up a policy of insurance?
	A. No.
	Q. Okay. If someone would have explained to you that that's what they were going to do, would you have allowed them to do that?
	A. Probably not.
	Q. Oh, well is it probably not or not.
	A. No.
	O And why is that?

- A. 'Cause I have no idea what this even is.
- Q. Good answer. Okay. Here where it says ahh, basically type of insurance, individual, partnership, corporation, joint venture ... Do you know what any of those are? A. No.
- Q. It says here though, it's X'd off for corporation. Do you know how you even apply for a
- A. I do not know how to apply for a corporation.
- Q. To your knowledge, are you part of a corporation?
- A. No.
- Q. Ah, here where it says nature of business, description of operations by premises, it says Camila's Beauty. Do you know anything about Camila's Beauty?
- A. Do not know anything about Camila's Beauty.
- Q. Okay, do you know if that's a business? Do you know ...?
- A. No.
- Q. Is that YOUR business?
- A. That is not my business.
- Q. Good. Do you have a business?
- A. I do not have a business. (chuckle)
- Q. Alright. Ah, now this was ahh, proposed ah for an effective date of July 24th 2014.
- A. Mm-hm.
- Q. That right around the time you bought the vehicle?
- A. Yes. Around my birthday.
- Q. Okay. And ah, I forget. When's you're birthday again?
- A. July 31st. (chuckle)

- Q. Okay, I'm not looking at your license (chuckle) And the date that this application was processed, ah at the agency was July 24th 2014. So it's the same day. Are we in agreement?
- A. Yes.
- A. Yes.
- Q. Down payment type electronic payment. Down payment amount Can you read that amount?
- A. \$280. Two-hundred and eighty dollars.
- Q. Alright. Okay. Do you remember how much you paid the dealership for ... the insurance?
- A. If ... I gave 'em Two-grand and ah Registry it was like Thirteen, so probably \$700 that they said it was for insurance.
- O. And again, you never received the breakdown or anything for that.
- A. Not
- Q. Do you know um, on the receipt that you received, from the dealership, did you just say, ya know we took \$2,000 in cash.
- A. Ah, on the receipt it says, it just has the name, like the VIN number of the car, the amount I was paying and it just like says down payment.
- Q. Okay, with the Two-grand?
- A, Yes.
- Q. When you went to the agency or anything like that, did you ever get a breakdown?
- A. No.
- Q. Alright, these next pages here are just your... your ah, license information and what not with your lien holder info. Umm. But what we're gonna do is, just take a moment, flip through all of that so that you can see it, if you haven't seen it already. Ahh. Which according to you you have not seen any of those ... ah, documents.

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	ASo what does this mean? Like what does that number mean?
	Q. I'll get to that.
	A. (inaudible) \$280.
	Q. Correct. That was to Arbella.
	A. [Time stamp 40:55.1 through 41:49.0—Silence ck] I don't know what it means, any of this means.
	Q. Okay.
	A. I don't know.
	Q. Yeah, well that's the whole application
	A. For?
	Q. For your insurance policy.
	A. Okay.
	Q. Alright. Ahh, so what I'm gonna do is, I'm gonna leave this here and that there. What I'm gonna have ya do, is I'm gonna label this IRS paperwork, I'm gonna write on it here. I'm gonna write on it Exhibit #1 and then on the application I'm gonna write Exhibit #2. Alright, and what I'm gonna have you do, is I'm just gonna have you sign and date each of those so that anywhere on there is fine. Ah, so that we can verify um it's the 29th.
	A
	Q. Alright. This next one I'm gonna show you I'll label it Exhibit #3, or I'm in the process of labeling it Exhibit #3. Now, this item here was submitted with your policy of insurance, so Exhibit #1, Exhibit #2, and what I'm now showing you as Exhibit #3.
	A. I have never seen this in my life.
	Q. Okay, were all submitted to us um, as part of your application for insurance. Right. This item I've shown you here appears to be a front of a business card for Camila's Beauty?
	A. Yes.
	Q. And (phone buzz) On the On the card, ah it's hard to make out on this photocopy ah, but the phone number appears to be
$\langle \hat{} \rangle$	A. That's my phone number.
E)	All-Write Transcription and Reporting Services -29-

)	Arbeila Insurance Company
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- Q. That's your cell number, correct?
- A. Yes.
- Q. And this fact book at Camila's Beauty in an e-mail address of camilasbeauty@gmail.com.
- A. Don't own any of those things.
- Q. Okay, so those aren't yours.
- A. No.
- Q. But it is your name and your phone number on here, correct?
- A. Yess... Yes.
- Q. Alright, did you ever have anyone make these business cards up for you?
- A. No.
- Q. Did you ever give anyone permission to make these business cards?
- A. I have NEVER seen these. Nope.
- Q. Okay, do you have any kind of ... beauty, aesthetician background, cosmetology, anything like that?
- A. No.
- Q. Other than doing your own makeup and stuff?
- A. Nope.
- Q. Okay. Would you sign and date that for me. And again, that's a business card we've labeled as Exhibit #3.
- A. Jus' somewhere?
- Q. Yeah. Alright thank you. (phone buzz)
- A. Facebook.
- Q. Oh, yeh. What did I say, Fact Book.
- A. Yeah.

- Q. Alright. Again on the original I have back in the policy folder in the office, it's easier to read. The photocopy, I scanned in, it's tough for me to read. Fact book, but yeah that makes sense. Okay. So on the top of Exhibit #2, it says commercial insurance application. Do you know the difference between personal insurance and commercial insurance?
- A. Ah, the only thing I know about commercial insurance is for companies ... and like the commercial plates I've seen.
- Q. Right, does your vehicle the Infinity have commercial plates?
- A. No
- Q. Ahh. (sigh) Alright. ...... Was any of this explained to you AT the dealership or AT the insurance agent?
- A. No.
- Q. That THIS was what was going to be done in order to apply for ...
- A. Insurance...
- Q. Insurance.
- A. No.
- Q. Okay, again, had any one indicated this to you, would you have ... completed this transaction?
- A. No.
- Q. Alright. When you went back to the insurance agent, the initial time to make payments and you saw Fernanda, and I'm guessing 'cause that's her business card, that ... did they mention to you anything to this effect that ...
- A. No. I jus' I just went and I paid. Like I would give her my first name, last name. She would pull it up and that's how I would pay it.
- Q. Did she ever mention anything about Camila's Beauty or anything to that effect?
- A. No. No, she didn't.
- Q. Did she ever indicate that ahh, that ya know, the reasoning for your insurance being \$130 or \$140 a month was ahh, ya know, because they were ... or somebody, either the dealer or the agency um, ya know was setting up a Camila's Beauty for you?

- A. No.
- Q. Did you ever give anyone permission to do that? Either Douglas, anyone at the dealership, ahh... anyone at the agency, permission to do that?
- A. Noc. The only thing that Douglas was in charge of was just opening and (inaudible) and getting me the car registered and stuff. So.
- Q. Okay, fair 'nough.
- A. But nothing like so personal, like I ...
- Q. Okay. Is there any possibility that they would've ... ah, at that time, contacted Warlley and he would've given an okay for any of that or ...?
- A. No.
- Q. Okay. Just for ahh, informative purposes, ah, how long after ... ah, or even before um, did you and Warlley separate?
- A. Oh, we just broke up recently. About two months.
- Q. Okay, so at the time all this was going on with the insurance and what not ...
- A. I was with him the whole time, yeah.
- Q. Alright, but no chance that, ya know, they would've contacted him for any of this? It's your purchase, correct?
- A. They, no. They wouldn't speak.
- Q. Who doesn't speak?
- A. They don't speak, ahh, Warlley and Douglas. They don't speak.
- Q. Do they know each other?
- A. Yeah. But not like friends-friends. Like they only met at the dealership.
- Q. Okay. So when you say they don't speak, they never spoke ...
- A. They never spoke like outside of the dealership, when I went with him.
- Q. Alright, so to the best of your knowledge?
- A. Yes.

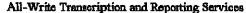
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- Q. Alright. With regards to ... from the time you took possession of the vehicle up until this incident we're discussing here today, have you ever had an accident with that Infinity?
- A. No.
- Q. With regards to THIS accident, do you remember when, where, approximately it took place?
- A. This accident happened on the 12th at 9:00 p.m. on Revere Beach Parkway. And I was going towards Medford.
- Q. Okay, and ... what ahh ... you say 9:00 at night?
- A. Yes.
- Q. Where were you coming from?
- A. My house.
- Q. Okay, in
- A. Yes.
- Q. And where were you headed to?
- A. (inaudible) Charlie's, a restaurant in Medford.
- Q. And ... were you leaving direct from your home to go the Charlie's?
- A. Yes.
- Q. Do you know approximately the time you left your house?
- A. 8:50. It's it's ...
- Q. Pretty close.
- A. Yeah. Five minutes if ... if that,
- Q. Alright. When you leave your home, um, are you alone or do you have any passengers?
- A. Alone.
- Q. Do you go to pick anybody up, before you go in to the Charlie's or ...?
- A. No.

- Q. Are you meeting people at Charlie's?
- A. Yes.
- Q. Okay, who are you meeting?
- A. My boyfriend and his best friend.
- Q. Okay, and not Warlley...
- A. No.
- Q. Different boyfriend.
- A. Different boyfriend.
- Q. What's the new boyfriend's name?
- A. Mike.
- Q. Last name?
- A. Bulger.
- Q. B-U-L-G-E-R?
- A. Yes.
- Q. And the friend's name?
- A. Jarod De Gandy...
- Q. Spell ...
- A. Don't know how to spell his last name.
- Q. Alright, no problem. Um. And ... before you leave, do you call them or do you text them and say "Hey, I'm on my way?"
- A. Yeah.
- Q. Okay, is that when you leave your house?
- A. Yes.



- Q. Okay. When you leave the house, um ... do you text or call? Do you remember?
- A. I had to drop my mom off so as my mom was getting out of the car, I text him and I said "I'm on my way."
- Q. Ah, alright. So where did you drop your mom off? At home?
- A. Home.
- Q. Okay, I'm gonna back track a second. Where were you coming from before that?
- A. The gym.
- Q. Okay, so did you go to the gym with your mom?
- A. No. She wanted to go to sign up. So I went with her. She signed up. I was inside the car, I just drove her there. Um, then I dropped her off at home. I went in the driveway, dropped her off...
- Q. Okay. I get ya. So.
- A. and then go to Charlie's.
- Q. Alright, so let me recap for my own... make sure I'm on the same page. So, you were at home with your mom.
- A. Yes.
- Q. She wanted to sign up at the gym, you go to a gym.
- A. Yes.
- Q. You took her to your gym. You weren't working out or anything. It was just strictly to go so she could sign up.
- A. Yes.
- Q. You stay in the car. She runs in, signs up. Comes out ...
- A. Yes.
- Q. Then you go back, drop her off and then you're heading out to go meet your boyfriend and his friend over at Charlie's.
- A. Yes.



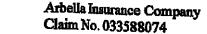
Arbella Insurance Company Claim No. 033588074
Q. Okay. When you're at the gym, is when you text him and say you're on your wary or
A. When I dropped her off
Q. At the house.
A. At the house.
Q. Okay, um. You text from your cell phone?
A. Yes.
Q. Okay, what's that number just for the record?
<b>A.</b> (
Q. And ah whose the carrier for that? Verizon
A. Ah, Sprint.
Q. Okay, is that a contract plan or you pay monthly?
A. Contract,
Q. Okay, and is that in your name or
A. Yes, my name.
Q. And do you text ah, Jarod or do you text Mike?
A. Mike.
Q. And what's his number for the record, on the receiving end of the tax
A. I'm not sure
Q. Is it in your phone?
A. Yeah.
Q. Okay, if you don't mind. It's just for the record.
A.

Q. Okay, and is that the number that you texted on the night of the accident?

	Arbella insurance Company
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	Q. Okay. When you're at the gym, is when you text him and say you're on your wary or
	A. When I dropped her off
	Q. At the house.
	A. At the house.
	Q. Okay, um. You text from your cell phone?
•	A. Yes.
	Q. Okay, what's that number just for the record?
	<b>A</b> (**)
	Q. And ah whose the carrier for that? Verizon
	A. Ah, Sprint.
	Q. Okay, is that a contract plan or you pay monthly?
	A. Contract.
	Q. Okay, and is that in your name or
	A. Yes, my name.
	Q. And do you text ah, Jarod or do you text Mike?
	A. Mike
	Q. And what's his number for the record, on the receiving end of the tax
	A. I'm not sure
	Q. Is it in your phone?
	A. Yeah.
	Q. Okay, if you don't mind. It's just for the record.
	<b>A.</b> [ ]
	Q. Okay, and is that the number that you texted on the night of the accident?

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- A. Yes.
- Q. Okay, you text him and let him know you're coming. Ah, approximately about 10 minutes later, this incident occurs?
- A. Yes.
- Q. Do you remember where ... along Revere Beach Parkway it happened?
- A. Ah, right at the Rotary, when you're going down Route 16, the first Rotary that you can either go up to take ... you can go ... you can take a right to go like into another Rotary that leads to Broadway and Main Street and Route 99.
- Q. Okay.
- A. Or you can go straight down on Route 16 on Revere Beach Parkway and then you like, go over the bridge and stuff.
- Q. Okay.
- A. So it was at that intersection.
- Q. Okay. So you're kinda at the mouth of the Rotary?
- A. Yes.
- Q. The first Rotary?
- A. Mm-hm.
- Q. Ahh, to my recollection it's a two lane ...
- A. It's three lanes.
- Q. Okay, which lane are you in?
- A. All the way to the right.
- Q. And ... just briefly what happened. So is there a car in front of you or you're just looking to merge into the rotary?
- A. Nooo. I was going straight. There's the Rotary, like you can go straight like through the Rotary.
- Q. Alright, it must be a time when there 're always backed up.



- A. There's like lights and stuff. Obviously. I went ... I was in the right lane. I was just going down the right lane. I was in my lane. Driving down.
- Q. Okay. And what had happened?
- A. Um, a BMW ... cut me off, and then right when the BMW cut me off I don't know if the other car, like attempted to go with it... or if he thought he had a window of time, but like right when he ... he, just kinda went, and kinda hit me and I was like "What?"
- Q. Okay. The BMW, did you get a plate number on it?
- A. No!
- Q. Do you know what color it was?
- A. No.
- Q. Okay, do you know what type?
- A. No.
- Q. Okay, how do you know it was a BMW?
- A. 'Cause like I know the emblem. I saw the emblem on it. Yeah.
- Q. You saw the emblem, okay. Airight, other than the emblem, anything else that you remember about that other car? Convertible, hopped up ...
- A. No, no. It was just like people ... just like they ... he put his signal on and there was like a time window. The person went and then the other one just came out of nowhere.
- Q. Okay, the other one. Did you see the other vehicle prior to it impacting your vehicle?
- A. No.
- Q. Okay, where on your vehicle was the impact? Where did it happen ...
- A. The Whole driver side.
- Q. Okay. Um. So he comes down drivers side. Do you lose control of the car? Do you veer off and hit anything else?
- A. I tried swerving and ... like I tried swerving off, but like it still hit me and then he told me to pull into the right, and I pulled into the right.
- Q. Okay. How did he tell you to pull into the right.

- A. He like signaled out the window, like pointed, pull in that way. 'Cause we were right in the middle of like ... Revere Beach Parkway.
- Q. Okay, when he signals out the window, does he signal with the hand out the drivers side window or ...
- A. Yeah, drivers side window.
- Q. Alright, and he points over ... to
- A. ... to the right, so I could take a right or go straight in the lane I was in. I took a right, he kept going straight! So I made a U-turn and then followed him down.
- Q. Okay, when he ... Alright, so when he kept going, ah did he like, ya know, take off at a high-rate of speed ...
- A. Yes.
- Q. ... like to evade? Okay, so you turn. You go ... Is there any reason you didn't call 9-1-1 right then and there?
- A. I just ... like followed him down. He stopped. We switched information and I didn't even ... didn't think there's like a reason. I didn't feel the Need to.
- Q. But he started to leave the scene of an accident...
- A. But I was just like ... well, yeah but then he pulled over after. I don't know. I've never gotten into an accident before so.
- Q. How do you know the information he gave you was valid?
- A. It, it looked like him with his ID. It looked like him. And like the registration to the car had the license plate and what type of car and stuff it was.
- Q. Okay. Just askin'. Um, I try to get an idea what people's mindset is, 'cause I'd probably call the police but I'm just trying to figure out what you were thinking at the time.
- A. Yeah.
- Q. Um, so now ... do you have trouble following him or does he ... I mean how do you get him to pull over?
- A. Heee ... like he was just speeding down Route 16. I made a U-turn and at that moment, like my adrenaline just went through the rooftop and I just ...



- Q. Gunned it?
- A. Yeah, down Route 16, probably did like around 80 to catch up with him. And there was like a minivan right behind him and I just kept beeping and then the minivan like ... went to the other lane and then he saw it was me behind him. So he, like went into the first (inaudible) and stopped.
- Q. And then do you pull up behind him?
- A. I pulled up behind him.
- Q. Okay. NOW what happens?
- A. Ah, like my passenger door wouldn't open, so I just hopped over my drivers door wouldn't open so I hopped over to the passenger side, got out of the car and I was kinda like "What?"
- Q. Did they get out of the car ...
- A. HE got out of the car. There was like a young girl with him, early twenties I would say, I see in the passenger seat. She didn't get out of the car. We exchanged information. I gave him my license, the registration, he took a picture. I took a picture of his stuff.
- Q. Alright, did you have to go back to your car to go get that or when you jumped out did you already have it?
- A. It was in my back door. I opened my back door and on the passenger side, it was in my bag.
- Q. Okay. And so you get out, he gets out. What do you say to him?
- A. I didn't ... I didn't have ... like I didn't have ... like a reaction, I was just kinda like "Are you... are you kidding me right now?" Like this is stupid. So ... we exchanged information and he just took off.
- Q. Alright, when you get out ah ... do you call Mike? Do you call your mom?
- A. I didn't call anyone. After he left, I called Mike and I was like I'm, like I'm "I just got in an accident and I'm driving there right now." And so I went there to eat.
- Q. Okay, airight. At any point do you call your mom? Do you call the cops?
- A. I didn't call my mom, no. And neither did I call the cops.
- Q. Alright, and the reason being is ...?
- A. I just wanted to eat. I felt sick that day. Like I got sent home from work during the day, just ... it wasn't a good day.

- Q. Gotcha. Alright, I'm curious just because, in the ... small parking lot accident that you had prior, you call the cops to that. Now you have a guy at night, fleeing the scene of an accident and you don't call the police?
- A. I didn't. That was probably one of my biggest mistakes and my manager, HAS really reamed me over it. Calling me "Stupid."
- Q. Which manager?
- A. From Margaritas.
- Q. Ah, you told him about the accident and ...
- A. Yeah!
- Q. And he or she ... (inaudible)
- A. Yeah, we're very close so ...
- Q. Gotcha, okay. Um, I have to agree with your manager.
- A Yeah. It was pretty upsetting after just like sitting and thinking about it. I, I should've. I should've done it. But I didn't.
- Q. (insudible) I'm just trying, again, just trying to figure out what your mindset was at that time, because as I said, sitting here objectively over a parking lot accident you call the police to, but now you got someone who's fleeing the scene of an accident and ya know... it's jus' ya know... causes concern for us as an insurer, ya know...
- A. Yeah. Like I say, I should've done it. I didn't. I just kinda wanted to be over with after I got his information and just went to eat and went home.
- Q. Okay. Um. Did you look at your damage at the time? And for the record, just prior to the statement, um, you had indicated that you had photos on your i-phone that you took of his registration, of his license, of the damage to his vehicle.
- A. Yes.
- Q. Okay, and you had set those to me as part of this investigation.
- A. Yes.
- Q. And now I'm gonna confirm for the record that did happen, and we are in receipt of that documentation. Um, this what I'm gonna show you here is photographs of your vehicle. Well, let me just label these real quick. I should've done it before. I apologize.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. I love my car so I get very sensitive.                                                                                                                                                                                                                                |
| Q. Okay. I appreciate the heads-up.                                                                                                                                                                                                                                      |
| A                                                                                                                                                                                                                                                                        |
| Q. Okay. I'm goans give these to you all at once, so these are photographs of your drivers side<br>of your vehicle. I've labeled them Exhibit #4 through #7. Can you just flip through there<br>and look at it and tell me is ANY of that damage NOT from this incident? |
| A                                                                                                                                                                                                                                                                        |
| Q. Oh, this is another thing I wanted to ask too that I forgot. When you purchased the vehicle or prior to, anything happen to the vehicle that would've caused damage to it?                                                                                            |
| A. No.                                                                                                                                                                                                                                                                   |
| Q. When you bought it was there any damage on it?                                                                                                                                                                                                                        |
| A. Not that I noticed.                                                                                                                                                                                                                                                   |
| Q. Okay.                                                                                                                                                                                                                                                                 |
| A. No.                                                                                                                                                                                                                                                                   |
| Q. Okay, so Exhibits #4 through #7, the photographs of your Infinity. Are we in agreement that that's your Infinity?                                                                                                                                                     |
| A. Yes, yes.                                                                                                                                                                                                                                                             |
| Q. The photographs of your Infinity, all of that damage is related to this one, single event?                                                                                                                                                                            |
| A. Yes.                                                                                                                                                                                                                                                                  |
| Q. Okay, was all of that damage on the vehicle at the time of the accident?                                                                                                                                                                                              |
| A. Yeah,                                                                                                                                                                                                                                                                 |
| Q. When you got home now home, when you got to the restaurant, I'm guessing, did Mike come out and Jarod? Did they look at the car? Did you all look at it together?                                                                                                     |
| A. We, we are and then they We are and they came out and like looked at the car and was like<br>"Oh, my God."                                                                                                                                                            |

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- Q. Okay, when you looked at the car, at that time, um ... was there enough lighting or ... everything to see all that damage?
- A. It was dark out, like I flashed the flash light on it and I, I like, I saw the whole thing. I saw that it was all scratched up.
- Q. Okay. From that point, ah what do you do? So now you have a damaged car.
- A. I went home. I left the car in the driveway. I went to work with my mom's boyfriend the next day.
- Q. To work ... ...
- A. To Margaritas.
- Q. He drove you?
- A. I Used his car.
- Q. Okay.
- A. Or I borrowed his car, to work.
- Q. Okay, so you didn't go to work WITH him. Or does he work at Margaritas at all.
- A. No. No, no.
- Q. So you just borrowed his car.
- A. Yes.
- Q. Alright, what's his name for the record?
- A. Jijailson J-A-J-A-I-L-S-O-N.
- Q. Thank you. Last name?
- A.
- Q. And the type of vehicle it was?
- A. He drives ah ... G-35 four-door.
- Q. Infinity?
- A. Yes.

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  - Q. Okay. Alright, you take his car to ahh ... does he live there as well? Is he a live-in boyfriend with your mom?
  - A. Ah, he stays over sometimes.
  - Q. Okay. So yes and no, type of thing?
  - A. yeah.
  - Q. Um, you go to ah, work with his car. How does your vehicle end up getting from your home to ah the location it's at now?
  - A. I drove it there.
  - Q. Okay. And do you know the location it's at ourrently?
  - A. Ah, Pro Collision?
  - Q. Okay, and do you remember where that is?
  - A. Sangus?
  - Q. Yeh.
  - A. Saugus.
  - Q. Yeh, with regards to ahh, and that's an auto body shop, for the record, correct?
  - A. Yes.
  - Q. With regards to that repair facility, how is it, out of all the body shops that that's the one that you had elected to bring you vehicle to?
  - A. Ah, Warlley like had, had problems with his car before when he got it and that's where he took it, so I just kinda went ... by like where he went.
  - Q. Okay. Alright. Um, when was that, that Wariley had taken his car over there?
  - A. It was around when we first started dating, ahh.
  - Q. Greater than a year ago?
  - A. Ahh. I'm gonna say ... (when did he buy the car)? He ended up buying a car not off that dealership.

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  - Q. Alright, so after you had bought this car.
  - A. Yeh, yeah.
  - Q. So it would've been less than a year ago.
  - A. Yeah, less than a year ago, he ...
  - Q. Right, 'cause you got your car in July...
  - A. So it was, it was after that.
  - Q. (inaudible) two years ago so sometime between July and ... a few months ago, right?
  - A. I'm gonna say ... yeah. I'm gonna say like December? Around there.
  - Q. What type of car did Warlley end up getting?
  - A. He got a Nissan ahh, 350 Z.
  - Q. But not from the same dealer?
  - A. No. No. no. no.
  - Q. Alright,
  - A. Heee... the reason he didn't buy anything from the dealership was because he thought they were very sketchy and like out there.
  - Q. But you felt comfortable.
  - A. But I felt comfortable 'cause I wanted that car. And when I want something, I go for it, ya know?'
  - Q. Gotcha. With regards to um ... the repair facility ah ... is that the only reason why you went there is 'cause it's ... that Warlley had gone there before?
  - A. yeah.
  - Q. Do you know any other repair facilities?
  - A. Ahh, I know like Brazilian ones, but I don't like ... go to them.
  - Q. Is this a non-Brazilian?

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- A. Ah, it's which ever one he took some people there speak Portuguese, but like the other Brazilian ones, I don't know any one that took it there. Like anyone who'd been through them.
- Q. How did you arrange to get it over there? I know you said you drove it over there. Did you ahh, call them, let 'em know what had happened?
- A. Yeah, and then I took the car in.
- Q. Okay. And how is it that you go about reporting it to Arbella? Do you go back to Rappo and Jepson or how does that work?
- A. No. I, I told 'em I hadn't ... I hadn't reported the accident yet, that the other kid did, like their insurance called me and everything. And he was like "Oh." like "We can ... You should call!" Like ... "Why haven't you called? You should call and report it NOW!" So I called and he called with me. And reported the accident. And then ...
- Q. Okay, and where did you make that call from?
- A. The body shop. (insudible)
- Q. Okay, so you call right there from the shop phone?
- A. So ... yeah,
- Q. Alright, and who was it that you dealt with over at the body shop that you make your call?
- A. Sullivan. (©ck
- Q. Okay. And he made the call with you?
- A. And he ... Yes.
- Q. Alright. Was anyone else there when you made the call?
- A. No.
- Q. Just you and Sullivan?.....ah yes or no?
- A. Yes. Sorry.
- Q. That's okay. Airight, and so you, you make the call with Sullivan and report the claim. Um, okay and then after that
- A. I, I asked, ah I asked Sullivan if, like if I could get a rental car. If I was able to and he said that, that's on the policy that he wouldn't know. That I would have to know, and I didn't know. So ... we ... we went over to the ... the rental place and they called Arbella and I All-Write Transcription and Reporting Services

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guess, like it was okay or something. Had like a \$30-car rental something like per day. A \$30 limit or something. I don't know.

- Q. I'd have to look at it, but ...
- A. So I ended up getting a rental because I have ... like I work everyday.
- Q. Okay, currently ahh, as of the date of this statement on May 29th, are you still using that to get around?
- A. Yes.
- Q. Alright, and who'd you rent through?
- A. Ah, Hertz.
- Q. Hertz. Alright. Um, have you gone back to the body shop?
- A. I've not.
- Q. Have you heard from them at all?
- A. Ahh, I called 'em to see if like either you guys had called 'em 'cause I didn't ... I tried calling, I believe it was you and ... someone else that they had assigned to the case first.
- Q. Mm-hm. Yeh.
- A. Before it got changed it over...
- Q. Before it was me.
- A. Yeah, and I called and like nobody answered so I called them and I said like "no one's answering me" and I don't know if someone spoke to you?
- Q. Yeah, I called. Is there a Steve over at the body shop?
- A. Yes.
- Q. There is a Steve.
- A. Yes.
- Q. Do you know Steve's last name?
- A. I have NO clue.

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  - Q. What's Steve look like?
  - A. I have no idea.
  - Q. Well, is he Brazilian, is he ....
  - A. No, clue. I know Warlley knows him. I don't.
  - Q. Alright, but there's a Steve.
  - A. Yes.
  - Q. Okay, have you ever actually met him?
  - A. No. I've never had any thing to do with him.
  - Q. How do you know if there's a Steve, I guess?
  - A. 'Cause of just like Sullivan talking. Like when they talk, like around the body shop or whatever. Like asking for each other.
  - Q. Okay. Have you ever heard Sullivan mention the name Junior?
  - A. No.
  - Q. What about Wagner?
  - A. No.
  - Q. Just Steve?
  - A. Yes.
  - Q. Okay, so you know Steve, Sullivan. Who else do you know at the shop?
  - A. No one else. The only person I spoke to personally was Sullivan and that was it.
  - Q. Okay, but you heard him mention Steve.
  - A. Yeah.
  - Q. Okay. Um. Alright, have you given ah, an interview, not similar to this one, but have you given any kind of ah communications to the other ah insurance company? Whether it be written or verbal?
  - A. It was just a verbal recorded, like statement of what had happened.

All-Write Transcription and Reporting Services

#### Arbella Insurance Company Claim No. 033588074

- Q. Just with the accident itself, right?
- A. Yeah, that was the one time I spoke to them. And then they called back and said that, like they had to stand behind like who they insured. Like it wasn't ... like they couldn't do anything about it. And I was like "Oh, like I ..."
- Q. Is that what they said?
- A. (stuttering (inaudible) Like he said "No, it wasn't my fault." And I was like how was it NOT his fault, if he tried running away, why did he even run away if it wasn't his fault."
- Q. Alright.
- A. And she was like "Oh, I don't know." and like "There's nothing I can do about it." I was like "Okay."
- Q. Alright, we'll deal with that later.
- A. I just kinda hung up.
- Q. Okay. Umm. Alright, with regards to THIS interview, ah, anything that you want to add on your own behalf? Ah, this is ... it's YOUR statement so ... ya know what I mean? Say what you want to add or anything like that?
- A. No.
- Q. Alright. Did you understand all the questions that I asked you today, Camila?
- A. Yes.
- Q. Alright. Are all your answers true to the best of your knowledge?
- A. Yes.
- Q. Alright, and was this conversation recorded with your permission?
- A. Yes.
- Q. Alright. What I'm gonna do at this time is I'm gonna temporarily suspend this statement and what that means is that Arbella reserves the right to bring you back in for further questions should the need arise. Um, if new evidence comes to light, something to that effect, or something that is not known now becomes known later ...
- A. Okay.

Arbella Insurance Company Claim No. 033588074

- Q. So, but for right now I'm gonna go ahead and end this portion of the statement if that's alright with you?
- A. Yes,

## **EXHIBIT B**

## **Application Documents for Commercial Insurance**

(with Business Card)

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| -     | PROPERTY               | DAMAGE                    |              |              |                               |                                        |                                                                                                                                 | •         |                |                                     |                                                                  |                      |
|       | BODAY<br>NUMBER        | EA PERISON<br>EA ACCIDENT |              |              |                               |                                        |                                                                                                                                 |           |                |                                     |                                                                  |                      |
|       | COMMIND<br>COMMIND     | engle Limit               |              |              |                               |                                        |                                                                                                                                 |           |                |                                     |                                                                  |                      |
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| T     | CARMER<br>POLICY NO    |                           |              |              |                               |                                        |                                                                                                                                 |           |                |                                     |                                                                  |                      |
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| 7     | PROPER                 | Y OCCURREDO<br>AGORGOATE  |              |              |                               |                                        |                                                                                                                                 |           |                |                                     |                                                                  |                      |
| -     | BODEN<br>ENDUR         | OCCURRENTE<br>AGOREDATE   |              |              |                               |                                        |                                                                                                                                 |           |                |                                     |                                                                  | <u> </u>             |
|       | PREDICA                | MAGE<br>LEPENGE           |              |              |                               |                                        |                                                                                                                                 |           |                |                                     |                                                                  |                      |
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| •     | CARRIER                |                           |              |              |                               |                                        |                                                                                                                                 |           | <u> </u>       |                                     |                                                                  |                      |

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|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | ł              | ľ          |                                                  |      |             | l                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              | Т               | Γ            |                                              | T          |
|               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | T              | T          |                                                  | _    |             | t                |              | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | +            | <del> </del> | ╫               | ┼╌           | <b></b>                                      | 丨          |
|               | RAL INFORMATK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                | Ь,         | <u> </u>                                         |      | <u></u>     | <u>L.</u>        | <u> </u>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              | <u>.</u>        | Ŀ.           | <u>ł</u>                                     |            |
|               | MALL TEN RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |                |            |                                                  | YES  | uni s       | William Alba     | ALL TEO P    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |              |                 |              |                                              |            |
| ani           | THE EXCEPTION OF EN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | JUNERANCES, ARE ANY VE<br>TO THE APPLICANT? | icre           | KOT        | SOLETA                                           | -    | _           |                  |              | BEAGRIENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 19           | <del></del>  |                 |              |                                              |            |
| 100           | ASSESSA OF THE PARTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YES USE THER AUTOR IN                       |                |            |                                                  | Щ    |             | D.ANY I          | EHCLES VE    | D BY BANKY NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ABERTO 1     | F80 (DENT    | PYINR           | MARK         |                                              |            |
| 3 TH          | ROLL AND MALE MANUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PAGE PROGRAM IN OFER                        | MEDIA<br>THE   | , in       | 2007                                             | Н    | X 1         | 0.00E            | THE APPLIC   | MIT CHIVAIN MUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | MICHE?       |                 |              | $\Box$                                       | I.         |
| RE/           | WY VELEGIES LEWEDT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OCHERCA                                     |                | _          |                                                  | - 1  | ¥ 1         | 2. Alte          | NÝ DRACKA    | MIT HAVEA SPEC<br>MOT COVERED B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |                 | <u>1900?</u> |                                              | -          |
|               | AN CERCUS CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ED, ALTEREDOR, HALE SP                      | POIA)          | Bôlin      | יונפטי                                           | Ш    | X j         | a any            | MICLES OF    | NED BLITHOT BE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HERLES       | D ON THUS A  | PLICK           | 02/2         | +                                            | - ;        |
| 00            | PERAFERINA MANA VIETTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             | MATES          | Les 9      |                                                  | H    | 1 2         | LAT!             | اور والتركير | CONVICTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | ANG TRAFFIC  | VILLANI.        | 01469        |                                              | 7          |
|               | THE OF ELECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | are locations                               |                |            |                                                  |      | ( -         | <u>u. 1940 /</u> | 125.19.10erz | CHARACTERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | $\neg$       |              | LLARV           | LUES         |                                              | )<br>  101 |
| Ν             | TONAL INTEREST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CERTIFICATE REC                             | aire.          |            | 1 1000                                           |      | <b></b>     |                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 6            |                 |              |                                              |            |
| عم            | er <u>rain</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | THE ST         |            | <u>i iacu</u>                                    | U.Q. | <b>45 a</b> | echê             | for add      | ional names<br>annes en comme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |                 |              |                                              | _          |
|               | DITIONAL WENGED<br>SS PAYER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DCU                                         |                |            |                                                  |      |             |                  |              | MANAGE RESERVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | Vernue       | eten I          | رندب ب       | العسم                                        |            |
|               | HOLDLAGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 220 DONALD LI                               | HCH            | BL         | VD CTV                                           |      |             |                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 1          |              | THE PAR         |              |                                              | _          |
|               | PLOYEE AS LESSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | * SERVEDOROUGH I                            | R O            | L75        | 2                                                |      |             |                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ŀ            | OTHER        |                 |              |                                              |            |
| _             | Her<br>Hetrant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                |            |                                                  |      |             |                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | -            |                 |              |                                              |            |
| "#*           | no ilifetti i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TEM DESCRIPTION:                            |                |            |                                                  |      |             |                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |                 |              |                                              |            |
| MA            | RK\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 STEWARDSCH (DAK)                          |                |            | <del></del>                                      |      | -           |                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |                 | -            |                                              |            |
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| 2000   2009   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008   2008      |                                                                                                                                                                                                                              |              |            | _             |                    | COR                                     |              | ttoche   | d for    | <u>Albbe</u>                                 | ionel vel                                                   | oı<br><u>h</u> icle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | avart<br>S    | .CBG         |      | _ 0      | 7-2,       | . 20       | )14       |            | •            | •        |                                              | •             |
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| STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STAT   | ary.                                                                                                                                                                                                                         | inii.        |            |               |                    | <del>~</del>                            |              |          |          |                                              | Woon                                                        | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - CIL         | ABB          | 1    |          |            | -          |           |            | pelmi        | 19       | _                                            |               |
| STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STAT   | CALLE .                                                                                                                                                                                                                      | 20           |            | · ·           |                    | ~~                                      | MA           |          | L        |                                              |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |      |          | 21         |            | ี โ       |            |              |          |                                              | SHETTER       |
| STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PART   STATES   PAR   |                                                                                                                                                                                                                              |              |            |               |                    |                                         |              |          |          |                                              | 製器                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | l' }          |              |      |          |            |            | CER       | ETRIES.    | II M         |          |                                              | 12            |
| VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENERAL   VENE   |                                                                                                                                                                                                                              | MILES +      | <b>⊢</b>   |               | -                  |                                         |              | 100      |          | <b>′</b>  -                                  |                                                             | $\vdash$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ! · · .       |              |      | " =      | FG         |            | /         | M L        | STAN         | 4 18.    |                                              |               |
| VIOLE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STAT   |                                                                                                                                                                                                                              |              | -          | <u> </u>      |                    |                                         | FALET        |          | O ROR    | ليال                                         | EOF1                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Lian 1        | <u> </u>     |      | لبل      |            | ┪          | S<br>TOTA | r Mari     | <u> </u>     | 13:      | 500                                          |               |
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| ## SAMES   PARSON BEFORE   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIAN   LIA |                                                                                                                                                                                                                              |              |            |               |                    |                                         | <b>ALVIE</b> |          | ١.       | -                                            | - betrack                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>∖</b> "    | <i>7</i> 465 | - [  | 415      | Ι'         |            | 38        | SEATCH     |              | **       | PARTER                                       | 287 TE        |
| THE PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PART   PAR   | _                                                                                                                                                                                                                            |              |            | 上             |                    | 22                                      | E LAGES      |          |          | 9-                                           |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | F             |              | is:  | $\top$   |            |            | 叫         |            | 1            | ovi      | OCME                                         | 1 6           |
| March   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   Trial   Septem   T   |                                                                                                                                                                                                                              |              | ш          |               | <b>-</b>           | .                                       |              |          |          | <u> </u>                                     | 記論                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4 )           |              |      | ·□       |            |            |           | M [        |              | · ·      |                                              | C<br>_        |
| TAM   BANCS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |              |            |               | 1 and the state of | لــــــــــــــــــــــــــــــــــــــ | 130 AT       |          | O IOR    |                                              | COEL                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Filt          | Ш            | COL  | ليك      |            | _          | \$        | AT DOTTO   |              | 8        |                                              |               |
| STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STATE   STAT   |                                                                                                                                                                                                                              |              | SINCE      |               |                    |                                         |              |          | <b>1</b> |                                              |                                                             | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del> . |              | ٦    |          | ABM.       | tie 1      |           |            |              | i I      | 2031                                         | AUNIA         |
| CANADASSON MESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              | <u> </u>     | # COST     |               |                    |                                         | (19)         | 1        | Alle     |                                              |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |      | $\Box$   | <u>د آ</u> | <b>127</b> |           | COM        |              | 1.       |                                              |               |
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| VEHS VEAR BARD:  UNITY STATE  CITY, STATE  COUNTY, STATE  COUNTY, STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  COUNTY STATE  |                                                                                                                                                                                                                              | B.E.S.+      | ENRM       | 上             | GENVICE            |                                         |              | Hi       |          | <u>"</u>  -                                  |                                                             | <b>"</b>  -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _             | .  -         | -1   | ···      | ┦‴         |            | -         |            |              | TAME     |                                              |               |
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| Additional information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  |
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Additional information

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Exhibit 3 Cambor 5129/11

## **EXHIBIT C**

## **IRS Tax ID Number Notice**

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IRS department of the treasury internal revenue employ CINCINATI OH 45999-0023 Exhibita (mile) 5/29/15

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#### **Investigation 11**

Rozana Universal Sales/Ray Wilder

**BUSINESS NAME: ROZANA UNIVERSAL SALES** 

INDIVIDUAL NAME: RAY WILDER

- A. Excerpt of Recorded Statement and Recorded Statement
- B. Application Documents for Commercial Insurance

August 2, 2011

C. Business Certificate

August 1, 2011

D. Statement Regarding Employee Ray Wilder

August 2, 2011

## **EXHIBIT A**

# Excerpt of Recorded Statement and Recorded Statement

#### Recorded Statement

Business Name: Rozana Universal Sales

Ray Wilder

| Policy: | No. | ; |
|---------|-----|---|
|---------|-----|---|

| Rage | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | Q: Good Morning Ray, my name is Steve Fuller with Arbella Insurance, talking to you from my office. It is Tuesday 11:30 a.m. on December 13 <sup>th</sup> . I'm speaking to Ray Wilder of A: Yes, sir.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2    | Q: Do you know your driver's license off hand? A:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2    | <ul><li>Q: Just for the record that is the same number that is on the policy that we're speaking about?</li><li>A: The policy is not in my name, is it?</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2    | Q: No, no, no let me just ask you some questions. This is under Rozana Lima. She is apparently a girlfriend of yours. Is that correct?  A: Pretty soon to be ex-girlfriend.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2    | Q: The reason for my call is that we're just trying to verify certain information on this policy and we have you listed as an operator for her business and it lists you as a salesman and driver for the business of internet sales and you operator her Ford Contour, white, licensed plate  This is the information that has been given to us. Now, what can you tell me about what has happened on this transaction?  A: She had asked me if I would go to her agent with her because he wanted a check for payment on her policy and she gave me cash in return. So, I went with her to her agent. I don't even believe we were living together at the time. We were just dating, I believe. I joined her at the agent, I don't |
| 3    | Q: Do you remember where? A: Yeah, it was in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3    | Q: Okay and do you remember when? A: It was during the summertime sir. Couple of months ago, I don't know exactly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3.   | Q: Now what was the purpose for you paying for the monthly insurance premium?  A: She doesn't have a checking account, so she gives me the cash and I write a check.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4    | Q: You said they asked you to be, asked you if you wanted to be a listed driver on the policy?  A: Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4    | Q: What was that all about?  A: They asked me if I wanted to just as I'm saying, they said, "Would you like to be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|   | an additional driver on there?" and I said, "Well, I don't mind." I said, "If something |
|---|-----------------------------------------------------------------------------------------|
|   | happened to my car or you know something happened to her that I could use her car,      |
|   | yeah, why not, put me on." I mean I have additional drivers on my car. So I didn't      |
|   | think anything of it.                                                                   |
| 4 | Q: And were you aware that you were listed as a salesman and a driver for the           |
|   | company?                                                                                |
|   | A: No sir.                                                                              |
| 4 | Q: Okay. Yeah the name is, well again this is the business that you're listed on to     |
|   | drive, it's called Rozana Universal Sales, You know                                     |
|   | anything about that?                                                                    |
|   | A: Nothing.                                                                             |
| 4 | Q: Nothing at all. Okay.                                                                |
|   | A: Nothing.                                                                             |
| 4 | Q: Do you know, was it ever mentioned to you by the agency and by the way, who at       |
|   | the agency did you deal with? Do you remember?                                          |
| 5 | A: Daniel Delima.                                                                       |
| 5 | Q: Okay and it was his idea you said?                                                   |
|   | A: Yes.                                                                                 |
| 5 | Q: Now, you spoke with him a while ago you said, or you called the agency. What         |
|   | was the conversation about?                                                             |
|   | A: I asked him, "I don't wanna be an extra driver on the car because I've been          |
|   | contacted by somebody at the insurance agent. I don't like what I heard". I don't       |
|   | even know what I said I was upset. And I, I'm not sure what I said. I just said I don't |
|   | wanna be on, listed as an extra driver. I don't want anything to do with it. I've never |
|   | driven her car, by the way. Never.                                                      |
| 6 | A: He said if you come off her insurance, they'll cancel her and I don't understand     |
|   | that part. He didn't say why, he just said they'll cancel her insurance.                |

### CLAIM #: (policy number) INTERVIEWED: RAY WILDER

- Q: Hey Ray, Steve Fuller.
- A: Hi. I just got a call from Rozana and I had to hang up on her.
- Q: Okay.
- A: She's screaming at me about stuff I don't even understand what she's talking about.
- Q: Oh. Okay. I'll speak with her when...
- A: I don't even know what she's talking about.
- Q: Okay.
- A: I'm not trying to set her up for to get in trouble. I don't know her business. I tried to explain that to her.
- Q: Okay.
- A: And I don't wanna, you know, why am I dealing with this?
- Q: Alright.
- A: I mean all I did was sit...
- Q: Alright, do you have a few minutes?
- A: Yeah, I do.
- Q: Is it alright if we record this?
- A: Go ahead.
- Q: Hold on, let me get it. Okay, I'm just gonna read, just for the record, Ray I'm going to reintroduce myself, just to identify.
- A: Yup.
- Q: Good Morning Ray, my name is Steve Fuller with Arbella Insurance, talking to you from my office. It is Tuesday 11:30 a.m. on December 13th. I'm speaking to Ray Wilder of

A: Yes. sir. Q: And that is where sir, in A: Yes, sir. Q: Okay. Ray could you, just for the record, state your full name and address please? A: My name is Ray N. Wilder Jr. I live a Massachusetts. Q: Okay and your date of birth sir? A: Q: Okay. Do you know your driver's license off hand? A: The number? Q: Yeah. A: I don't have my glasses on. I don't know if I can see it. Q: Okay good thank you Ray. Just for the record that is the same number that is on the policy that we're speaking about. A: The policy is not in my name, is it? Q: No, no, no let me just ask you some questions. This is under Rozana Lima. She is apparently a girlfriend of yours. Is that correct? **A**: Pretty soon to be ex-girlfriend. Okay. Just like we discussed this morning Ray, the reason for my call is that Q: we're just trying to verify certain information on this policy and we have you listed as an operator for her business and It lists you as a salesman and driver for the business of internet sales and you operator her Ford Contour, white, licensed This is the information that has been given to us. Now, what can you tell me about what has happened on this transaction? How did this come to be?

She had asked me if I would go to her agent with her because he wanted a

were just dating, I believe. I joined her at the agent, I don't...

check for payment on her policy and she gave me cash in return. So, I went with her to her agent. I don't even believe we were living together at the time. We

A:

Q: Do you remember where? A: Yeah, It was in Everett. Q: Okay and do you remember when? A: It was during the summertime sir. Couple of months ago, I don't know exactly. Q: Okay. Go ahead. A: So, I took her cash and I wrote a check to the, 2 checks, because I didn't have enough money in the bank at the time to pay the whole amount. So, I wrote 2 checks for 2 separate weeks to the agent. Q: Do you remember how much those were? A: No. I don't. Q: Okay. This is back in the summer you say, huh? A: Yes. Q: Okay. A: And I witness her give her title to the agent. Q: You what now? A: I witnessed her give the title of the car to the agent. Q: Oh you did? A: Yeah. Q: Now how come you had the title? A: I didn't have the title, she did. Q: She did, okay. A: She gave the title. Q: Now what was the purpose for you paying for the monthly insurance premium? A: She doesn't have a checking account, so she gives me the cash and I write a check.

- 🦳 Q: Okay. You...
  - A: She has a joint account with her daughter and for some reason she doesn't have checks. I didn't think anything of it, just took the money and would deposit it and write a check.
  - Q: You said they asked you to be, asked you if you wanted to be a listed driver on the policy?
  - A: Yes.
  - Q: What was that all about?
  - A: They asked me if I wanted to just as I'm saying, they said, "Would you like to be an additional driver on there?" and I said, "Well, I don't mind." I said, "If something happened to my car or you know something happened to her that I could use her car, yeah, why not, put me on." I mean I have additional drivers on my car.
  - Q: Umm hmm.
  - A: So, I didn't think anything of it.
  - Q: Umm hmm. And were you aware that you were listed as a salesman and a driver for the company?
  - A: No sir.
  - Q: No. Okay, her company is listed as internet sales. I don't know if you knew anything about this. How long have you known her?
  - A: For a few years. I dated her off and on for probably, I've probably known her for 4 years.
  - Q: Okay. Yeah the name is, well again this is the business that you're listed on to drive, it's called Rozana Universal Sales, You know anything about that?
  - A: Nothing.
  - Q: Nothing at all. Okay.
  - A: Nothing.
  - Q: Do you know, was it ever mentioned to you by the agency and by the way, who at the agency did you deal with? Do you remember?

|    | A:          | I told you his name earlier. Let's see if I have it handy.                                                                                                                                       |
|----|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Q:          | You did. Daniel?                                                                                                                                                                                 |
|    | <b>A:</b> . | Yeah, Daniel something.                                                                                                                                                                          |
|    | Q:          | <b>Qkay</b>                                                                                                                                                                                      |
|    | A:          | Hold on, I think I've got it here.                                                                                                                                                               |
|    | Q:          | Sure.                                                                                                                                                                                            |
|    | A:          | Daniel Delime.                                                                                                                                                                                   |
|    | Q:          | Okay.                                                                                                                                                                                            |
|    | A:          | D-E-L-I-M-A.                                                                                                                                                                                     |
|    | Q:          | Okay and it was his idea you said?                                                                                                                                                               |
|    | A:          | Yes.                                                                                                                                                                                             |
|    | Q:          | Okay. And she                                                                                                                                                                                    |
|    | A:          | I didn't think of anything of it. It's done all the time. I mean                                                                                                                                 |
|    | Q:          | Umm hmm.                                                                                                                                                                                         |
|    | A:          | You get an extra driver on it. All you gotta say is, "Have them on my car."                                                                                                                      |
|    | Q:          | Now, you spoke with him awhile ago you said, or you called the agency. What was the conversation about?                                                                                          |
|    | A:          | I asked him, "I don't wanna be an extra driver on the car because i've been contacted by somebody at the insurance agent. I don't like what I heard". I don't even know what I said I was upset. |
|    | Q:          | Umm hmm                                                                                                                                                                                          |
|    | A:          | And I, I'm not sure what I said. I just said I don't wanna be on, listed as an extra driver. I don't want anything to do with it. I've never driven her car, by the way. Never.                  |
| () | Q:          | Do you know what kind of car she has?                                                                                                                                                            |
|    |             |                                                                                                                                                                                                  |

- A: Yeah. She's got a Ford Contour. I don't know the plate number off hand but it's green, it's not white.
  - Q: Okay. Have you ever driven the Acura? She has an Acura as well. Have you ever driven that?
  - A: No.
  - Q: Okay.
  - A: No, no.
  - Q: Now, what did Daniel say something to you about her not having a license or what did you earlier say?
  - A: No, I don't think he said anything about her not having a license. I think he said something about that, I, it's really unclear to me. I was upset. As a matter of fact, I slammed the door to my office because I was yelling and I slammed the door and they told me not to do that, you know?

    To take my personal business outside, so...
  - Q: You mean your company?
  - A: Yeah.
  - Q: Oh, okay. Well, I don't want to put words in your mouth but you earlier said just 30 minutes ago that, this is a way for her to get insurance on the vehicle, is to use your license. You didn't say that?
  - A: He didn't say it like that.
  - Q: How did he say it?
  - A: He said if you come off her insurance, they'll cancel her and I don't understand that part. He didn't say why, he just said they'll cancel her insurance.
  - Q: Oh.
  - A: How can they do that if she has a premium, I'm not..
  - Q: Okay. Okay. I see.
  - A: That's what he said, he said they'll cancel her insurance.
  - Q: Umm hmm.

- A: And I said, "What are you talking about?" And that was about it, you know, I said, "Look, I'm not gonna get entwined in, in this. Take me off as a driver. I want nothing to do with it."
  - Q: Okay.
  - A: And that was it, you know?
  - Q: They'd...
  - A: Why would he cancel her? I mean, I don't know.
  - Q: Well, it's something the insurance department would answer.
  - A: Why would he give her a premium in the first place?
  - Q: Yeah, I can't answer that right now Ray, to be honest with you. I mean certain things we have to talk to Rozana and get her side of the story also. Which...
  - A: Well, I don't have any side it's just that I was asked to be a driver. I don't know anything about her business and I don't wanna be listed as a driver anymore and I never drove her car.
  - Q: Okay, that's fine. You don't know anything about Universal sales right?
  - A: Nothing.
  - Q: Okay.
  - A: Nothing.
  - Q: She does live at the same place you did, you do, for a period of time?
  - A: Yes.
  - Q: Okay and the reason why you pay the insurance because she has no checking account.
  - A: That's correct.
  - Q: Alright, she hands you, gives you cash at certain times of the month and you convert that and you pay them?
  - A: Yeah and all the proof is the deposits that go in my bank.

|  | Q: | Sure. Absolutely. Have you ever filled out anything over there? Signed anything or just provided you license?                                                                                            |
|--|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | A: | Just provided my license. I never signed anything that I remember.                                                                                                                                       |
|  | Q: | Okay. They've never promised you anything? They would give you anything or thanks for helping or anything like that?                                                                                     |
|  | A: | No, no, nothing, no.                                                                                                                                                                                     |
|  | Q: | Okay.                                                                                                                                                                                                    |
|  | A: | No, I would have got suspicious that they would offer me something. Why would you offer me something for being a driver?                                                                                 |
|  | Q: | Sure, sure.                                                                                                                                                                                              |
|  | A: | You know?                                                                                                                                                                                                |
|  | Q: | Okay. Anything else that comes to mind Ray that you think might be important?                                                                                                                            |
|  | A: | I just don't like the flavor of this whole thing.                                                                                                                                                        |
|  | Q: | Okay.                                                                                                                                                                                                    |
|  | A: | I mean, why would I be bothered for offering to be an extra driver and nothing more than that. You know, I'm confused.                                                                                   |
|  | Q: | Well, you know                                                                                                                                                                                           |
|  | A: | l don't even know what's wrong.                                                                                                                                                                          |
|  | Q: | We may be confused also because you know, I'm reading right here, the documents in our file that you're listed as a driver and a salesman for this company. What more can I say? I'm not making this up. |
|  | A: | I'm not asking, I'm not accusing you of making it up but I work for in Mass. I'm a laser manager.                                                                                                        |
|  | Q: | Umm hmm.                                                                                                                                                                                                 |
|  | A: | I've been here for 3 years. I've been a metalfor all my career I am not, I do a certain amount of selling for but I do not work in any way for Rozana Lima.                                              |
|  | Q: | Okay.                                                                                                                                                                                                    |
|  |    |                                                                                                                                                                                                          |

- A: I don't know anything she does. She could be selling gummy bears to a supermarket for all I know.
  - Q: Gotcha.
  - A: I never, dove into her business because I'm not married to her. She lives with me and we've talked about ending the, you know, the relationship for whatever reason.
  - Q: Okay, you...
  - A: So I mean I don't know any more than that. I know she's having health issues and you know, other issues and I have no reason at all to question her or doubt her. I mean she goes to church 7 days a week and I wouldn't think that she would try to deceive me but obviously there's something behind all this.
  - Q: Umm hmm.
  - A: I've never been questioned before since I've been driving. Since I was 15 and a half and never been questioned about being put on someone, as an extra driver. So, this whole thing is a little suspicious to me, at the very least. I'm trying to understand it and you know. And I can only tell you what I know and what I don't know and I don't know what's going on and I don't want to be an extra driver. I can tell you I haven't done anything wrong, I've never even driven the car!
  - Q: You have your own car right?
  - A: Yes. I have an 10' Camaro and before that I had 2 cars. I had a 10' Camaro and a Isuzu, I would drive in the winter and this In the summer but I had trouble with the Isuzu, so I got rid of it.
  - Q: Gotcha.
  - A: And I'm gonna try to get another, the weather's been really good, thank god.
  - Q: Umm hmm.
  - A: That I've been able to drive the Camaro but I drive it every day.
  - Q: Okay. Airight, I appreciate it Ray. You were aware that this is recorded conversation, right?
  - A: Yes.
- Q: I'm gonna turn it off.

A: And if they wanna put me down as the President of the United States that's fine but it doesn't mean it's true. Q: Right, right. I just hope, I didn't sign, I don't remember signing any documents. A: Q: Umm hmm. A: I hope they didn't slip me a document to sign and I didn't pay attention. Q: Yeah, I'm just asking. I don't know. Only a couple of months ago, right? A: Well, it was during the summer. It was probably around July time frame, June time frame, I don't know. Somewhere around there. Q: Yeah. A: I don't when the policy, when the policy started. Q: Right. Nothing else was said? Nothing else at that meeting that you could think of? A: No, I mean, just, it went smooth. I mean I gave them the money. He gave her her, he sent, nah I don't even think he gave her the policy. I mean that was it, vou know? Q: Okay. A: Gave him what he wanted so she would get insurance and then ... Q: Did you do this, did you make this arrangement also at another period of time with another insurance company? A: No. Q: You know the previous carrier? A: No. No sir. Okay, so this is the first time you've helped out on this. Q: **A**: Yes. Yeah. Q:

And I don't even look at it as helping out.

A:

Q: Uh huh. A: I just look at it as, look I'm an extra driver, you broke your leg, you need me to drive your car. Q: Yeah. I'll drive your car. You follow me? A: Q: What did this guy over at, Daniel, at Rapos say to you just awhile ago? What was he saying? He just said that they could cancel her insurance and I said, "For what?" A: Q: Uh huh. And you know, he didn't tell me and then he said, "I'll make sure I take your A: name off." Okay. He said that. Q: And she called me up yelling. A: Q: Okay. A: So... Q: Did she have correspondence with him over the telephone? A: What do you mean? Q: Just awhile ago? A: Yeah. Q: Okay. Yeah, he did. But it was only to tell him to take me off the policy. A: Q: Umm hmm. A: I don't warma be on the policy. Q: Okay. And there's nothing wrong with that. I haven't driven the car. So whatever they A: accused me of, if I'm not on the policy...

Q: Umm hmm. A: Then I don't have to worry about anything, right? Q: Right. A: Not that I had to worry anyways cause I didn't do anything. Q: Does she, does anybody else drive her cars, you know? Like a son or a daughter or somebody like that? That you know of? A: Not that I know of. Q: Okay. Alright, I appreciate it Ray... A: Listen, I know she has a daughter that drives the Acura. Q: Oh, okay. Really? Do you know what her name is? A: It's a Brazilian name, you know, you're asking me. I'm not really sure. Q: That's okay but her daughter drives the Acura? **A**: Yeah. Yeah, I don't know any more than that either. Q: And Rozana drives the Contour. **A**: Yes. Q: Okay. A: And I never drove it. I've been it while she's driven it. O: Umm hmm. A: But I haven't driven it. Okay. Thank you very much Ray, if anything else comes to mind, can you give Q: me a call? A: Yes, I mean...

Q:

A:

Appreciate it.

You know, listen, if she asked me to see my license. I would say, "What for?"

- 🦳 Q: Umm hmm.
  - A: So you know, what do you want to see my license for?
  - Q: You don't know if she has a license do you? Is that something you don't even, you're not interested in?
  - A: I'm not, I do care, she should have one.
  - Q: Umm hmm.
  - A: But I never inquired about it.
  - Q: Okay. So nothing you talked about with her.
  - A: No, no.
  - Q: Okay. Airight.
  - A: No, why would I do that, you know?
  - Q: Yeah.
  - A: I mean she never even, I mean she drives well. She's been in this country for a long time. I would imagine that she must have a license. I mean how can you not have a license and get a policy?
  - Q: Umm hmm.
  - A: You know, it doesn't make any sense.
  - Q: Right. Alright Ray...
  - A: Now look.
  - Q: Yeah?
  - A: I just wanted to point out something.
  - Q: Yeah. Go ahead.
  - A: Here's what I thought about.
  - Q: Uh huh.

- A: And I asked my insurance agent, they can't give her a policy when she has a license. So, I'm not an insurance guy but you know, I gotta believe that she's got a license. I mean, how did she get a policy?
- Q: Umm hmm. Okay.
- A: Unless they, the only other thing I can think of is, you know, they pull a fast one on me but, my goodness, I would sue the insurance company. But then, wouldn't the policy have to be in my name and the title of the car have to be in my name?
- Q: I don't know. What do you mean by, "pull a fast one?" What do you mean by that?
- A: In other words, instead of using me as the extra driver.
- Q: Umm hmm.
- A: They would say I was going to be, the car was going to be in my name. But then the policy would have to be in my name and the title would have to be in my name.
- Q: Umm hmm.
- A: So, that doesn't make sense. I mean, I don't know a lot about it.
- Q: Yeah.
- A: I just know that, how can she have a policy in her name and I can understand her saying I'm a salesman and not being true and I don't know why she would do that.
- Q: You can understand that? What do you mean by that?
- A :Oh no no no no. I mean, I'm sorry. I can understand why she would, maybe, call me a salesman.
- Q: Okay.
- A: I can't. I meant to say, "I can't understand it."
- Q: Okay. Gotcha.
- A: You know. It doesn't make sense.
- Q: Alright.

Because I don't know anything about and, her business, you know, obviously. A: she must, she does have income. Q: Umm hmm. So she very well could have some sort of a business. I don't know. A: Where does she go to work every day? Q: I believe she works in electronics up in Newburyport. A: Q: ·Okay. I believe that, you know, the computer thing must be a part time thing. A: Q: Okay. A: Cause she's on it after work. Umm hmm. Okay. Thank you very much Ray. Q: I mean what does this all boil down to me? I mean are you gonna make sure you A: get me off the driver? Well, we're certainly gonna pass this information on to the people that take care Q: of this. And I'm gonna pass on that you don't wanna be on here anymore. You've already made that clear to the agency, so I'm sure in the very near future that's gonna be done at the earliest time. Well, here's my problem. Here's my problem. A: Yeah. Q: You wouldn't be questioning me, one thing I do know, you wouldn't be A: questioning me or investigating this unless there was a rat somewhere. I don't want to be entwined in any kind of illegal, if there is any. Okay. Q: I don't know if there is, I don't know if there isn't. I don't have enough A: information. Uh huh. Q: But I don't wanna be entwined in any of that, so, you know please bare that in A:

mind.

- Q: I will. I'll make that note.
  - A: And you know, also, if anything is going on, I certainly didn't know that I was being put down as a salesman. You've got to be kidding me.
  - Q: Okay. Hey, that's why we're calling. We're trying to verify all aspects of the information on this policy. You know, as well as others. We just didn't pick this out of the pack. We've got a lot of these. We want to just verify.
  - A: Well, can I just ask you one question, sir?
  - Q: Uh huh.
  - A: Hopefully, you can answer it.
  - Q: Yeah.
  - A: What's the follow to this for me? I mean, here I am, trying to do an innocent thing, trying to help pay cause she doesn't have a checking account. I should have told her to get a money order and stay out of if completely.
  - Q: Yeah. Ray, I don't know what the fall out is right now. I can't answer that until we have all the facts in front of us. I have still have yet to speak with Rozana.
  - A: Well, the thing you got to understand is, everything I've told you was the truth.
  - Q: Okay.
  - A: I wouldn't of had you record it.
  - Q: Alright,
  - A: One, and I would absolutely say the same thing under oath.
  - Q: i appreciate it.
  - A: So, I don't know what else to tell ya.
  - Q: Okay. There's nothing more. If there's no other information you think is pertinent to this then, so be it, that fine. I appreciate your, your cooperation.
  - A: Well, I just wanna make sure that I don't have to look over my shoulder for something I didn't do.
  - Q: Yeah, well. I doubt it, I doubt it. So, let us just finish up here and hopefully I'll be able to speak with her today.

- A: Okay.
  - Q: Thank you Ray.
  - A: Oh you're welcome
  - Q: Alrighty buh bye.
  - A: Well, let me know how this turns out?
  - Q: I will. Anything else, give me a call.
  - A: Well, doesn't it matter that I never even drove the car?
  - Q: Yeah, you know. I don't know. This is the first I've ever heard of it. You've never driven the car, so, one would think that you're a salesman for this company of hers, you're a driver. I would have thought you've driven the car every day. You know so, you're telling me otherwise.
  - A: I never drove the car.
  - Q: Yeah. Duly noted.
  - A: I've got my own car.
  - Q: Okay. Thanks Ray.
  - A: And I don't work for her.
  - Q: Thank you sir.
  - A: I mean isn't that why, well this is the last time I will ever volunteer to be a spare driver for anybody.
  - Q: Yeah, that's probably a good idea.
  - A: Yeah, well. She was my girlfriend, I mean, she sald would you be an extra driver and I said, "Yeah, I don't mind." You know, she said you know I might need a ride, it makes it legal. I mean that's the way it was put to me and I said, "I don't mind." I mean if I drive the car, I've got a good driving record.
  - Q: Umm hmm
- A: I really don't mind. It turns out, I wake up in the morning and I got a message from you and I didn't really take it that serious and now I'm taking it very serious.

- 🔌 Q: Umm hmm.
  - A: I'm really not taking, well I am taking it serious, but I'm not because I never drove the stupid car.
  - Q: Okay.
  - A: You know and the policy was not in my name.
  - Q: Yeah I know that.
  - A: If the policy was in my name I guess I would be worried but it's not in my name. The car was not, the title was not in my name. Nothing is in my name. Other than I'm to be an extra driver. As far as driving that car and being a salesman. Absolutely not.
  - Q: Okay.
  - A: I can have the owner of where I work testify I am at work every single day.
  - Q: Umm hmm.
  - A: And I do not drive for her. I do not know about her business. She could have one. Keep that in mind but I don't know anything about it. I certainly do not enjoy the proceeds if there are any.
  - Q: Yeah. Airight sir. Thank you Ray. I'll talk to you later.
  - A: it's important I'll say it a second for the second time. Nobody offered me anything.
  - Q: Okay.
  - A: I mean, I just thought it was routine what they were doing.
  - Q: Okay.
  - A: Alright?
  - Q: Thank you.
  - A: Are we square?
  - Q: Yeah, we're square.
  - A: Alright, will I hear from you again?

- Q: Yeah, you probably will.
  - A: Okay.
  - Q: Thank you Ray.
  - A: Alright
  - Q: You have a good one.
  - A: Okay.

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## **END OF STATEMENT**

## **EXHIBIT B**

## **Application Documents for Commercial Insurance**

| A         | CO                      | RD°                                                                                     | werent C                                             |                                    | ŔĊĹ                 | LIS<br>AL INS | BLIF            | SANĈ                          | ulbmi<br>F 1    | tte                  | Date                 | Tick                  | 2011                                                        |                  |                |                    |                 |              |
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| STA       | TUB OF                  | TRANSACTE                                                                               |                                                      |                                    | PACK                | AGE PO        | RT版<br>LICY     | CK CARGO<br>N MORE            | ATIO            | <u>.</u>             | TRUCKE               | PSILID TO             | CARRIER                                                     | 1                | <u> </u>       |                    |                 |              |
|           |                         | 1861<br>Tathography Attac<br>Tathography Attack                                         | LEPOLICY  Th Caret                                   | RENEW                              | ENER'               | HIS INFOR     | MONAL           | WHEN CO                       | MON             | DATES                | AND TERM             | SMSKYT                | O SEVERAL L                                                 | NES              | ON POR IN      | RIV                |                 |              |
|           | CHANGE                  | DATE                                                                                    | 1000                                                 | AM                                 |                     | 02-2011       |                 | L SANT CHEE                   | uer.            | WAIE                 | 1 7 1                | 16.0                  | 2019                                                        | PAY              | BITPLAN        | - THE P            |                 | <u>rd</u> it |
|           | CANCEL                  | Maria                                                                                   | <u> </u>                                             | PM                                 |                     | <br>04-3011   | •               | 08-02                         | -20:            | 12                   | ┡┩┺                  | ENCA BATT<br>ECL BATT |                                                             |                  |                |                    | Me Jan          | _            |
| MANA      | Lipst Spills            | INFORMATIO<br>diseased & Ottori                                                         | N<br>Kamad krawinda                                  |                                    |                     |               |                 |                               |                 |                      |                      | /                     | 152                                                         |                  |                |                    | <u> </u>        |              |
|           | •                       |                                                                                         |                                                      |                                    |                     |               |                 |                               |                 |                      | HAZIND N             | DRIBEN                | CL ZP+4 (et l                                               | Great N          | minist limited | d)                 |                 |              |
|           | ZAMA L                  |                                                                                         |                                                      |                                    |                     |               |                 |                               |                 | į.                   |                      |                       |                                                             |                  |                |                    |                 |              |
| f         |                         | MA UNIVER                                                                               | SAL SALES                                            | 3                                  |                     | •             |                 |                               |                 | i                    |                      |                       |                                                             |                  |                |                    |                 |              |
|           | 100                     | g<br>iredi:                                                                             |                                                      | MICHIE<br>(AC, No                  |                     |               |                 |                               |                 | 4                    |                      |                       |                                                             |                  |                |                    |                 |              |
| 145       |                         |                                                                                         |                                                      |                                    |                     |               |                 |                               |                 | —-i                  | Washing.             |                       |                                                             |                  |                |                    |                 |              |
|           | ndividual<br>Partnersi  | CORPO                                                                                   |                                                      | STEP FATE<br>NOT FOR<br>PROFIT ORG |                     | ILC           |                 | GRE                           | (1)<br>  141    |                      | LOD) DESEL<br>Variet | <u> </u>              | - 1                                                         | _                |                |                    | DATE            | E BUILL      |
| MEFER     | TION CONT               |                                                                                         | MTURE .                                              | PROFIT ORG                         |                     | C. C.         | <b>.</b>        |                               |                 | <u> </u>             |                      |                       | _/_                                                         |                  |                |                    | 3672            |              |
| 工業生       |                         |                                                                                         | T A                                                  | INFERS:                            | ·                   |               |                 | ACCCU                         | 77896           | ECON.                | de Conta             | OT ROSE               | MA LIM                                                      |                  |                |                    |                 |              |
| PRE       |                         | <b>FORMATION</b>                                                                        |                                                      |                                    |                     |               |                 | الشادان ويس                   | . Š. A          | ĮŲ#                  | <u> </u>             | 1988                  |                                                             |                  | Selection      |                    | <u>.</u>        |              |
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| ]         |                         |                                                                                         |                                                      | •                                  |                     |               | <del>-</del>  - | INERDE                        | +-              | OWN                  |                      | <del> </del> -        | ļ                                                           | +                |                | - <del> </del>     |                 |              |
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| EVELOR    | ALL THE                 | <b>CREPONCES</b>                                                                        |                                                      |                                    |                     |               | YEN N           | D EULA                        | SI ATE          |                      | REE POMBI            |                       |                                                             |                  |                |                    |                 |              |
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| ANY PER   | NON VIEW                | KNOWNOUV AND                                                                            | 1127/2 (198                                          |                                    |                     |               |                 |                               |                 |                      |                      |                       |                                                             |                  | •              |                    |                 | Ì            |
| CONTAIN   | ng any i<br>Bytingur    | KHOWINGLY AND<br>IATERIALLY PALS<br>ANCE ACIT, WHICH<br>INSEPTIONIZE<br>IS AN AUTHORIZE | E INFORMATION AND AND AND AND AND AND AND AND AND AN | ON, OR CONK                        | ZEALS PO            | URANCE C      | OMPAN<br>RPQSE  | OF MELL                       | THER<br>ADMG    | PERSO                | W FILES              | N APPLIC              | ATION FOR                                                   | NEU              | ANCE OR        | TATEMENT           | OF CI           | AM           |
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|          | į,              | : lı         | <u> </u>           | CURRENCE                       | <del> </del>   |               |                |                     |                        |        |                                        |                  |                                                  |                                       | <del></del>                           |                         |                                                  |
| İ        | 1 5 4           |              | FIRE DAM           |                                |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       |                                       | <u> </u>                |                                                  |
|          | Ä               | H            |                    | D(PISVSE                       |                |               |                |                     |                        |        |                                        |                  | <del>                                     </del> |                                       |                                       |                         |                                                  |
| j        | - <u>-</u>      | . jā         | BODILY             | COCURRENCE                     |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |
|          | Í               |              |                    | AGGREGATE                      |                |               |                |                     |                        |        |                                        |                  | <del></del>                                      |                                       |                                       | <u> </u>                |                                                  |
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| •        |                 |              | OTAL PREM          | LIM .                          |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |
| I        |                 | _            | ARRIER             |                                |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       | <del></del>                           |                         |                                                  |
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| 1        | Ŷŀ              | 1            | CLICY TYPE         |                                | <u> </u>       |               |                |                     |                        |        |                                        |                  | <del> </del>                                     |                                       |                                       |                         |                                                  |
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| - 1      | <u> </u>        | l            | MATERIAL STATE     | EA PÉRSON                      |                |               |                |                     |                        |        | •                                      |                  |                                                  |                                       |                                       |                         |                                                  |
| - 1      | ĻŢ              | -            |                    | EA ACCIDENT                    |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |
| - 1      | _               |              | ROPERTY D          |                                |                |               |                |                     |                        |        |                                        |                  | <del></del>                                      |                                       | · · · · · · · · · · · · · · · · · · · |                         |                                                  |
| - 1      | i               |              | <u>ODIFICATION</u> |                                |                |               |                |                     | •                      |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |
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| إجانوس   |                 | <u> </u>     |                    |                                |                |               |                |                     |                        |        |                                        | <del></del>      | <del></del> -                                    |                                       |                                       |                         |                                                  |
| ( )      |                 |              | TICA MARIE         | ER                             |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |
| V-127    | Ř               | _            | NICY TYPE          |                                |                |               |                |                     |                        |        |                                        |                  | <del></del>                                      |                                       | <del></del>                           |                         |                                                  |
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|          | T<br>T          |              | BUILDIN            | G ANT                          |                |               |                |                     |                        |        |                                        |                  | <del></del>                                      |                                       |                                       |                         |                                                  |
|          | Ÿ               |              | PERMIP             | IOP AMIT                       |                |               |                |                     |                        |        |                                        |                  | <del></del>                                      |                                       |                                       |                         |                                                  |
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| ı        | -               | -            | EXP DATE           |                                |                |               |                |                     |                        |        |                                        |                  | <del></del>                                      |                                       | <del></del>                           |                         |                                                  |
|          | r               | ΠМ           |                    |                                | -              |               | •              |                     |                        |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |
| J        |                 |              | <u> DIFICATION</u> |                                |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       | <del> </del>                          |                         |                                                  |
| با       |                 |              | AL PREMIU          | M                              |                |               |                |                     |                        |        |                                        |                  | <del></del>                                      |                                       | <del></del>                           |                         |                                                  |
| - 1      |                 | H            | BTORY              | Language Maria                 |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |
| 퉏        | ik Ti           |              | DO SY              |                                | SEAMO OF PA    | ULT AND WHE   | THER OR N      | OT IMBU             | RED) OR OC             |        | VCES THAT                              | LAY GIVE R       | SETO CLAIMS                                      | X SKR                                 | T 1921                                | YA r Zros               | -                                                |
|          | Di<br>CCCI      |              |                    | LONE                           | TVBtsmax       | CRIPTION OF C |                |                     |                        |        |                                        | 1                |                                                  | 1 F NON                               |                                       |                         |                                                  |
| ┝        | -               |              | -                  |                                |                | CHARLICH OF C |                | GEOR CI             | LAM                    | ] •    | DATE<br>OF CLAIM                       | 1                | AMOUNT<br>PAID                                   | , a                                   | AMEDICAL T                            | 1.30                    |                                                  |
| -        |                 |              |                    |                                |                |               |                |                     |                        | T      | ······································ |                  |                                                  | <del> </del>                          |                                       | 0.48                    | CLEO                                             |
| $\vdash$ |                 |              |                    |                                |                |               |                |                     |                        |        |                                        | 1                |                                                  | +                                     |                                       |                         | ┯┪                                               |
| <u> </u> |                 |              | <del> </del> -     |                                | ·              |               |                |                     |                        |        |                                        | 1                | <u> </u>                                         | +                                     |                                       |                         | ╀┷┩                                              |
| -        | MARI            | Ke           | Fisher:            |                                |                |               |                |                     |                        |        |                                        | _                |                                                  | +                                     |                                       |                         | <del>                                     </del> |
| -   "    |                 |              | MIN (ME)           | DELITY REQUI                   | NES A FIVE YE  | AR LOSS HESTO | ERY            |                     |                        |        |                                        |                  |                                                  | ATTACES                               | MENTS                                 | L_                      |                                                  |
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| -        | i Ci            | UPY          | OF THE NO          | THE OF INFOR                   | MATION PRA     | TIOES (PRIVA  | CY) HAS BI     | REN, OIV            | ENTOTHE                | PPLICA | WY. (Not a                             | policable in all | elates, consult you                              | TARRET OF THE PART                    | Additional Pag                        | <del> </del>            |                                                  |
| Pi       |                 |              |                    |                                |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |
|          | T80             | NAL          | AND PRIV           | LEGED LYFO                     | RMATION CO     | CTECLED BY    | TUBOR O        | v PCIR ()<br>LIR AM | reurande<br>Buts May I | AND 8  | UBSEQUI                                | ENT POLICY       | FROM A CRED<br>RENEWALS. SI<br>SI BE DIBCLOSI    | CH INFORM                             | ATION AS WELL                         | ۴۱ التاريخ<br>AS 1011 م | HER                                              |
|          | TAIL            | بري<br>ا 190 | DESCRIPTA          | IO MAVE T报<br>ON OF YOUR I     | RIGHT TO PA    | EVIEW YOUR    | PERSON         | L INFO              | RMATION                | OUR    | FILES AN                               | id CAN HEG       | ES BE DIBOLOSI<br>LUEST CORRECT                  | ED TO THIRE<br>NON OF ANY             | PARTIES WITH                          | OUT Y                   | OUR                                              |
| TIN      | 5TRU            | CI           | ONS ON H           | TWITO SUBMI                    | TA REQUEST     | TO US.        | RELIA<br>      | KUNG.               | auch INFO              | RMATIC | DN IB AVA                              |                  | WEST CORRECT<br>IN REQUEST. C                    | INTACT YOU                            | R AGENTOR B                           | o. 八朝<br>NOKER I        | JICE  <br>FOR                                    |
| A        | JUR             | <b>D</b> 1   | <b>25 (200)</b>    | HU <b>6)</b>                   |                |               |                |                     |                        |        |                                        |                  |                                                  |                                       |                                       |                         |                                                  |

Submitted Date 08 .\_1-2011

Name and Address

ROZANA LIMA

## Additional Information

#### APPLICANT INFORMATION :

Status of Transaction; Substitting for Issuance

#### PAYMENT PLAN :

Billing Mathod : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Check Down Payment Amount: \$140.00

## ADDITIONAL ATTACHMENTS IMPORMATION :

File : ROHANA DALIMA.pdf
Document Type : Other

## MISCELLANGOUS INFORMATION :

Sic. Code

#### ACEST REMARKS :

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|             | væ            | War e                  |                                              | SCRIPTIO |          | Refere      | nce                                    | # CA-2       | n3-214         | 15           |                                        | 8                                                | ubmit                                        | iter           | i Da          | ta C           | -⊾. 8                                              | 2011            |              |              |                                              |           |               |
|-------------|---------------|------------------------|----------------------------------------------|----------|----------|-------------|----------------------------------------|--------------|----------------|--------------|----------------------------------------|--------------------------------------------------|----------------------------------------------|----------------|---------------|----------------|----------------------------------------------------|-----------------|--------------|--------------|----------------------------------------------|-----------|---------------|
| 1           | 4             |                        | YEAR                                         | HAKE TO  |          |             | <u>(CO</u>                             | RD 129 1     | <u>litache</u> | d for        | additional ve                          | hlok                                             | 18                                           |                |               |                |                                                    |                 | ٠            |              |                                              |           | •             |
| ł           | 900           |                        | 99                                           |          | _        | OUR GL      |                                        |              |                | 製            |                                        |                                                  | •                                            |                |               |                | VEHCL                                              | TYPE            |              | EDAUEYS      |                                              | COST      |               |
| No.         | Carr          | STATE                  |                                              | I MA     |          | our Gu      | _                                      | 65           |                | VIN:         | ·                                      |                                                  |                                              |                |               | X P            | • □•                                               | PEC             | COST         | . [          | ند و                                         | 310       |               |
| الشريط      | 翻             | , STATE<br>HERE<br>AGE |                                              | 1 404    |          |             |                                        | STATE<br>MA  | ) 1666<br>7    | • 1          | GVW60#                                 |                                                  | O.                                           | ASS            | $\neg$        | Sic            | FAI                                                | AUR             | SEAT C       | P RADIUS     | ┭                                            | ARTHER    | TERM          |
| - 1         | Dist.         | E TO                   | _ ]                                          | 188      | Т        | COMMIT      | 16                                     |              |                | IN NO        | N. Company                             | • •                                              | 7391                                         | O              | L             |                | 20°-                                               |                 |              |              | -0.5                                         |           |               |
| - 1         |               | 4 侑畑                   |                                              | PLEARL   | <b></b>  | RETAIL      | 톭                                      | VERAGE       | 1              | IDIL NO      |                                        |                                                  | 7                                            |                | LSP           |                | FEET STATE                                         | DED             | ÜÈMLE        | BACY         |                                              | COMP      | 18.5          |
| 1           | -             | 15 MLE                 | 8+                                           | FARM     | Ī        |             |                                        | LEAR         |                | ED PAY       | 100%                                   |                                                  | FT                                           |                | COMF          | · $\square$    | ra                                                 |                 | мΓ           | STANT        | 8                                            |           |               |
| Ţ           |               | geri                   |                                              |          |          | THICK       | ــــــــــــــــــــــــــــــــــــــ | NO.<br>PAULT | X L            | HOR_         |                                        |                                                  | FTW                                          |                | COLL          |                |                                                    | 8               |              |              | <u></u>                                      |           |               |
| ſ           | VEN           |                        | BAR                                          | MEARIE:  |          |             |                                        |              |                |              |                                        |                                                  |                                              |                |               |                |                                                    | TOE             | AL PRES      | \$           |                                              |           | COL           |
| I           |               |                        |                                              | Money.   |          | -           |                                        |              |                |              |                                        |                                                  |                                              |                |               | _              | VEHECL                                             | TYPE            |              | SYMMOL       |                                              | COSTIU    | 767           |
| - 13        | CITY,         | STATE,                 |                                              |          |          |             |                                        | BIATE        |                | Ville        | A DUIG COL                             |                                                  |                                              |                |               | P              | P   8                                              | 720             | COM          | i            |                                              |           |               |
| L           |               | STATE,                 |                                              |          |          |             |                                        | STATE        |                | ' [          | <b>évilica</b>                         |                                                  | Ca                                           | ASS            | 1             | 810            | FA                                                 | CTOR            | SEATO        | PRADIUS      | 1                                            | Aluna     | TERM          |
| I.          | ءِ آٺ<br>خان  | TO                     | <u>. T</u>                                   | 模式       | Ŧ        | COMME       | 9                                      | ASIS         | A              | ITL NO       | LI I I I I I I I I I I I I I I I I I I | _                                                | <b>.</b>                                     | <u>.</u>       | L             |                |                                                    |                 | <u> </u>     |              | 1                                            |           |               |
|             |               | 16 tags                |                                              | PLEASU   | RE       | RETAIL      | 1.00                                   | 1440         | 1 -1           |              |                                        | <b>!</b> —                                       | F                                            | Ш              | LEP           |                | H3/49<br>H5/1                                      | - 100           | UCTOLLE<br>C | ACV          |                                              | COMP      | 智部            |
|             |               | Ś IALES                | <u>+</u> [                                   | FARM     | Г        | SERVICE     | -                                      | <b>133</b>   |                | DPAY<br>B    | TOWNS                                  | <b> </b>                                         | F                                            |                | COM           | <b>,</b>       | FG                                                 |                 | AA L         | STAIN        | 8                                            | _         |               |
|             |               |                        |                                              |          |          | <del></del> |                                        | TENGT.       | i M            | HOR.         | BPSC<br>CCF1                           | ٠                                                | FW                                           | I              | COLL          | 11             |                                                    | 8               |              |              | \$                                           |           | COL           |
| - 1         | رزهن          | F 171                  | AR.                                          | MAKE     |          |             |                                        |              |                | <b>17</b> 12 |                                        |                                                  |                                              |                |               |                |                                                    |                 | AL PREE      |              |                                              |           |               |
| L           |               |                        |                                              | Cionel;  |          |             |                                        |              |                | VIII:        | <del></del>                            |                                                  |                                              |                | <u> </u>      | <u></u>        | VERNOL                                             | r-              | <b>.</b>     | Sym/ase      |                                              | COST N    | W             |
| ş           | 11.5          | TATE,                  |                                              |          |          |             |                                        | STATE        |                |              | 6)Attacsu                              |                                                  |                                              | ABS            | <del></del> - | 1 P.           |                                                    | PEO  <br>CTOR   | COM          |              | \$                                           |           |               |
| Į           | ASI AC        | SED .                  |                                              |          |          |             |                                        | SAME         |                | 1            |                                        |                                                  | . "                                          | 2100           | - 1           | 200            | PA.                                                | witore          | SEAT C       | PADILIS      | '   F                                        | ARTHER    | TERM          |
| ·   §       |               | 10<br>50:00            |                                              |          |          | COMME       |                                        |              | TAS            | DI NO        | UNDRINS                                | <del>,                                    </del> | F                                            |                |               | <del>,</del> , | Table -                                            |                 | Derivi I     | <u>.</u>     | <del>,</del>                                 |           |               |
| <u> </u>    | →             | 16 MLE                 | _                                            | PLEASUR  |          | RETAIL      |                                        | LIAE         |                | DPAY         |                                        | $\vdash$                                         | -                                            | Н              | COM           | .⊢             | REMB<br>FG                                         |                 | الرواز ندار  | AC1          | 4                                            | COMP .    |               |
| -           |               |                        | <u>•                                    </u> | FREM     |          | SERV/CE     |                                        | PAIRT        |                | INS<br>IFOR  | STEEL STEEL                            | $\vdash$                                         | FINE                                         | H              | COLL          | <b>~</b>       | FO                                                 |                 | AA L         |              | ` <u>\$</u> _,                               |           |               |
|             |               |                        | 2=-1                                         |          |          |             |                                        |              | <u> </u>       | III.         | I TOTAL                                | Ь.                                               |                                              | ш              |               | اا             |                                                    | - 15            | AL PAR       | -            | 3                                            |           | COL           |
| - [ '       |               | · YE                   |                                              | BAKE:    | •        |             |                                        |              |                | 盟            | <del></del>                            |                                                  |                                              |                | 7             |                | VEHEL                                              |                 | AL PAS       | SYMASE       | <u> </u>                                     |           |               |
| <u> </u>    |               |                        | 1                                            | HODEL:   |          |             |                                        |              |                |              |                                        |                                                  | •                                            |                |               |                |                                                    | Mee             | Goan         | GIMAGE       |                                              | COSTRE    | W             |
| 2           |               | KATE.<br>BRE           |                                              |          |          |             |                                        | SIX          | TERS           |              | CAMBON                                 |                                                  | CI                                           | LAES           |               | Sic            |                                                    | CIOR            | SEAT (       | P RAMUE      | <u>                                     </u> |           |               |
|             | <b>940</b>    |                        | 7                                            |          | _        |             |                                        |              | 1              | ı            | •                                      |                                                  |                                              |                |               |                | "                                                  |                 |              | - TOURIOR    | '   '                                        | ARTHEST   | TERM          |
| <b> </b>    |               |                        | _                                            | _        | L        | COMML       |                                        | A AGEN       | 씶              | PL NO        | <b>2</b>                               | T                                                | F                                            | ГТ             | LSP<br>43.1   | $\overline{1}$ |                                                    | O P             | None L       | <del></del>  | ┰┖╌                                          |           |               |
| Party.      | ~             |                        | _                                            | PLEASUR  | <u> </u> | RETAIL      |                                        | LIAS         |                | DPAY         | TOWNED                                 |                                                  | FT                                           | Н              | COMB          |                | FEINE<br>FG                                        | 1               | Г            |              |                                              |           |               |
| 31          |               | MEES                   | <u> </u>                                     | FARM     | L        | SHANCE      |                                        | NO.          |                |              |                                        |                                                  | FIW                                          | М              | COLL          | $\square$      |                                                    | 1               | AA [         | ST AM        | · •                                          |           |               |
|             |               | YE                     | <b>B</b> I                                   |          |          |             |                                        | <u> </u>     |                |              |                                        |                                                  |                                              |                |               |                | <del>.                                      </del> |                 | AL PAU       |              | <u> </u>                                     |           | <u>con</u>    |
| .[ ]        |               | 1 -                    | F                                            | EAKE:    |          | •           |                                        |              | !              |              |                                        |                                                  |                                              |                |               |                | VEHICL                                             | ETYPE           |              | SYMAGE       |                                              | COSTNE    | District Co.  |
|             |               |                        | Щ.                                           | Moster   |          |             |                                        | 1 145        |                | XIN;         |                                        |                                                  |                                              |                |               |                | ₽ [ ] (                                            |                 | COM          |              |                                              | Addit (2) |               |
| 岩           | Y, ST<br>WAR  |                        |                                              |          |          |             |                                        | STATE        | TENER          |              | Strock                                 |                                                  | CI                                           | ABS            |               | 810            | 177                                                | TER             | EEAT         | F RADIU      |                                              | ARTHEST   | 7EEst         |
| 遺           |               | CHOOL                  | Tus                                          | E        |          | COMM        | Cit                                    |              |                |              | · · · · · · · · · · · · · · · · · · ·  |                                                  |                                              |                |               |                | 1                                                  |                 | 1            | - 1          | Ι.                                           |           | 1200          |
| 1           |               | WHUOL<br>SMILES        | F                                            | PLEASURE | <u>_</u> | RETAIL      | 器                                      |              |                | DYL MO       |                                        |                                                  | F                                            | Ш              | 嶑             |                | RENT<br>REIMB                                      | 100             | DUOTEL       | EB AC        | ا أر                                         | COMP      |               |
| -           | 4             |                        | ┢                                            | FARM     | $\vdash$ | SERVICE     | <u> </u>                               | LIAS         |                | NS<br>DPAY   |                                        | _                                                | Ħ.                                           |                | COM           | ╸              | FG                                                 |                 | AA           | STAM         | ~                                            | - TOOMS-1 | 100=1         |
| 薩           |               |                        | 1_                                           |          |          | OPHATES     |                                        | BULT.        | <b>A</b>       | IOR.         |                                        | <u>1_</u>                                        | FFW                                          |                | COTF          |                |                                                    | \$              |              |              | S                                            |           | COL           |
|             | H.F           | YEA                    | R T                                          | JAKE:    | -        |             |                                        | <del></del>  |                | Tany         | <del></del>                            |                                                  |                                              |                |               |                |                                                    | 70              | PAL PAR      | <b>3</b> B   |                                              |           | - COLL        |
|             |               | i                      |                                              | lóber:   | _        | _           |                                        |              |                | WE.          | ·                                      |                                                  |                                              |                |               |                | VEHICL                                             | ETYPE           |              | SYMPAGE      |                                              | COST NO   |               |
| CIT         | Y, ali        | ATE                    |                                              |          | •        |             | _                                      | LID          | TER            | ZEN.         | G/W/GCM                                |                                                  |                                              |                |               | <u> </u>       |                                                    | HEC             | COM          |              | 8                                            |           |               |
| 35          | 孋             |                        | • •                                          |          |          |             |                                        | STATE        | *              |              | anguit.                                |                                                  | G                                            | LANS           |               | SEC:           | - W                                                | <b>CTOR</b>     | SEAT         | CP RADIU     | 8.∏ ∦                                        | ARȚHBSI   | TERM)         |
|             | 331           |                        | U                                            |          |          | COMMIL      | 塱                                      | A Care       | AD             | TL NO        |                                        | 1                                                | <del> </del> -                               | <del>, ,</del> |               | -              |                                                    |                 | <u> </u>     |              |                                              |           |               |
|             |               | MILES                  |                                              | PLEAGURE | П        | RETAIL '    | 100                                    | LIAB         |                |              |                                        | -                                                | <u>                                     </u> | Ш              |               | _              | HENT<br>HEND                                       | DE              | Bijonibi.    | <b>23</b> A4 | N _                                          | COMP      |               |
|             |               | /ILES+                 |                                              | FARM     | П        | SERVICE     | Н                                      | EXET.        |                |              | TOWNS                                  | <b>—</b>                                         | FT                                           | -              | COM           |                | FG                                                 | <u> </u>        | AA           | \$TAM        | 17 E                                         |           |               |
|             |               |                        |                                              |          |          | <del></del> |                                        | LEAULT       |                | OF.          |                                        | _ـــــــــــــــــــــــــــــــــــــ           | FTW                                          |                | COTT          | •              | L                                                  | \$              |              |              | 8                                            |           | COT           |
|             | 31¢           | YEA                    | T.                                           | AKE      |          |             | _                                      |              |                | OLY<br>THE   |                                        |                                                  |                                              |                | _             | _              |                                                    | _               | TÀL FRE      |              |                                              |           |               |
| <u>L</u>    |               |                        |                                              | OPEL:    |          |             | _                                      |              |                |              | r .                                    |                                                  | •                                            |                |               | l              |                                                    |                 | _            | SYMAGE       | -                                            | COSTNE    | W             |
| gr.         | , 57/<br>3.00 | TE.                    |                                              |          |          |             |                                        | STATE        | TERR           |              | GVWGCW                                 |                                                  |                                              | LABB           | ┰┦            | . F            |                                                    | AGTOR           | COM          | <u> </u>     | . 8                                          |           |               |
|             |               | <u> </u>               | _                                            |          |          |             |                                        | 10.1         | i i            |              |                                        |                                                  | -                                            |                | ļ             | -              | "                                                  | AGIGK           | STAT         | CP) RADIII   |                                              | ARTHEST   | TERM          |
| 選           |               | MOCL                   | ÜSE                                          | •        |          | COMMIT.     | 跳                                      | Agen         | AD             | DIL NO       | LINEDRING                              | $\overline{}$                                    | F                                            |                | LSP           |                | RENT                                               | - ( <del></del> | TALLA.       | 1            | <u> </u>                                     |           |               |
|             | <b>- 15</b>   | MILES                  |                                              | PLEASURE |          | RETAIL      |                                        | LIGB         |                | ULT<br>DPAY  |                                        | 一                                                | 1                                            | H              | COM           | ₅⊢             | RENT<br>RENG<br>FG                                 | -               | DLICTE)      |              |                                              | COMP      | <b>_ 1878</b> |
|             |               | ILES+                  |                                              | FARM     |          | SERVICE     | П                                      | NO.          |                | NS<br>TOR    | ALASOR<br>COFL                         | $\vdash$                                         | FTW                                          | Н              | CON           | ·              | 10                                                 | <u> </u>        | JAA !        | STAN         | IT S                                         |           |               |
|             | Veli<br>SE    |                        |                                              |          | _        |             |                                        |              | 100            | LUX          | LCOFL                                  | 1                                                | 1 100                                        |                | -             | 1,             | L                                                  | 8               | TAN PUR      | mt A         | 8                                            |           | COIT          |
| 1           |               |                        |                                              |          |          |             | -                                      |              |                |              |                                        |                                                  |                                              |                |               |                |                                                    | 100             | TAL PR       | m; 2         |                                              |           |               |
| ,J.~_/      |               |                        |                                              |          |          |             |                                        |              |                |              |                                        |                                                  |                                              |                |               |                |                                                    |                 |              |              |                                              |           |               |
| المحمد والم |               |                        |                                              |          |          |             |                                        | •            |                |              |                                        |                                                  |                                              |                |               |                | •                                                  | •               |              |              |                                              |           |               |
| -           |               |                        |                                              |          |          |             |                                        |              |                |              |                                        | ٠                                                |                                              |                |               |                |                                                    |                 |              |              |                                              |           |               |
| <u> </u>    |               | 127                    |                                              |          |          |             | -                                      |              |                |              |                                        |                                                  |                                              |                |               |                |                                                    |                 |              |              |                                              |           |               |

Reference# CA-ms-21415

Submitted Date 08. .- 2011

Name and Address ROZANA LIMA

#### **Additional Information**

Is this a Leased Vehicle

#### ADDITIONAL VEHICLE INFORMATION :

. 0001 Plate Number Rodily Injury Ldmit # 20000/40000 # 8000 Rodlly Injury Limit
Personal Injury Limit
Property Desemb Limit
Property Desemb Deductible
Uninsured Motorist Limit
Hedical Request Limit
Bodily Injury To Others Limit
Loderinsured Motorist Limit **# \$100,00**6 : 100000/300000 1 Covarage Not Requi 1 100000/300000 1 100000/300000 Collision Type Waiver of Collision Deductible WAIVER OF CRILIBION DE S100 Gless Deductible Sental Reinburssment Toxing and Labor Pessive Restraint Anti-Theft Davice Pollution Type To this a Langer Value : Yes : 01 : No Pollution Idebility Coverage-No Surcharge

Red of Document

Acord Additional Info (2004/09)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                             |                                        | · M         | AS                                      | SSAC                                                                                   | HUS                                     | SET<br>RAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TS COMN<br>GES/LIMITS 8                               | ECTIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IAI<br>XX                                                                                               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                           | . [          | TAG<br>0-80    | E (MW)<br>2-2( | ро <b>луу</b><br>11                      |
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| MAIRY<br>LIABILITY<br>COMPULSORY<br>PERSONAL INJERY<br>PROTECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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OF<br>OMAL<br>MIG<br>BOOK<br>PAREMEN<br>OMAL<br>OMAL<br>OMAL<br>OMAL<br>OMAL<br>OMAL<br>OMAL<br>OMAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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     | 48<br>47<br>48<br>47<br>49<br>40             | F                                     | ANGE         | FT FTW         |                | \$                                       |
| MARINY LACELITY  COMPULSORY PROTECTION  COMPULSORY: DAM- RECTION  COMPULSORY: DAM- RECTIONAL MEDICAL PRYMENTS  COMPULSORY  LIMINEURED  MOTORIST  COPTIONAL  MOTORIST  COPTIONAL  MODITRUKERS  MOTORIST  COPTIONAL  MODITRUKCERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| MAJENY  LACILITY  COMPLISORY  PROTECTION  COMPLISORY  DATE TO SOMEONE  CLEES PROPERTY  OPTIONAL  MACDICAL  ANYMENTS  COMPLISORY  MINISTRED  MOTORIST  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  COPTIONAL  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|                                         | COVERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CO           | MIR        | DA    | mas          | YNSOL |                 |           |                           |            | LINET                    | 3.           |                  |                                     | T              |                                     |                               |                      |                                     |                            | -       |                                                  |                                |                                               |                  |            |
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| <b>?</b>                                | BODILY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Г            | 62         |       | ٦.           | 8     | T,              |           |                           |            | ' !                      |              |                  |                                     | ŀ              | COVERM                              |                               | -41                  |                                     |                            | الع     |                                                  | LEMENTS                        |                                               | DEDUK            | TIBLE      |
| 1 _ 1                                   | LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u> </u>     | 1 -        | -     | _            |       | - ['            |           | HACCID                    | ENT        | 6                        | ,            |                  |                                     | 1.             |                                     |                               | Ш                    | 62                                  | $oxed{oxed}$               | 87      |                                                  |                                |                                               |                  |            |
|                                         | LINGULIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -            | - 83       | ᆫ     | 7            | 1     |                 |           |                           |            |                          |              |                  |                                     |                | PTIONAL<br>OMPREHE                  |                               | П                    | 623                                 |                            | Bě      |                                                  |                                |                                               | ١,               |            |
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|                                         | COMPULEORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>     | 85         |       |              |       | П               |           | BAI S                     |            |                          |              | 3.8              |                                     |                |                                     |                               | ┍┈                   |                                     | -                          | _       | Land                                             |                                | ·                                             | ┼                | <u> </u>   |
|                                         | PERSONAL INLIURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ļ            | 87         |       |              |       | ۲               |           | AT T<br>DURSELE           | . [        | □ yot                    |              |                  | ١                                   |                | PHONAL                              |                               | $\vdash$             | 62                                  |                            | 67      | 8CH                                              | FT                             | I\$                                           | 4                | - 1        |
|                                         | PROTECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _            |            |       |              |       | r               | ''        | ONFER                     | ` <b>-</b> | FAL                      | HLY          | ENLE             | RS                                  | 18             | PECIMED<br>AUSES OF                 | 1000                          | lacksquare           | 63                                  | <u> </u>                   | 68      | F {                                              | TW-                            | ,                                             | la               | •          |
| ì                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -            |            | Τ-    |              | Ξт.   | ╌┞╴             |           | <del></del>               |            |                          |              |                  | ··.                                 |                | ANGEL LIT                           | m39                           | Ш                    | 64                                  | 1                          |         |                                                  |                                |                                               |                  |            |
| 1                                       | COMPULBORY: DAM-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ⊢            | 61         | ⊢     | M            | 7     | m               |           |                           |            |                          |              |                  |                                     | -              |                                     |                               | П                    | 62                                  | Г                          | 67      |                                                  |                                |                                               | ╆╌╌              |            |
|                                         | AGE TO SOMEONE<br>SUSE'S PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>     | 62         | Ш     | 97           |       | 6               | EACH /    | <b>ADDIDEN</b>            | T          | \$                       | i            |                  |                                     |                | PHONAL                              |                               | П                    | 63                                  | $\vdash$                   | 88      |                                                  |                                |                                               | )                |            |
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| i                                       | CPTIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | 83         | Т     | 8            | 4     | 7               |           |                           |            |                          |              |                  |                                     | -              | PITONAL                             |                               | $\vdash$             | 64                                  | 1                          |         |                                                  |                                |                                               |                  |            |
| ı                                       | MEDICAL<br>FAVMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | 83         | F     | 6            |       | - 1             | EKCH I    | ERBON                     |            |                          | 1            |                  |                                     |                | THURAL<br>DWING                     |                               |                      | œ                                   |                            |         | 8                                                |                                |                                               | 1                | •          |
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|                                         | COMPULSORY<br>UNINSURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -1           | 82         | ŀ     | - *          | ,     | -               | _] a      | ₿L<br>                    | EAR        | er s                     | ;            |                  |                                     | L.             |                                     |                               | _                    |                                     | TOPLANT                    | er H    | THROHAN                                          | KODE                           |                                               | <u> </u>         |            |
| - 1                                     | MOTORST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _            | .69        | L     | 63           | r     | ) E             | BIEAÇ     | H ACCIDI                  | ENT        | 8                        | ŀ            |                  | •                                   | Г              | COVERM                              |                               | SVI                  | IBOL.                               | -                          |         | JEAN D                                           | EDAYS                          | RADIUS                                        | 1                |            |
| - 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 84         |       |              |       | ļ               | PROPE     | RTY DAY                   | LAGE       |                          | ı            |                  |                                     |                |                                     |                               |                      |                                     | <del></del>                | · · · · | 7                                                | - maria                        | - ATTACA                                      | ORDAN            |            |
| 1                                       | OPTIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | <b>e</b> 1 |       | 64           | 7     | 4               |           | 3L··                      | 製          |                          | <u> </u>     |                  |                                     | ᅰ              | PTICKAL<br>CMPREHE                  | MOD SE                        | H                    | 68                                  | 1                          |         | 1 !                                              |                                |                                               | l                |            |
| I                                       | BODILY MUURY .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 62         | П     | 87           | ⋰'    | `  -            |           |                           | EXP.       | ==                       |              |                  |                                     | _              |                                     |                               | <del>   </del>       | 70_                                 | ₩                          |         | <del>                                     </del> |                                | <b></b>                                       | <u> </u>         |            |
| j                                       | TOOTHERE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | · }        | -1    | _            |       | ۲               | _         | H ADOLD                   |            |                          | i            |                  |                                     | Ιé             | PTICALAL<br>PECHTED                 |                               | 닏                    | <b>23</b>                           | ł                          |         | Ì                                                | l                              |                                               |                  |            |
| ŀ                                       | OPTIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | 83  <br>ES | BTAT  | 88           |       | +               |           |                           | CT E CI    | UEST C                   | COL          | PANT             | DICLUSION                           | <u> </u>       | AUSES OF                            | LOSS                          |                      | 70                                  | 1                          |         | 1                                                | l                              | l                                             | 1                |            |
|                                         | NON-TRUCKERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | —            |            | 21/11 |              |       | 9               | COST (    | JF HIRE                   |            |                          | IPA          | MY BA            | is                                  | 1              | PTIONAL                             |                               |                      | 69                                  | Γ                          |         |                                                  |                                |                                               | <del> </del>     |            |
| 1                                       | MREDIBORRONED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | <u> </u>   |       |              |       | . 8             | <u> </u>  |                           |            |                          |              |                  |                                     | Įč             | OTTISION                            |                               | T                    | 70                                  | ł                          | •       |                                                  | 1                              | 1                                             |                  | Ì          |
| - 1                                     | OPTIONAL<br>TRUCKERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _ 1          | E8 6       | STATE | E8           |       | 0               | COST      | F HRE                     |            | T                        | [E A         | ATY BA           | 380                                 | +              |                                     | CT*                           |                      | <del></del>                         | XYS                        | 1       | VEH                                              |                                | L                                             | <u> </u>         |            |
| }₁                                      | HIRED/BORKOWED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N            | 0          |       |              |       |                 | - :       |                           |            | ш                        | ,            |                  | -ciri                               | i              |                                     | -                             |                      | J"                                  | -v47W                      | Ⅰ "     | ABIL                                             |                                |                                               |                  |            |
| · · · · · · · · · · · · · · · · · · · · |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ۱,         | STATE | 器            |       | +-              |           |                           |            |                          |              |                  |                                     | ٦,             | PTIONAL                             |                               | •                    | 1                                   |                            | 1       |                                                  |                                |                                               |                  |            |
|                                         | OPTIONAL -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Y            | — □        |       | <del>.</del> |       | P               | _         | TYPE                      |            |                          |              | NU               | BER OF                              | _] н           | RED                                 | ŀ                             |                      | 1                                   |                            | l       |                                                  |                                |                                               |                  |            |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -            | <u> </u>   |       |              |       | -               | ᆜᄳ        | #PLOYE                    | \$         |                          | _            |                  |                                     |                | HYSICAL<br>AMAGE                    |                               |                      |                                     |                            | 1       |                                                  | 1                              |                                               |                  | _          |
|                                         | IVERTILIA -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | H            | 믜          |       |              |       | L               | v:        | LUMBE                     | RG         |                          |              |                  |                                     | ٦۴             | rio are                             |                               |                      |                                     |                            | 1       |                                                  |                                |                                               |                  |            |
| <u> </u>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ┸            | Ŀ          |       |              |       |                 | - Py      | RTNERS                    |            |                          |              |                  |                                     | 7              |                                     | <b>—</b>                      | ~                    | ÆRAC                                |                            |         | Т Т.                                             | 1                              |                                               |                  |            |
| 19                                      | OTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |            |       |              |       | T               |           |                           |            |                          |              |                  | `                                   | 1              | THER                                | <u> </u>                      | 1000                 | Tarrey.                             | ię id:                     |         | <del>-                                    </del> | THARY                          |                                               | ECOND.           | MRY        |
| 1                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       | 1               |           |                           |            |                          |              |                  |                                     | ٦٦             | 11111                               |                               | l                    |                                     |                            |         | - 1                                              |                                |                                               |                  |            |
| [                                       | OVERED ALITO SYMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |            |       |              |       | Щ.              |           |                           |            |                          |              |                  |                                     | 丄              |                                     |                               | <u> </u>             |                                     |                            | _       |                                                  |                                | _                                             |                  |            |
|                                         | BOY OWNED ALFOR ON<br>BEI OWNED PRIVATE R<br>ENDORGEMENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A88 /        | AUTO       | 15 CT | ALY.         | · 6   | 19) CI          | • = از ان | AUTOS<br>AUTOS<br>NINSURE | ≘الجالت    | ET TO                    | ACC          | MIPLE.           | · (66) TR                           |                | LITOS ONI<br>19 IN YOU<br>ER INTERC | 1 PO 49                       | esio<br>Agr          | N LIKE<br>EEWET                     | YER<br>NT                  |         |                                                  | R TRUCK<br>KANGE AK            | NTHE POS<br>ER LANDING<br>RESIDENT<br>OS ONLY |                  | ER.        |
| ·                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      | •                                   |                            |         |                                                  |                                |                                               | -                | -          |
| I                                       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
| ĺ                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  | -          |
| - 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 | •         |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
| - 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                | •                                   |                               | •                    |                                     |                            |         |                                                  |                                |                                               |                  |            |
| - 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     | •                          |         |                                                  |                                | į.                                            |                  |            |
| ł                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
| i                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
| ŀ                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
| J                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            | •       |                                                  |                                |                                               |                  | -          |
| ł                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     | •                          |         |                                                  |                                |                                               |                  | . ]        |
| 1                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  | -                              |                                               |                  |            |
| Ī                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     | •              |                                     |                               | ٠                    |                                     |                            |         |                                                  |                                |                                               |                  |            |
| ł                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
| f                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |            |       |              |       |                 |           |                           |            |                          |              |                  |                                     |                | •                                   |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  |            |
|                                         | FAIR CREDIT RECONSUMER REPORT INTO THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF THE LEGISLA OF T | L            |            |       |              |       | Search<br>Spulk |           | HILLING<br>HILLING        | of k       | 8100, C<br>558, V<br>end | gree<br>Open | bigge<br>Days II | of garagi<br>griss to k<br>grissing | ing c<br>ing c | Mamooni<br>ny aniet<br>the veit i   | nicio (s)<br>Marian<br>Marian | rmet<br>y or<br>to b | ni noi<br>3 (188<br>2 <b>mi a</b> n | i this<br>of this<br>wreat | Opt     | ication (<br>Ional in<br>Marias                  | and if a<br>Purance<br>of oper | uch false,<br>Peris and                       | decept<br>I we n | ive<br>ngy |
| · '=                                    | UNDERSTAND THA<br>DLICY RENEWALS,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CON          | HE         | COV   | /ED/         | 108 ( | <br>024 i       | EATI      | DN 441                    |            |                          | ·            |                  |                                     |                |                                     |                               |                      |                                     |                            |         |                                                  |                                |                                               |                  | •          |
| <b>*</b>                                | PLICANTS SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |            |       |              |       |                 |           |                           | DATE       |                          |              |                  |                                     |                | MATURE                              |                               |                      |                                     |                            |         |                                                  | 1 105.7                        | DNAL PROD                                     | 1000-2"          |            |
| A                                       | CORD 137 MA (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.051        | na)        |       |              |       |                 |           |                           |            | <del></del> -,           |              |                  |                                     |                |                                     |                               |                      |                                     | Ų.                         |         | ,                                                |                                |                                               | ncer Ni          | MANAGER,   |

|                              | CA-NB-21415.                        | Submitted Date OB2011 |  |
|------------------------------|-------------------------------------|-----------------------|--|
| Name and Address ROZANA LIMA |                                     |                       |  |
|                              |                                     | •                     |  |
|                              | <br>· · · · · · · · · · · · · · · · |                       |  |
|                              | •                                   |                       |  |

**Additional Information** POLICY LEVEL DEDUCTIBLES: Property Damage Deductible GAPAGEREEPERS COVERAGE: Locations Address
Idpit
Coverage Options
Collision Deductible
Onc Type : Coverage Not Requested and of Domment

Acord Additional info (2004/98)

CverFlowFageNumber :1

## **EXHIBIT C**

## **Business Certificate**



## City of Woburn, Massachusetts

#### OFFICE OF THE CITY CLERK

WILLIAM C. CAMPRELL CBy Clerk City Hall 10 Common Street Wobum, MA 01601 761-897-5850

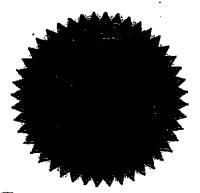
#### **Business Certificate**

No 174

In conformity with the provisions of Chapter 110, Section 5 of the General Laws, as amended, the undersigned hereby declares that a business is conducted under the name of:

## ROZANA UNIVERSAL SALES

|                                                         | THE OTHER PROPERTY OF SELECTION                            |
|---------------------------------------------------------|------------------------------------------------------------|
| Att                                                     |                                                            |
| by the following named person:                          |                                                            |
| Name:                                                   | Address:                                                   |
| Rozana Lima                                             |                                                            |
| Signature                                               | , Massachusetts                                            |
| Rozana Lima                                             |                                                            |
| On August 1, 2011, the above named statements are true. | person appeared before me and made oath that the foregoing |
| •                                                       | Will-alandell                                              |
|                                                         | City Clerk                                                 |



Identification presented: Passport

This is not a license to do business. The operation of this business at the said location may still be subject to other local, state or federal laws. A copy of this certificate is being sent to the Building Commissioner. This certificate is good for four years, renewable by you. A statement under oath must be filed with the City Clerk upon discontinuance, reining or withdrawal from the business or partnership. Filing the \$25,00.

Certificate Expires: July 32, 2015

## **EXHIBIT D**

## Statement Regarding Employee

## ROZANA UNIVERSAL SALES

ma

To Whom may concern

08/02/2011

Please be advised that Ray Wilder work for my company, he is the sales man and driver for my company.

Thank you for this matter.

Call me if you have any questions.

rozana lima
OWNER

## **Investigation 12**

Maria Yolanda Maza Trust/Maria Yolanda Maza

BUSINESS NAME: MARIA YOLANDA MAZA TRUST

INDIVIDUAL NAME: MARIA YOLANDA MAZA

A. Excerpt of Recorded Statement and Recorded Statement

B. Application Documents for Commercial Insurance

November 18, 2015

## **EXHIBIT A**

# Excerpt of Recorded Statement and Recorded Statement

### Recorded Statement

Business Name: Maria Yolanda Maza Trust

Maria Yolanda Maza

Policy No.:

| •          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| . Pinter   | Descriptions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1          | Q: Let the record show that she has handed me a license from the Country of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|            | Foundar Her name listed on it is Maria Yolanda Maza Guisha - G-U-I-3-n-A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1          | Q: And does she have any other driver's license or is it just from the Country of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|            | Ecuador?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|            | A: I have one from my country.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1          | Q: Okay. And does she have a Massachusetts driver's license at all?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|            | A: No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 1          | Q: Is she currently employed? Does she work?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| . –        | A. Ves I do work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1          | Or Okay I at the record show that she's handed me a license for the Department of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| _          | I shor and Standards as an Ashestos worker effective August 3, 2015 and expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            | August 5, 2016. Okay. So she works – she goes in and removes asbestos from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | buildings? Is that correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|            | A. Ves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2          | Q: Okay. Does she have her own asbestos company? Her own removal company or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|            | has over construction comment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|            | A: No. I don't. I only work through different agencies. When there's work, I'll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            | I seembly but suban there's no work then I don't work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2          | O: And, does she have any vehicles that she uses for the removal of the assessor?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| _          | Any special trucks or cars or anything like that?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|            | A: No, I don't have any - all I have is my car to go to work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| . 2        | Q: Okay. And what kind of car is that?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| -          | A. It's a small Toyota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2          | Q: For the asbestos removal, does she have her own equipment that she uses or does                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>.</b> - | the agency provide that to her?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            | A: The company gives all the tools to work with.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 5          | Q: Yeah. I was asking does she know what a trust - t-r-u-s-t is.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| _          | 1 A · No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 5          | Q: Did she ever create a trust? Ask her did she ever create a trust for business?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|            | A: No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5          | Q: Did she ever give anyone permission to create one for her?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|            | A. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5          | Q: Did she ever give anyone permission to obtain a tax number for a trust or business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|            | for her?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6          | A: No. They never asked me for anything like that.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|   | 1 Uestein an                                                                                                                                                                                                                              |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 | Q: Did they tell her that they were doing anything like that for her?  A: No.                                                                                                                                                             |
| 6 | Q: When did she become aware that she had a business policy for a business?  A: I would like to verify,                                                                                                                                   |
| 6 | Q: Yeah.  A: Because the lady told me that there was an error in the insurance. That the error had to be corrected.                                                                                                                       |
| 6 | Q: What lady told you that? Is this a lady at the same place or a different place?  A: No. I went to a different place, not there.                                                                                                        |
| 6 | Q: Why did she go to this different place?  A: Because my father was trying to get insurance coverage under my name with her so when she checked on the computer, she realized there was an error.                                        |
| 7 | Q: And now that you know that you have a business policy, I'm correct that you don't have a business, is that correct?  A: No, I don't have anything like that.                                                                           |
| 7 | Q: And you never gave anyone permission to create one for you?  A: No. I never — I never gave permission not anyone to establish anything like that.  I don't want anything like that at all.                                             |
| 7 | Q: So when she went in there initially to Leandro to get an insurance policy, was it her inten – she just wanted to register and insure the car to her, Maria Maza Guisha, correct?  A: Yes. That was my sole intention, and then I left. |
| 7 | Q: So she had no knowledge that this business or this tax number was going to be created, is that correct?  A: No. I wasn't aware of any of that.                                                                                         |

| •       | Arbella Insurance Company Claim No.:                                                                                                                                                                                                                                                     |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |                                                                                                                                                                                                                                                                                          |
| ieu.e.y | This is Ed Spellman, and I'm speaking with Maria Yolanda Maza from  Massachusetts. Today's date is January 4.                                                                                                                                                                            |
|         | 2016, and the time is now approximately 12:30 p.m.                                                                                                                                                                                                                                       |
|         | Q. Maria, this conversation is being recorded. Is this being done with your permission, Miss?                                                                                                                                                                                            |
|         | A. Yes.                                                                                                                                                                                                                                                                                  |
|         | Q. Let the record show that she has handed me a license from the Country of Ecuador. Fler name listed on it is Maria Yolanda Maza Guisha — G-U-I-S-H-A. And it lists her date of birth as — actually I don't see it on there. Interpreter, could you just ask her for her date of birth? |
|         | <b>A.</b>                                                                                                                                                                                                                                                                                |
|         | Q. And does she have any other driver's license or is it just from the Country of Ecuador?                                                                                                                                                                                               |
|         | A. I have one from my country.                                                                                                                                                                                                                                                           |
|         | Q. Right. From Ecuador, correct?                                                                                                                                                                                                                                                         |
|         | A. Yes. Ecuador.                                                                                                                                                                                                                                                                         |
| -       | Q. Okay. And does she have a Massachusetts driver's license at all?                                                                                                                                                                                                                      |
| (نند    | A. No.                                                                                                                                                                                                                                                                                   |
|         | Q. Is she currently employed? Does she work?                                                                                                                                                                                                                                             |
|         | A. Yes, I do work.                                                                                                                                                                                                                                                                       |
|         | Q. Where is it that she works?                                                                                                                                                                                                                                                           |
|         | A. I work in                                                                                                                                                                                                                                                                             |
|         | Q. She like goes fishing or she works at like a fish market?                                                                                                                                                                                                                             |
|         | A. No. I don't do that kind of work. I work for construction.                                                                                                                                                                                                                            |
|         | Q. Okay. Let the record show that she's handed me a license for the Department of Labor and Standards as an Asbestos worker effective August 5, 2015 and expires August 5, 2016. Okay. So she works—she goes in and removes asbestos from buildings? Is that correct?                    |
|         | A. Yes.                                                                                                                                                                                                                                                                                  |
|         | Q. Does she work for a particular company?                                                                                                                                                                                                                                               |
|         | A. No. I work in different places through different agencies.                                                                                                                                                                                                                            |
|         | Q. Okay. When she gets paid, how is it that she gets paid? Does she get a check written out to her directly or does she get a payroll check?                                                                                                                                             |
|         | A. With a check.                                                                                                                                                                                                                                                                         |

## Arbella Insurance Company Claim No.:

- Q. Okay. Is that a check made out to her directly?
- A. Yes.
- Q. Who writes her that check? Whoever the property owner is? Or is it like a business that she works for or who writes the checks to her?
- A. At the agency.
- Q. Okay. And what's the name -
- A. The agency where I that's where I get my check.
- Q. Okay. What's the name of the agency?
- A. I don't know.
- Q. Okay.
- A. I don't know. There's so many agencies out there.
- Q. Okay. Does she have her own asbestos company? Her own removal company or her own construction company?
- A. No, I don't. I only work through different agencies. When there's work, I'll work; but, when there's no work, then I don't work.
- Q. Okay. Would she say that she's an employee of these agencies?
- A. Currently?
- Q. No. Like when they hire her. I don't know if she's working now or not, but when she would get these jobs from the agency, would she say that she's an employee of the agency?
- A. Yes.
- Q. Does she get paid by the hour or does she get paid just a flat fee for the day?
- A. By the hour.
- Q. And, does she have any vehicles that she uses for the removal of the asbestos? Any special trucks or cars or anything like that?
- A. No, I don't have any all I have is my car to go to work.
- Q. Okay. And what kind of car is that?
- A. It's a small Toyota.
- Q. Okay. Does she know what color it is?
- A. It's a white one. It's outside.
- Q. For the asbestos removal, does she have her own equipment that she uses or does the agency provide that to her?
- A. The company gives all the tools to work with.

|            | Arbella Insurance Company Claim No.:                                                                                                                                                                                                   |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0          | Q. All right. With regards to her white Toyota, does she remember where she bought the insurance for that vehicle?                                                                                                                     |
|            | A. Yes. It was over there in Chelsea.                                                                                                                                                                                                  |
|            | Q. Okay. Let the record show that she has handed me her cell phone, and she's pointing to an address that's 1885 Revere Beach Parkway, Everett, Massachusetts 02149. Is this address here, is this where you got the insurance, Maria? |
|            | A. Yes, right there, that's where I got the insurance.                                                                                                                                                                                 |
|            | Q. And this is in a text message. Who sent you this?                                                                                                                                                                                   |
|            | A. My husband because he was already insured through that place.                                                                                                                                                                       |
|            | Q. Okay. What's your husband's name?                                                                                                                                                                                                   |
|            | A. Edson.                                                                                                                                                                                                                              |
|            | Q. Edson, and the last name?                                                                                                                                                                                                           |
|            | A. Guisha.                                                                                                                                                                                                                             |
|            | Q. G-U-I-S-H-A?                                                                                                                                                                                                                        |
|            | A. Yeah.                                                                                                                                                                                                                               |
|            | Q. And what kind of car does Edson have?                                                                                                                                                                                               |
|            | A. That's the only car that we have. He doesn't drive any other car.                                                                                                                                                                   |
|            | Q. Okay. She had indicated that he had insurance through them before? I don't know if he had a different car?                                                                                                                          |
|            | A. No. No. We didn't have anything before. This is the first                                                                                                                                                                           |
|            | Q. Okay. Does she know how Edson found out to go there?                                                                                                                                                                                |
|            | A to that address there.                                                                                                                                                                                                               |
|            | Q. Okay. Did they tell them specifically why to go there?                                                                                                                                                                              |
| ٠          | A. Interpreter will repeat. No. I don't know the exact reason. They just gave us the address went there.                                                                                                                               |
|            | Q. Okay. And where she went, that address, does she know the name of the agent?                                                                                                                                                        |
|            | A. No. I don't know the name. Maybe one of the coworkers though.                                                                                                                                                                       |
|            | Q. Okay. Why? Do the coworkers go there as well?                                                                                                                                                                                       |
|            | A. Sometimes.                                                                                                                                                                                                                          |
|            | Q. Does she remember who she talked to at the agency?                                                                                                                                                                                  |
| $\bigcirc$ | A. Leandro.                                                                                                                                                                                                                            |

|              | Arbella Insurance Company Claim No.:                                                                                                                                                                                                                         |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| )            | Q. All right. And we have here — I have her application for insurance in front of me, and it indicates that her agent is Rappo of Jepson Insurance. Does that sound familiar to her?                                                                         |
|              | A. No. When we go there, we only speak to him, and that's it.                                                                                                                                                                                                |
|              | Q. Okay. Does she know the name on the outside of the building?                                                                                                                                                                                              |
| •            | A. No.                                                                                                                                                                                                                                                       |
|              | Q. Okay. Does - so she just has an address to go to and specifically to speak to Leandro? Is that correct?                                                                                                                                                   |
|              | A. Yes. Yeah, that's all I have.                                                                                                                                                                                                                             |
|              | Q. When she went there to get insurance for the first time, is that who she saw? Leandro?                                                                                                                                                                    |
|              | A. Yes. Same person.                                                                                                                                                                                                                                         |
|              | Q. What did he say to her? Did he indicate what type of policy he was going to give her? Or what did he say to her?                                                                                                                                          |
|              | A. No, he didn't explain anything. He just                                                                                                                                                                                                                   |
|              | Q. The place she went, is it next to a Dunkin' Donuts?                                                                                                                                                                                                       |
|              | A. Yes, right there.                                                                                                                                                                                                                                         |
|              | Q. And so just to clarify, so Leandro didn't explain anything to her about the type of policy or anything like that?                                                                                                                                         |
|              | A. No. He didn't mention anything.                                                                                                                                                                                                                           |
|              | Q. Did he ask her if she had an IT number?                                                                                                                                                                                                                   |
|              | A. Yes. Yes, I gave him my driver's license                                                                                                                                                                                                                  |
|              | Q. Okay. The one from Ecuador, correct?                                                                                                                                                                                                                      |
|              | A. Yes. The one I gave you.                                                                                                                                                                                                                                  |
|              | Q. Did he ask her if she had a social security number or a tax number or anything like that?                                                                                                                                                                 |
|              | A. No. He didn't ask for any of that.                                                                                                                                                                                                                        |
|              | Q. Did he ask her if she had a business?                                                                                                                                                                                                                     |
|              | A. No. He didn't ask anything like that.                                                                                                                                                                                                                     |
|              | Q. How much did he tell her the insurance would be?                                                                                                                                                                                                          |
|              | A. Okay. What he told me that was one thousand and forty dollars. And then when I came back to get another vehicle insured, he told me five hundred and sixty-five dollars, and the last month of payment that I made was for the amount of two seventy two. |
| : \<br>: = \ | Q. So the first time she went there she paid a thousand and forty dollars. Is that correct?                                                                                                                                                                  |

|         | Arbella Insurance Company Claim No.:                                                                                                                                                                                                                              |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0       | A. Yes. He charged me a thousand forty dollars, and then the second time I went to get the other car insured then he charged me five hundred and sixty five dollars, and then for the two vehicles the monthly payments were two hundred and seventy two dollars. |
|         | Q. Did he ever explain what any of that money was going to when she went to make the payments?                                                                                                                                                                    |
|         | A. No. He didn't explain any of that.                                                                                                                                                                                                                             |
|         | Q. Did he ever give her a receipt or anything with a breakdown showing her what it was for?                                                                                                                                                                       |
|         | A. No. He never gave me anything.                                                                                                                                                                                                                                 |
|         | Q. How did she make payment when she made these payments to them?                                                                                                                                                                                                 |
|         | A. Cash.                                                                                                                                                                                                                                                          |
|         | Q. So she paid all this money in cash and never got a receipt? Is that correct?                                                                                                                                                                                   |
|         | A?                                                                                                                                                                                                                                                                |
|         | Q. Yeah. I just wanted to confirm that she made all these payments in cash and never got a receipt for any of it. Is that correct?                                                                                                                                |
|         | A. No. They never gave me any receipt.                                                                                                                                                                                                                            |
|         | Q. Did he explain to her a breakdown verbally of what the money was for?                                                                                                                                                                                          |
|         | A. No.                                                                                                                                                                                                                                                            |
|         | Q. Now, when she went there, obviously she speaks Spanish, did Leandro speak to her in Spanish?                                                                                                                                                                   |
|         | A. Yes. They spoke to me in Spanish.                                                                                                                                                                                                                              |
|         | Q. So there was no problem understanding him or him understanding her, correct?                                                                                                                                                                                   |
|         | A. No.                                                                                                                                                                                                                                                            |
|         | Q. Does she know what a trust is?                                                                                                                                                                                                                                 |
|         | A require permission? a signature?                                                                                                                                                                                                                                |
|         | Q. Yeah I was asking does she know what a trust transatis.                                                                                                                                                                                                        |
|         | A. WO.                                                                                                                                                                                                                                                            |
|         | Q. Did she ever create a must? Ask her did she ever create a trust for business?                                                                                                                                                                                  |
|         | A. No.                                                                                                                                                                                                                                                            |
|         | Q. Did slie ever give anyone permission to create one for her                                                                                                                                                                                                     |
|         | A. No.                                                                                                                                                                                                                                                            |
| $\odot$ | Q. Did she ever give anyone permission to obtain a tax number for a trust or business for her?                                                                                                                                                                    |

- A. No. They never asked me for anything like that
- Q. Did they tell her that they were doing anything like that for her?
- A. No.
- Q. Did they ever mention to her anything about signing her up for an auto club or anything like that?
- A. Can you please repeat that last statement, sir?
- Q. Yeah I wanted to know did they ever mention to her signing up for an auto club of anything like that?
- A. No.
- Q. When did she become aware that she had a business policy for a business?
- A. I would like to verify.
- Q. Yeah.
- A. Because the lady told me that there was an error in the insurance. That the error had to be corrected.
- Q. What lady told you that? Is this a lady at the same place or a different place?
- A. No. I went to a different place, not there.
- Q. Why did she go to this different place?
- A. Because my father was trying to get insurance coverage under my name with her so when she checked on the computer, she realized there was an error.
- Q. Okay. So she went with her father to get insurance at this different place, and that's when this other person found that it was set up as a business, correct?
- A. Yes. Only for his car, we were looking for another policy.
- Q. And when she found out that there was a business set up, what did she do?
- No. I didn't say anything.
- Q. The other place that she went, does she know the name of that place or the name of the person?
- A. No. I don't know that. My dad would know that.
- Q. Okay. If I would say to her, prior to when I had called, I think I had talked to her father Augusto, is it Dee? Does that sound right?
- A. I would like to verify. Did you say Dee?
- Q. Yeah. D-E-E. Dec.
- A. Yes.

- Q. And does she work at to my knowledge, she works at People's Insurance over in Lawrence? Is that correct?
  - A. Yes, she does work there.
  - Q. And now that you know that you have a business policy, I'm correct that you don't have a business, is that correct?
  - A. No, I don't have anything like that.
  - Q. And you never gave anyone permission to create one for you?
  - A. No. I never—I never gave permission to anyone to establish anything like that. I don't want anything like that at all.
  - Q. So when she went in there initially to Leandro to get an insurance policy, was it her inten she just wanted to register and insure the car to her, Maria Maza Guisha, correct?
  - A. Yes. That was my sole intention, and then I left.
  - Q. So she had no knowledge that this business or this tax number was going to be created, is that correct?
  - A. No. I wasn't aware of any of that.
  - Q. If she could fix this and change, since she says that she doesn't have a business, if she could insure the vehicle in her own name individually, would she want to do that?
  - A. Could you please repeat the question?
  - Q. Sure. If she could insure the vehicle not as a business and insure it to her individually, would she want to do that?
  - A. Yes. I want to \_\_\_\_\_\_insurance, nothing like that.
  - Q. So would that be a yes that she would want to do that to her individually?
  - A. Yes.
  - Q. And that's because she does not have a business and had no knowledge of this before, correct?
  - A. No.
  - Q. Sorry, interpreter, I didn't get that. Was that a no?
  - A. Interpreter will repeat. No.
  - Q. Okay. Thank you. I guess I'm confused then. Did you know about the business policy before?
  - A. No. I wasn't aware of any of this.
  - Q. All right. It was only when who told her that there wasn't a business?
  - A. No. I don't have any kind of business.

- Q. Okay. Was it when Dee from People's Insurance told her that it was insured as a business, that was her first knowledge of it being a business, correct?
  - A. Yes. It was at that moment.
  - Q. And am I correct that it's her wish to change it from a business to not a business, correct?
  - A. Yes, I want to switch that.
  - Q. All right. We're going to look into that and see more about her policy and whatnot. At this time, I just want to confirm, were all her answers that she gave true to the best of her knowledge?
  - A. Interpreter will repeat. Yes. Please help me. Help me fix this please.
  - Q. And I just want to reconfirm, this conversation was recorded with her permission, correct?
  - A. Yes.
  - Q. And, Daniel, the interpreter for the language of Spanish, I just want to confirm, your interpreter number is 664718. Is that correct?
  - A. That is correct,
  - Q. All right, And could you just I want to thank Maria for her time, and then I'll end the recording.
  - A. That's fine. Thank you.
- Q. At this time, I'm going to end the recording.

## **EXHIBIT B**

# **Application Documents for Commercial Insurance**

|       | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | )R                | },               |                    |                              | O.              | VÀ                                   | ŘČÍA         | ŰΝ         | NSU      | RΔI      | iCF             |                  | ted<br><b>SD</b> | Date<br>LICA                 | :-81<br><b>NC.</b>                     | 2015                                             |              | <del></del> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | •                | ;          |
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|       | FRAU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         | s any<br>It ingli | MATER<br>RANCE   | ACT. WH            | LSE INFOR                    | MATION<br>WE AN | N, OR C                              | ONCEALS      | FOR        | THE BUR  | POSE (   | OF MIS          |                  | ig i             | NFORMATIC                    | N CONCE                                | RNING ANY                                        | K IN         | SURANCE OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HERETO            | OF C             | LAIM       |
|       | 40 Line 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         | ar illin          | (diffe m         | HUMBEL ME          | FRIED DE CAN                 | ASI             |                                      |              |            |          |          |                 |                  |                  |                              |                                        | n ane référence                                  | 20 HILL      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )K. CIP. or       | VT M DE          | * I A I    |
| ( - \ | 11/18/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | SIGNED<br>NATION  |                  | AUTHOR<br>BECERTIF | ZED REPRE<br>189 THAT TH     | SENTA           | JIVE OF                              | THE APP      | LICANT     | AND CE   | (IFIS    | THAT            | EASO             | V BL             | E ENGURY                     | HAS GEST                               | MADE TO                                          | ÖBTA         | IN THE ANNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RS TO O           | ESTIMA           | é OM       |
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|       | ACC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )RD     | 25 (2             | 995/0            | 6)                 |                              |                 |                                      |              | ii ea'     | 1E 00"   |          |                 |                  |                  | Market 1                     |                                        |                                                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | •                |            |
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| •                                    | Reference# | /B-56571     | Submitted Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ·18-2015            |                                   |
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#### **Additional Information**

APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuence

Legal Entity: Trust

PATHENT PLAN :

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Check Down Payment Amount: \$200.00

MISCELLANEOUS INFORMATION :

Sic Code

AGENT REMARKS :

Bod of Document

Acord Additional Info (2004/08)

|                                    | BUSI                                            | AC 22 \                                      | <u> 1U</u> | 10           | ) SI                                         | ECT            | K        | NC          |                |                                                  |              |                                       |                                                  |                   | 1 3            | ATE          | (UNIDO/Y)<br>L8-201 | YYY)             |
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| BANDRO RODRI                       | Gurs<br>                                        |                                              |            |              |                                              | 18-20          | )15      | 111         | L-18-          | -2016                                            |              | AGENCY BILL                           | <u> </u>                                         |                   |                |              |                     | الأولاد<br>المصا |
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| NERAL INFO                         | PHATION                                         |                                              |            |              | <u> </u>                                     |                |          |             | <u> </u>       |                                                  | ·            |                                       |                                                  |                   | Ŀ              |              | 1                   |                  |
| PLANIALL "YES" R                   |                                                 |                                              | _          | <del>.</del> | <del>- : -</del>                             | T,             |          | 140 E       | AD-1           | ALL YES                                          |              |                                       |                                                  |                   |                | _            |                     |                  |
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| O OVERSOM OF T                     | 反 EMPLOYEES USE T                               | HER ALITOS IN                                | CHE BL     |              |                                              | - +            | 4        | !           | D. ANY         | VEHICLES                                         |              | HY FAMELY ME                          | (BER97                                           | F 60, IDENTI      | FYNR           | MARK         | <b>.</b>            |                  |
| THE A VEHICL                       | MABITENANCE PROT                                | SRAM EN OPERA                                | NON?       |              | <del>'</del>                                 |                | _        |             | 1. DOE         | THE APP                                          | AZAN<br>SCAV | T CETAIN MYR<br>THAVE A SPEC          | FIC DRI                                          | VER RECRIST       | No ue          | THAN-        |                     | _                |
| RE ANY VEHICLES                    | LEASED TO OTHERS?<br>CLUSTOMIZED, ALTER         | EII OR HAVE e-                               | 27961 -    |              |                                              | <b>-</b> -ႃ    | -        | - 1         | Z.ARE          | AWY DIRIVE                                       | ₹ØI N        | OT COVERED B                          | Y WORK                                           | ERB COMPEN        | BATION         | 7            |                     |                  |
| REICO, PLICOR O                    | HER FILINGS RECUIR                              | (ED)?                                        |            |              | MENTY                                        |                | _        | X 1         | L ANY          | /EHICLES<br>DRIVERS                              | OWN<br>HTH   | ED BUT NOT BO<br>CONVICTIONS F        | US NA.                                           | D ON THIS AS      | PLICAT         | ON2          |                     | _                |
| O OPERATIONS &<br>SCRIPTION OF CAR | AGLVE TRANSPORTIN<br>ROSSTORAGE LOCAT           | GHAZARDOUG:                                  | VATER      | CAL 7        |                                              | •              | _        |             | 5. HAS         | AGENT (N                                         | PEC          | TED VEHICLES?                         |                                                  |                   |                |              |                     |                  |
|                                    |                                                 |                                              |            | ,            |                                              | ·<br>          |          |             |                |                                                  |              |                                       |                                                  | Maximum die<br>\$ | LLANV          | ALUE S       | BJECTT              | OL               |
|                                    | EREST/CERTIF                                    | ICATE RECI<br>IPADDRESS                      |            | _            |                                              | ACO            | Œ.       | 45 ati      | lache          | d for ad                                         |              | esman lanc                            |                                                  | <u> </u>          |                |              |                     |                  |
| ADDITIONAL INSI                    | RED                                             | A STATES                                     |            | SKENC        | 三株.                                          |                | <u>.</u> |             |                |                                                  | CER          | THE CATE REQU                         | _                                                | MENICLE:          | wer;           | N ITHER      | W KEEP              | _                |
| LOSS PAYER<br>LIBRIOLDER           |                                                 |                                              |            |              |                                              |                |          |             |                |                                                  |              |                                       | L                                                |                   | ITAM H         | Mean:        | <del></del>         |                  |
| BSTOLET VO                         | SEOR                                            |                                              |            | •            |                                              |                |          |             |                |                                                  |              |                                       |                                                  | ORER.             |                |              |                     |                  |
| OWNER<br>RESISTRANT                |                                                 | •                                            |            |              |                                              |                |          |             |                |                                                  |              |                                       |                                                  |                   |                |              | :                   |                  |
| - en out in the                    | TEM DE                                          | SCRIPTION:                                   |            |              |                                              |                | _        |             |                | •                                                |              |                                       |                                                  |                   |                |              |                     |                  |
| MARKS                              | 1                                               |                                              |            |              |                                              |                |          |             |                |                                                  |              |                                       |                                                  |                   |                |              |                     | _                |
|                                    | _ <del></del>                                   |                                              |            |              |                                              |                |          | <del></del> |                |                                                  |              |                                       |                                                  |                   |                |              |                     |                  |
|                                    |                                                 | -                                            | -          |              |                                              |                |          |             |                |                                                  |              |                                       |                                                  |                   |                |              |                     |                  |
| •                                  |                                                 | •                                            |            |              |                                              |                |          |             |                |                                                  |              |                                       |                                                  |                   |                |              |                     |                  |

|                                   | Reference# | MB-56571 | Submitted Date -18-2015               |
|-----------------------------------|------------|----------|---------------------------------------|
| Mame and Addres MARIA YOLANDA MAZ |            |          |                                       |
|                                   | . <u>.</u> |          | · · · · · · · · · · · · · · · · · · · |
|                                   |            |          | •                                     |

## Additional Information ADDITIONAL DRIVER INFORMATION : Driver # Mame Alle : MARIA YOLANDA MAKA MISCELLAMEOUS INFORMATION : Bidestaring/T.M.C.: NO ADDITIONAL VERICLE INFORMATION: VEHICIA # : 0001 Rate Physical Damage Only? : No Plate Type Plate Type Plate Mumber Redily Injury Limit Personal Injury Limit Property Demoga Limit Property Demoga Deductible Uninsured Motorist Limit Redical Payment Limit : Unknown : 20000/40000 8000 4100,000 : 80000/10000D Bodily Injury to Others Limit : 50000/100000 Underingural Motorist Minit : 80000/100000 Collision Type Collision Type Waiver of Collision Defeatible \$100 Glass Deductible Rental Reinburgement Towing and Labor Anti-Theft Device Pollution Type Is this a Leased Vehicle : We Pollution Liability Coverage-No Surcharge : Eo End of Document

Acord Additional Info (2004/08)

| ACORD                                                 | <b>8</b>       |               |              | _        |                                               | ИA           | 8.,         | ACH<br>CC           | IUS           | ET             | TS COMINES/LIMITS                     | MERCI                       | ΑL           | . Au   | י רכ           | .8-2<br>)                                    | 015    |                |                    | [                                                | D/<br>11-    | 18-2              | POLYTYY                               |
|-------------------------------------------------------|----------------|---------------|--------------|----------|-----------------------------------------------|--------------|-------------|---------------------|---------------|----------------|---------------------------------------|-----------------------------|--------------|--------|----------------|----------------------------------------------|--------|----------------|--------------------|--------------------------------------------------|--------------|-------------------|---------------------------------------|
| Nabo e deba                                           | EN             | IN            | B 81         | ži,      | VICES                                         | IEK          | ;           | <del></del>         | AF            | PLIC           | MIT (Free Humbel (Free LA YOLANDA)    | *****                       |              |        |                |                                              |        | -              |                    |                                                  |              |                   | · · ·                                 |
| BUSINESS AUT                                          | 0.8            | ECT           | TON          |          |                                               |              |             |                     | ╨.            |                |                                       | MEA TH                      |              |        |                |                                              |        |                |                    |                                                  |              |                   | · · · · · ·                           |
| QOVERNOĖS                                             |                |               | _            | 101      | YMBOLS                                        |              | _           | -                   | ė.mė          | ITE            | · · · · ·                             | COVE                        |              |        | COVE           | e ein 4                                      | WTOS   | ww.h           | ain                | •                                                | <del>-</del> | ·                 | <del></del>                           |
| BODILY                                                | ▙              | ۱۱            |              | 4        | 9                                             | X            | EEEA        | JH PERE             | ON            | 6 2            | 0000                                  | OFTIONIN                    | <u></u>      |        | 7              | A Driver 1                                   |        | مجرو           |                    | \$5D0                                            | 00 Es        | Latin<br>Loh P    |                                       |
| NJURY<br>LIABILITY                                    | <del> </del>   | 2             | ×            | 7        | Ш                                             | âLE          | ACH A       |                     | 1             | 4 4            | 0000                                  | TISTORRES<br>MOTORES        |              |        | <u>′</u>       |                                              |        |                |                    | \$1.06                                           | 900 1        | en i              | looldent                              |
|                                                       | ┢              | 13            | Щ            | <u>u</u> |                                               | 圔            | i nou       | 800                 | 6             |                |                                       | 1.                          |              | Ì      |                |                                              |        |                | ٠                  |                                                  |              |                   |                                       |
| ERBONALINURY                                          | X              | -             |              |          |                                               | 192          |             | SELF                |               |                | DA<br>ELFAND<br>Marcelles             |                             | •            |        |                |                                              |        | -              |                    |                                                  |              |                   |                                       |
| WOTECTION                                             |                |               | <del>,</del> |          |                                               |              |             |                     |               | CEULT &        | EUTSCHEICH (                          | OPTIONAL                    | <del></del>  | Т      | ٦:             | <u> </u>                                     | HVB10  | M-L            | ALTERNA            | -                                                |              |                   |                                       |
| COMPULEORY: DAM-                                      | ┡              | <u> </u>      | ╝            | X        | 78                                            |              |             |                     |               |                |                                       | TOWNS<br>& LABOR            | ,            |        |                | 7                                            |        |                |                    | \$                                               |              |                   |                                       |
| GETO SCHEONE<br>LEE'S PROPERTY                        | ⊢              | J2[_          | 4L           |          | 8                                             | EAC          | ZH ACC      |                     |               | \$ 1           | .00000                                | OPTIONAL                    |              |        | _              | 2 _                                          | 4      | L              | ] ,                |                                                  |              |                   | -                                     |
| PTIONAL                                               | T              | 2             | П            | 4        | l la                                          | <del> </del> |             |                     |               |                | ·                                     | COMPRES                     |              | VE.    | -              | 3                                            | 7      | 1              | -1                 | <b>-</b>                                         |              |                   |                                       |
| AYMENTS                                               |                | 3             | X            | 7        |                                               | EAG          |             | SON                 |               | <b>\$</b> 2    | 15000                                 | EPECIFIE<br>CAUSES (        | 9            |        | _              | 2                                            | - ‡    | <u>_</u>       | B                  | 1                                                |              |                   | •                                     |
| OMPLILEORY                                            | oxdapsilon     | 2             |              | 8        |                                               |              | CSL         | X                   | A PER         | 8 5            | 0000                                  | OPTIONAL                    |              | 33     | $\rightarrow$  | 2                                            | 4      | T              | В                  | <del>                                     </del> | _            |                   |                                       |
| NINSURED<br>KOTORIST                                  | ┝              | a             | X            | 7        | •                                             | 30.5         | ACHA        | COLDENT             | •             | 8 1            | L0000o                                | COLLISIO                    |              |        |                | 3 T                                          | 7      |                |                    |                                                  |              |                   |                                       |
|                                                       | ╀╌             | 1             | П            | -        |                                               | PR           | T           | YDAMAG              | æ             | \$             |                                       | 4                           |              | - 1    |                |                                              |        |                |                    | 1                                                |              |                   |                                       |
| PTIONAL<br>DOLY ILIURY                                | $\vdash$       | ┧,            | 호            | 7        | ├─ <b> </b> °                                 | <b> </b>     | Car<br>Car  |                     | A PER         | -              | 50000<br>100000                       | <del> </del> :              |              |        |                |                                              |        |                |                    | ┼—                                               |              |                   |                                       |
| O CTHERS                                              |                | 12            | П            | 8        | <u> </u>                                      |              | 3           |                     | •             | •              | CUPANT EXCLUSION                      | 1                           |              |        |                |                                              |        |                |                    |                                                  |              |                   |                                       |
| PTIONAL<br>RED/BORROWED                               | L              | YE            | -            | 8        | TATES                                         | œ            | ST OF       |                     |               | - 1 -          | ANY BASIS                             |                             | $\top$       | STATE  | 8              | #DA                                          | YS     | #1             | 1911               | CO                                               | VERAG        |                   | mele                                  |
| ABILITY                                               | <u> </u>       | 100           |              | _        |                                               | 8            |             |                     |               |                |                                       | J                           | .            |        |                |                                              |        |                |                    | L                                                |              |                   | •                                     |
| PTROMAL                                               | -              | YES           | _            | 41       | EATES                                         | COR          | OUPTI       |                     |               | _              | NUMBER OF                             | OPTIONA<br>HIRED            |              |        |                |                                              | -      |                |                    |                                                  | COM          |                   |                                       |
|                                                       | ┞              | J             |              |          |                                               | $\vdash$     | ٦ - ١       | JOYEES<br>Inteere   |               | ┢              |                                       | PHYSICA<br>DAMAGE           | ۱,           |        |                |                                              | -      |                |                    | ┡                                                | 콂            | L 6               |                                       |
|                                                       |                |               |              |          |                                               | $\vdash$     | 1           | in ieere<br>Ners    | 5             | ŀ              |                                       | -                           | }            |        |                |                                              |        |                | F: 1               | 느                                                |              |                   |                                       |
|                                                       | 21 AI          | Ų AŲ<br>L CIA | dien A       | ALST     | ne -                                          |              |             |                     | (4) OY        | WED            | AUTOS OTHER THA                       | PRIVATE P                   | SSE          | VOTER  | XVE            |                                              | -      | 7) Al          | TOS:               | PRE                                              | EDO)         | SCHEE             | ECONDARY                              |
|                                                       | 30             | ANE           | PRIV         | ĀTĒ      | PASSEN                                        | GEH /        | AUTOS       |                     | (9) AL        | L USA          | NEO AUTOS VIHICH<br>AUTOS SUBJECT TO  | COMPULSO                    | FALI<br>RY U | T COVE | PEAGE          | 2                                            |        | B) HI<br>B) NI | RED A              | MED.                                             | MIDS         |                   |                                       |
| TRUCKERS SEC                                          | _              |               |              | _        | SYNDER CLE                                    |              |             |                     |               |                | <u>.</u>                              |                             |              | •      |                | <u>.                                    </u> |        |                |                    |                                                  |              |                   |                                       |
|                                                       | † <del>.</del> | 41            | <u> </u>     | _        | 48                                            | +            | BI E        | CH PER              |               | MITS<br>8      |                                       | COVE                        |              |        |                | D)E                                          | PHY    |                | .Dam               |                                                  |              |                   |                                       |
| ÖDLY<br>HURY                                          |                | 42            |              | ٦,       | 47                                            |              |             | CCDEN               |               | \$             |                                       |                             |              |        |                | 2<br>2                                       |        | 8              |                    | - 11                                             | 118          |                   | DEDUCKE                               |
| (ABILITY<br>OMPULSORY                                 | L              | 43            |              |          | <b>80</b>                                     | 1            |             |                     |               |                |                                       | COMPRI                      | HEN          | SIVE   |                | 13                                           |        | 47             |                    |                                                  |              |                   | \$                                    |
| ERECNAL INSURY<br>ROTECTION                           | <u> </u>       | 44            |              |          |                                               | J.E          | #<br>#<br># |                     | Д,            |                | NED &                                 | OPTION<br>SPECIFI           |              |        | <b>_</b> [4    | <b>6</b>                                     |        | 46             |                    | a_                                               | FT           | LST               |                                       |
| OMPULSORY: DAM-                                       | ┢              | 41            |              | 48       | 47                                            | ,            | 1 YOU       | REELF               | يلسل          | FAL            | RELFAND<br>Y WENE ERS                 | CAUSES                      | OF L         | 088    | <del>}</del> · | 43                                           | 1      | 47             | !!                 | <u>-                                     </u>    | FTW          |                   | • .                                   |
| GE TO SOMEONE<br>LISE'S PROPERTY                      |                | 42            | П            | 46       |                                               | EA           | CHÁC        | CIDENT              |               | •              |                                       | COLLISI                     | AAL<br>CINI  | - }    | ⊣              | 4 <u>2</u><br>43                             | П      | 48<br>47       |                    |                                                  |              |                   |                                       |
| PTIONAL<br>MOICAL                                     | L              | 42            |              |          | 49                                            | 1            |             |                     |               |                | · · · · · · · · · · · · · · · · · · · | OPTION                      | AL.          |        | _              | 46                                           |        | *              |                    |                                                  |              |                   |                                       |
| AYISENTS                                              | ╄              | 43            |              | _        |                                               | <u> </u>     | CH PE       |                     |               |                |                                       | A LABO                      |              |        |                |                                              |        |                | \$                 |                                                  |              |                   |                                       |
| OMPULEORY<br>NEWSLIRED                                | ┝              | - 42          | L            | _        | 49                                            | $\vdash$     | CST         |                     | EA PER        | \$             |                                       | ļ                           |              |        |                |                                              | TRAIL  |                |                    |                                                  |              |                   |                                       |
| OTORIST                                               | Н              | 43<br>45      |              |          |                                               |              |             | RCCIDEN<br>I'Y DAMA |               | .\$            |                                       | COV                         | 3()(C        | 528    | SYN            |                                              | # TRA  | VILLE.         | <b>15</b>          | 工:                                               | DAYS         | MADIU             | DEBUCTS                               |
| PTIONAL                                               | Ŀ              | 41            | 丁            | T        | 48                                            | 1            | CSL         |                     | EA PER        |                |                                       | COMPR                       | al<br>Be     | esive  | -\             | 48 ·<br>49                                   |        |                |                    |                                                  |              |                   | 1                                     |
| ODELY INJURY<br>O OTHERS                              |                | <b>_</b>      |              |          | 47                                            |              | _           | ACCIDE              |               |                |                                       | OPTION                      |              |        |                | 48                                           | ┼      | _              | ╅                  | +                                                |              | <del></del> -     | ╂───                                  |
| PTIONAL.                                              | -              | 43            | <u>_</u> _   |          | BD .                                          | +            |             |                     | LE QUE        | <u> </u>       | COPANT EXCLUSIO                       | N CAUSE                     | بي<br>6 OF   | L088   |                | 49                                           |        |                |                    |                                                  |              |                   |                                       |
| ION-TRUCKERS<br>HRECKBORROWED                         | $\vdash$       | YE2<br>140    | STATE        | CZ       | •                                             | C            | OST 07      | HRE                 | L             |                | if any basis                          | QPTIO1                      |              |        | Ц              | 48                                           |        |                |                    | T                                                |              |                   | 1.                                    |
| PTIONAL                                               | ╁              | YES           | 8TAT         | Eŝ       | <del></del>                                   | 18           | CSTCI       | Libe                |               | <del>-</del> 1 | (E AND PACE                           | COTTLE                      |              | OT*    | TES            | 49                                           | DAYS   |                | #VEH               | $\dashv$                                         |              | <u> </u>          |                                       |
| TRUCKERS<br>HIREDMORROWED                             | F              | NO            | L            | _        |                                               | "            | est (i)     | TURE                | Ł             |                | ifany babis                           | -                           | •            | SIA    | 153            | #'                                           | J. 10  |                | ₩ VEN              |                                                  |              | •                 |                                       |
| DPTIONAL                                              | Г              |               | STAT         | <b>1</b> |                                               | ě            | ROUP        | TYPE                |               | _              | NUMBER OF                             | CPTICE<br>HIRED             |              | 1      |                |                                              |        |                |                    |                                                  |              |                   |                                       |
| NON-OWNED<br>AUTO                                     | H              | YES           | i            |          |                                               |              | EM          | PLOYEES             | 3             |                |                                       | PHYSIC                      | JAL.         |        |                |                                              |        |                |                    |                                                  |              |                   |                                       |
|                                                       | H              | NO            |              |          |                                               | -            |             |                     | <b>t</b> 3    |                |                                       |                             |              |        |                |                                              |        |                |                    |                                                  |              |                   | <del></del>                           |
| ATTER .                                               | +              |               |              |          |                                               | -            | PA          | TIVERS              |               |                | <u> </u>                              |                             | _            |        | CO             | /ERA                                         | GE IS: |                | $oldsymbol{\perp}$ | P                                                | EMARY        |                   | SECONDAR                              |
|                                                       |                |               |              |          |                                               | `            |             |                     |               |                |                                       | CTHE                        | •            |        | l              |                                              |        |                |                    | <u> </u>                                         |              |                   |                                       |
| POVERED AUTO SYM                                      | HOL            | <b>9</b> .    | -            |          |                                               | 44) 01       | WKED.       | AUTOS F             | i BiFC        | TO             | NO-FAULT (46)                         | FECIFICALL                  | ·<br>V ne    |        | D ALP          | me                                           |        |                | A1 6.444           | I                                                |              |                   | · · · · · · · · · · · · · · · · · · · |
| (41) ANY AUTO                                         |                | ,             |              |          | •                                             | 450 C        | viked.      | AUTOS 8<br>SORY U   |               | T TO           | A (47)                                | HIRED AUTO                  | B ONE        | Y      |                |                                              |        | feld           |                    |                                                  |              |                   | SSESSION (                            |
| (42) OWNED AUTOS (                                    | NL I           |               |              |          |                                               | ~            | ALL A       | -                   | A RANGE IN SE | œv.            | ram.                                  |                             | V(III)       |        | <b>100</b> 0   | MI III                                       |        |                | B. Contract        |                                                  | MIDE I       |                   |                                       |
| 42) OWNED AUTOS (<br>48) OWNED COMME!<br>ACORD 137 MA | RCLA           | L AUT         |              | NLY      | <u>'                                     </u> | Ň            | CTOR        | ET LAW              |               |                | (4B)<br>E COMPLETE                    | TRAILERS IN<br>A TRAILER IN | TER          | HANGE  | AQR<br>AQR     |                                              | SAT .  |                | G) NO              | 10M                                              | ED ALT       | MEENIER<br>OBONLY |                                       |

|                                      | Reference#      | ·NB-56571                | Submitted Dat18-20 | 15 |
|--------------------------------------|-----------------|--------------------------|--------------------|----|
| Marse and Addres                     | S TOTSON        |                          |                    |    |
| -                                    | n TRUST         | • • •                    | h 190 e            |    |
| $i \rightarrow$                      | 1 .             |                          |                    |    |
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|                                      |                 |                          | •                  |    |
| Additional Informa                   | rtion           |                          |                    |    |
|                                      |                 |                          |                    |    |
| GARAGERFEPERS CO                     | ivaba ca.       |                          |                    | •  |
| Locations                            | 14 ENVOY (      |                          |                    |    |
| Address<br>Limit<br>Coverage Options |                 | 1                        |                    |    |
| Collision Decustible<br>OTC Type     |                 |                          |                    |    |
|                                      |                 | : Coverage Not Regularia | <b>.</b> .         |    |
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Acord Additional info (2004/08)

OverFlowPageNumber :1

## **Investigation 13**

Landaverde Group Trust/Jose Landaverde

**BUSINESS NAME: LANDAVERDE GROUP TRUST** 

INDIVIDUAL NAME: JOSE LANDAVERDE

A. Excerpt of Recorded Statement and Recorded Statement

B. Application Documents for Commercial Insurance

**November 4, 2015** 

C. Receipts

**November 4, 2015** 

| Trust Fee          | \$ 300.00  |
|--------------------|------------|
| Registry Fee       | \$ 485.00  |
| Down Payment       | \$ 320.00  |
| Administrative Fee | \$ 100.00  |
| Service Fee        | \$ 3.00    |
| Total Cash Paid    | \$1,208.00 |

## **EXHIBIT A**

# Excerpt of Recorded Statement and Recorded Statement

#### **Recorded Statement**

**Business Name: Landaverde Group Trust** 

Jose Landaverde

| Page           | Description                                                                         |
|----------------|-------------------------------------------------------------------------------------|
|                |                                                                                     |
| 1 -            | Q: Jose, do you have a Massachusetts driver's license, sir? Do you have a license   |
|                | from Massachusetts or is it a different state or country?                           |
| 1              | A: My country.                                                                      |
| 1              | Q: And what is your country. A: Salvador.                                           |
| 1              |                                                                                     |
| 1              | Q: All right, and are you currently employed, Jose? Do you work? A: Yes I do.       |
| 1              |                                                                                     |
| ļ              | Q: And where is it that you work? A: At the restaurant.                             |
| 1              |                                                                                     |
| ļ <sup>1</sup> | Q: What is the name of the restaurant?                                              |
|                | A: Fusillas.                                                                        |
| 2              | Q: And at Fusilla's, do you do any catering where you go out and bring food to      |
|                | people and whatnot?                                                                 |
|                | A: No, we don't.                                                                    |
| 2              | Q: And you have been working there as a sous chef for eight or nine years?          |
| 3              | A: Yes                                                                              |
| 3              | Q: Now your policy for insurance here says that you are a catering business? Do you |
|                | have a catering business?                                                           |
|                | A: No, we don't.                                                                    |
| 3              | Q: Do you have a catering business?                                                 |
|                | A: No.                                                                              |
| . 3            | Q: The name of the insured on this policy, I'm holding your insurance application   |
|                | here, it says Landaverde Group Trust. Do you know what that is?                     |
|                | A: No, I don't know what it is.                                                     |
| 3              | Q: Do you know what a trust is?                                                     |
|                | A: No.                                                                              |
| 4              | Q: And the policy of insurance here, says it's a white Toyota Sequoia 2001, is that |
|                | the car you own?                                                                    |
|                | A: That's right.                                                                    |
| 4              | Q: Excuse me, and you don't use that vehicle any catering business or anything like |
|                | that?                                                                               |
|                | A: No.                                                                              |
| 4              | Q: Is that because you don't have a catering business?                              |
|                | A: No.                                                                              |
| 4              | Q: You don't correct?                                                               |
|                | A: No, I don't.                                                                     |
|                |                                                                                     |

| Page     | Description                                                                                         |
|----------|-----------------------------------------------------------------------------------------------------|
| 6        | Q: When you went there the first time to buy the insurance, do you remember how much you paid them? |
|          | A: Paid for the Me pay for the insurance, like \$1200.                                              |
| 6        | Q: How did you pay them? Did you pay cash or did you pay by check?                                  |
|          | A: On the \$1100 cash and \$100 from my debit card.                                                 |
| 6        | Q: And when you went there to buy the insurance, did they explain to you what they                  |
| 1        | were doing and what that money was for?                                                             |
| <u> </u> | A: No, they don't explain to me nothing.                                                            |
| 6        | Q: Now, I noticed that you provided me with some receipts. The receipts say a \$300                 |
|          | trust fee, did they ever explain to you what that was?                                              |
|          | A: No, they don't explain to me, no.                                                                |
| 6        | Q: This \$485 registry fee, did they ever explain to you what time was?                             |
|          | A: No.                                                                                              |
| 7        | Q: And then it says new business down payment \$320. Did they ever explain to you                   |
| ļ        | what that was?                                                                                      |
| 8        | A: No.                                                                                              |
| 8        | Q: And that receipt appears to be dated 11/4/15 at 2:22 PM and then you have                        |
|          | another receipt here for November 4, 2015 at 2:25 PM, so three minutes later on the                 |
|          | exact same day, it says \$100 administration fee. Did they explain to with that                     |
|          | administration fee was for?                                                                         |
| 8        | A: No, that's what they charged to my money, that's what they said.                                 |
| 8        | Q: Did they ever ask your permission to get a commercial auto policy?                               |
| 9        | A: Nope.                                                                                            |
| 9        | Q: When you left there, did you know that they appeared to have set up a business                   |
|          | for you, this Landaverde Trust Catering business?                                                   |
| 9        | A: No.                                                                                              |
| 9        | Q: Did you give anyone permission to do that?                                                       |
| 10       | A: Nope.                                                                                            |
| 10       | Q: Were you aware that you were getting a commercial policy as opposed to an                        |
|          | individual policy that day?                                                                         |
| 10       | A: No.                                                                                              |
| 10       | Q: A commercial policy would be like for a business, like a business policy. Did                    |
|          | they tell you they were giving you a business policy and that's what they were doing?  A: No.       |
| 13       |                                                                                                     |
| 13       | Q: No one explained to you that you were getting a trust and setting up a business                  |
|          | policy for insurance?                                                                               |
| 13       | A: It's not explained to me, no.                                                                    |
| 13       | Q: No one explained to you about the business tax ID number that was obtained?  A: No.              |
| 13       |                                                                                                     |
| 13       | Q: Did you ever give anyone permission to do this for you?  A: No.                                  |
|          | A. NU.                                                                                              |

This is Ed Spellman and I'm speaking with Jose Landaverde from Today's date is January 6, 2016 and the time is now 10:25 AM.

- Q. Jose, this conversation is being recorded. Is this being done with your permission, sir?
- A. Yes.
- Q. José, do you have a Massachusetts driver's license, sir? Do you have a license from Massachusetts or is it a different state or country?
- A. My country.
- Q. And what is your country?
- A. Salvador.
- Q. And what is your date of birth?
- A.
- Q. All right, and are you currently employed, José? Do you work?
- A. Yes I do.
- Q. And where is it that you work?
- A. At the restaurant.
- Q. What is the name of the restaurant?
- A. Fusillas.
- Q. And where is that located?
- A. That's...
- Q. What town? Do you know what city or town it is in?
- A. No, I don't.
- Q. All right, is it La Fusilla's?
- A. Fusilla's, it's a restaurant.
- Q. Is it F-u-s-i-l-l-a?

- A. Yeah.
  - Q. I am vaguely familiar with the North Shore area, is it off of like 28th, I want to say it might be in Reading, or North Reading, but I'm not entirely sure.
  - A. I think it is in Reading.
  - Q. You think it's then Reading?
  - A. Yeah Reading.
  - Q. And what do you do at Fusilla's Restaurant?
  - A. On the sous chef and the cook in the restaurant.
  - Q. How long have you worked there?
  - A. Eight years.
  - Q. Eight years?
  - A. Eight or nine years yeah.
  - Q. Eight or nine years, okay. Do you get paid hourly at Fusilla's?
  - A. Huh?
  - Q. Do you get paid by the hour at Fusilla's?
  - A. Uh-huh.
  - Q. Yes or no?
  - A. Yes.
  - Q. And at Fusilla's, do you do any catering where you go out and bring food to people and whatnot?
  - A. No, we don't.
  - Q. Okay, it's just a restaurant, they come to you.
  - A. Just a restaurant, the people that are going eat in the restaurant, that's it.
  - Q. And you have been working there as a sous chef for eight or nine years?

- A. Uh-huh.
- Q. I'm sorry, yes or no?
- A. Yes.
- Q. And I know before when you were going through some paperwork and whatnot you have a IT number for tax purposes.
- A. Yes we do, I do taxes every year.
- Q. And you file taxes as an individual, correct? As José Landaverde?
- A. Yep.
- Q. As an employee of Fusilla Restaurant?
- A. Uh-huh, yes.
- Q. So you are an employee there, right? Is that how you classify yourself?
- A. Yeah.
- Q. Now your policy for insurance here says that you are a catering business? Do you have a catering business?
- A. No, we don't.
- Q. Do you have a catering business?
- A. No.
- Q. The name of the insured on this policy, I'm holding your insurance application here, it says Landaverde Group Trust. Do you know what that is?
- A. No, I don't know what it is.
- Q. Do you know what a trust is?
- A. No.
- Q. Do you own a vehicle? Do you have a car?
- A. Yeah.

|            | Q. And the policy of insurance here, says it's a white Toyota Sequoia 2001, is that the car you own?                                         |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|            | A. That's right.                                                                                                                             |
|            | Q. Excuse me, and you don't use that vehicle any catering business or anything like that?                                                    |
|            | A. No.                                                                                                                                       |
|            | Q. Is that because you don't have a catering business?                                                                                       |
|            | A. No.                                                                                                                                       |
|            | Q. You don't correct?                                                                                                                        |
|            | A. No, I don't.                                                                                                                              |
|            | Q. Where did you purchase that vehicle from, do you remember who you bought the car from? Was it a dealer or a person?                       |
|            | A. A person.                                                                                                                                 |
| 0          | Q. Do you remember how much you paid for the car, just ballpark?                                                                             |
|            | A. \$7000.                                                                                                                                   |
|            | Q. Okay, and when you got insurance for that car, do you remember where you went by the insurance?                                           |
|            | A. Yes it is in Everett on Route 16, that is I can't think of the name of it.                                                                |
|            | Q. Here on your application. It says Rapo and Tepsen losurance; is that where you went?                                                      |
|            | A. Yeah, that is.                                                                                                                            |
| •          | Q. And when you went there, how did you pick that agent? How did you end up going there?<br>Did someone tell you to go there or did you just |
|            | A. No.                                                                                                                                       |
|            | Q. How did you pick that one, you live in to Exercit, why that one?                                                                          |
| <b></b>    | A. I live in Everett for a long time, so now Live in                                                                                         |
| $\bigcirc$ | Q. Did you ever have a policy at that agent before?                                                                                          |
|            | All-Write Transcription and Reporting Services -4-                                                                                           |

|  | A No.                                                                                                                                                         |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Q. I mean, why go to that one, I mean, there are hundreds of agents all around, I just don't know how you ended up going to that one, why?                    |
|  | A. I don't know.                                                                                                                                              |
|  | Q. Did someone tell you to go there?                                                                                                                          |
|  | A. No.                                                                                                                                                        |
|  | Q. You just randomly picked it?                                                                                                                               |
|  | A. No.                                                                                                                                                        |
|  | Q. So you didn't randomly pick it?                                                                                                                            |
|  | A. No.                                                                                                                                                        |
|  | Q. How did you end up going there? Did someone tell you it would be cheaper to go there?                                                                      |
|  | A. No.                                                                                                                                                        |
|  | Q. Why that agent, I just don't get it.                                                                                                                       |
|  | A. I don't know, I don't know what they have.                                                                                                                 |
|  | Q. But how did you end up going to that agency specifically? A friend, someone, did a friend tell you to go there, the guy you bought the car from, the bank? |
|  | A. From the You are talking about for the insurance?                                                                                                          |
|  | Q. Yeah.                                                                                                                                                      |
|  | A. Who tell me the insurance.                                                                                                                                 |
|  | Q. To go there, yes?                                                                                                                                          |
|  | A. Oh my friends, they have a car, my friends that have the insurance with this company, and the guy that tell me, that's going there, this insurance.        |
|  | Q. Okay, so you have a friend that goes there who told you.                                                                                                   |
|  | A. Yeah, a friend that told me this is have the insurance for like two years ago, I think it is.                                                              |

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| Claim No.   |        |     | 3   |

- Q. Okay, and when you went there, do you know who you talked to when you went there?
  - A. No.
  - Q. Was it a guy or a girl?
  - A. With me?
  - Q. Yeah who did you talk to?
  - A. With the guys.
  - Q. Do you remember the guy's name?
  - A. No, we don't.
  - Q. When you went there for the first time to by the insurance, do you remember how much you paid them?
  - A. Paid for the ... Me pay for the insurance, like \$1200.
  - Q. This is the very first time that you went there?
  - A. Yeah, yes.
  - Q. How did you pay them? Did you pay cash or did you pay by check?
  - A. On the \$1100 cash and \$100 from my debit card.
  - Q. And when you went there to buy the insurance, did they explain to you what they were doing and what that money was for?
  - A. No, they don't explain to me nothing.
  - Q. Now, I noticed that you provided me with some receipts. The receipts say a \$300 trust fee, did they ever explain to you what that was?
  - A. No, they don't explain to me, no.
  - Q. This \$485 registry fee, did they ever explain to you what that was?
  - A. No.
  - Q. And then it says new business down payment \$320. Did they ever explain to you what that was?

- A. No.
- Q. And that receipt appears to be dated 11/4/15 at 2:22 PM and then you have another receipt here for November 4, 2015 at 2:25 PM, so three minutes later on the exact same day, it says \$100 administration fee. Did they explain to with that administration fee was for?
- A. No, that's what they charged to my money, that's what they said.
- Q. And then a \$3 service fee, did they explain to you what that \$3 was for?
- A. Nope.
- Q. In the time that you were getting the insurance, did they ever explain to you anything about an auto club, or some kind of roadside service plan?
- A. Nope.
- Q. Did they ever explain that you were getting a commercial auto policy for a business?
- A. Nope.
- Q. Did they ever ask your permission to get a commercial auto policy?
- A. Nope.
- Q. Did they ever tell you that there was a tax number for this business that was created, this trust? Let me rephrase, did you give anyone permission to get a tax number for you for a business?
- A. They asking to be to have the taxing the IT number, and they say yes we do, and they say can you give it to me, and they say yes.
- Q. Did they tell you what they were going to do with the IT number?
- A. No, they only tell me do I have the IT number, and I say yes we do, because I do the taxes every year, this is my IT number for to do the taxes every year.
- Q. And you file as an individual for working at Fusilla, right? With your IT number you file taxes for being and him ploy he of the restaurant, correct?
- A. Yes, my IT number that is at the (inaudible) for my work.
- Q. Which is the restaurant, Fusilla?
- A. The restaurant, for this... For myself, for me.

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|------------|---------|-----|------|
| Claim No.  |         |     | ,,   |

| 0          | Q. Nothing to do with catering or anything like that?                                                                                                       |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | A. No, nothing to do with anything like that no.                                                                                                            |
|            | Q. This tax number right here on your application for insurance have you ever seen about number before?                                                     |
|            | A. No.                                                                                                                                                      |
|            | Q. Have you ever given anyone permission to get that number for you?                                                                                        |
|            | A. Huh-uh.                                                                                                                                                  |
|            | Q. Yes or no, sorry?                                                                                                                                        |
|            | A. No.                                                                                                                                                      |
|            | Q. When you gave them your IT number, is that your IT number?                                                                                               |
|            | A. That's my IT number.                                                                                                                                     |
| $\bigcirc$ | Q. Just for the record he has his IT number paperwork. His IT number that he use for taxes is  And that number. I just read is for you personally, correct? |
| Carrier 1  | A. That's my personal number.                                                                                                                               |
|            | Q. Did you ever give anyone permission to use that number to get a business tax number?                                                                     |
|            | A. No.                                                                                                                                                      |
|            | Q. When you paid them, you paid them \$1100 in cash, is that what you said?                                                                                 |
|            | A. Yes.                                                                                                                                                     |
|            | Q. And then they charged an extra hundred dollars onto your debit card, correct?                                                                            |
|            | A. Correct.                                                                                                                                                 |
|            | Q. Did you pay them any other money other than what you have already indicated?                                                                             |
|            | A. No.                                                                                                                                                      |
|            | Q. When you left there, did they give you these receipts that you have shown me today, all of that same day?                                                |
|            | A. Yeah, the same day, yeah.                                                                                                                                |
|            | All-Write Transcription and Reporting Services  -8-                                                                                                         |

- Q. But they didn't explain to you what any of it was or what any of it meant?
  - A. No, there is no explain to me, no.
  - Q. When you went there and talk to the people there were they speaking to you in English, Portuguese, Spanish?
  - A. Spanish.
  - Q. All right.
  - A. Spanish and Portuguese.
  - Q. Okay, do you understand Spanish and Portuguese?
  - A. Yes.
  - Q. So there was no communication problem with them, correct? You understood what they were saying?
  - A. I understand everything, yeah.
  - Q. So it is just they didn't explain it to you, not that there was a language problem?
  - A. There was no explaining for me what the money going, like that, all the money they charge, they don't explain to me what the money going, you know.
  - Q. When you left there, did you know that they appeared to have set up a business for you, this Landaverde Trust catering business?
  - A. No.
  - Q. Did you give anyone permission to do that?
  - A. Nope.
  - Q. Did you ever ask what that trust was, Landaverde Trust, did you ever ask them what it was?
  - A. I asking the guys what it is, the guys say this is just for the insurance thing.
  - Q. Okay, you asked them that when, right that day when you bought the insurance or at a later date?
  - A. The same day.

- Q. And you said... What did he say again?
- A. He say this is a... They use it for the insurance.
- Q. So he never said that, you know, it is a business that we are creating for you to get insurance or anything like that?
- A. No.
- Q. Just simply it is for insurance?
- A. Yeah.
- Q. Did he explain anything further about it?
- A. No.
- Q. Were you aware that you were getting a commercial policy as opposed to an individual policy that day?
- A. No.
- Q. A commercial policy would be like for a business, like a business policy. Did they tell you they were giving you a business policy and that's what they were doing?
  - A. No.
  - Q. All right. Were you under the impression when you went there that you were just getting a regular automobile policy? A regular policy like...
  - A. Yeah, I'd looking for regular policy for my car.
  - Q. Registered in your name?
  - A. Yes, yeah.
  - Q. Had you known that they were going to set up this business and register you as a business, would you have went there?
  - A. No.

Male Speaker: Have you ever had insurance on a car before?

Q. Have you ever had a vehicle before or insurance on a car before, other than this one? So before this car did you ever have insurance on a car?

- Claim No.
  - A. Yeah, I have the insurance, but this is a different insurance.
  - Q. Okay, different company?
  - A. Different company.
  - Q. When you went to that insurance company or agent, was it different than when you went to this one?
  - A. Yeah, it's all different, it's not like that.
  - Q. What happened at the other company?
  - A. Nothing, it's like working... Working good.
  - Q. And what was the reason for going to this one then, you bought a new car or...
  - A. Yep, yeah.
  - Q. Did anyone tell you that it would be cheaper to go to this agent or through this insurance?
  - A. No.
  - Q. A friend or anyone like that?
  - A. No.
  - Q. So you just went there because your friend goes there and...
  - A. Yeah, exactly, that's why.
  - Q. What is your friend's name?
  - A. I think it is Manricio.
  - Q. Last name?
  - A. Mauricio, I don't know the last name, but I know the first name that is Mauricio.
  - Q. And does he have a business, do you know?
  - A. I don't know.
  - Q. Not like is he insured as a business, but it do you know if he has a business?
- A. No.

- Q. How is it that you know Mauricio, is he just a personal friend or just kind of through the
- A. Just a personal friend.
- Q. Okay, how long have you been friends?
- A. Two years ago.
- Q. Two years?
- A. Uh-huh.
- Q. And you don't know his last name?
- A. No, just only the first name.
- Q. All right, do you have all of his information, telephone number, do you guys talk on the phone and whatnot?
- A. No.
- Q. All right, so how is it that he told you to go to the insurance agent? Were you actually with him or do you work together or...
- A. (No audible response).
- Q. So you didn't talk to Mauricio?
- A. No.
- Q. Okay, so how is it that you got to the agent?
- A. This is what we see... We say this had a friend, like two years ago, but it's not have a telephone number, no more, because this is before this place, they say to me, this is... They have this insurance, and this...
- Q. So two years ago... Is he still here in Massachusetts or...
- A. Yes, I think it is in Massachusetts.
- Q. All right, so two years ago. He said I have this company, Rapo and Jepsen.
- A. Uh-huh.

- Q. And Arbeila Insurance, and when you bought a car, that's where you went, is that what you are saying?
  - A. Yeah.
  - Q. All right. So just to be clear, no one ever told you where all of this money was going, all the \$1100?
  - A. No.
  - Q. No one explained to you that you were getting a trust and setting up a business policy for insurance?
  - A. It's not explained to me, no.
  - Q. No one explained to you about the business tax ID number that was obtained?
  - A. No.
  - Q. Did you ever give anyone permission to do this for you?
  - A. No.
  - Q. All right. All right José, this conversation was recorded. Was this done with your permission?
  - A. Yes.
  - Q. And were all of your answers true to the best of your knowledge? Did you answer truthfully? Did you tell the truth? No, yes?
  - A. No, I don't understand.
  - Q. Okay, so you did understand. Let me rephrase, were you honest in your answers? In other words, did you... What you told me is true? Did you lie, what you just told me?
  - A. No, no.
  - Q. Okay.
  - A. I said it... That's all I say this.
  - Q. Okay, so what you told me is what actually happened, correct?
  - A. Correct.

- Q. All right. And you didn't... Okay, and this was recorded with your permission?
- A. Uh-huh, yes.
- Q. Okay.

## **EXHIBIT B**

## **Application Documents for Commercial Insurance**

|            | A           | ca                 | RD°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                    | CÖ        | Mr.          | _RC           | IAL             | <b>MS</b>     | ua         | ANC             | ubuit<br>E A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ted<br>OO    | Date                                             | 34                               | -2015<br>B                                                                                                |            |                   |                         |                   |                      |
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| I          | 72          | E. em              | 617-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 81-624             | 10                 |           |              | <del></del> - | 100             |               |            | S ATTACE        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | E0/874                                           | ENT PLOAT                        | TER .                                                                                                     | L          | e/m/              | GE A                    | VD DEALE          | RR                   |
| t          | M           | Mak                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    |           | <del></del>  | ·····         | ┉╂╌╴            | CLASS         |            | 16243           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $\vdash$     | ŧ                                                |                                  | DERB RESK                                                                                                 | 匚          | VER               | は単名                     |                   |                      |
|            |             | in.                | leand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cograg             | oand)              | psen      | . Com        |               | 1               | (400)         |            | FERNALL         | e,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $\vdash$     |                                                  | CONIC DATA<br>RCSAL<br>L'INVELTO |                                                                                                           | ┝          | <b>801</b>        | 364 別                   | ACHRICA           | Y                    |
|            |             | E                  | OB/SR 20:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | SEED GOT           | Æ 011     | 4            |               | Ţ               | CHINE         |            | HANGON          | CHILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                  | REVINDO<br>RETANBILLA            | •                                                                                                         | 一          | LAME              | <u>gitty</u><br>value ( | COMPEN            | ATION                |
|            |             | _                  | TRANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ACTIO              | N                  |           |              | PAG           |                 | •             |            | TON<br>E Calkao |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | TRUCKE                                           | REMOTOR                          | CARRIER                                                                                                   |            | 1_                |                         |                   |                      |
| ŀ          |             | CLOTE              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1891               | E POLUTY           | L         | RENEY        |               | THE             | PULL          | EV.        | FORM            | TON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                  |                                  | ·                                                                                                         |            | •                 |                         |                   |                      |
| F          |             | CHARGE<br>HOURD (I | Sites Cada ex<br>CATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 1 Copy);<br>  Top  |           | _            | PRO           | OSED            | FERR          |            | PROPOSE         | 0 1500 P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KEE /        | MATERIAL LINES                                   | SAPLYT<br>Milan                  | O SILVERAL II                                                                                             | NES.       | OR TO             | RUDN                    | CLIME PO          |                      |
| F          |             | CANCEL             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                  | "                  | -         | I AS         | , 4           | -04-            | 2015          | T          | 11-06           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  | 1                                                                                                         | ·nu        |                   | -maa                    |                   | AUDIT<br>In lastic   |
| , A        | PP          | <b>ICANT</b>       | NFOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ATION              |                    |           |              |               | · ·             |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | AG                                               | 抑油                               | <u> </u>                                                                                                  | _          |                   |                         |                   | عښد                  |
|            | ر والنار    | يبطأ أخدا          | ed issued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ê Çêley îk         | بنصا أدبر          | ds)       |              |               |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Î M          | AN DIE A                                         | 100000                           | 2.27 4 MF                                                                                                 | leef it    | armod h           | _                       |                   |                      |
| - 1        | T.EN        |                    | DE GRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                    | _         |              |               |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  |                                                                                                           |            |                   |                         |                   | _                    |
|            | DEA         | : J08              | e land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | averd<br>Averd     | GEZ<br>Bi Yyer     | "         |              |               |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  |                                                                                                           |            | <i>,</i> /        |                         | 144               |                      |
| - 1        |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>-</b>           | -1                 | ,,        |              |               |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  |                                                                                                           | •          | •                 | ĩ.                      | : 04              | ZCIF                 |
| H          |             |                    | 19<br>42:04):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                    |           | 觀點           | - Entir       |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -            |                                                  |                                  |                                                                                                           |            |                   |                         |                   |                      |
|            |             | DMIDIAL            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    | Tere      |              |               |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I            |                                                  | Ditte                            | <del></del> -                                                                                             | _          | -                 |                         |                   |                      |
|            | 7           | ARRIERS            | ` ├─                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CORPOR<br>JOINT VE |                    | 一關        | HALE<br>From | 7. E          | TOEW            |               |            | 40年 10年         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  | <del></del>                                                                                               |            |                   |                         |                   |                      |
|            |             | ich čen            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 11000              | PRE       | FIT CRE      | JA            | DIAM            |               | =          | ACCOUNT         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  | -                                | LANDAY                                                                                                    |            |                   |                         |                   |                      |
|            |             | Reft:              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    |           | 4            |               |                 |               |            | 識。              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Paris      | e érai Ma                                        | oli ariži                        | LANDAY<br>LANDAY                                                                                          |            | 700               |                         |                   |                      |
| 27.5       | C d         |                    | FORMA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                    |           |              |               |                 |               |            |                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                  |                                  |                                                                                                           |            |                   |                         | <del>.</del>      |                      |
|            | -           |                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | (TAET, C)          | Y, COUR   | 14,904       | B, 23°+4      |                 |               | Œ          | TWES            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <b>26</b>                                        | All All                          |                                                                                                           | F          |                   |                         | 500               | in Rum               |
| 1          | į           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    |           |              |               |                 |               |            | WSIDE           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | R                                                |                                  |                                                                                                           | +          |                   |                         |                   |                      |
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| İ          |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    |           |              |               |                 | <del></del> - |            | NERCE .         | <del>                                     </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14041        |                                                  |                                  |                                                                                                           | ┿          |                   | St. M.                  | 0 s 2             | 16                   |
| 1          | .           | j                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    |           |              |               |                 |               |            | OUTSIDE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ;sub                                             | MISS                             | ONS FC                                                                                                    | )JI        | ÆD.               | C                       | ĺ                 |                      |
| NA'        | ruk         | E OF S             | USINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R/DES              | CHETT              | M OF      | ADER :       |               |                 |               |            | . <del>()</del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W 1.4        | <del>44</del> 0                                  |                                  | المستثنات                                                                                                 |            |                   | -                       |                   |                      |
|            | 93852       |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    | 11.01     | ALE          | BILLAN        | 2 B T           | ومعيد         | : : E : !  | 2)              | T- 6 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 700          | n_r o                                            | Detail                           | TED O                                                                                                     |            |                   | BY.                     |                   | 4: ESA   186         |
|            |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    |           |              |               |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  |                                                                                                           |            |                   |                         |                   |                      |
| ĠE         |             | AL MA              | ONLAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V7AL               |                    |           |              |               |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  |                                                                                                           | •          |                   |                         |                   |                      |
|            | بربخة       | ar jar             | PHOTOIS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                    |           |              |               |                 | 1-            | al         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <del>,                                    </del> |                                  |                                                                                                           |            |                   |                         |                   |                      |
| 12.5       | THE         | APPLICA            | NT A SUBS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DIANY OF           | ANOTHE             | REMITT    | /7           |               |                 | - 1           | 9 100<br>X | 8, 00           | TALL T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | EFFORE<br>THEY                                   | ARS (HEN)                        | NRC HAS A                                                                                                 | Y A        | 9 6 17 29         |                         |                   | YES 310              |
|            |             |                    | CANETIAN<br>PETY PRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                    |           | •            |               |                 |               | X          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | بلد و        |                                                  | 会を記され                            | V DEGRAND O                                                                                               | F TH       | 開いる               | SOF PR                  | NUID,             | K                    |
| 2. A       |             | -COLUM             | TOPLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ARLES E            | CPLOSIVE           | i Camu    | Mai de       |               |                 | _             | <u> ×</u>  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ansiene<br>A |                                                  |                                  | N RO, HAS AS<br>V OSCHRELATE<br>PO MAY Applicant<br>Motion is a mit<br>Motion is a mit<br>Motion is a mit | Har        | and and           |                         | r. Filipp         |                      |
| 4 N        | NY CH       | TABINO             | 7Å 8000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lije?              |                    |           |              |               |                 | -             | X          | 9. AN           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  | Agr                                                                                                       | 11         |                   |                         | bye               |                      |
| A A        | A CI        | HER MAN            | PANCE V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | THE THE            | CHIPMAY            | OR BER    | 10 SUMM      | 11507         |                 |               | K          | 10. 4           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HADA<br>J.J. | TO THE                                           | CODE VIOL                        | LIENS AGAI                                                                                                | 517        |                   | Takes .                 |                   | I                    |
| 'n         | EPR         | ORaYE              | COVERNAL<br>VRST (No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | والانتجاز          | D, CANCE<br>In MC) | TUEDO     | R NON-RE     | HEYE)         | DURIN           | 9             | X          | 11.             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  | EDIKATI                          | LENS AGNI<br>LENS AGNI<br>LENS AGNI<br>LENS AGNI<br>RESEN COLI<br>ACCESO BIB                              |            |                   |                         |                   | X                    |
| " A        | LEGA        | TICKS, D           | SCRICIA<br>SCRILINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EN CR              |                    | EXIAL A   |              | TO DE         | TAHON           |               | X          | 12 AM           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  | 作品ので<br>機能(COU                                                                                            |            | (Tiel)<br>1817 (H |                         | A, OR US          |                      |
| NEMA.      | 444         |                    | ing ritte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CTERNS (           | Attach ad          | ر (دود آگ | bonta II n   | roto stat     | e <b>is</b> req | ded)          | <u> </u>   |                 | *J.41.h.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                  |                                  | ACCED 818                                                                                                 | to P       | COLUMN !          |                         |                   | X                    |
|            |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    |           |              |               |                 |               |            |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                  |                                  |                                                                                                           |            |                   |                         |                   |                      |
| ANY F      |             | CHAV KE            | NATERIALLY<br>ATERIALLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Y AND V            | ETH MILE           | TO TO     | 直加           | ANY IN        | SUITAN          | CE COM        | PANY       | OR ANOT         | 推 异                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (A)          | PUSA A                                           | A A GENT NO.                     | TION FOR 8                                                                                                | CELT FI    | ALPA              |                         |                   |                      |
| ME.TA      | الحما       | VA. Insulis        | oca banalle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ries elec          |                    | winn di   |              | THEPER        | BON T           |               | alan       | D MY: SU        | BETANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MIC          | MIT DENIA                                        | TER MA                           |                                                                                                           | <b>%</b> 1 |                   |                         | E70, C0           | ¥INETIĠΑĹ            |
| WE U       |             | SIGNED !           | S AN AUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ORIZED             | REPRESE            | NTATIVE   | OF THE       | APPLIC        | ANT AN          | D CERT        | FIRS 1     | HAT REA         | SOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | الاع ع       | MINT U                                           | S Mach et                        | VDE TO CET                                                                                                |            |                   |                         | w, er VI;         | on <b>170°, LJ</b> , |
|            | 457         | <b>SECTAT</b>      | VAE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | MAI FRIE           | WE        | BRET         | DATE          | RECT            | AND CO        | PLET       | E TO THE        | BEST C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | P High       | iler koko                                        | MLEDGE                           | IO OSE                                                                                                    | ruv 1      | rse AN            |                         | O CLUEST          | YOME ON              |
|            |             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                    |           |              |               | •               |               | =7007      | BUCER'S S       | TO CANAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | JRE.         |                                                  |                                  |                                                                                                           |            | RAS               | IONAL PR                | 0000R             | NUMBER               |
| ACC        | <b>ID</b> 1 | 25 (2C)            | DE/08)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                    |           |              | PLI           | ASE             | COMP          | LET        | E REVE          | عفد                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | á m          |                                                  |                                  | @ACON                                                                                                     |            |                   |                         |                   |                      |

Reference# AB-56117

Submitted Date

:04-2015

Name and Address LANDAVERDE GROUP TRUST

#### Additional information

APPLICANT IMPORMATION :

Status of Transaction: Submitting for Impumos

Regal Batity:

PATRENT PLAN :

milling Marked': Direct Bill - Rail-in Check

Bom Payment Information

Down Payment Type: Check Down Payment Amount: \$320.00

MISCELLANEOUS INFORMATION |

ate code

AGENT REMARKS :

Bad of Document

Accrd Additional Info (2094/08)

|                       |        | ACORD                                               | Pi Giling a                                                      | <del>''</del> | <u>B-</u> | 5611                                             | <del>"</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,       |             | នប              | bmi      | tted    | Dat     | <u>e (</u> | 4-201           | 5                      |                  |                |                  |              |
|-----------------------|--------|-----------------------------------------------------|------------------------------------------------------------------|---------------|-----------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|-----------------|----------|---------|---------|------------|-----------------|------------------------|------------------|----------------|------------------|--------------|
| -ATT                  | AA     | ADIOY THE                                           | BUSINESS                                                         | A             | UT        | 0 (                                              | 3EC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TI      | Ol          | 4               |          |         |         |            |                 | •                      |                  | DAY            | C4-2             | MYYYY)       |
|                       | I      | 7000 1000                                           |                                                                  | <u>:</u>      |           | 11                                               | PPLICATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE | 1.2     | MDA         | VERD            | ŒG       | ROUE    | TRU     | et         |                 |                        |                  |                |                  |              |
|                       | , 11   | DO & JERSHE IN                                      | e areaicee inc                                                   |               |           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |             |                 |          |         |         |            |                 |                        |                  |                |                  |              |
|                       | 五五     | STON NA 02215<br>Andro Rodrigue                     | 3                                                                |               |           | ĺ                                                | 1-04-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (CA)    |             | 100 ma<br>11-04 | 10H      | DATE    | X c     |            | -               | PAYE                   | BITPLA           | ve -           | <del>- T</del>   | ARIDIT       |
|                       | OCE    |                                                     |                                                                  |               |           |                                                  | OR ANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |             |                 |          | -       | A       | RENCY H    | <u>u  </u>      |                        |                  |                |                  | to haribe    |
|                       | 4      | AND ER DE                                           | alls coos: 0154                                                  |               |           | ]•                                               | COLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |             |                 |          |         |         |            |                 |                        |                  |                |                  |              |
| •                     | CO     | VERAGES/LUETS                                       |                                                                  | <u> </u>      |           |                                                  | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | <u> </u>    |                 |          |         |         |            | <u>.</u>        | <u> </u>               |                  |                |                  |              |
| . L                   | Date   | VER INFORMATI                                       | USE ACORD 187                                                    | FOR           | YO        | UR 8                                             | ATET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ŪΡ      | ROV         | /IDE (          | COV      | ERA     | GERA    | LIMITE     | MEN             | REATEDN                |                  |                |                  |              |
|                       | UST    | ALL DEIVERS, INCLUDE                                | ON ACORD  IN PARTY HEREITERS THAT IS: The address, if previously | 163           |           |                                                  | r addit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | dine    | i din       | rere            |          |         |         |            |                 | THE ALL POST           |                  |                | ···              |              |
| F                     | 1      | MANUE (Inel                                         | arie addresse, if preparinesi)                                   |               |           | 0.0                                              | EOF DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AID)    |             | OVERNI<br>Trepr |          |         |         |            | COUNTY<br>TATAL | V SUDDIES              |                  | <del></del>    |                  |              |
| ľ                     | _      | JOSE LAWNAY                                         | RRDE                                                             | Ū             | · .       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -       | \           |                 | †*       | KAŅĖ.   |         |            | 家               |                        |                  | 1000<br>1810   | 1                |              |
| Γ                     |        |                                                     | <del></del>                                                      | ╬             | +-        | ╁┈                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4       |             | <del> </del>    | ļ.,      | ·       |         | ~          |                 |                        |                  |                | l                |              |
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| Ţ                     |        |                                                     | <u> </u>                                                         | +-            | ╁         | <del>                                     </del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4       |             | <u> </u>        | ┡        |         |         | _          |                 |                        |                  | L              | ľ                |              |
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| as                    | THE    | REAVENCIE MANTEN                                    | YES USE THER AUTOS IN T<br>ANDE PROGRAM SA OPERAT                |               |           | 87                                               | -1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X       | <u>  10</u> |                 | THEA     | PPLICE  | NT CEN  | MEN HART   | UGDİLIYAY       | T/SUB0                 | _                |                |                  | X            |
| 4.4                   | A      | N VISIOLES LEASEN T                                 | D OTHERS                                                         |               |           |                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X       | 91.         | DOEST           | HEA      | PFLITA  | NT HAL  | E A SPEC   | IFIC DIEM       | R RECRUM               | NG MET           | 007            |                  | X            |
| 5.A                   |        | Y YEAR EN GUSTONE<br>C. PLC OR OTHER PILE           | TO ALTERNOOR HAVE SPE                                            | 2001. EE      | WPM       | ENT?                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *       | -1          | 750             | H UN     |         | <u></u> | veen ;     | KOKE            | S COMPEN<br>ON THIS AP | SATTLES!         |                |                  | I            |
| 7.D                   | O CETE | STATIONS ON AN USE THE                              | AND COURSE OF STREET                                             |               |           |                                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ξ       | 146         | AND             | NE.      | 2 ANUH  | COMM    | OTHORIS P  | OR MOVE         | O THAFFIC              | WOLATO<br>WOLATO |                | <del>-  </del> - | X            |
| - CES                 | ĊIÙ T  | ichiof extragator                                   | NGE LOCATIONS                                                    | Vietoù        | e.r       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I       | 框           | HAB AG          | MAT!     | NAME    | TED VE  | HICLEST    |                 |                        |                  |                |                  | 77           |
|                       |        | MAI ATTROPO                                         |                                                                  |               |           | -,                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | _           |                 |          |         |         |            |                 | ورو بولايت             | Trial field      |                | EUT 10           | LOSS         |
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| _                     |        | MYEE<br>MADER                                       | •                                                                |               |           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |             |                 |          |         |         |            |                 | رها إنها               |                  |                |                  |              |
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| $\boldsymbol{\vdash}$ | CHEL   | <del>_</del>                                        | •                                                                |               |           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |             |                 |          |         |         |            |                 |                        |                  |                |                  |              |
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| فمشتنتة               |        | •                                                   |                                                                  |               |           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |             |                 |          |         |         |            |                 |                        |                  |                |                  |              |
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| ACC                   | RD     | 127 (2008/08)                                       |                                                                  | •             | PL        | EASE                                             | COMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LE      | E P         | EVE P           | SF (     | tine    |         |            |                 | A 144                  |                  |                |                  |              |
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| • | Reference#             | AB-56117 | Submitted Date | -04-2015 |   |
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|   | Landaverde Group Trust |          |                |          |   |
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Additional information AUDITIONAL DRIVER INFORMATION : Driver s : JOSE LENDAVERDE . 4 08 MISCRILANEOUS INFORMATION : Fidebaring/T.E.C.: 30 ADDITIONAL VEHICLE INFORMATION : Visitors & Exte Physical Dennys Only? Plate Type Plate Sustan : D401 Plate Rusber
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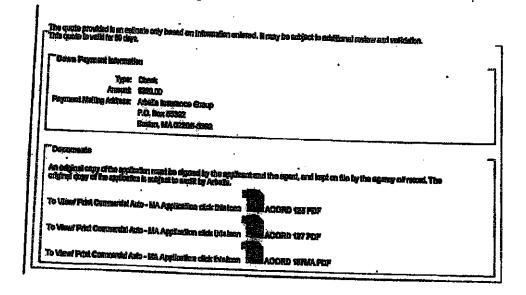
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|             | OPTIONAL<br>MEDICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| ļį          | PAYMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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 | gy<br>T                                                |                  |                 | RABIUS   |                       |
|             | PAVIDENTS  DOBETHLEDRY  LINNERURED  MATTERIAL  DETICINAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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    | HERRON  CSL                                                                                              | A PER                  | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | OPTICIONAL<br>COLLEGOR<br>CPTICIONAL<br>TOMBRIS<br>GOLERAS<br>COLERAS<br>OPTICIPAL<br>COLERAS                                                  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|             | PAVISENTS  CONFILLECRY LINARIZED SCOTCRIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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    | H PERSON  CSL                                                                                            | E APER                 | 6 · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | OPTIONAL COLLEGON OPTIONAL TOMERS & LABOR COLERAS OPTIONAL COLERAS                                                                             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 | gy<br>T                                                |                  |                 |          |                       |
| 717         | PAYDERITS  COMPULSORY LIKINGURED  ROTCHAL  COPTONAL  COPTONAL  COPTONAL  COPTONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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  | gy<br>T                                                |                  |                 |          |                       |
| 427         | PAYRENTS  COMPULSORY UNNERFRED  MOTORIST  OPTIONAL BOOKEY SURVY  TO OTHERA  OPTIONAL MONOTHUCKERS  HERENGORIOWED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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    | H PERSON  CSL                                                                                            | E APER                 | 6 · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | USION.                            | OPTIONAL COLLEGON OPTIONAL TOMERS & LABOR COLERAS OPTIONAL COLERAS                                                                             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 | gy<br>T                                                |                  |                 |          | Disquerents           |
| 427         | PAYRENTS  COMPULSORY UNNERFRED  MOTORIST  OPTIONAL BOOKEY SURVY  TO OTHERA  OPTIONAL MONOTHUCKERS  HERENGORIOWED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN COLEMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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  | 477  <br>14  <br>14   15   15   15   15   15   15   15 |                  |                 |          |                       |
|             | PAYRENTS  COMPLLECRY LINEALIZED RECTORNET  DEFECIMAL ECONLY NUMY TO CHIMERS  CEPTIONAL MICRATINUCISES  LERED/ECOROMED  DEFECIMAL HERED/ECOROMED  THE MICRATINUCISES  HERED/ECOROMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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   | 477  <br>14  <br>14   15   15   15   15   15   15   15 |                  |                 |          | Disquerents           |
|             | PAYMENTS  COMPLUEDRY LIMINGURED RECTORAL BODBLY SULRY TO OTHERS  CPTECHAL MORNINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED LIMINGURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| H FERREUN  CSE                                                                                           | E APER                 | 6 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | OPTIONAL COLLEGON  OPTIONAL TOMENS & LABOR  OPTIONAL COMPREHEN OPTIONAL OPTIONAL GOLLEGON GOLLEGON  OPTIONAL GOLLEGON  OPTIONAL HEED               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477  <br>14  <br>14   15   15   15   15   15   15   15 |                  |                 |          | Disquerents           |
|             | PAYDERITS  COMPULEDRY LIKINGURED  ROTCHAL BOOKY ALLINY TO OTHERS  CPTICHAL RICHTRUCKERS - HIREDIBORROWED  PTICHAL TRUCKERS - HIREDIBORROWED  CPTICHAL TRUCKERS - HIREDIBORROWED  CPTICHAL TRUCKERS - HIREDIBORROWED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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477  <br>14  <br>14   15   15   15   15   15   15   15 |                  |                 |          | Disquerents           |
|             | PAYBERITS  COMPLUEDRY LIKINGURED  ROTCHRIT  OPTROBAL BOORLY ALLERY TO OTHERS  OPTROBAL REPELSORIONED OPTROBAL IRREVEDRICKERS  OPTROBAL REPELSORIONED OPTROBAL REPELSORIONED OPTROBAL REPELSORIONED AUTO LASSLITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | 42 43 44 42 43 60 63 60 63                                  | STAT             |     | 46<br>46<br>48<br>47 | 50         | BACK<br>PRO<br>PRO<br>S<br>GROS<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | H PERSON  CSL  CALACCIDENT  PETTY DAMAG  CSL  ACH ACCIDENT  MOTORDICALE  IT OF HERE  TOP HERE  EMPLOYEES | A PER                  | B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B B |                                   | OPTIONAL COLLEGON  OPTIONAL TOMANS & LABOR  COLEMANS  OPTIONAL COLLEGON  OPTIONAL GOLLEGON  OPTIONAL HIRED OPTIONAL HIRED OPTIONAL HIRED OPTIONAL HIRED OPTIONAL HIRED OPTIONAL HIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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THE       | 477  <br>14  <br>14   15   15   15   15   15   15   15 | ZO E             | 50A72           | RADRIR   | Distriction           |
|             | PAYBERITS  COMPULSORY UNINGHIRED ROTORRIT  OPTROMAL BOOK! AURY TO OTHERS  OPTROMAL BREENEGROVED  PETROMAL BREENEGROVED  OPTROMAL BREENEGROVED  OPTROMAL BOOK OWNED  AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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43 44 42 43 60 63 60 63                                  | STAT             |     | 46<br>46<br>48<br>47 | 50         | BACK<br>PRO<br>PRO<br>S<br>GROS<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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     |                 | RADRIR   | Disquerents           |
|             | PAYBERITS  COMPLUEDRY LIKINGURED  ROTCHRIT  OPTROBAL BOORLY ALLERY TO OTHERS  OPTROBAL REPELSORIONED OPTROBAL IRREVEDRICKERS  OPTROBAL REPELSORIONED OPTROBAL REPELSORIONED OPTROBAL REPELSORIONED AUTO LASSLITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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    | H PERSON  CSL                                                                                            | A PER                  | B B B B B COCCUPANT EXCL. IT ANY SASIS IT ANY SASIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OF                                | OPTIONAL COLLEGON OPTIONAL TOMANS & LABOR OPTIONAL COMPREHEN OPTIONAL GOLLEGON OPTIONAL GOLLEGON OPTIONAL HEED PHYSIDAL DAMAGE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STA        | 57A        | 48<br>48<br>48<br>48<br>48<br>48<br>48                   | S THE       | # # # # # # # # # # # # # # # # # # #                  | PROFILE I        | # BAYS          | RABBLES  | DEQUETERS             |
|             | PAYRENTS  DOMPLUCORY UNRESTRED ROTTCREST  DOPTCHAL BODGLY MURRY TO OTHERS  OPTICHAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL MIRETURAL 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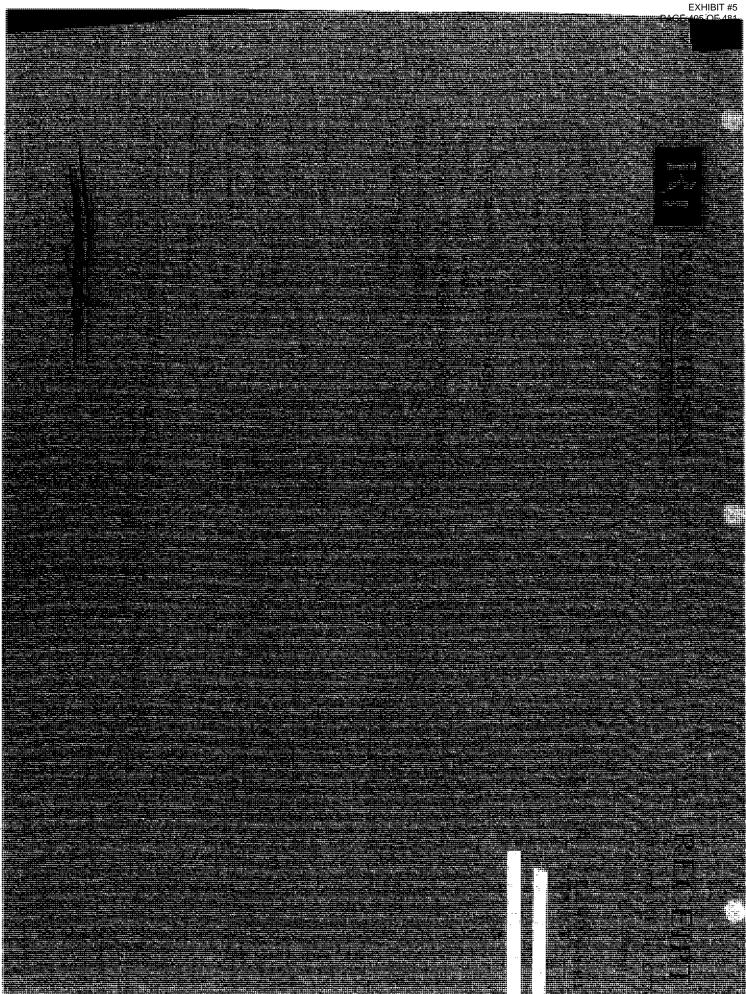
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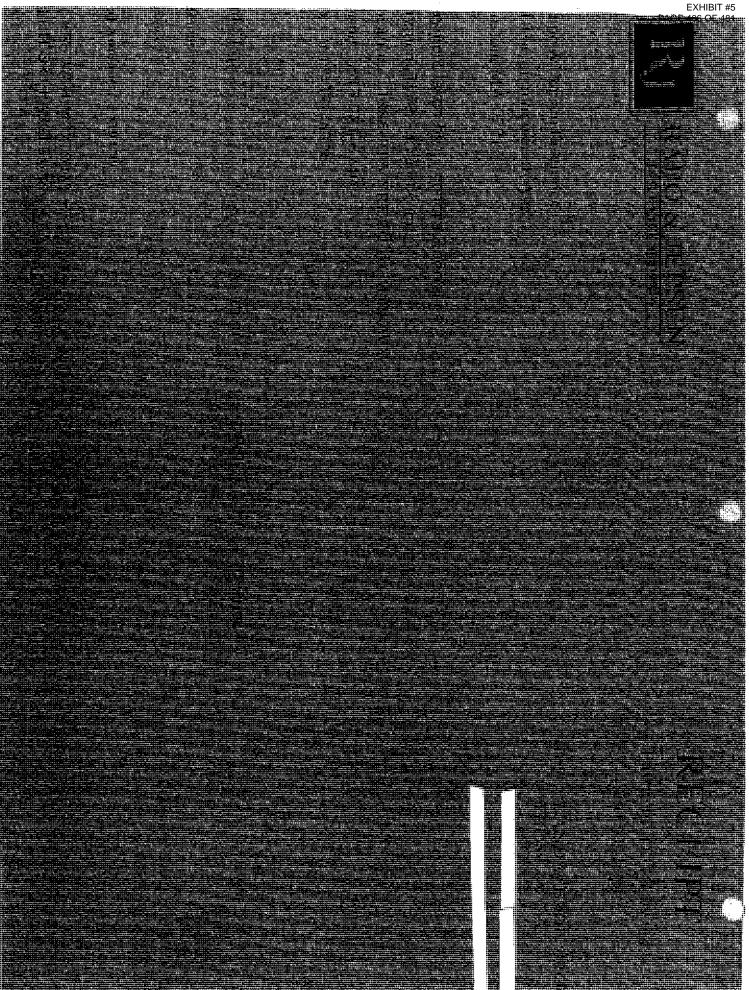




## **EXHIBIT C**

## Receipts





#### **Investigation 14**

Pinto Service, Inc./Juan Carlos Pinto

BUSINESS NAME: PINTO SERVICE, INC.

INDIVIDUAL NAME: JUAN CARLOS PINTO

- A. Excerpt of Recorded Statement and Recorded Statement
- B. Application Documents for Commercial Insurance

September 30, 2013

C. Corporation Information
Date of Organization of Corporation

**September 26, 2013** 

## **EXHIBIT A**

# Excerpt of Recorded Statement and Recorded Statement

#### **Recorded Statement**

Business Name: Pinto Service, Inc.

**Juan Carlos Pinto** 

Policy No.:

| Page | Description                                                                          |
|------|--------------------------------------------------------------------------------------|
| 1    | Q: And are you currently employed, Juan?                                             |
|      | A: Winchester Indoor Tennis Center                                                   |
| 1    | Q: And do you have a Massachusetts driver's license, Juan?                           |
|      | A: No.                                                                               |
| 1    | Q: Okay. Do you have a foreign driver's license? From a different country.           |
|      | A: Yes. From Guatemala, my country                                                   |
| 1    | Q: And with regards to - I came here today, I showed you some documents for this     |
|      | Pinto Service, Inc. It's listed as a painting company to you. Do you have a painting |
|      | company?                                                                             |
|      | A: No.                                                                               |
| 8    | Q: Who did you see over at Rappo? Who did you see at Rappo?                          |
|      | A: Daniel.                                                                           |
| 8    | Q: Daniel? When you went over there, Daniel gave you paperwork to sign? Did he       |
|      | explain it to you? Did he tell you what it was?                                      |
|      | A: No, they didn't explain nothing to me, and they just said, "Hold on a second. I'm |
|      | going to give you a bunch of papers" and he says to me, "Okay, this is your          |
|      | company", and they gave me the papers.                                               |
| 8    | Q: Did you tell him that you didn't have a company?                                  |
|      | A: No. At that moment, you know, I didn't know what was going on, so they just       |
|      | say that.                                                                            |
| 8    | Q: But, before you were aware that you were going to insure commercially because     |
|      | it was cheaper, correct?                                                             |
|      | A: Yes.                                                                              |
| 8    | Q: And the whole reason for having them make a company was just simply so you        |
|      | could get insurance. Is that correct?                                                |
|      | A: Exactly.                                                                          |
| 8    | Q: When you paid Daniel – you said you paid him eight hundred and forty dollars.     |
|      | Is that correct?                                                                     |
| 9    | A: Yes. Yes.                                                                         |
| 9    | Q: Does he give you a receipt or tell you what that money's for?                     |
|      | A: No, he don't give me a receipt, and they say basically it's for opening the       |
|      | company and for paying the down payment on the insurance.                            |
| 9    | Q: Okay. Now, when I came here today I showed you some filings for Pinto             |
|      | Service, Inc. with the Massachusetts Secretary of State Corporate Registry. Have you |
|      | ever seen those documents before that I showed you today?                            |
|      | A: Never in my life.                                                                 |

| Page | Description                                                                              |
|------|------------------------------------------------------------------------------------------|
| 9    | Q: Did you ever tell anyone to go ahead and make a filing with the State -               |
|      | A: No.                                                                                   |
| 9    | Q: For you.                                                                              |
| 1    | A: No, never. I didn't know what they do, you know? The only thing I know, you           |
|      | know, is they did for me in order to have insurance.                                     |
| 9    | Q: Okay. And that's all you knew.                                                        |
| 10   | A: That's all I know.                                                                    |
| 10   | Q: And they took care of everything else?                                                |
|      | A: They take everything else.                                                            |
| 10   | Q: And "they" we're referring to the Rappo & Jepson Agent on 16 and Everett?             |
|      | A: Yes.                                                                                  |
| 10   | Q: And the dealership –                                                                  |
|      | A: The dealership, yeah.                                                                 |
| 10   | Q: Do you know who did what or do you just know they were taking care of it              |
|      | together?                                                                                |
|      | A: Yeah, they just taking care of it together.                                           |
| 10   | Q: And this tax number that you got filed with the IRS for this business, did you do     |
|      | that?                                                                                    |
|      | A: No. They did it for me.                                                               |
| 10   | Q: At the agency?                                                                        |
|      | A: At the agency, the Reppo Agency. They just called the IRS, and they got the           |
|      | number.                                                                                  |
| 12   | Q: All right. And so just to be clear then, this Pinto Service, Inc. does not exist then |
|      | correct? It was just for the purposes of obtaining insurance?                            |
|      | A: Exactly.                                                                              |
| 12   | Q: The dealership and the agent did that for you.                                        |
|      | A: Yes. They did all that for me.                                                        |

| 0          | This is Ed Spellman, and I'm speaking with Juan Carlos Pinto from Massachusetts. Today's date is September 29, 2013, and the time is now approximately 1:20 p.m.               |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Q. Juan, this conversation is being recorded. Is this being done with your permission, sir?                                                                                    |
|            | A. Yes.                                                                                                                                                                        |
|            | Q. Okay. What's your date of birth, Juan?                                                                                                                                      |
|            | <b>A.</b>                                                                                                                                                                      |
| •          | Q. And are you currently employed, Juan?                                                                                                                                       |
|            | A. Winchester Indoor Tennis Center.                                                                                                                                            |
|            | Q. Okay. And what do you do at the Indoor Tennis Center?                                                                                                                       |
|            | A. Maintenance.                                                                                                                                                                |
|            | Q. Maintenance. Okay. And how long have you been working there?                                                                                                                |
|            | A. Twelve years.                                                                                                                                                               |
| (in)       | Q. And do you have a Massachusetts driver's license, Juan?                                                                                                                     |
|            | A. No.                                                                                                                                                                         |
|            | Q. Okay. Do you have a foreign driver's license? From a different country.                                                                                                     |
|            | A. Yes. From Guatemala, my country.                                                                                                                                            |
|            | Q. Guatemala, okay. Is that license active or is it expired do you know?                                                                                                       |
|            | A. It's active, yeah.                                                                                                                                                          |
|            | Q. And with regards to - I came here today, I showed you some documents for this Pinto Service, Inc. It's listed as a painting company to you. Do you have a painting company? |
|            | A. No.                                                                                                                                                                         |
|            | Q. And it says on this policy you have a Honda van. Is that accurate? Do you have a Honda van?                                                                                 |
| $\bigcirc$ | A. A Honda van.                                                                                                                                                                |

- Q. Okay. What year is that Honda?
- A. 2006.
- Q. And do you remember where you purchased that vehicle from?
- A. I bought it in Glendale Auto Service in Everett on Ferry Street.
- Q. Do you remember who you talked to over on Glendale?
- A. With the owner, Clasio.
- Q. Clasio? Okay. When you went to the dealership and you bought the car, how much did you
- A. For the car?
- Q. Yeah.
- A. I paid approximately they asked me for eleven thousand.
- Q. And did you end up financing some of the car?
- A. Yes.
- Q. Okay. Who did you finance it with?
- A. First Sale Financial.
- Q. And did they give you an option of different banks that you could use or was that the one
- A. They said basically that's the one that helped me in my situation with my international
- Q. Okay. Explain your situation to me. What do you mean with the international driver's
- A. Oh because, you know, I don't have social security and no Mass driver's license, and so many banks they don't give you opportunity to have credit with them without the social
- Q. Okay. So the dealership, to be more specific, Clasio specifically said this one will help you
- A. Yes.

- Q. Now, did they say anything else at the dealership? Did they tell you where to go for insurance or anything like that?
- A. Yeah. They recommended the Umbrella on the Rappo Agency on Route 16.
- Q. Did he tell you who specifically to go see over there at Rappo on Route 16?
- A. They actually started to do everything for me.
- Q. The dealership.
- A. Yes, the dealership.
- Q. What is it that they did?
- A. They say we want to recommend you a commercial policy and that way you can finish to pay off your car, and they're not going to cancel the policy to you.
- Q. Okay. Why did they say it's cheaper?

They said it's cheaper to me.

- Q. Did they tell you how much cheaper it would be?
- A. They don't like specifically know that because I guess at that moment they don't know how much it's going to be for me, but they say it's cheaper than going with the regular insurance.
- Q. Did they tell you it would be cheaper by a lot or a little bit?
- A. No. They didn't say nothing to me.
- Q. Did they tell you with the commercial insurance, did they tell you what type of business you had to have or anything like that?
- A. No. They didn't inform me nothing to me. They say they're going to do everything for me at the Rappo Agency.
- Q. Now, who said that to you? The dealership?
  - A. The dealership, the dealership guy.
- Q. Now, does the dealership guy drive you over to the agency or he just tells you to go over there?
- A. They just tell me to go over there when everything was done.

- Q. And so when do you first go to the Rappo Agency or where do you go after leaving the dealership? Let's start there.
- A. Oh, maybe after three or four days because they say they need to get the thing from the IRS –
   I don't know how you call that.
- Q. Sure. Who says they have to get the thing from the IRS? The dealership or the agent?
- A. The dealership guy.
- Q. Okay. And then when they tell they need the thing from the IRS, do they tell you to go somewhere to get it?
- A. No. No.
- Q. All right. How is it that you before when we were talking, you had mentioned that you had to go get an IT number?
- A. Oh, yes, but that thing is personal usage for getting the loan in the bank.
- Q. Okay. How is it so did you have an IT number before you purchased this vehicle?
- A. No.
- Q. How is it that you went to acquire the IT number and where did you go?
- A. I went to Brothers Tax thing in Broadway.
- Q. Okay. Who told you to go there or how did you pick that specific tax place?
- A. Clasio told me to go there too.
- Q. Did he give you anyone specifically to talk to when you went there?
- A. No. He just say go there and apply for your IT number.
- Q. Once you applied for the IT number, did you pay Tax Brothers money for that service?
- A. Yes. I paid a hundred and twenty a hundred and fifteen dollars in order to get that,
- Q. When you get the IT number, what do you do with it? Do you go back to Clasic and tell him what it is? Do you go to the insurance agent? What do you do?

- A. Yes. I just went back to Clasio, and I say to him, "Yes, I already apply", and he said okay, "Let's wait until you have that information and then the First \_\_\_\_\_ Financial Bank start to do your application" for the loan.
- Q. With the IT number.
- A. Yeah.
- Q. At what point in time do you go to Rappo Insurance? Is that after you get the IT number?
- A. Oh, yeah, like four or five days after.
- Q. Okay. So how did that work? You go to the dealership first, pick out the car, talk to Clasio, correct?
- A. Yes.
- Q. Okay. Then he tells you to go to Tax Brothers that same day?
- A. No. No. He just say he's going to start to make a quote for me on the insurance, and after that he says we're going to go for the Commercial Insurance at Rappo Agency, and they're going to do everything for you.
- Q. So Clasio tells you that Rappo's going to take care of everything, is that correct?
- A. Yes.
- Q. What point, after you leave the dealership, how many days do you go to Tax Brothers for the IT number?
- A. Oh, no, I just wait at my house until my IT number arrives.
- Q. Okay. But, did you go to Tax Brothers or did Clasio take care of that too?
- A. No. I just went to for my IT number, yes. I did it, yeah, I went.
- Q. To the Tax Brothers.
- A. To the Tax Brothers.
- Q. And that's where Clasio told you to go?
- A. Yes.
- Q. Was that the same day that you were at the dealership? Did you leave the dealership and go right over to Tax -

| ·                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Yes. Yes.                                                                                                                                                 |
| Q. You paid your one fifteen and your one twenty at Tax Brothers, correct?                                                                                   |
| A. Yes. Yes.                                                                                                                                                 |
| Q. Then you go home and wait?                                                                                                                                |
| A. I just go home and wait until I get the IT number about four or five weeks later.                                                                         |
| Q. Four or five weeks or four or five days?                                                                                                                  |
| A. Four or five weeks later.                                                                                                                                 |
| Q. Okay. And you got it in the mail?                                                                                                                         |
| A. Yes, I got it in the mail. The first thing they return me was my passport, and after I got the<br>second mail, you know, with my tax, with my IT number.  |
| Q. Okay. Now that you have both of those things, what do you do with them? Do you go back down to Clasic and tell him what they are or do you just call him? |
| A. No. I just – when that arrives to me, my IT number, you know, I already have my car<br>because it was four or five weeks later.                           |
| Q. Okay. So you already had your car. Was it registered?                                                                                                     |
| A. Registered and everything.                                                                                                                                |
| Q. Okay. Before you ever had the IT number?                                                                                                                  |
| A. Yes I can show it to you. The first thing the IRS send me was the other number they got for doing the business, Commercial insurance.                     |
| Q. So you got the Commercial tax number before you got your IT number.                                                                                       |
| A. Yes. Yes. The tax number I get it like three days after.                                                                                                  |
| Q. Okay. And where did you get the tax number from? Did you get that from Tax Brothers as well?                                                              |
| A. No.                                                                                                                                                       |
| Q. Okay. Where did you get it?                                                                                                                               |
|                                                                                                                                                              |

- A. They did it for me at the Rappo Agency.
- Q. Okay. So when you go to the dealership, I just want a sequence of events. You go to the dealership, you talk to Clasio, correct?
- A. Yes.
- Q. Okay. He tells you to go to Tax Brothers for your IT number.
- A. For my IT number.
- Q. That's for the financing for the car.
- A. Yes, which is my personal number.
- Q. And you did that the same day for your IT number.
- A. Yes, the same day.
- Q. Then do you also go to Rappo & Jepson the same day?
- A. No.
- Q. Okay. When do you go to Rappo & Jepson for the first time?
- A. Four or five days later when they just say, you know, everything is ready. We have all the papers for you. They registered my car, and I just went to pay a hundred dollars.
- Q. To Rappo.
- A. To Rappo. Eight hundred and forty actually.
- Q. Eight hundred and forty?
- A. Yes.
- Q. So your first time going to the Rappo Agency, your vehicle was already registered and insured? Is that what you're saying? Did you drive the Honda over to Rappo?
- A. No, no, no. At that moment, I wasn't have my car registered. The car is still in the dealership.
- Q. Okay. So you get the call that says, "Hey, you have to come down and pay?"
- A. Yes. Pay first, and when I pay, they gave me my plates.

- Q. They gave you plates right there at the agent?
- A. No because Clasio had it at that moment so they have people to go to the registry and register the car.
- Q. Okay.
- A. Yeah.
- Q. So when you first go to the Rappo Agency, did they did Rappo call you and say, "Hey, can you come down and pay or sign?" Who called you?
- A. No. It was the same guy, Clasio.
- Q. Okay. So Clasio called you and told you you have to go over to Rappo?
- A. Yes. To sign papers and to get the all the papers they gave me for the company and all that, which is I didn't know what they do.
- Q. Who did you see over at Rappo? Who did you see at Rappo?
- A. Daniel.
- Q. Daniel? When you went over there, Daniel gave you paperwork to sign? Did he explain it to you? Did he tell you what it was?
- A. No, they didn't explain nothing to me, and they just said, "Hold on a second. I'm going to give you a bunch of papers" and he says to me, "Okay, this is your company", and they gave me the papers.
- Q. Did you tell him that you didn't have a company?
- A. No. At that moment, you know, I didn't know what was going on, so they just say that.
- Q. But, before you were aware that you were going to insure commercially because it was cheaper, correct?
- A. Yes.
- Q. And the whole reason for having them make a company was just simply so you could get insurance. Is that correct?
- A. Exactly.
- Q. When you paid Daniel you said you paid him eight hundred and forty dollars. Is that correct?

- A. Yes. Yes. Q. Does he give you a receipt or tell you what that money's for? A. No, he don't give me a receipt, and they say basically it's for opening the company and for paying the down payment on the insurance. Q. Okay. Now, from there, you go to - back to the dealership and pick up your car? Is that -A. Pick up the car with the plates. Q. The same day? A. Same day. Q. And when you go, Clasio has everything all ready for you? A. Yes. They -- actually, I went there, and I wait forty five minutes because --Q. At the insurance agent or at the dealer? A. At the dealer because the guy who goes to pick up the plates at the registry, it was that moment. Q. Okay. Now, when I came here today I showed you some filings for Pinto Service, Inc. with the Massachusetts Secretary of State Corporate Registry. Have you ever seen those documents before that I showed you today? A. Never in my life. Q. Did you ever tell anyone to file with the Massachusetts Secretary of State for you? A. If they tell me something about that? What was your question again? Q. Sure. Did you ever tell anyone to go ahead and make a filing with the State -A. No. Q. For you. A. No, never. I didn't know what they do, you know? The only thing I know, you know, is they
  - did for me in order to have insurance. Q. Okay. And that's all you knew.

|          |                                                                                          | PAGE 42   |
|----------|------------------------------------------------------------------------------------------|-----------|
|          | Arbella Insurance Company Claim No.                                                      |           |
|          | A. That's all I know.                                                                    |           |
|          | Q. And they took care of everything else?                                                |           |
|          | A. They take everything else.                                                            |           |
|          | Q. And "they" we're referring to the Rappo & Jepson Agent on 16 and Everett?             |           |
|          | A. Yes.                                                                                  |           |
|          | Q. And the dealership -                                                                  | •         |
|          | A. The dealership, yeah.                                                                 |           |
|          | Q. Do you know who did what or do you just know they were taking care of it together     | 0         |
|          | A. Yeah, they just taking care of it together.                                           | A. (      |
|          | Q. Now, when you bought the car at -                                                     |           |
|          | A. I think - I think what I think is all this company or they the Secre                  | ·         |
| )        | Q. The Secretary of State.                                                               | aary or – |
| <b>~</b> | A. It was them, and then the Rappo Agency make all that.                                 |           |
|          | Q. Okay.                                                                                 |           |
|          | A. Yeah.                                                                                 |           |
|          | Q. And this tax number that you got filed with the IRS for this business, did you do the |           |
|          | A. No. They did it for me.                                                               | aty       |
|          | Q. At the agency?                                                                        |           |
|          | A. At the agency, the Reppo Agency. They just called the IRS, and they got the numb      | er.       |

All-Write Transcription and Reporting Services

Q. Right there while you were sitting there?

A. No. I wasn't there.

A. That's just what they told me.

Q. Okay.

- Q. Now, have you ever gone back to the Rappo Agency since taking this policy out?
- A. I went two times to pay the monthly -
- Q. For the premium?
- A. For the premium, yeah.
- Q. How is it that you made the payments? Did you pay cash? Did you pay check?
- A. I paid cash two times because I didn't know I need to have a money order.
- Q. Okay. And when you paid cash, did they give you a receipt for these payments?
- A. Yes. Yes.
- Q. Now, when you took this policy out, did you pay to enroll in some kind of auto club for like roadside assistance in case you break down? Did they mention any of that to you?
- A. No. They don't mention nothing that to me.
- Q. Did they tell you what any of this eight hundred and forty dollars was for?
- A. No. They say just for the down payment of the insurance and the commercial thing, you know?
- Q. Now when you went back, you had said before that your down payment for the insurance wasn't eight hundred and forty dollars. Do you remember how much your down payment was?
- A. Yeah. I just found out when I made my first payment on my premium, the lady over there says, you know, "Oh and I ask her why I need to pay one twenty four, and she said, "Yes, because, you know, we only put like three hundred and something for your down payment."
- Q. Okay. Well, where did the rest of your eight forty go that you paid?
- A. I don't know.
- Q. Again, I probably already asked you, but you got a receipt for that eight forty?
- A. No. No.
- Q. So you have no idea where that -
- A. No, I have no idea. My concern, the way I think anyways, you know, maybe all the money went to the down payment.

- Q. Okay. Is that what they told you that the eight forty was for the down payment, or did they explain to you that they were going to take that eight forty and pay other things?
- A. No. No. They didn't say nothing to me. That's what I assume, you know, myself.
- Q. All right. And so just to be clear then, this Pinto Service, Inc. does not exist then correct? It was just for the purposes of obtaining insurance?
- A. Exactly.
- Q. The dealership and the agent did that for you.
- A. Yes. They did all that for me.
- Q. Had they given you the opportunity to insure the vehicle in your own name as Juan Carlos Pinto, would you --
- A. No.
- Q. They never gave you that opportunity?
- A. No.
- Q. Hypothetically, had they given you that opportunity, would you have done that if you could?
- A. Of course, yeah.
- Q. Just to be clear, Juan, this conversation was recorded. Was this done with your permission, sir?
- A. Yes.
- Q. Did you understand all the questions that I asked you today?
- A. Yes.
- Q. Were all your answers true to the best of your knowledge?
- A. Yes, true.
- Q. And I know being from Guatemala, you speak very good English, but is English your primary language or a second language?
- A. Second language.

- Q. Is your primary language Spanish?
- A. It's Spanish.
- Q. Was there any problem language wise understanding my questions or what I meant when I was asking you these questions because of that language?
- A. No. No.
- Q. All right. And I had no problem understanding your responses. Were all your answers true to the best of your knowledge and knowing that you understood everything that I asked?
- A. That's true.
- Q. And, again, was this conversation recorded with your permission?
- A. Yes.
- Q. I will end the recording at this time.

## **EXHIBIT B**

## **Application Documents for Commercial Insurance**

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| , a -               | ETRO DATE                                              |                   |         |             |                 | - HINESPEE   |               | AAIII<br>Meze | OCCUM)ES         | GE CARAS                                         | CCURREN         |               | MADE:     | ОССИЯ       | GE GE     | GAIN<br>MAIN |          | oc. |
| COR                 | GENERAL AGGRE                                          | GATE<br>POP       |         |             |                 |              |               |               |                  |                                                  |                 |               | ·-·       |             | 1         |              |          |     |
| 「おき」と               | FERSONAL & ADV                                         |                   |         |             |                 |              | <del></del>   |               |                  |                                                  |                 |               |           | <del></del> | - -       | ——           |          |     |
| 121116              | EACHOCCURREN<br>TRE DAMAGE                             |                   |         |             |                 |              |               |               |                  |                                                  |                 |               |           |             | 1         |              |          |     |
|                     | AEDICAL EXPENS                                         |                   |         |             |                 |              | <del> </del>  |               |                  |                                                  |                 | 1-            |           |             | - -       |              |          |     |
| 1-19                | BODILY OCCUR<br>BUILDRY AGGREE                         |                   |         |             |                 |              |               |               |                  | <del> </del>                                     |                 |               |           |             | 土         |              |          |     |
|                     | MERCHY OCCUR                                           | REALCE            |         |             |                 |              |               |               |                  |                                                  |                 | ┼             |           |             | +         |              |          | _   |
|                     | AMAGE AGGRE                                            | SAJE              |         |             |                 | -            | <del></del> - |               |                  |                                                  |                 |               |           |             | $\vdash$  |              |          |     |
|                     | DIMERNED GINGLE                                        |                   |         |             |                 | $\Box$       |               |               | ·                | <b>-</b>                                         |                 | ├             |           |             | I         |              |          |     |
|                     | L PREMILM                                              |                   |         |             |                 | -+           |               |               |                  |                                                  |                 |               |           |             | +         |              |          | _   |
| CARR                | YAUMBER                                                | $\overline{\bot}$ |         |             |                 |              |               |               |                  | <del>                                     </del> |                 |               |           |             |           |              | ·        |     |
| BOIL 10             | Y TYPE                                                 | -                 |         |             |                 | 4            |               |               |                  |                                                  |                 |               |           |             | 4-        |              |          |     |
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| 0:1                 | MEDSINGLE LIM                                          | _                 |         |             |                 |              |               | <u> </u>      |                  |                                                  |                 | ļ             |           |             |           |              |          |     |
| ] f muu             |                                                        |                   |         |             |                 |              |               |               |                  |                                                  |                 |               |           |             | +         |              |          |     |
| PROPE               | RTY DAMAGE                                             |                   |         |             |                 |              | <del>-</del>  |               |                  |                                                  |                 |               |           |             | ╁         |              |          |     |
|                     | CATION FACTOR                                          | +                 |         |             |                 | 1            |               |               |                  | ······                                           |                 |               |           |             |           |              |          |     |
| CARRIE              |                                                        |                   |         |             |                 |              |               |               |                  |                                                  |                 |               |           |             |           |              |          |     |
|                     | M.MOER                                                 |                   |         |             |                 | ┰            |               |               |                  |                                                  |                 |               |           |             | ┿         |              |          |     |
| FOLICY<br>EFF-EXP   |                                                        | +-                |         |             |                 |              |               |               |                  | <u> </u>                                         |                 |               |           |             |           |              |          |     |
| - الأستث            | ALDING AN                                              | art .             |         |             |                 | <del>-</del> |               |               |                  |                                                  |                 | <del></del> - |           |             |           |              |          | _   |
|                     | REPROP AL                                              | <b>1</b> 7        |         |             |                 | ╅            |               |               |                  |                                                  |                 |               |           |             | ╬┈        |              |          |     |
| TOTAL PR            | ATION FACTOR                                           | <del></del>       |         |             |                 | 土            |               |               |                  |                                                  | <del></del>     |               |           |             |           |              |          | -   |
| CARRIER             |                                                        | +-                |         |             |                 | +            |               |               |                  |                                                  |                 |               |           |             | ļ         |              | _        |     |
| POLICYN             |                                                        |                   |         |             |                 | ╁            |               |               |                  |                                                  |                 | ·             |           |             | ┼         |              |          | _   |
| POLICY TO           | -                                                      | -                 |         |             |                 | 上            |               |               |                  |                                                  |                 |               |           |             |           |              |          |     |
| LIMIT               | ZATE                                                   | ╅                 |         |             |                 | $\Box$       |               |               |                  |                                                  | <del></del>     |               |           |             |           |              |          |     |
| MODIFICA            | TION FACTOR                                            |                   |         |             |                 | ┪—           |               |               |                  |                                                  |                 |               |           |             | ├-        |              |          | _   |
| TOTAL PRE           |                                                        |                   |         |             |                 |              |               |               |                  | ·                                                |                 |               |           |             |           |              |          |     |
| SS HISTOR           |                                                        | IN IS A           | OF I    | FALALY A    | ND WH           | ETHER        | OR NO         | IN UNI        | U) OR CCC        | RRENGESTHATE                                     |                 |               |           |             |           |              |          |     |
| DATE OF<br>CURRENCE | LIPE                                                   | 1                 | Pire ce | es capt     | DON OF          | OCCU         | PRINCE        | OR GLAS       | M                | DATE<br>OF CLASS                                 |                 |               | <b>75</b> | E NON       |           |              | W.       | 2   |
|                     | <del> </del>                                           |                   |         |             |                 |              |               |               |                  |                                                  | ┼               | Willer .      |           | ħ           | A ALCOHOL | <b>5</b>     |          |     |
|                     |                                                        |                   |         |             |                 |              |               |               |                  |                                                  |                 |               |           |             |           |              |          |     |
| STATE NOT           |                                                        |                   |         |             |                 |              |               |               |                  |                                                  |                 |               |           |             |           | <del></del>  | +        | -   |
| anus MOI            | E FIOSLITY REC                                         | LIRES A           | PWE YE  | AR LO       | 5 <b>9 HIBT</b> | DRY          |               |               |                  | ······································           | <u> </u>        |               |           | Alman       |           |              | <u> </u> |     |
|                     | <b></b>                                                |                   |         |             |                 |              |               |               |                  |                                                  |                 |               |           | ATTACIO     |           |              |          |     |
| COPY OF THE         | NOTICE OF INFO                                         | ORMATIC           | N PRA   | CTICES      | (PRIVI          | CYJH         | AS SEM        | GIVEN         | TO THE AP        | LICANT, (Not applic<br>NCLLIDING REFOR           | ebin jg ell sim | ISS consu     |           |             |           | LEMENT(8     |          |     |
|                     |                                                        |                   |         | 8 4 ECTS    | ER By           | -            |               |               |                  |                                                  | anı III         |               |           | - WINE II   | (A) DE    | 17111        |          | _   |
| LED DESCRI          | YOU HAVE THI<br>PTION OF YOUR<br>HOW TO SUBM<br>OB/OS) | RIGHT             | 2 440   | evŒW        | YOUR            | PERS         | IUNAL N       |               | - 410. p. 104. 4 | ren men linecial                                 | STANCER .       | ill Dine      |           |             | HUN F     | A METIT      | W OTHE   | ER  |

Reference# -37244

Submitted Date -2013 Name and Address PINTO SERVICE INC.

**Additional Information** 

APPLICANT INFORMATION :

Status of Transaction: Submitting for Underwriting review

PAYMENT PLAN :

Billing Matched : Direct Bill - Mail-in Chank

Down Payment Information

Down Payment Type: Chacker Down Payment Amount: \$300.00

MISCELLANEOUS INFORMATION :

Sic Code

AGENT REMARKS :

and of Document

Acord Additional Info (2004/08)

OverFlowPageNumber :1

| 1                  |                    |         |            | Reference                                       | <u> </u> | ]-                                                | 37 <u>2</u> 4 | 4 .                         |            |                 | Rut                                   | mitte.      | d Date                                 |                                              |                                                  |                 |          | ı           | PAGE 4                                           |
|--------------------|--------------------|---------|------------|-------------------------------------------------|----------|---------------------------------------------------|---------------|-----------------------------|------------|-----------------|---------------------------------------|-------------|----------------------------------------|----------------------------------------------|--------------------------------------------------|-----------------|----------|-------------|--------------------------------------------------|
|                    | A                  | CO      | RD.        | BUSINESS                                        | Ai       | יי<br>דע                                          | O.            | SEC                         | T          | IOR             | <u> </u>                              | MET C C SI  | d tace                                 | 0-203                                        | 13                                               |                 | DATE     | والثالم) و  |                                                  |
|                    | ACORD BUSINESS     |         |            |                                                 |          |                                                   |               | APPLICANT                   |            | Thurs           | C C C C C C C C C C C C C C C C C C C | 12/70       |                                        |                                              |                                                  |                 | 09-      | 30-2        | 013                                              |
| [                  | RAPO               | -       | AG Not:    | _                                               |          | APPLICABIT PINTO SERVICE INC FRIEND HUMBES HUMBES |               |                             |            |                 |                                       |             |                                        |                                              |                                                  |                 |          |             |                                                  |
|                    |                    |         |            |                                                 |          |                                                   |               |                             |            |                 |                                       |             |                                        |                                              |                                                  |                 |          |             |                                                  |
|                    | DAWIS              | er ea   | ERETT      |                                                 |          |                                                   |               | <b>ΕΡΡΕ</b> ΟΠΥ<br>:-09-30  | 20)<br>20) | AT≝  <br>13   ( | EBBIRAT<br>09-30                      | -2014       | X DESCRIPTION                          | T                                            | PAYNE                                            | NTFLAT          | N.       |             | AUDIT                                            |
| ŀ                  |                    |         |            |                                                 |          |                                                   |               |                             |            |                 |                                       |             | AGENCY BILL                            | <u>.                                    </u> |                                                  |                 |          | /'          | Vo Audig                                         |
| - 12               | · 開設               |         |            | SIB CODE: 0127                                  |          |                                                   |               | FOR<br>COMPANY<br>LINE CNLY |            |                 |                                       |             |                                        |                                              |                                                  |                 |          |             |                                                  |
|                    |                    |         | SILIMITS   |                                                 |          |                                                   |               |                             |            |                 |                                       |             |                                        |                                              |                                                  |                 |          |             |                                                  |
| L                  |                    |         |            |                                                 | FOR      | Ve                                                |               | TATE                        | _          | DEG             | //Bar 4                               |             |                                        |                                              |                                                  |                 |          |             |                                                  |
| Į.                 | RVE                | RINF    | ORMATIC    | USE ACORD 137<br>DN ACOR                        | 163      | eller                                             | sted i        | or addit                    | ion        | el dib          | ABRO                                  | DVER        | AGES/LIMITS                            | NFO                                          | MATION                                           |                 |          |             |                                                  |
| h                  | RANK!              |         | MARINE CO. | IN LYMIT MUSINEERS AND IN                       | IL DA    | VE CO                                             | <b>EPANY</b>  | VENCLE                      | , Ali      | لافيان الأ      | OTHER                                 |             | E OWN MEMCLES ON                       | COMPA                                        | MV Engineero                                     |                 |          |             |                                                  |
| 1                  | J                  | UAN     | PINTO      | udo addres, il resultari)                       |          | X                                                 |               | TERROR                      | TH.,       | YRS             | YE.                                   | 問題          |                                        | PI                                           | E DATE                                           |                 | <b>D</b> | LVIII.      | 1 %                                              |
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| ĢE                 | NERAL              | INF     | PRMATK     | 3M                                              |          | <u> </u>                                          |               |                             | _          | 1               |                                       |             |                                        |                                              | <u>l</u>                                         | ĺ               |          |             |                                                  |
|                    |                    |         | REPONSE    |                                                 |          |                                                   |               |                             | <b>—</b>   | wo i m          | Pin ans                               | Ald Water   | PERFORMES                              |                                              |                                                  |                 |          |             |                                                  |
| 1. W               |                    | ALC:    | ION OF EN  | DUMERANCES, ARE ANY VE<br>TO THE APPLICANT?     | FECT.ES  | NOT                                               | SOLEL!        | v                           |            |                 |                                       |             | HERFURSES<br>LESS AGREEMENTS           |                                              |                                                  |                 |          | YE          | 8 No                                             |
|                    |                    |         |            | A sim assemble Land Mark &                      |          |                                                   |               |                             |            |                 | ANYV                                  | BHCLES U    | SED BY FAMILY MEN                      | IEER821                                      | F SD. IDENTIL                                    | V IN CIES       |          |             | X                                                |
| 1,187              | HERE A             | VIII (  | E MAINTEN  | YAEBUSE THEIR AUTOR M<br>MANCE PRODRAM IN OPERA | THER     | 明护护                                               | 5 <u>67</u>   |                             | 4          | 1 10            | r DOES                                | 1位 停心       | CANT CETAIN MYA Y                      |                                              | TIOMS?                                           |                 |          |             | X                                                |
| 4. AR              | EANYVE             |         | SLEASED T  | O OTHERS?                                       |          |                                                   |               |                             | ┥          | 17              | DOES'                                 | THE APPL    | CANT HAVE A SPECI                      | FIG DRA                                      | ER NECKUITI                                      | AR WELL         | 100?     |             | X                                                |
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| B. ARI             | ECC, FU            | CORC    | THUR PLUS  | IGS RÉQUIRITO?                                  |          |                                                   |               |                             |            | - 74            | - ANY D                               | ラーの一位       | TH COMMETTONS FO                       | 法                                            | HIS TRAKER!                                      | LEARN<br>EN AVO | MD0      |             | X                                                |
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|                    |                    |         |            |                                                 |          |                                                   |               |                             |            |                 |                                       |             |                                        | Ţ                                            | MAXIMUM DOL                                      | AR VAL          | LIE SUD  | ECT TO      | LOSS                                             |
| <u>ADD</u><br>NTER | ITION/             | AL IN   | IEREST.    | CERTIFICATE REC                                 |          |                                                   |               | ACOR                        | Ð.         | 45 ptb          | nched                                 | for add     | itional names                          | 18                                           |                                                  | <del></del> .   |          |             |                                                  |
|                    | DDINOK<br>Sel      | _       | RED        | NAME AND ACCREES                                | REFE     | ENC                                               | EK            |                             | -          |                 |                                       |             | HITPEATE BOUR                          | ED T                                         | RTS                                              | EST III         | re Harn  |             |                                                  |
|                    | CEB PAY            |         | -          | FIRST HELP PI                                   | MANC     | IAL,                                              | 1             |                             |            |                 |                                       |             |                                        |                                              | EHOCLE                                           |                 |          | 461         | 1                                                |
| _                  |                    |         | _          | PC BOK 920759<br>NEEDHAM MA 02                  |          |                                                   | -             |                             |            |                 |                                       |             |                                        | _                                            | CHEDULEDIT                                       | 野 河田            | 瞳巾       |             |                                                  |
|                    | MPLOYA<br>Whir     | e as le | 550R       | THE OZ                                          | ±72      |                                                   |               |                             |            |                 |                                       |             |                                        | 15                                           | THER                                             |                 |          |             |                                                  |
|                    | Mingr<br>1915 trai | NT      |            | •                                               |          |                                                   |               |                             |            |                 |                                       |             |                                        |                                              |                                                  |                 |          |             |                                                  |
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| 4月份                | ARKE               |         |            | · · · · · · · · · · · · · · · · · · ·           |          |                                                   |               |                             |            |                 |                                       |             |                                        |                                              |                                                  |                 |          | <del></del> | $\dashv$                                         |
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| مدر<br>س           |                    |         |            |                                                 |          |                                                   |               |                             |            |                 |                                       |             |                                        |                                              |                                                  |                 |          |             | $\neg$                                           |
| )                  |                    | _       |            | •                                               |          |                                                   |               |                             |            |                 |                                       |             | •                                      |                                              |                                                  |                 |          |             |                                                  |
| coj                | tD 127             | (2003   | (89)       |                                                 |          | F                                                 | LEA           | se com                      | روز        | ETE =           | E/16=                                 | iĝe ou      | <u> </u>                               |                                              |                                                  |                 |          |             | 1                                                |
|                    |                    |         |            |                                                 |          | •                                                 |               | - <del></del>               |            | · 55 (T         | /BAE                                  | TOE SID     |                                        |                                              | <b>O ACOR</b>                                    | D CQF           | RPORA    | TION 1      | 003                                              |

| a<br>MERION                           | •            | Refer       | rence#        | 3-3724            | 4               | 0            | ubad ve     |                |          |            |          |              |             |                    |              |
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|                                       | DESCRIPTIO   |             | ACORD 12      | Dattached         | or additional v | ص<br>-ليناطه | ubmitt<br>- | ea Di          | ate      | J-2        | 013      |              |             |                    |              |
|                                       | DAG MARKE BU |             |               |                   | DV              | alre!        |             |                |          |            |          |              |             |                    |              |
| <u> </u>                              | MODEL: V     | DYSSEY E    |               | V.                |                 |              | 1           | '              | -<br>    | VEHICLE!   | C        | _ J `        | WWAGE       | COST               | NEW          |
| CITY, GTATE ZIP VIPLENE GARAGED       | MA           | •           |               |                   | OVERECUE        |              | CLAS        |                | X Pe     |            |          | DMIL         |             | <sub>6</sub> 28395 |              |
| GARAGED                               |              |             | MA            |                   |                 |              | 73910       | •              | , aic    | FACT       |          | AT CF        | RADIUS      | FARTH              | STERM        |
| 186 K. 18 10                          |              | COMM        | L CHISTAGE    | 58                | NO- X LINDRING  | -            |             | <del>, l</del> | ·        | ] Bec.     |          |              |             | 49                 |              |
| < 15 kg.                              |              |             |               | MEDI              |                 | <b></b> -    | F           | LEP            | X        |            | DEDUCT   | <b>BLES</b>  | X ACV       | X COMP             | 5555         |
| 15 Min                                | s+ FARM      | X SERVIC    |               | X UNIV            |                 | -            | PT X        |                | القاه    | 6          | _ AA     | Г            | STAME       | s 500              |              |
| SEC. 281                              |              |             |               |                   | e Cor           |              | FIW X       | COTT           |          |            | 5        | -            | <b></b>     | s 500              |              |
| AEH# A                                | EAR MAKE:    |             |               |                   | 5)Y             |              |             |                |          |            | TOTALP   | RED          | 1           |                    | COL          |
| <u> </u>                              | MODEL:       |             |               |                   |                 |              |             |                |          | VEHICLET   | YPE      | 18           | YMARE       | COST               | VELO .       |
| GITY, STATE,<br>ZIP WHERE<br>GARAGED  |              |             | six           | V.Li<br>Territ    |                 |              |             |                | þþ       | SP2        | #c∏ cx   | ) III        | i           | e                  |              |
| GARAGED                               |              |             | SIA           |                   | GIANICON        | - 1          | CLAS        |                | SIC      | PACI       | 0R 8E    | ST CF        | RADEJE      | FARTHE             |              |
| ERIVE TO                              | USE          | COMENT      | CHECK         | LADOT             | NOL LANGUAGE    |              |             |                |          | <u> </u>   | - 1      |              |             |                    | O. 1125678   |
| < 15 M/LE                             | PLEASURE     | RETAIL      | LIAB          |                   |                 |              | "           | LEP            |          |            | DEDUCT   | ELES.        | ACN         | <u> </u>           | Itara        |
| 16 MRES                               | PARM         | BERVICE     |               | MED P             |                 | Ш            | ft L        | COMP           |          | 8          | AA       | Г            | STAME       |                    |              |
| CHECK!                                |              | <del></del> | CFAULT        | I MINS            |                 | <u> </u>     | FIRM        | COLL.          |          |            | E        | -            | 3           |                    |              |
| ARM AG                                | MAKE:        |             |               | LEGA              |                 |              |             |                |          |            | TOTAL    |              | <del></del> |                    | COLL         |
|                                       | MODEL:       |             |               |                   |                 |              |             |                |          | FREET      | YPE:     | Tø           | MAGE        | COSTA              |              |
| CITY, STATE                           |              |             | 1 116         | VAN               |                 |              |             |                | F        | CP4        | c∏ ec    | HAL          |             | ,                  | ORNEA.       |
| CHTY, STATE,<br>ZIP VINERE<br>GARAGED |              |             | STAN          | E YEAR            | GVAVIGEN!       | Т            | QLASS       |                | SIC      | PACT       |          | प्रका        | RADIUS      | PART               |              |
| TOWNSCHOOL                            | USE          | COMME       | CHECK         |                   |                 |              | _           |                |          | 1          | l i      |              |             | PARTHE             | IT TERM      |
| < 15 Miles                            | FLEASURE     | FET AS      | COVERAGES     |                   |                 |              | F           | LSP            | 1        | EME        | Depuen   | #1.EE        | 1           | <del></del>        |              |
| 15 MILES +                            | FARM         | BERVICE     | TARB          | MEDP              | · (             |              | FT          | COMP           | - ;      |            | - AA     |              | ACV         | COMP [             |              |
|                                       | 1            | METORIE     | FAULT         | LIVE S            | GOF L           | П            | PROF        | COTT           |          | _          |          | <u> </u>     | STAME       | 8                  |              |
| ACHE AEV                              | R MAKE:      |             |               |                   |                 |              |             |                |          |            | TOTAL    | REN a        | <del></del> | 8                  | COLL         |
| 1 1                                   | MODEL:       | <del></del> |               |                   |                 |              |             |                | . 1      | HHICLE T   |          |              | WAGE !      |                    |              |
| CITY, STATE                           | BIODEL;      |             |               | VIN.              |                 |              |             |                | T PP     | l eta      |          | - 1          | - and the   | COSTR              |              |
| ZIP VRIERE<br>GARASED                 |              |             | STATE         | TERR              | GV##SCM         | T            | CLASS       |                | atc      | FACTO      |          | T CP         | -           | 8                  |              |
| DRIVETO                               | UES          | T           | Table 1       |                   |                 | İ            |             |                |          |            |          | S CP         | RADIUS      | FANTHES            | T TERM       |
| 4 15 MILES                            |              | COMMA       | ES BAGES      |                   | D. UNDRINE      |              |             | LSP            | TRE      |            | DEDUCT   |              |             |                    |              |
| 15 MRES+                              | FLEASLINE    | RETAIL      | LIAB          | MED PA            |                 | <b>-</b>     | " <u> </u>  | COMP           |          |            |          | 1165         | RCV         | COMP               |              |
| A WENT                                | FARM         | BERVICE     | ASD.<br>FAULT | UNINS             | SFEC.           | ·            |             | COIT           | ⊢- "     |            |          |              | STAUT       | 8                  | 1            |
| SH# YEAR                              | <del></del>  |             |               |                   |                 | <u></u>      | 10-1        |                |          |            | <u> </u> |              |             | 6                  | COLL         |
| I I I I I I I I I I I I I I I I I I I | BAKE:        |             |               | HE THE            |                 |              |             |                |          |            | TOTAL PE |              |             |                    |              |
|                                       | MODEL:       |             |               | . Villa           | <del></del>     |              |             | <i>-</i>       | _        |            | _        |              | MAGE        | COST N             | W            |
| CITY, STATE,                          |              |             | SIATE         | TIERR             | GVWGCW          |              | CLASS       | 11             | - PP     | SIPE       |          | _            |             | 5                  | - 1          |
| CARAGED                               |              |             |               |                   |                 | - [          | 434446      | - 1            | SIC      | FACR       | er ibea  | TOP          | RACINB      | PARINES            | TERM         |
| Taliffernantion !                     |              | COMPL       | SERVICES.     |                   | LADRES MOTOR    | -            |             |                | - 14     |            |          |              |             | <u> </u>           | ì            |
| < 15 MLEB _                           | _ PLEASURE_  | <b>一种</b>   | LIAB          | MED PAY           |                 | -            | <u>,</u>    | Lijp           |          |            |          |              | ACM         | COMP               |              |
| 15 MI ES +                            | FARM         | SERVICE     | No. 1         | LIMINS            | SPEC<br>COF1    |              | ·           | CONF           |          | 3 <u> </u> | AA       |              | STANT       | 5                  | eoru         |
| HINE!                                 |              |             |               | - risticis        | / COF1          |              | W           | COIT           |          |            | 6        |              |             | 6                  | cou          |
| VEH# YEAR                             | MAKE         |             |               | 翻                 |                 |              |             |                |          |            | TOTAL PE | <b>AEM 8</b> |             |                    | CULL         |
|                                       | MODEL:       |             |               | VIR:              |                 |              |             |                | _ V      | SHICLE TY  | 72       | 57           | MAGE!       | COST NE            | <del>-</del> |
| CITY, STATE,                          |              |             | STATE         | TERR              | GVREGEN         |              |             |                | j PP     | 沙沙         | CO       | ML           | - 1,        | <b>.</b>           |              |
| CITY, STATE,<br>ZIP WHERM<br>GARAGED  |              |             | PIATE         |                   | - a mil 4473    | 1            | CLASS       |                | Sic      | FACTO      | 9 934    | 7 CP         | RADIUS      | FARTHEST           | TIBRM        |
|                                       | SE SE        | COMMI       | CONTAGES      |                   |                 |              |             |                |          |            |          | 1            |             | }                  |              |
| < 15 MILES                            | PLEASURE     | RETAIL      | LIAB          |                   |                 |              | _           | 晦              |          |            | opońcia  | LES          | ACV         | COMP               | TEPE !       |
| 16 MILES +                            | FARM         | SERVICE     | NO.           | SEED PAY          |                 | F            | ` ⊢⊸        | COMP           | FG       |            | AA       | $\sqcap$     |             | *   COMP           | COFL         |
|                                       |              |             | LRAULT        | MATICES<br>TWINGS |                 | F            | TW          | COLL           |          | [          |          | -            |             | -                  |              |
| VEH# YEAR                             | MAKE         |             | <del></del> - | ) Mono            |                 |              |             |                |          |            | FOTAL PE |              |             | <del>*</del>       | COTT         |
|                                       | HOUSEL:      |             | <u> </u>      | THE               |                 |              |             |                | 19       | HICLETY    | PE       | SV           | MARE        | COST NEW           |              |
| CITY.STATE                            |              |             | i Lite        | A'TH:             |                 |              |             |                | ]#       | SPEC       | Acres -  | a.l          |             |                    | "            |
| CITY, STATE,<br>AP VALUE<br>GARAGED   |              |             | STATE         | TERR              | G/W/GCW         |              | GLASS       |                | BIC.     | FAGTO      |          | TCP          | RADIUS      |                    |              |
| WCHESCHOOL U                          |              | COMMIT S    |               |                   |                 |              |             |                |          |            |          |              |             | FARTHERY           |              |
| 4 15 MILES                            | PLEASURE     |             | ANGERAGES     | - PARL NO         |                 | F            |             | 1.50           | 盤        | NT I       | DEDUCTIE | n geo        | ]           | L                  |              |
| 15 MILES +                            | FARM         | RETAIL      | LIAB          | MED PAY           | TOWING LABOR    | F            | · []        | COMP           | RE       |            | ¬        |              | ^           | CONIS              |              |
| NET VIEW<br>DRICK:                    | Tream   1    | SERVICE     | Mir.          | MOTOR             | SPEC            | F            | w H         | COLL !         | $\dashv$ | . F        | ]^^      |              | STANT       | \$                 | i            |
| DUCK:                                 |              |             |               |                   |                 |              |             |                |          |            | IOYAL PR |              |             | \$                 | COLL         |
|                                       |              |             |               |                   |                 |              |             | <del></del>    |          |            |          | en 2         |             |                    |              |
|                                       |              |             |               |                   |                 |              |             |                |          |            |          |              |             |                    |              |
| /····                                 |              |             |               |                   |                 |              |             |                |          |            |          |              |             |                    | ]            |
| <u> </u>                              |              |             |               |                   |                 |              |             |                |          |            |          |              |             |                    | 1            |
| RD 127 (200                           | 19 MON       |             |               |                   |                 |              |             |                |          |            |          |              |             |                    | - 1          |

Reference# 1-37244 Submitted Date 3-2013

Name and Address

PINTO SERVICE INC

# **Additional information**

# ADDITIONAL VEHICLE INFORMATION :

VEHICLE # VEHICLE #
Hate Physical Damage Only?
Plate Number
Scally Trijury Limit
Personal Injury Limit
Property Damage Limit
Property Damage Deductible
Endamand Minorist Limit
Middical Sagmant Limit 1 0001 r Unitmoven : 20000/40000 2 BODO 1 \$100,000 Ministra Source Marie Ministra Payment Limit Sodily Injury to Others Limit Underingured Morovist Limit 20000/40000 Coverage Not Requested 20000/40000 20000/40000 Collision Type Waiver of Collision Daductible Foll \$100 Glass Deductible Rental Reinburgement 30 Towing and Labor Passive Restraint Anti-Theft Device : Yes : 15t Pollution Type Is this a Leased Vehicle : No Follution Liability Coverage-No Surcharge

Red of Document

Acord Additional Info (2094/08)

| AGENOY<br>RAPO &                                       | .7P*            | CIPA-        | TATE      |                   |                  |                                                      | Y                                            | SETTS CON<br>ERAGES/LIMIT<br>APPLICANT/Plot Named | SSECTIO                            | N _           | - I                                              | <u> </u>      |                 |                  |                          | πΑ0<br>€-90    | E (MNE)21<br>0 ~ 2013 |
|--------------------------------------------------------|-----------------|--------------|-----------|-------------------|------------------|------------------------------------------------------|----------------------------------------------|---------------------------------------------------|------------------------------------|---------------|--------------------------------------------------|---------------|-----------------|------------------|--------------------------|----------------|-----------------------|
| BUSINESS                                               |                 | _            |           |                   | CES              | INC                                                  | <u>.                                    </u> | PINTO SERVIC                                      | inc<br>Bind                        |               |                                                  |               |                 |                  |                          |                |                       |
| COVERAGE                                               |                 | 7            |           | ONI OTUR          | EOLD             | <u> </u>                                             |                                              | Mits                                              |                                    |               |                                                  |               |                 |                  |                          |                |                       |
| BODILY                                                 |                 |              | 1         | 4                 | 9                | X EVEACH FER                                         | SON                                          | \$ 20000                                          | COVE                               | RAGES         | CONT                                             | RED A         | 100             | AVIBOT           | _                        | Ų              | MITS                  |
| INJURY<br>LIABILITY                                    |                 | $\vdash$     | 2 3       | Ă7                | _                | BI EACH ACCIDEN                                      |                                              | s 40000                                           | IMDERIN<br>MITORIE                 | SURED         | 7                                                |               |                 |                  | \$2000<br>\$4000         | O Back         | Perant<br>Accide      |
| COMPLESORY                                             |                 |              | 5         | <del>. 1°</del> . |                  | PER 6 800                                            | 00                                           | DED &                                             |                                    |               |                                                  |               |                 |                  |                          |                | - 6120 1189           |
| PERSONALINIA<br>PROTECTION                             | RY              | X            | 7         |                   |                  | YOURBELF                                             |                                              | OURSELF AND<br>AMLY HEMBERS                       |                                    |               | L                                                | PK            | reice           | L DAMA           |                          |                |                       |
| COMPULEORY:                                            | )AM-            |              | <u> </u>  | 3 X 7             |                  |                                                      |                                              |                                                   | OPTIONAL<br>TOWING                 | -             | ∐;                                               |               |                 |                  | \_s                      |                |                       |
| AGE TO SOMEON                                          | IA.             |              | 2         | 4B                | _                | BACH ACCIDENT                                        |                                              | 8 100000                                          | GENERAL CONTRACT                   |               | 2                                                | 7             | 4               | 8                | <del> </del>             |                |                       |
| OPTIONAL<br>MEDICAL                                    |                 |              | 2         | 14                | Te               |                                                      |                                              |                                                   | CPTIONAL<br>COMPRES                | ENBIVE        | 3                                                | - I           | 7               |                  | \$5                      |                |                       |
| PAYMENTS                                               |                 | -1           | -         | 7                 |                  | BACH PERSON                                          |                                              | 5                                                 | OPTIONAL<br>SPECIFIED<br>CAUSES O  | FIASS         | -   3                                            |               | 4               | ] •              |                          |                |                       |
| COMPULSORY<br>UNMBURED<br>MOTORIST                     | ł               | <u>ا</u> :   | · I=      | 5                 | ŀ                | CSI_ X E                                             |                                              | 8 2000D                                           | OPTIONAL                           |               | 7                                                | _             | 4               | _ [8             | 551                      | <b></b>        |                       |
| MOTORIST                                               | 4               | 74           |           | -<br>             | - 1              | PROPERTY DAMAG                                       | E                                            | <sup>8</sup> 40000<br>8                           | COLLISION                          |               |                                                  | X.            | 7               |                  | -                        |                |                       |
| OPTIONAL<br>BODILY INJURY                              | ł               | _ 1          | X         | 4 -               | l°               | CSL X                                                | PER                                          | s 20000                                           |                                    |               |                                                  |               | _               |                  |                          |                |                       |
| TO OTHERS                                              |                 | ]3           |           |                   | $\Box$           | MOTORCYCLE                                           | <b>GUES</b>                                  | 6 40000<br>OCCUPANT EXCLUSION                     | . 1                                |               |                                                  |               |                 |                  |                          | -              |                       |
| HIREDIBORROWEI                                         | ,               | -   YI       |           | STATE             | s T              | OST OF HIRE                                          | L                                            | FANY BASIS                                        | <del>'</del>                       | STATE         | B  #                                             | DAYS          | -               | VEH              | COVE                     | AGEADA         | UCTIBLE               |
|                                                        |                 | VI.          |           | STATES            | - 1              | ROUP TYPE                                            |                                              | 11 11 11                                          | OPTIONAL                           |               | -                                                |               |                 |                  |                          |                | 118 <u>16</u>         |
| OPTIONAL<br>NON-OWNED                                  | F               | N            | •         |                   | Ľ                | EMPLOYEES                                            |                                              | NUMBER OF                                         | - HIED<br>PHYSICAL                 |               |                                                  | ł             |                 |                  |                          | MP 8           |                       |
| LIABILITY                                              |                 |              |           |                   | -                | VOLUNTEERS                                           |                                              |                                                   | DAMASE                             |               |                                                  | _             |                 |                  |                          | 群L S           |                       |
| COVERED<br>AUTO                                        | (2) 4           | NY AL        | MATERIA A | AUTOS             |                  | PARTNERS                                             | 4) OW                                        | EDAUTOS OTHER THAI                                | DRIVITE SAFE                       |               | WERA                                             |               |                 |                  | PRILLARY                 |                | SECONDA               |
| TRUCKERS 81                                            | _ (23) C        | 地地           | PRIV      | ATE PARA          |                  |                                                      |                                              | GWAED AUTOS WHICH I<br>LED AUTOS SUBJECT TO       |                                    |               | AGE                                              |               | (7) AI<br>(例) H | TOS SI<br>RED AL | ECIPED<br>TOS<br>ED AUTO | ON BOHE        | OULE                  |
| COVERAGES                                              | _               |              | in arm    | PO SYNERCE        | -1               |                                                      |                                              | <u> </u>                                          |                                    | - Alia: 49-01 |                                                  | -             | (a) 16          | OK-OW            | EDAUK                    | <u> </u>       |                       |
| DILY                                                   | 工               | 41           |           | 48                |                  | EI EACH PERSO                                        | LUCO<br>N                                    | 13.                                               | 000000                             |               | enti                                             | PHV           | HÇAL            | DAMA             |                          |                |                       |
| INJURY<br>LIABILITY                                    | $\vdash$        | 42           | -         | 47                | 8                | EACH ACCIDENT                                        |                                              |                                                   | OPTIONAL OPTIONAL                  | -             | 42                                               |               | 48              |                  | LOUIS                    |                | DHOUGI                |
| COMPULSORY<br>PERSONAL INSURY                          | t               | 44           |           | 80                |                  | RECH E                                               |                                              | Para -                                            | COMPREHE                           | NEWS          | 48                                               |               | 47              |                  |                          |                | 8                     |
| PROTECTION<br>COMPLESORY: DAM-                         | $\Gamma$        | 40           | ·         | <del></del>       |                  | YOURSELF                                             | אָנֶין ר                                     | DED \$<br>LIRSELF AND<br>MLY MEDIERRA             | OPTIONAL<br>SPECIFIED<br>CAUSES OF | <u> </u>      | 42                                               | _             | 46              | SCL              | FT                       |                |                       |
| AGE TO SOMEONE<br>ELSE'S PROPERTY                      | -               | 47           | _         |                   | 17 <sub>E4</sub> | CHACCIDIENT                                          |                                              |                                                   | OPTIONAL                           | 14,65         | 43                                               | 7 7           | 47              | F                | FI                       | N              | 5                     |
| OPTIONAL<br>MEDICAL                                    |                 | 42           | Ľ         | 48   (48          | 10               |                                                      |                                              |                                                   | COTTISION                          |               | 43                                               | $\overline{}$ | 47              |                  |                          |                | 8                     |
| PAYMENTS                                               |                 | 48           | _         | <del>-</del>      | EA               | CHPERSON                                             | *                                            | <u> </u>                                          | OPTIONAL<br>TOWNS<br>& LABOR       | -             | 46                                               |               | -               |                  |                          |                | <b>†</b>              |
| COMPULBORY<br>LININGURED                               |                 | 42<br>43     | <u>_</u>  | 45                | -                | OBL B                                                |                                              | •                                                 |                                    |               |                                                  | TRALE         | RINT            | ERCHAI           | 4GE                      |                | L                     |
| MOTORIST                                               |                 | 45           |           |                   |                  | PACH ACCIDENT                                        | 8                                            |                                                   | COVERAG                            | <b>88</b> 89  | MILOL.                                           |               |                 |                  | #DAY8                    | RADIUS         | рерист                |
| OPTIONAL<br>BODBLY INJURY                              | $\square$       | đ            | $\Box$    | 46                | L                |                                                      | ER S                                         |                                                   | COMPREHEN                          | ABIVE -       | 49                                               |               |                 |                  |                          |                |                       |
|                                                        | $\vdash \vdash$ | 42<br>43     | H         | 47<br>80          | <u> Bi (</u>     | ACH ACCIDENT                                         | 9                                            |                                                   | OPTIONAL<br>SPECIFIED              |               | 48                                               | †-            |                 |                  |                          | <del> </del> - | <del> </del> -        |
| OPTIONAL<br>VON-TRUCKERS                               | _               | <b>E</b> E 8 | ATES      |                   | 00               | MOTORCYCLE GE<br>TOF HIRE                            | UEST (                                       | CCUPANT EXCLUSION FANY BASIS                      | CAUSES OF                          | .089          | 49                                               | <u> </u>      |                 |                  |                          |                | <u></u>               |
| EREDIBORROVED PTIONAL                                  |                 | 0            | A PLAN    |                   | 8                |                                                      | _                                            | · FULL ENDING                                     | OPTIONAL<br>COLLISION              | -             | 48                                               |               |                 |                  | ,                        |                | 8                     |
| RUCKERS<br>FREDIBORROWED                               | n               |              | ATER      |                   | CO               | ST OF HIRE                                           |                                              | IF ANY BASIS                                      |                                    | STATES        | <del>'                                    </del> | AYA           | ø٧              | EH.              |                          |                | <u> </u>              |
| PTIONAL                                                | 丁               | 81           | ATES      |                   | _                | KIP TYPE                                             |                                              | NUMBEROF                                          | OPTIONAL                           |               |                                                  |               |                 |                  |                          |                |                       |
| UTO UNED                                               | Y               | _            |           |                   | 口                | EMPLOYEES                                            |                                              | **************************************            | PHYSICAL                           |               |                                                  |               |                 |                  |                          |                |                       |
| ABILITY                                                | 1191            | 4            |           |                   | H                | VOLUNTRERS                                           |                                              |                                                   | DAMAGE                             |               | $\perp$                                          | _ [           |                 |                  |                          |                |                       |
| }                                                      |                 |              |           |                   | 1 -              | PARTNERS                                             |                                              | L                                                 | OTHER                              |               | VERAGI                                           | 18:           |                 | _IF              | RIMARY                   | 8              | ECONDARY              |
| THER                                                   |                 |              |           |                   | 1                |                                                      |                                              |                                                   | ł                                  | Ī             |                                                  |               |                 | 1                |                          | _              |                       |
|                                                        |                 |              |           |                   | <del> </del>     |                                                      |                                              |                                                   | <u> </u>                           | - 1           |                                                  |               |                 |                  |                          |                |                       |
| THER  OVERED AUTO SYMBO  1) ANY AUTO 2) CWMED AUTOS ON |                 |              | -         | (44<br>(46        | ) OWN            | ED AUTOB BUBLEC<br>ED AUTOB SUBJEC<br>BURNINU YMORUN | 21 TO                                        | NO-FAULT (46) GPE                                 | OFFICALLY DESC                     | RHED AUT      | OB SO                                            |               | 49) Y           | OUR TR           | ALERE IA                 | THE DAY        | ESEKOM OF             |

9-37244 Submitted Date MOTOR CARRIER SECTION 0-2013 COVERAGES COVERED AUTO SYMBOLS Limite 61 PHYSICAL DAMAGE 87 ei each person CONTRACES 62 68 urò si Livers EI BACH ACCHOENT DECLEMENT LIABILITY 63 71 62 67 OPTIONAL COMPREHENSIVE 68 68 COMPULSORY PERSONAL BUILTRY 略 ERSON & Ha DED 8 67 62 67 CETTOMAN BÇI. P7 YOURSELF XXXVIII. Lss SPECIFIED CAUSES OF LOSS 63 ΔA RTA) COMPLESORY: DAM AGE TO SOMEONE ELSE'S PROPERTY 81 64 64 62 67 62 87 EACH ACCIDENT COLLISION \$ 63 63 68 OPTIONAL 韓 84 64 MEDICAL PAYMENTS **GPTIONAL** EACH PERSON 83 48 67 TOWNED & LASOR 62 67 COMPULSORY 86 CEL LA PER UNINSURED 63 TRALER INTERCHANGE 67 B) EACH ACCIDENT TRABLERS ZONE # DAYS SYMBOL 64 MADELS ROPERTY DAMAGE DESCRIPTION OPTIONAL BODILY RUINY TO OTHERS OPTIONAL COMPREHENSIVE Øſ 64 'n 88 CSL 62 町 70 EI EACH ACCIDENT OPTONAL 83 68 æ MOTORCYCLE GLEST OCCUPANT EXCLUSION SPECIFIED
CAUSES OF LOSS OPTIONAL YES STATES 70 NON-TRUCKERS HIREDISORROWED COST OF HIRE IF ANY BASIS 100 OPTIONAL COLLIBION 89 **OPTIONAL** YES STATES 70 TRUCKERS HIREDISORROWED COST OF HIRE IF ANY BASIS W STATES # DAYE #VEH STATES GROUP TYPE OPTIONAL OPTIONAL MON-CHINED AUTO LIABILITY MUMBER OF YES HMED PHVSK:AL EMPLOYEES 110 VOLUNTERISE PARTNERS OTHER COVERNGE 15: PRIMARY SECONDARY OTHER COVERED AUTO SYLEGOLS (84) OWNED COMMERCIA ALTOS CRAY (85) OWNED ALTOS SUBJECT TO NO-FAULT (66) OWNED ALTOS SUBJECT TO A COMPUS SCRY UMINSURED MOTORIST LAW (61) ANY AUTO (62) CYNNED AUTOS ONLY (63) CYNNED PRIVATE PASS AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSERBICK OF ANOTHER TRUCKER LINDER A TRAILER INTERCHANGE AGREEMENT (71) NOW-CAMED AUTOS ONLY (69) HEAD ALTIGO ONLY (69) HEAD ALTIGO ONLY (69) TRAILERS RY YOUR POSSESSION LINDER ATRAILER INTERCHANGE AGRESMENT **VDORSEMENTS** PAR CREDIT REPORTING ACT: in contention with your application for insurence and as part of our normal underwriting precedure, an investigative consumer report may be obtained including. If applicable, information as to character, general seputation, personal characteristics and mode of living. This additional detailed information concerning the nature and acops of this investigation will be provided.

Upon writish request, received within a reasonable time, MOTICE: If you or someone else on your behalf gives us false, deceptive, makesding or incomplete information in this application and if each false, deceptive makesding or incomplete information in this application and if each false, deceptive cancel your policy. Such information includes the description and the place of gauging of the vehicle(s) to be insured. Parts and we may listed and the answers to questions in this application shout all listed operators. Check to make certain that you have conectly detent all operators and the operators for the applicant for this impurance.

The Medit Rating Spard may verify the accuracy of the previous citying records of all listed operators including that of the applicant for this insurance. UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL PUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING. PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER KD 137 MA (2005/04)

References

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -37244                      | 808m1ff=4 m=6- | _7013                                   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|-----------------------------------------|---|
| Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | Submitted Date | -2013                                   |   |
| PINTO SERVICE INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                |                                         |   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                |                                         |   |
| Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                | · - · · · · · · · · · · · · · · · · · · |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                           |                |                                         |   |
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| GARAGEKEEPERS COVERAGE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                |                                         |   |
| locations<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                |                                         |   |
| Accres<br>Limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                           |                |                                         |   |
| Coverage Onkions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                           |                |                                         |   |
| Collision Deductible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | :                           |                |                                         |   |
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Acord Additional Info (2004/08)

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RF BATION/TITLE INCOURT FUNCTION: RI MSG: INQUIRY CESS COMPLETE. PLT TYP: PAN REG#: CLR: R VIN#: TTL#: Lic li LIC #2 : essee ; FID#: NNER1 NAME : RMV-1 BATCH #: 01326974150107 WNER2 NAME ; DOB: ORP/CO NAME: PINTO SERVICE INC AIL ADDR : BLOG/APT : and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t \_ ST: MA ZIP: ESID ADDR : REG ONLY MAIL: 15 CITY BLDG/APT : EIP; EG STATUS-DT: ACTV/ - 09/26/2013 REC EFF DT: 09/26/2013 INSP RSLT: F REG EKP DT: 08/2015 REC EFF DT: 09/26/2013 006 HOND ODYSSE MODELS: STYLE: VAN CLR: GRAY / YL: 6 FASS: 8 DOORS: 4 TRAN : A FWR: G EDS: SEATS: WG TL STATUS-DT: EKAM - 09/26/2013 TYL DT: 09/26/2013 PRINT DT: WC TYLE: VAN CLR: GRAY / TRAN : A FWR: G EDS: SEATS: WG TYL DT: 09/26/2013 PRINT DT: WC TYLE: C EDANG: WG TYLE: U PREV TYLE: WA EJ840483 TL TYPE: C BRAND: REASON CD:
LIEN1 TYPE/CD: C / 36041 NAME: FIRST HELF FINANCIAL LLC
LIEN2 TYPE/CD: / NAME: TIL RIN ST: ME CO: 154 ARBELLA PROTECTION ORIG ISS DT: 09/26/2013 MONPROF: N VALUE: LAST-NEXT BILL:

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FUNCTION: URN MEG: END OF ... ENCOUNTERED. CORP/CO NAME: PINTO SERVICE

ACTIVE PLATES: Y EXACT MATCH ON CORP/CO NAME: M CORP/CO ONLY: M

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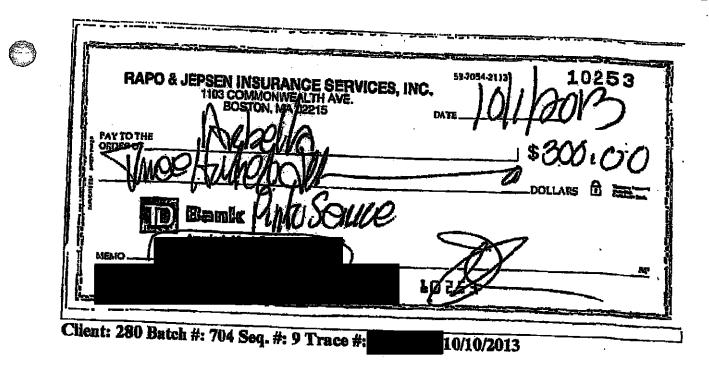
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# Page 1



#### 280 Batch #: 704 Seq. #: 9 Trace #: 10/10/2013

# **EXHIBIT C**

# Corporation Information Date of Organization of Corporation



# **Corporations Division**

# **Business Entity Summary**

| ID Number:                      | •                         |            | Tentest ce mare                        | Nev. serian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Summary for: P                  | INTO SERVICE INC          |            |                                        | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |
| The exact name                  | of the Domestic Profit Co | rporation: | PINTO SERVICE INC                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Entity type: Dor                | mestic Profit Corporation |            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Identification Nu               | mber:                     |            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date of Organiza<br>09-26-2013  | tion in Massachusetts:    |            | ·                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Current Fiscal Mo               | onth/Day:12/31            |            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The location of t               | he Principal Office:      |            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| City or town, State Country:    | , Zip code,               | ·          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The name and ac                 | idress of the Registered  | Agent:     | ·                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name: JUAN CA                   | RLOS PINTO                |            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address:                        |                           |            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City or town, State<br>Country: | , Zip code,               |            | !                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The Officers and                | Directors of the Corpora  | tion:      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Title                           | Individual Name           | Addre      | 989                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PRESIDENT                       | JUAN CARLOS PINTO         | USA        | ·                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TREASURER                       | JUAN CARLOS PINTO         | USA        | 1                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SECRETARY                       | JUAN CARLOS PINTO         | USA        | ······································ | ;<br>:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| VICE PRESIDENT                  | JUAN CARLOS PINTO         | USA        |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DIRECTOR                        | JUAN CARLOS PINTO         | LISA       |                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

http://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?FEIN=901017763...

Business entity stock is publicly traded:

| Class of Stock                                   | Per volu                 | e per share     | То                 | tal Aut              | <b>horized</b>     | Total Issu<br>outstan                  | ed and<br>ding |
|--------------------------------------------------|--------------------------|-----------------|--------------------|----------------------|--------------------|----------------------------------------|----------------|
| ·                                                | rat valu                 | e per snare     | No. of sh          | ares                 | Total par<br>value | No. of st                              | ares           |
| CNP                                              | \$ 0.00                  |                 | 1,000              |                      | \$ 0.00            | 1,000                                  | <del></del>    |
|                                                  | ☐<br>Consent             | Confide<br>Date | ential             | ∐ Me<br>Alloy        | erger<br>ved       | ☐<br>Manufactur                        | ring           |
| /iew filings for t                               | his busine               | ss entity:      | W                  |                      |                    |                                        |                |
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| Restated Articles                                | of Organiza              | itton           | - IDGCIQUU         | •                    |                    |                                        |                |
| levocation of Dis                                | solution                 |                 |                    |                      |                    |                                        |                |
| Statement of App                                 | ointment o               | f Registered    | Agent              |                      |                    |                                        |                |
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MA SOC Filing Number:

Date: 9/26/2013 10:01:00 AM



# The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

Articles of Organization

(General Laws: Chapter 1990, Section 2.02; 950 CMR 113 16)

Federal Employer Identification Number:

st be 9 digits)

#### **ARTICLE 1**

The exact name of the corporation is:

### PINTO SERVICE INC

#### ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

#### **ARTICLE III**

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize steck. If only one class or sales is authorized, it is not necessary to specify any particular designation.

| Class of Stock | Par Value Per Share<br>Enter 0 If no Per | of Organization | zed by Articles<br>or Amendments | Total Issued<br>and Outstanding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------|------------------------------------------|-----------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                |                                          | Num of Shares   | Total Par Value                  | Num of Shares                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CNP            | \$0,00000                                | 1,000           | \$0.00                           | 1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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G.L. C158D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

#### **ARTICLE IV**

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of arry shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

### NONE

#### **ARTICLE V**

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

#### NONE

#### **ARTICLE VI**

| Note: The preceding six (6) a<br>appropriate articles of amen                                                                                                                                  | erticles are considered to be perm<br>idment.                                                                                                                                                                                                                                            | anent and may be changed only by fitting                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                | ARTICLE VI                                                                                                                                                                                                                                                                               |                                                                                                                                                      |
| after the articles are received fo                                                                                                                                                             | s anachise nsie is nesaleu zuerus ein                                                                                                                                                                                                                                                    | l for filling if the articles are not rejected within t<br>ch date, which may not be later than the 9 <i>0th</i> (                                   |
| Later Effective Date: Time:                                                                                                                                                                    |                                                                                                                                                                                                                                                                                          |                                                                                                                                                      |
|                                                                                                                                                                                                | ARTICLE VIII                                                                                                                                                                                                                                                                             |                                                                                                                                                      |
| The information cou                                                                                                                                                                            | ntained in Article VIII ie not a norman                                                                                                                                                                                                                                                  |                                                                                                                                                      |
|                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                          | ent part of the Articles of Organization.                                                                                                            |
| of the initial registered agent                                                                                                                                                                | s initial registered office of the co<br>t at the registered office:                                                                                                                                                                                                                     | rporation in the commonwealth and the na                                                                                                             |
| 4                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                          |                                                                                                                                                      |
| <u>30</u>                                                                                                                                                                                      | AN CARLOS PINTO                                                                                                                                                                                                                                                                          |                                                                                                                                                      |
| io, and Smeat:                                                                                                                                                                                 | `.                                                                                                                                                                                                                                                                                       |                                                                                                                                                      |
|                                                                                                                                                                                                | State: MA                                                                                                                                                                                                                                                                                | 7in: Country TISA                                                                                                                                    |
| No. and Street:<br>City or Town;<br>:. The names and street addr                                                                                                                               | State: MA                                                                                                                                                                                                                                                                                | Zip: Country: <u>USA</u>                                                                                                                             |
| ity or Town:  The names and street addressurer and secretary of the filter or director is the same                                                                                             | resses of the individuals who will be corporation (an address need not as the principal office location):                                                                                                                                                                                | serve as the initial directors, prealdent,<br>t be specified if the business address of th                                                           |
| City or Town;  The names and street addressurer and secretary of the                                                                                                                           | esses of the individuals who will corporation (an address need no as the principal office location):                                                                                                                                                                                     | serve as the initial directors, president,<br>t be specified if the business address of the<br>Address (no PO Box)                                   |
| ity or Town:  The names and street addressurer and secretary of the filter or director is the same                                                                                             | resses of the individuals who will be corporation (an address need not as the principal office location):                                                                                                                                                                                | serve as the initial directors, prealdent,<br>t be specified if the business address of th                                                           |
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| City or Town:  The names and street addressurer and secretary of the filter or director is the same                                                                                            | esses of the individuals who will a corporation (an address need no as the principal office location):  Individual Name  First, Middle, Last, Suffix                                                                                                                                     | serve as the initial directors, president,<br>t be specified if the business address of the<br>Address (no PO Box)                                   |
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| City or Town:  The names and street addressurer and secretary of the filter or director is the same  Title  PRESIDENT                                                                          | esses of the individuals who will corporation (an address need not as the principal office location):  Individual Name First, Middle, Last, Suffix JUAN CARLOS PINTO                                                                                                                     | serve as the initial directors, president,<br>t be specified if the business address of the<br>Address (no PO Box)                                   |
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| g. Street address where the records of the corporated (post office boxes are not acceptable):  No. and Street:                                                                 | oration required to be                        | kept in the Comm                  | onwealth are   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|----------------|
| City or Town:                                                                                                                                                                  | State: MA                                     | <b>Z</b> Ip:∖                     | Country: USA   |
| which is                                                                                                                                                                       |                                               |                                   | Journey. USA   |
| X its principal office an office of its secretary/assistant secretary                                                                                                          | an office of its register                     | f its transfer agent<br>ed office |                |
| Signed this 26 Day of September, 2013 at 10:0                                                                                                                                  | 2:10 AM by the inco                           | progrator(s), (If a               | n ovietino     |
| corporation is acting as incorporator, type in the jurisdiction where it was incorporated, the name and the title he/she holds or other authority by the JUAN PINTO 09/26/2013 | te exact name of the<br>e of the nerson sioni | business entity, the              | a stata on atL |

MA SOC Filing Number:

Date: 9/26/2013 10:01:00 AM

# THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 26, 2013 10:01 AM

**WILLIAM FRANCIS GALVIN** 

Secretary of the Commonwealth

# **Investigation 15**

Bany Catering, Inc./Joel B. Ochoa

BUSINESS NAME: BANY CATERING, INC.

INDIVIDUAL NAME: JOEL B. OCHOA

A. Excerpt of Recorded Statement and Recorded Statement

B. Application Documents for Commercial Insurance

January 9, 2013

C. Corporation Information
Date of Organization of Corporation

January 9, 2013

# **EXHIBIT A**

# Excerpt of Recorded Statement and Recorded Statement

# **Recorded Statement**

Business Name: Bany Catering, Inc.

Joel B. Ochoa

Policy No.:

| V-10-10-02-02-02-02-02-02-02-02-02-02-02-02-02 |                                                                                        |
|------------------------------------------------|----------------------------------------------------------------------------------------|
| a Page                                         | Description                                                                            |
| 1                                              | Q: Joel, what's your date of birth please for the record?                              |
|                                                | A: It is                                                                               |
| 1                                              | Q: And Joel, do you have a driver's license?                                           |
|                                                | A: No, I don't.                                                                        |
| 1                                              | Q: Is it that you don't have a driver's license from Massachusetts or just no driver's |
| 1                                              | license from anywhere?                                                                 |
|                                                | A: No, for anywhere.                                                                   |
| 1                                              | Q: All right. How many vehicles does Joel own?                                         |
|                                                | A: It's three vehicles.                                                                |
| 2                                              | Q: Okay. Which restaurant do they work in?                                             |
|                                                | A: At the Cheesecake.                                                                  |
| 2                                              | Q: Is he referring to the Cheesecake Factory?                                          |
|                                                | A: Yes.                                                                                |
| 3                                              | Q: does Joel remember where he bought this policy for insurance from?                  |
|                                                | A: In Ever.                                                                            |
| 3                                              | Q: In Everett; is that what he's saying, the City of Everett.                          |
|                                                | A: Yes.                                                                                |
| 3                                              | Q: Does he remember who he talked with when he went there?                             |
|                                                | A: Yes, I do, but I think his name is Leondo or something.                             |
| 3                                              | Q: And is Leondo or Leondro Spanish as well?                                           |
|                                                | A: Yes.                                                                                |
| 3                                              | Q: All right. When you went there to buy the insurance, how did you pick that          |
|                                                | agency to go to? Did someone tell him to go there or how did he find them?             |
|                                                | A: Yes, somebody made a connection there.                                              |
| 3                                              | Q: Who made the connection there?                                                      |
|                                                | A: A friend of mine.                                                                   |
| 3                                              | Q: What's his friend's name?                                                           |
|                                                | A: No, he's not over here, he already left for his country.                            |
| 5                                              | Q: Does Joel know what a catering company does?                                        |
|                                                | A: No.                                                                                 |
| 5                                              | Q: Does Joel own a catering company?                                                   |
|                                                | A: No.                                                                                 |
| 5                                              | Q: Does Joel have a corporation?                                                       |
|                                                | A: I don't know what that is.                                                          |
| 5                                              | Q: Did Joel ever register a corporation with the Secretary of State?                   |
|                                                | A: no.                                                                                 |

| Large 5 | Deserroion                                                            |
|---------|-----------------------------------------------------------------------|
| 6       | Q: Did he ever set up a business in his own name for whatever reason? |
|         | A: No.                                                                |
| 6       | Q: Did he ever give anyone permission to set one up for him?          |
|         | A: No.                                                                |

This is Ed Spellman and I'm speaking from

Massachusetts. Today's date is January 6, 2014 and the time is now approximately 5:30 p.m.

I'm speaking with Joel B. Ochoa regarding his automobile police that he has with us.

- Q. Joel, this conversation is being recorded. Is this being done with your permission, sir?
- A. Yes.
- Q. Joel, what's your date of birth please for the record?
- A.
- Q. And Joel, do you have a driver's license?
- A. No, I don't.
- Q. Is it that you don't have a driver's license from Massachusetts or just no driver's license from anywhere?
- A. No, for anywhere.
- Q. All right. How many vehicles does Joel own?
- A. It's three vehicles.
- Q. And can he identify those vehicles for me, what they are?
- A. Yes, one of them is a Nissan Altima, the other one it's a Honda and the other one is a Cherokee.
- Q. What's the last one? Interpreter, can you ask him to clarify what the last vehicle is, is it a Jeep Cherokee; is that what he's trying to say?
- A. Yes, it is a Jeep Cherokee.
- Q. And who drives those vehicles?
- A. Yes, well since I work in Boston, sometimes I drive one there and sometimes I drive another one; however, the other one since it's a 4 x 4 I use it for the snow.
- Q. Does anyone else drive those vehicles?
- A. No, just me.
- Q. What about his friend Armando? Armando indicates that he drives the Honda, the Honda is Armando's car; is that wrong or is that accurate?

- A. Yes, the Honda belongs to him.
- Q. But Joel insures it; is that correct?
- A. Yes, yes.
- Q. Is that because Armando couldn't get insurance under his own name; correct?
- A. Yes, that is correct.
- Q. Do Armando and Joel work together?
- A. Yes, we work differently; however, in the same restaurant.
- Q. Okay. Which restaurant do they work in?
- A. At the Cheesecake.
- Q. Is he referring to the Cheesecake Factory?
- A. Yes.
- Q. Where is the Cheesecake Factory that they work at?
- A. In Braintree.
- Q. South Shore Plaza?
- A. I'm sorry, this is the interpreter, would you mind repeating the information?
- Q. Sure. The Cheesecake Factory over at the South Shore Plaza?
- A. Yes, the one in Braintree in Burlington.
- Q. Do they work at both the one in Braintree and Burlington or just one or the other?
- A. Yes, each one of us works at a different one.
- Q. Okay. Which one does Joel work at?
- A. In Braintree.
- Q. And does Armando work at the one in Burlington?
- A. Yes.

Q. Does Joel remember where he bought this policy for insurance from? A. I'm sorry sir, do you mind if I repeat the question? Q. Nope, go ahead. A. In Ever. Q. In Everett; is that what he's saying, the City of Everett? A. Yes. Q. And does he remember the name of the agency that he bought the insurance from? A. Yes, I do have a few receipts from there where I've paid my bills. Q. What was that, say that again interpreter, I'm sorry. A. I asked the client if he knew the name of the place... of the agency where he bought the policy and he said yes I have a few receipts of where I paid my bills. Q. Okay. Does he remember the name though; could he tell me what the name of it is? A. (No audible response). Q. Does he remember who he talked with when he went there? A. Yes, I do, but I think his name is Leondo or something. Q. And is Leondo or Leondro Spanish as well? A. Yes. Q. Al right. When you went there to buy the insurance, how did you pick that agency to go to? Did someons tell him to go there or how did he find them? A. Yes, somebody made a connection there. O. Who made the connection there? A. A friend of mine. Q. What's his friend's name?

A. No, he's not over here, he already left for his country.

- Q. What was his friend's name and what country did he leave for?
- A. He went to Guatemala.
- Q. And what was his name?
- A. I don't remember the boy's name. It's been awhile since he left.
- Q. Why is it that the friend told him to go to this particular place?
- A. I think he had his car insured there as well.
- Q. When he went there, which car did he insure first? Was it the Honda, the Jeep or the Nissan?
- A. The Honda.
- Q. And when he went there, does he remember where he bought the Honda from?
- A. Yes, in Everett we bought it.
- Q. Okay. Does he remember where in Everett that they bought it?
- A. My cousin bought the Honda.
- Q. And what's his cousin's name?
- A. It is Armando.
- Q. And what's Armando's last name?
- A. It is
- Q. Is it or I
- A
- Q. When he went to the agent, does he remember how much that he paid them?
- A. Yes, when I opened the insurance policy, I paid \$1,120.
- Q. And does he remember how he paid that? With cash or did he pay by check?
- A. Yes, when I got the insurance I paid the money in cash.

- Q. And when he did that, did they explain to him what they were doing for him, what did they tell him the money was for?
- A. They told me it was the charge for opening an insurance.
- Q. Does loel know what a catering company does?
- A. No.
- Q. Does Joel own a catering company?
- A. No.
- Q. Does Joel have a corporation?
- A. I don't know what that is.
- Q. Does Joel know that... actually let me rephrase that, did Joel ever register a corporation with the Secretary of State?
- A. No.
- Q. Did Joel ever apply for a federal employee identification number?
- A. I'm sorry, could you please repeat the question?
- Q. Sure. Did Joel ever apply for a federal employee identification number and that's different than an IT number.
- A. There they asked me for the IRS number.
- Q. Where and who asked him for the IRS number?
- A. When I gave my insurance.
- Q. Over in Everett?
- A. In Everett?
- Q. Yes. They asked him for his IT number; is that what he is trying to say?
- A. Yes.
- Q. All right. I need to know, does he know that an IT number and a federal employee identification number are different?

- A. I don't really know.
  - Q. Did he ever set up a business in his own name for whatever reason?
  - A. No.
  - Q. Did he ever give anyone permission to set one up for him?
  - A. No.
  - Q. And is the reason that you have... does he know what type of auto policy he has?
  - A. The type of policy?
  - Q. Yes.
  - A. I don't know. No, I don't know what type.
  - Q. Has he ever had to go back to that agency for any reason?
  - A. No.
  - Q. Has he ever paid anymore moneys to them other than the money he paid initially?
  - A. Yes, after I opened it, I paid every month.
  - Q. How is that he makes payments there?
  - A. With a money order.
  - Q. And where does he get this money order? Does he go to the same place or...
  - A. I'm sorry sir; I'm going to ask the question again.
  - Q. Okay.
  - A. Yes, I take it here at Lien or at 7-Eleven and then I go and pay it to the store, to the insurance.
  - Q. And does he fill out the money order or do the people at the insurance do it for him?
  - A. No they give it to me all at once at the 7-Rleven.
  - Q. All right. How does he know how much he owes each month?
  - A. Because I get the bill at my home.

- Q. And is that bill in his name?
  - A. Yes.
  - Q. All right, the bill says Joel Ochoa on it?
  - A. Yes.
  - Q. Does he look at the bills?
  - A. Yes, I look at them.
  - Q. Can Joel read English?
  - A. No, I don't.
  - Q. When Joel initially paid the \$1,125 to the insurance agent, did he get a receipt for that?
  - A. Yes, they did, but I don't remember if I have it in the car or where I have it.
  - Q. Did Joel understand all the questions that I asked him?
  - A. Yes, I do.
  - Q. Were all of his answers true to the best of his knowledge?
  - A. Yes.
  - Q. Did he understand all the interpretations? Was there any problem with language or anything like that? He fully understood every question; correct?
  - A. No, I understood everything.
  - Q. And was this conversation recorded with his permission?
  - A. I will repeat the question.
  - Q. Okay.
  - A. I'm sorry, sir, I did not understand what he said. Oh, yes.

# **EXHIBIT B**

# **Application Documents for Commercial Insurance**

| AGENCY CHANGE DATE  AGENCY CHANGE  AGENCY CUSTOMER D:  STATUS OF TRANSACTIC  GUOTE  BOUND (Give Date and/or Are  CHANGE  CHANGE  CHANGE  CANCEL  APPLICANT INFORMATIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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Reference# CA-NB-31730

Submitted Date 01-09-2013

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Additional Information

APPLICANT INFORMATION:

Status of Transaction: Submitting for Issuance

PAYMENT PLAN :

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Check Down Payment Amount: \$220.00

MISCELLANEOUS INFORMATION :

Sia Code

AGENT REMARKS :

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Acord Additional Info (2004/08)

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| LENHOLDER EMPLOYEE AS LEASOR OWNER REGISTRANT ITEM DESCRIPTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                 |                             |                      |          |              |                                   |         |                |              |              |          |                  |             |               | . 1723 6 6      | WILLIAM      |                   |               |
| EMPLOYEE AS LEASOR OWNER REGISTRANT ITEM DESCRIPTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ] Ա                                                   | NHOLDER         |                             |                      |          |              |                                   |         |                |              |              |          |                  |             | <u> </u>      | 7 ( 1 1 2 1 1 1 | AUGE ER      | -                 | _             |
| REGISTRANT  ITEM DESCRIPTION:  EMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       | PLOYEE A        | S LEASOR                    |                      |          |              |                                   |         |                |              |              |          |                  |             |               |                 |              |                   | _             |
| EMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -1                                                    |                 | •                           |                      |          |              |                                   |         |                |              |              |          | •                |             |               |                 |              |                   |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u></u>                                               |                 |                             | ITEM DESCRIPTION:    |          |              |                                   |         |                |              |              |          |                  |             |               |                 |              |                   | _             |
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| CORD 127 (2003/08) PLEASE COMPLETE REVERSE SIDE @ ACORD CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       | ID 40= -        | 0000 (00)                   |                      |          |              |                                   |         |                |              |              |          | <u> </u>         |             |               |                 |              |                   |               |

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| CITY, 6<br>ZIP VIH<br>GARAS    |                  | !        | MA (                   |      |                  |          | STATE          | 15<br>15  | ERR              | G            | WWGCYY                                | - [      | CLA<br>A CO CO |             |             | SIC      | ١,             | Pact<br>11-                                  | OR          | SEAT (            | )P 1          | RADIUS        | ŧ            | ARTHEST               | TE   |
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|                                | Miles+           | _        | FARM                   | I    | SERVICE          | _        | NO.            | X         | URAINS<br>MOTOR  | -            | SPEC<br>COFL                          | $\dashv$ | FTW            | —           | COLL        | -        | ~              |                                              | F           | AA [              |               | STAMT         | \$           |                       | _    |
| DEL VE                         |                  |          |                        |      |                  |          | PAUL           |           | MOVOR            | -            | COPT                                  |          |                |             |             |          | <u> </u>       |                                              | \$<br>TOT/  | LPRE              | M s           |               | \$           |                       |      |
| AEHS                           | YEA              | <u>.</u> | ZAKE:                  |      |                  |          |                |           | 松默               |              | <del></del>                           |          |                |             |             |          | VE             | HICLE:                                       | TYPE        | <del></del>       | <u> </u>      | MAGE          |              | COST N                | ***  |
|                                |                  |          | fodel:                 |      |                  |          |                |           | VIN:             |              | · ·                                   | _        |                |             |             | T        | p [            | T] SEP                                       | EC          | COM               | Ì             |               | 8            |                       |      |
| CITY, ST<br>ZIP WHI<br>GARAGE  | TATE,<br>BEE     |          |                        |      |                  |          | STATE          | ī         | ERR              | _            | avwech.                               |          | CL             | <b>\\$8</b> | 丁           | SiC      | T              | FAC                                          | FOR         | SEAT              | CP            | RADIUS        | F            | ARTHES                | ľÆ   |
| DRIVET                         |                  | US       |                        |      | 10000            |          | <u> </u>       | <u> </u>  | Tarania ana      |              |                                       |          |                |             |             |          |                |                                              |             | [                 | ᆚ             |               | L            |                       |      |
|                                | CHOQL<br>5 MILES | -        | PLEASURE               | _    | COMMIL           | COV      | CK<br>ERAGES   | -         | FAULT            | `_           | MOTOR MOTOR                           |          | F              |             | LSP         |          | 臛              |                                              | DED         | LCTE              | .ES           | ACV           |              | COMP                  |      |
|                                | MLES+            | ┝        | FARM                   |      | SERVICE          | H        | Liab<br>No-    | <u> </u>  | MED PAY          | ` <b> </b> - | TOWNS<br>& LABOR<br>SHED              | Н        | FT             | _           | COME        | `        | FG             | ı                                            | ш           | AA .              |               | STANT         | \$           |                       |      |
| NET VE                         |                  | <u></u>  |                        |      | district         | Щ        | FAULT          | <u> </u>  | MOTOR            |              | SPED                                  |          | FTW            |             | COLL        | 1        |                |                                              | \$          |                   |               |               | \$           |                       |      |
| VEH#                           |                  | 1        | AKE:                   |      |                  |          |                |           | BODY             |              |                                       |          |                |             | _           |          | <u> </u>       | macle                                        |             | AL PRI            |               | MHAGE         |              |                       |      |
|                                |                  | Ī        | CODEL                  |      |                  |          |                | _         | VIN              |              | ·                                     |          |                |             | $\dashv$    |          | PP<br>V        |                                              | PEC         |                   |               |               |              | COSTN                 | EW   |
| CITY, ST                       | AYE,             |          | <u> </u>               |      |                  |          | LIC            | 7         | TERR             |              | GVWGCW                                |          | GL             | ASS         | ~           | SK       |                |                                              | TOR         | SEAT              |               | RADIUB        | ╬            | FARTHES               | . T  |
| ZIP WHE<br>GARASI              |                  |          |                        |      |                  |          | <u>.</u>       | 1         |                  |              |                                       |          |                |             | -           |          |                | "                                            |             |                   |               |               | '            | - ~ *** (1 <u>5</u> 2 | 16   |
| DRIVET<br>WORKS                |                  | USI      |                        |      | COMMI            | 먮        | CK<br>ERAGES   |           | ADD'L MO         | भ            | UNDRING<br>MOTOR                      | Т        | F              |             | LSP         | Т        | R              | NT<br>EIMB                                   | DE          | DUCTIE            | LES.          | AC            | 7            | COMP                  |      |
| <b></b> 1'                     | 5 MILES          | <u> </u> | PLEASURE               |      | RETAIL           |          | LIAB           |           | MED PAY          |              | TOWING                                |          | FT             |             | COM         | ┍┞┈      | F              |                                              |             | AA                | Г             | STAMI         | <b>-</b>     | Toolait.              |      |
|                                | MILES+           | L_       | FARM                   |      | SERVICE          |          | NO-<br>FAULT   |           | UNINS<br>MOTOR   | $\bot$       | 878FL                                 |          | FT₩            |             | COL         | . [      | 7              |                                              | \$          |                   | _             |               | 1            |                       |      |
| NET VEI<br>DR/CR:<br>VEH#      | YEAR             | · 1 -    |                        |      |                  |          |                |           |                  |              |                                       |          |                |             |             | -1       |                |                                              | TO          | TAL PR            |               | \$            |              |                       |      |
|                                | , insert         | `⊩º      | AKE:                   |      |                  |          |                |           | SODY<br>TYPE     |              |                                       |          |                |             |             |          | 1              |                                              | ETYPE       |                   | 8             | YM/AGE        |              | COST                  | ŧ.v. |
| chy er                         | 475              |          | IODEL:                 |      | <del>, , _</del> |          | 100            | т.        | V.I.N.;          |              |                                       |          |                |             |             | Ш        | þþ             | 4                                            | PEC         | CO                |               |               | 5            |                       |      |
| CITY, ST<br>ZIP WHE<br>GARASI  |                  |          |                        |      |                  |          | BFATE          | - 1       | TERR             |              | ermisch                               |          | "              | A88         | <b>'</b>    | 왕        | C              | FA                                           | CTOR        | SEA               | T CP          | RADIE         | \$           | FARTHE                | 9T T |
| DRIVE TO                       |                  | USE      |                        |      | COMMI            | CHE      | CK<br>ERAGES   | ┿-        | TADDL N          | 0.1          | UNDRINS                               | _        | <del> </del>   |             | 1           |          | l s            | NEWIT .                                      | l ==        | <u> </u>          |               | <u> </u>      | <u> با</u> ـ |                       |      |
| _,                             | S MILES          |          | PLEASURE               |      | RETAIL           | 199      | ERAGES<br>LIAB | '├─       | FAULT            | - 1          | MOTOR<br>TOWNS<br>&LABOR              | $\vdash$ | F              | <u> </u>    | LSP         | ⊢        | _              | ENT<br>EMB                                   | 101         | oucn<br>7         |               | ——~           | "├—          | COMP                  |      |
| .151                           | AITES+           |          | FARM                   | Н    | SERVICE          | -        | NO.<br>FAULT   | $\vdash$  | MED PA'          | <b>'</b>  -  | &LABOR<br>SPEC<br>COFL                | $\vdash$ | FTW            | <b> </b> -  | COL         | -        | - '            | · <b>G</b>                                   | <u> -</u> - | _ AA              | L             | _ STAM        | T   \$_      |                       | _    |
| NET VEH<br>DRUCK:              |                  |          |                        | _    | <u> </u>         |          | FAULT          |           | LMOTOR           | _            | LOCEL                                 | ــــــ   | Lin            | ١           | 001         | - 1      | _              |                                              | -   8       | STAL P            | REM           | 8             | - 8          |                       |      |
| VEH#                           | YEAR             | H        | AKE:                   |      |                  |          |                |           | BODY             |              |                                       |          |                |             |             | 1        | _              | VEHIC                                        |             |                   |               | SYNIACE       | Τ-           | COST                  | NEN  |
|                                |                  | 2        | ODEL:                  |      |                  |          |                |           | VIN              | -            |                                       |          |                |             |             | ┧┌╴      | ] pap          | П                                            | SPEC        |                   | MIL.          |               | ١.           |                       |      |
| CITY, ST.<br>ZIP WHE<br>BARAGE | ATE,             |          |                        |      |                  |          | STAT           | E         | TERR             |              | <b>GVM/(dc/v)</b>                     |          | 7 0            | LAS         | 9           | , \$     | ic             | F/                                           | ACTOR       | SE                | AT C          | RADIL         | 18           | FARTHE                | BT.  |
| BARAGE                         | <u>5</u>         |          |                        | _    |                  |          |                |           |                  |              |                                       |          | <b>\</b>       | _           |             |          |                |                                              |             |                   |               |               |              |                       |      |
| DRIVE TO<br>WORKS              |                  | USE      | ,                      | L    | COMMI.           | CO       | CK<br>ERASE    | ·L        | ADDILN           | p-           | UNDRINE                               | Ľ        | F              | L           | LSF         |          |                | RENT<br>REMB                                 | D           | EDUCT             | W.E           | S A           | CV           | COMP                  | Г    |
|                                | MILES            |          | PLEASURE               | _    | RETAIL           | Щ        | LIAS           | L         | MED PA           | ¥ L          | & LASOR                               | ·        | PT             |             | CO          | MP [     |                | FG                                           |             | _ AA              |               | STA           | £T \$        |                       | _    |
| NE VEH                         | VIILES+          |          | FARM                   |      | SERVICE          |          | PAULT          |           | UNINB            |              | SPEC                                  |          | FTW            | 1_          | CO          | 4        |                |                                              | \$          |                   |               |               | \$           |                       |      |
| VEH#                           | YEAR             | 1.       | AKE                    | -    |                  |          |                |           | l EGD'           | · ·          |                                       |          |                |             |             | _        | <del>-</del> - |                                              |             | DTAL.             | 記り            | • •           |              |                       |      |
|                                |                  | <u> </u> | HODEL:                 | _    |                  |          |                |           | TYPE             | <u> </u>     |                                       |          |                |             |             | ┩┌╴      | ٦              |                                              | LETY        |                   |               | Syniag        |              | COST                  | ME   |
| CITY, ST                       | ATE,             |          |                        |      |                  |          | ŁIC<br>STAT    |           | TERR             | <u>:</u>     | GVWGCW                                |          | 1 4            | LAS         | 18          | Ш,       | SIC            |                                              | SPEC        |                   | OMIL<br>EAT C | P RAD         | S S          |                       | _    |
| CITY, ST<br>ZIP WHE<br>GARAGE  | RE<br>D          |          |                        |      |                  |          | SIAT           | =         |                  |              |                                       |          | '              | ,           | •           | ľ        |                | '                                            |             | `   <b>"</b>      |               | "             |              | FARTH                 | =61  |
| DRIVE TO<br>WORKS              | CHOOL            | USE      |                        |      | COMML            | SH       | ECK<br>VERAGE  | s         |                  | 10-          | UNDRIN<br>MOTOR                       | 5        | F              | Т           | LE          | <u> </u> | _              | RENT                                         | . 1:        | <u>l</u><br>DEDUC | TIBLE         | 29            | ACVI         | 1                     |      |
| _                              | MILES            |          | PLEASURE               |      | RETAIL           |          | UAB            |           | MEDIA            |              | TOWING                                | įĖ       | FT             | F           | <b>→</b>    | MP       |                | FE F                                         | , t         |                   | , [           | ST            | ·            | ]COMP                 | Ш    |
|                                | VILES+           |          | FARM                   |      | SERVICE          |          | PAULT          | ╧         | UNINS            | _ F          | SPEC                                  | <u>`</u> | ┦╒┰ѵ           | ,           | α           | ᄣ        | _              |                                              | <u> </u>    | —<br>⁵            | ٠ ر           |               |              | <u>'</u>              | -    |
| NET VEH<br>CR/CR:              |                  |          |                        |      |                  |          |                |           |                  |              |                                       |          |                | _           |             |          |                |                                              | -           | TOTAL             | PRE           | <b>151</b> \$ |              |                       |      |
| VEH#                           | YEAR             | ۳        | AKE:                   | _    |                  |          |                |           | BOO<br>TYP       | P:           |                                       |          |                |             |             | J        | _              | VEHI                                         | CLETY       | PE                |               | SYMIAC        | 连            | COST                  | NE   |
|                                | <u> </u>         | _[,      | ODEL:                  |      |                  |          | 1 37-          |           | V.I.N            |              |                                       |          |                |             |             | $\prod$  | ]              | 'P                                           | SPEC        | 3 0               | COMI          | 4             | \$           |                       |      |
| CITY, ST<br>ZEP WHE<br>GARAGE  | ATE.<br>RE       |          |                        |      |                  |          | STA            | Æ         | TERR             |              | evw/gcw                               |          |                | CLA         | <b>S</b> \$ | 1        | 910            | T                                            | FACTO       | ir s              | EAT           | CP RAI        | BUIL         | FARTH                 | EBI  |
| DRIVE TO<br>WORKS              | <u> </u>         | ŲŞ       |                        | •    | COMML            | CH       | ECK            | +         | Army             | N/S          | ( ) (Mirror                           | 100      | -              |             |             |          |                |                                              |             |                   |               |               | ا            |                       |      |
|                                | CHOOL<br>MILES   |          | -<br>PLEASURE          | ⊩    | RETAIL           | CO       | ECK<br>VERAGI  | <b>35</b> | FAULT            | г            | MOTOR                                 | [        |                | Ļ           |             | Þ        | _              | REW<br>REW                                   | a į         | المحود            | CTIBI         | LEB           | ACV          | COME                  | ٠Ľ   |
|                                | VILES+           | _        | FARM                   | ┝    | SERVICE          | $\vdash$ | LIAB<br>NO-    | H         |                  |              | TOWN<br>& LABO<br>SPEC                | Ř L      | ᆜᄪ             | _  -        | _           |          | L              | PG                                           | 1           | ^#                | A             | sı            | A&ST 3       | 6                     |      |
| NET VEH                        |                  |          | 11041                  | Щ.   | - AMARINE        |          | NO-<br>FAUL    |           | UNINS<br>MOTO    | R            | SPEC                                  | i_       | FT             | ٧           | C           | ou       | L_             | <u>.                                    </u> |             | \$                |               | -             |              | \$                    |      |
| OR/CR:                         |                  | ,        |                        | _    | -                |          |                |           |                  |              | <u> </u>                              |          |                |             |             |          |                |                                              |             | TOTA              | L FRI         | <b>=10</b> \$ |              |                       |      |
|                                |                  |          |                        |      |                  |          |                |           |                  |              |                                       |          |                |             |             |          |                |                                              |             |                   |               |               |              |                       |      |
|                                |                  |          |                        |      |                  |          |                |           |                  |              |                                       |          |                |             |             |          |                |                                              |             |                   |               |               |              |                       |      |

Reference# CA-NB-31730

Submitted Date 01-09-2013

| Name and Address BANY CATERING INC |      | - " |      |  |
|------------------------------------|------|-----|------|--|
|                                    |      |     |      |  |
|                                    | <br> |     | <br> |  |

Additional Information ADDITIONAL VEHICLE INFORMATION : VESICLE # Rate Physical Desage Only? Flate Masher : No : Unknown Flate Ramber : Unknown
Rodily Injury Limit : 20000/40000
Personal Injury Limit : 8000
Property Dawage Limit : \$200,000
Property Dawage Deflectible : 0
Uninsured Motorist Limit : 25000
Rodily Injury To Others Limit : 100000/300000
Underinsured Motorist Limit : 100000/300000
Collision Type : Collision Type
Waiver of Collision Deductible : No \$100 Glass Deductible : 30 Rental Reimbursment Towing and Labor Passive Restraint Anti-Theft Device : Yes Follution Type
Is this a Leased Vehicle : No Pollution Liability Coverage-No Surcharge : No End of Document

Acord Additional Info (2004/08)

OverFlowPageNumber :1

Reference# CA-NB-31730

Submitted Date 01-09-2013

# MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

| 01-09 | (WIMDD/YYY |
|-------|------------|
| nr-03 | -2013      |

| RAPO & JEPS                                                                 | EN       | IN           | 18          | SEI        | נעו        | CE        | S I      | NC      |                 |              |            | APP<br>B       | LICA     | NT (First Named in:<br>CATERING                    | ared)           | ,                                       |           |           |          |              |            |        |          |              |                       |                               |                               |
|-----------------------------------------------------------------------------|----------|--------------|-------------|------------|------------|-----------|----------|---------|-----------------|--------------|------------|----------------|----------|----------------------------------------------------|-----------------|-----------------------------------------|-----------|-----------|----------|--------------|------------|--------|----------|--------------|-----------------------|-------------------------------|-------------------------------|
| BUSINESS AUT                                                                | 0 8      | EC           | ΠO          | W          |            |           |          |         |                 |              |            | <u> </u>       | _        |                                                    |                 |                                         |           |           |          |              |            |        |          |              |                       |                               |                               |
| COVERAGES                                                                   | CO       | VIR          | <b>50</b> / | NTO.       | 871        | MBO       | вΤ       |         |                 |              |            | LIMIT          | 8        |                                                    | Τ-              | COVERAG                                 | FR        | CON       | epe.     | n ørr        | TO 8Y      | MPA    | <u>.</u> | _            |                       |                               |                               |
|                                                                             | Ī .      | 1            | Г           | 14         | Ť          | $\neg$    |          | χľ      | BI BAC          |              |            |                |          | 0000                                               | 1_              | PTIONAL                                 | <u>~~</u> | 100       |          | - 40         |            | MEV!   | _        | 222          |                       | LIMITE                        |                               |
| BODILY<br>INJURY<br>LIABILITY                                               |          | 2<br>3       | -           | K 7        |            |           |          |         | CH AC           |              |            | -              |          | 0000                                               | U               | DERINSUR                                | BD        | 7         |          |              |            |        | \$3      | 1000         | 00 E                  | ech Re                        | rident                        |
| COMPULSORY<br>PERSONAL INJURY<br>PROTECTION                                 | X        | 5            |             |            |            |           | 7        | PER     | ON (            |              | 00         | YOU            |          | D S<br>LLF AND<br>MEMBERS                          | _               |                                         |           |           |          | PHY          | (SICA)     | . DAI  | MAGE     |              |                       |                               |                               |
| COMPUL BOTH DAIL                                                            |          | 1            | $\exists$   | 3          | X 7        | ,         | 9        |         |                 |              |            |                | _        |                                                    | ⊣т              | PTIONAL<br>OWING<br>LABOR               |           | -         | 3        |              |            |        |          |              |                       |                               |                               |
| COMPULSORY: DAM-<br>AGE TO SOMEONE<br>ELSE'S PROPERTY                       |          | ] <u>.</u> [ |             | 4 <u> </u> | ]•         |           |          | EAC     | H ACCE          | DENT         |            | •              | , 1      | 00000 .                                            | T <sub>o</sub>  | PTIONAL<br>POMPREHEN                    | SIVE      | F         | 2        |              | 4 7        |        | В        |              |                       |                               |                               |
| OPTIONAL<br>MEDICAL<br>PAYMENTS                                             |          | 3            | ŀ           | ¥ 7        | L          | _         | В        | EAC     | H PERS          |              | <u></u>    |                | 2        | 5000                                               | l 8             | PPTIONAL<br>PECIFIED<br>LAUSES OF L     | 880       |           | 2<br>3   |              | 7          |        | 8        |              |                       |                               |                               |
| COMPLESORY<br>UNINSURED<br>MOTORIST                                         |          | 3            | X           | 7          |            |           | ł        |         | CEL<br>ACH AC   | CIDE         |            | ٠.             |          | 00000                                              |                 | OPTIONAL<br>COLLISION                   |           | -         | 2<br>3   |              | 7          |        | B        |              |                       |                               |                               |
| ÖPTIONAL<br>BODILY INJURY<br>TO OTHER8                                      |          | 1 2          | [:          | ¥ 7        | -          |           | 9        |         | CSL<br>ACH AC   | Х            | BI<br>EA P | ER :           | •        | .00000                                             | -               | <b></b>                                 |           |           |          |              |            |        |          | ····         |                       |                               |                               |
| OPTIONAL<br>HIRED/BORROWED<br>LIABILITY                                     |          | YE NC        |             | 18         | 81/        | ATES      | ·        | COS     | MOTO<br>TOFF    |              | LEG        | JEST           | 7        | UPANT EXCLUSIO<br>ANY BASIS                        | N               |                                         | 87/       | TES       | #1       | DAYS         | ·          | #VE    | H        | COVE         | RAGE                  | /DEDUC                        | TIBLE                         |
| OPTIONAL<br>NON-OWNED                                                       |          | YE           |             | - (        | STA        | TE8       |          | GRO     | OUP TY          |              | 8          |                | Γ        | NUMBER OF                                          | $\dashv$        | OPTIONAL<br>HIRED<br>PHYSICAL<br>DAMAGE |           |           |          |              |            |        |          |              | COMP<br>SPEC<br>COF 1 | \$<br>. \$                    |                               |
| LIABILITY                                                                   |          |              |             |            |            |           |          |         | VOLU<br>PART    |              |            |                | -        | <del> </del>                                       | 4               |                                         | i         |           | Ţ        | <b>~</b>     | <u></u>    |        |          |              |                       | <del></del>                   |                               |
| AUTO                                                                        | 2) AL    | T OV         | NNE         | D AU       | ITO:       | S<br>PASS | ENG      | ER A    | ros             | 0.110        | (4<br>(5   | ) ALL          | OW       | AUTOS OTHER TH<br>IED AUTOS WHICH<br>AUTOS SUBJECT | 1 REQ           | MIRE NO-FA                              | JLT C     | R<br>WERA |          | GE 15        | (7)<br>(8) | HIR    | _        | O8           | D ON                  | SCHEDI                        | ECONDARY<br>ILE               |
| TRUCKERS SEC                                                                |          |              | _           |            |            |           |          |         |                 |              | -          |                |          | 100 00000                                          |                 | MIT CREATED IN                          | U-121, L  | 194       |          |              | (o         | 145.3  | 4-04414  | م بد         | /100                  |                               | <del>.</del>                  |
| COVERAGES                                                                   |          |              | _           |            | . ~        | ****      |          | _       |                 |              |            |                | _        |                                                    | <del></del>     |                                         |           |           |          |              |            |        |          |              |                       |                               |                               |
| COVERANCES                                                                  | 3        | VER          | _           | 1010       | 181        | AHC.      | LS.      | -       |                 |              |            | LIM            | ITE      |                                                    |                 |                                         |           |           |          |              |            | ZAL D  | DAMAG    | E            | <u>.</u>              | _                             |                               |
| BODILY                                                                      | <u> </u> | 41           | •           | <u> </u>   | 46         | ì         |          |         | EM EA           | HF           | RSO        | V              | \$       |                                                    | - 1             | COVERA                                  | GES       | A1        | 110      | PERE<br>SYME | D<br>LOLE. | ┸      |          | LIM          | TS                    |                               | DENUCTIBLE                    |
| INJURY<br>LIABILITY                                                         | ┝        | 42<br>43     | - 1         | -          | 47<br>50   |           |          | 81 E    | ACH A           | C(D)         | ENT        |                | 8        |                                                    |                 | OPTIONAL<br>COMPREHE                    | NSIVE     | H         | 42<br>43 | ŀ            | 41         | 1      |          |              |                       |                               | 8                             |
| COMPULSORY<br>PERSONAL INJURY<br>PROTECTION                                 |          | 44<br>46     |             |            |            |           |          | PE      | SON<br>YOU      | ė<br>SELI    | <u> </u>   | ٦ <sub>¥</sub> | OUR      | ED \$<br>SELFAND<br>YMENBERO                       |                 | OPTIONAL<br>SPECIFIED<br>CAUBES OF      | •         |           | 42<br>43 | †            | 4          | •      | BCI<br>F |              | FT [                  | LSP                           | 8                             |
| COMPULBORY: DAM-<br>AGE TO SOMEONE<br>ELSE'S PROPERTY                       | E        | 41<br>42     | I           | _          | 13  <br>16 |           | 47<br>50 | EA      | CHAC            | IDEN         | т          |                | \$       |                                                    |                 | OPTIONAL<br>COLLEGION                   |           |           | 42<br>43 | -            | -   4<br>4 | a<br>7 |          |              |                       |                               | 9                             |
| OPTIONAL<br>MEDICAL<br>PAYMENTS                                             |          | 42<br>43     |             | <u>_</u>   | 46         | 5         |          | EA      | CH PEF          | SON          |            |                | ş        | ·                                                  |                 | OPTIONAL<br>TOWING<br>& LABOR           |           |           | 40       |              |            | ا      | ;        |              |                       |                               |                               |
| COMPULBORY                                                                  | <u> </u> | 42           | . !         | <u> </u>   | 46         | 3         |          | L       | j CBL           | L            | ᆝ          | PER            | 8        |                                                    |                 |                                         |           |           |          | π            | AILE       | RINT   | ERCH/    | MGE          |                       |                               |                               |
| UNINSURED<br>MOTORIST                                                       | -        | 43<br>45     |             |            |            |           |          |         | SACH A<br>OPERT |              |            | ,              | \$<br>\$ |                                                    |                 | COVER                                   | (GES      | <b>5</b>  | Mec      |              | TRA        | LERS   | ZEN      | 91           | AYS                   | RADIUS                        | DEDUCTION                     |
| OPTIONAL<br>BODILY NULRY                                                    | F        | 41           |             | _          | 4          |           |          |         | CSL<br>EACH /   |              | 븺          | PER            |          | -                                                  |                 | OPTIONAL<br>OPTIONAL                    | ENSIV     |           | 49       | -            |            |        | -        | -            |                       |                               |                               |
| TO OTHERS                                                                   |          | 48<br>YES    |             | TATE       | 5          |           |          | Г       | MOT             | DRC          | CLE        | SKIE8          | rr oc    | CUPANT EXCLUS                                      | ION             | CAUSES C                                | F LOS     | 8         | 48       | _            |            |        | _        | $\downarrow$ |                       |                               |                               |
| NON-TRUCKERS<br>HIRED/BORROWED<br>OPTIONAL                                  | H        | NO           | L           |            |            |           |          | 3       | et of           |              |            | L<br>          | <u> </u> | Pany Basis                                         |                 | COLLIBIO                                |           | 上         | 4        |              |            |        |          |              |                       |                               | 3                             |
| TRUCKERS<br>HIRED/BORROWED                                                  |          | YES<br>NO    | L           | TATE       |            |           |          | CC<br>8 | STOF            | HIRE         | i          | L<br>—         |          | FANY BABIB                                         |                 | , nemar                                 | ŀ         | STATE     | 3        | # DA         | YS         | #      | VEH      |              |                       |                               |                               |
| OPTIONAL<br>NON-OWNED                                                       | Ц        | Y <b>E</b> 8 | 1           | TATE       | 8          |           |          | G       | COUP T          | YPE<br>LOYI  | <b>E</b> 3 |                | ļ        | NUMBER O                                           | <u> </u>        | OPTIONAL<br>HIRED<br>PHYSICAL<br>DAMAGE |           |           |          |              |            |        |          |              |                       |                               |                               |
| AUTO<br>LIABILITY                                                           | H        | NO           |             |            |            |           |          | -       | 7               | UNTE<br>TNEF | ER9        |                |          |                                                    |                 | 4                                       | $\vdash$  |           |          |              |            |        | 1        | 1            |                       | <del></del>                   | , <u> </u>                    |
| OTHER                                                                       |          |              | _           |            |            |           |          |         | 1 FAM           | ·NEI         |            |                |          |                                                    |                 | OTHER                                   | l         |           | UVĒ      | RAGI         | : 18;      |        | $\top$   | į PRI        | MARY                  | -1.1                          | SECONDARY                     |
| COVERED AUTO SYM<br>(41) ANY AUTO<br>(42) OWNED AUTOS (<br>(43) OWNED COMME | MLY      | ,            | TO          | S ON       | ı.v        |           |          | 5) OV   | WED /<br>MPUL   | UTO          | S SUE      | NECT           | TO.      | A (4                                               | 7) HIR<br>B) TR | EDIFICALLY DE AUTOS C                   | NLY       | 88E8      | BION     | מאט          |            |        | INTE     | HER<br>CHAI  | TRUCK<br>NGE A        | NTHE PO<br>ER UNDE<br>IREEMEN | SSESSION OF<br>RATRAILER<br>T |
|                                                                             |          |              |             |            |            |           |          |         |                 |              |            |                |          |                                                    | ~               | RAILER INTÉ                             | DO: 14    | HOE **    |          |              |            |        |          |              |                       | OS ONLY                       | -                             |

### Reference# CA-NB-31730

### Submitted Date 01-09-2013

| BODILY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                        |                                                                                          |
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| SODILY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LIMITS                                                                                                                                                                 | DEDUCTIBLE                                                                               |
| 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                  | \$                                                                                       |
| COMPULBORY 55 PERSON \$ DED \$ OPTIONAL 62 57 SCL PERSONAL MAJORY PROTECTION 57 YOURSELF FAMILY MEMBERS SPECIFIED 88 58 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PT L8P                                                                                                                                                                 | \$                                                                                       |
| COMPUSEORY: DAM. 61 64 71 62 67 EACH ACCIDENT \$ COLUBION 63 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                        | <u> </u>                                                                                 |
| CIFTIONAL   63   68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        | <del></del>                                                                              |
| COMPULSORY 62 66 CSL BAPER \$ TRAILER INTERCHANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ge                                                                                                                                                                     | <u> </u>                                                                                 |
| LININSURED 63 67 BI EACH ACCIDENT 6 COVERAGES SYMBOL # TRAILERS ZONE 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | #DAYS RADIUS                                                                                                                                                           | DEDUCTIBL                                                                                |
| OPTIONAL 81 84 71 CSL BAPER 8 COMPREMENSIVE 70 BEACH ACCIDENT 8 OPTIONAL AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                          |
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| MIRED/SORROWED NO \$ COLLISION 70 OPTIONAL YES STATES COST OF HIRE IF ANY BASIS STATES # DAYS # VEH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |                                                                                          |
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| OTHER OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                        |                                                                                          |
| ENDORSEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                          |
| CMINASCHIEF 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                |                                                                                          |
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| FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristic information is obtained through personal interviews with your fitends, neighbors and associates. Upon written request, receive additional detailed through personal interviews with your fitends, neighbors and associates. Upon written request, receive additional detailed information oncerning the nature and scope of this investigation will be provided.  NOTICE: if you or someone else on your behalf gives us false, decaptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional increases.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ics and mode of<br>ad within a reason<br>and if such tals<br>insurance Paris a                                                                                         | iiving. This<br>onable time<br>e, deceptive<br>and we may                                |
| FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting consumer report may be obtained, including, if applicable, information as to character, seemed information is obtained through personal interviews with your fittends, neighbors and associates. Upon written request, receive additional detailed information concerning the nature and scope of this investigation will be provided.  NOTICE: If you or someone also on your behalf gives us faise, decaptive, melecating or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional cancel your policy. Such information increases our risk of loss, we may refuse to pay claims under any or all of the Optional cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the name listed and the answers to questions in this explication about all listed operators. Check to make certain that you have completeness of their previous driving records. The Ment Rating Board may verify the accuracy of the previous driving records of that of the applicant for this insurence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ics and mode of all within a reason and if such tale insurance Parts are of operators rey listed all operator all listed operator all listed operators.                | iving. This creative time e, deceptive and we may quired to be one and the re, including |
| FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristic information is obtained through personal interviews with your fittends, neighbors and associates. Upon written request, receive additional detailed information concerning the nature and scope of this investigation will be provided.  NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional is cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the name listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly completeness of their previous driving records. The Merit Rating Board may wait to the accuracy of the navigues driving records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ics and mode of ad within a result of such fals insurance Parts a set of operators and its and all operators all listed operators all listed operators.  WILL APPLY TO | iving. This creative time e, deceptive and we may quired to be one and the re, including |

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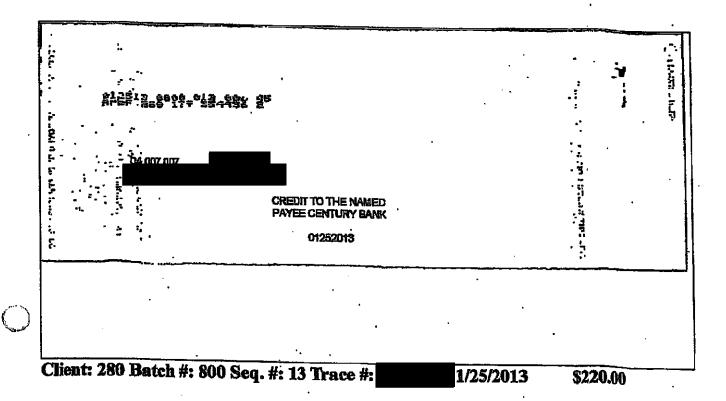
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| iditional information                    | •                     |      |   | <del></del> |   |
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| Property Damage Deductible               | : 0                   |      |   | •           |   |
| ARAGEKEEPERS COVERAGE:                   |                       |      |   |             |   |
| ogations<br>Address                      |                       |      |   |             |   |
| Limit                                    | 1<br>5                |      |   |             |   |
| Coverage Options<br>Collision Deductible | I<br>2                |      |   |             |   |
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Acord Additional Info (2004/08)

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| FOR.                                      |            |                                      |
| Trailture twenty of Bony Colexand         | 7 0482     |                                      |
| PAY A JEPSEN INSURANCE SERVICES, INC.     | DATE 1/9/8 | 13007<br>0/3 <sup>81.7261.2217</sup> |



463

# **EXHIBIT C**

# Corporation Information Date of Organization of Corporation



# **Corporations Division**

# **Business Entity Summary**

| ID Number:                           | •                                                |                | REITHEST CENTIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                     |
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| Summary for: B                       | ANY CATERING INC.                                |                | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |                                        |                     |
| The exact name                       | of the Domestic Profit (                         | Corporation    | BANY CATERIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | G INC.                                 |                     |
|                                      | mestic Profit Corporation                        |                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                            |                     |
| Identification N                     | umber:                                           | Old ID         | Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                     |
| <b>Date of Organiz</b><br>01-10-2013 | ation in Massachusetts:                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                     |
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| Current Fiscal M                     | ionth/Day:12/31                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                     |
| The location of                      | the Principal Office:                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                     |
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| City or town, Stat<br>Country:       | ce, Zip code,                                    | AM             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | ,                   |
| The name and a                       | ddress of the Registere                          | ed Agent;      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ······································ |                     |
| Name: JOEL B                         | ANY OCHOA                                        | •              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                     |
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| The Officers an                      | d Directors of the Corp                          | oration:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                     |
| Title                                | Individual Name                                  | Ad             | dress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                     |
| PRESIDENT                            | JOEL BANY OCHOA                                  | ·              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | USA                 |
| TREASURER                            | JOEL BANY OCHOA                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                      | USA                 |
| SECRETARY                            | JOEL BANY OCHOA                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The second second                      | USA                 |
| DIRECTOR                             | JOEL BANY OCHOA                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | USA                 |
| Business entity                      | stock is publicly trade                          | ed: 🗉          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                     |
| The total numb<br>this business e    | er of shares and the pantity is authorized to it | ar value, if a | my, of each clas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s of stock v                           | which               |
| Class of Stock                       | Par value per share                              | Tota           | l Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | sued and<br>tanding |

No. of shares

|                                                          |                                                                            | NO. 1                                                                                                   | ui snares     | value     | , NO. U         | i suares |
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| CWP                                                      | \$ 5.00                                                                    | 25,0                                                                                                    | 900 \$.:      | 125000.00 | 0               |          |
|                                                          | ⊠<br>Consent                                                               | Confidential                                                                                            | Mer<br>Allowe |           | <b>M</b> anufac | turing   |
| /lew filing                                              | s for this busine                                                          | ss entity:                                                                                              |               |           |                 |          |
| Annual Rep<br>Application<br>Articles of                 | ntive Dissolution<br>port<br>n For Revival<br>Amendment                    |                                                                                                         |               |           | -               |          |
| Articles of                                              | Consolidation - D                                                          | reign and Drawn<br>omestic and University and University<br>omestic and University<br>iated with this E |               | ign       |                 |          |
| Articles of<br>Articles of<br>Articles of<br>Articles of | Domestication<br>Entity Conversion<br>Merger - Domesti<br>Merger - Domesti |                                                                                                         | ð Föreign     |           |                 |          |
| Articles of                                              | Merger of Parent                                                           | and Subsidiary Co                                                                                       | prporations   | ,         |                 |          |

No. of shares

Articles of Merger of Trust and Corporations

Articles of Organization

Articles of Share Exchange

Articles of Voluntary Dissolution

Articles of Voluntary Dissolution of Corporation Which Hasn't Issed Shares/Hasn't Commenced Business

Certificate of Appointment of Resident Agent

Certificate of Change of Address of Resident Agent

Certificate of Change of Directors or Officers

Certificate of Change of Directors or Officers (Resignation)

Certificate of Change of Fiscal Year End

Certificate of Change of Principal Office

Certificate of Correction

Certificate of Resignation of Resident Agent

Certificate of Revocation of Appointment of Resident Agent

Certificate of Vote of Directors Establishing a Class or Series of Stock

Dissolution by Court Order or by the SOC

**Issue of Capital Stock** 

Reinstatement Following Administrative Dissolution

Restated Articles of Organization

Revocation of Dissolution

Statement of Appointment of Registered Agent

Statement of Change of Registered Agent/Registered Office

Statement of Change of Registered Office Address by Registered Agent

Statement of Change of Supplemental Information

Statement of Resignation of Registered Agent

# The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Articles of Organization

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 2.02; 950 CMR 113.16)

**ARTICLE I** 

The exact name of the corporation is:

BANY CATERING INC

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. Chapter 156D have the purpose of engaging in any lawful husiness. Please specify if you want a more limited purpose:

NONE

### ARTICLE III

State the total number of shares and par value. " if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

| W         | THOUT PAR VALUE  |           | WITH PAR VALUE   |           |  |  |  |  |  |  |
|-----------|------------------|-----------|------------------|-----------|--|--|--|--|--|--|
| TYPE      | NUMBER OF SHARES | TYPE      | NUMBER OF SHARES | PAR VALUE |  |  |  |  |  |  |
| COMMON;   | 0                | COMMON:   | 25.000           | \$5.00    |  |  |  |  |  |  |
| PREFERRED | 0                | PREFERRED | 0                |           |  |  |  |  |  |  |

G.L. Chapter 156D eliminates the concept of pur vulue, however a corporation may specify par value in Article III. See G.L. Chapter 156D, Section 6.21. and the community relative thereto.

P.C.

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| 2 <b>2</b> |                                                                                                                                             |
|            | •                                                                                                                                           |
|            | . Diversity in the                                                                                                                          |
|            | ARTICLE IV                                                                                                                                  |
|            | Prior to the issuance of shares of any class or series, the articles of organization must see forth the preferences, limitations and rela-  |
|            | tive rights of that class or series. The articles may also limit the type or specify the inhibitum amount of consideration for which        |
| ŧ          | shares of any class or series may be Issued. Please set forth the preferences, limitations and relative rights of each class or series and, |
|            | if desired, the required type and minimum arount of consideration to be received.                                                           |
|            | NONE                                                                                                                                        |
| l l        | NOWE                                                                                                                                        |
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| ł          |                                                                                                                                             |
| 1.         |                                                                                                                                             |
| ·          | ARTICLEV                                                                                                                                    |
| _          | The restrictions, if any, imposed by the articles of organization upon the transfer of shares of any class or                               |
|            | series of stock are:                                                                                                                        |
|            |                                                                                                                                             |
| ł          | NONE                                                                                                                                        |
|            |                                                                                                                                             |
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### **ARTICLE VI**

Other lawful provisions, and if there are no such provisions, this article may be left blank,

NONE

Note: The preceding six (6) articles are considered so be permanent and may be clanged only by filing appropriate articles of amendment.

| RTI |  |  |
|-----|--|--|
|     |  |  |
|     |  |  |

The effective date of organization of the corporation is the date and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a later effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing:

NONE

### **ARTICLE VIII**

The information contained in this article is not a permanent part of the articles of organization.

- a. The street address of the initial registered office of the corporation in the commonwealth:
- b. The name of its initial regimered agent at its registered office:

JOEL BANY OCHOA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need one be specified if the husiness address of the officer or director is the same as the principal office location):

President JOEL BANY OCHOA

Tresumer JOEL BANY OCHOA

Secretarys JOEL BANY OCHOA

Director(s): JOEL BANY OCHOA

d. The fiscal year end of the corporation:

DECEMBER 31ST

- A brief description of the type of business in which the corporation intends to engage: CATERING
- f. The street address of the principal office of the comorarion:
- g. The street address where the records of the corporation required to be kept in the commonwealth are located is:

(number, street, city or towns, state, zip code)

[7] its principal offices

[8] an office of its transfer agent;

[9] its registered office.

[9] Signatur F. 1000 Ch. 6

Name: JOEL BANY OCHOA

# COMMONWEALTH OF MASSACHUSETTS Canh Magn William Francis Galvin Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512 Articles of Organization (General Laws Chapter 156D, Section 2.02; 950 CMR 113.16) I hereby certify that upon examination of these articles of organization, duly submitted to me, it appears that the provision and the General Laws relative to the organization of corporations have been complied with, and I hereby approvessit latticles, and the filing fee in the amount of 5 / unving heen paid, said articles are deemed to have been filed with greathis Effective date: (wast be within 90 days of date submitted) WILLIAM FRANCIS GALVIN Co... ORATIC...s Ervision Secretary of the Commonwealth Filing fee: \$275 for up to 275,000 shares plus \$100 for each additional 100,000 shares or any fraction thereof. TO BE FILLED IN BY CORPORATION Contact Informacions М Telephone:

Upon filing, a copy of this filing will be available at www.scc.state.ma.us/cor. If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.

Email:

### **COMMONWEALTH OF MASSACHUSETTS**

# COMMONWEALTH AUTO REINSURERS MARKET REVIEW COMMITTEE

IN RE: NOTICE OF TERMINATION OF ARBELLA SERVICING CARRIER AGREEMENT WITH RAPO & JEPSEN INSURANCE SERVICES, INC.

TO THE DOCKET CLERK OF THE COMMONWEALTH AUTOMOBILE RESINSURERS MARKET REVIEW COMMITTEE:

Please enter my appearance on behalf of Rapo & Jepsen Insurance Services, Inc., in the above-identified matter.

Respectfully submitte

Joshua A. Lewin, Sq. (BBO# 658299)

BØWDITCH & DEWEY, LLP One International Place, 44<sup>th</sup> Floor

Boston, MA 02110 Tel: 617-757-6523 Fax: 508-929-3184

email: jlewin@bowditch.com

Date: May 5, 2016



Joshua A. Lewin Direct telephone: 617-757-6523 Direct facsimile: 508-929-3184

Email: jlewin@bowditch.com

### VIA ELECTRONIC MAIL

May 5, 2016

Commonwealth Automobile Reinsurers
"'jmetcalfe@commauto.com" < jmetcalfe@commauto.com>
225 Franklin Street
Boston, MA 02110

Commissioner of Insurance "mary.ellen.thompson@state.ma.us'" < <a href="mary.ellen.thompson@state.ma.us">mary.ellen.thompson@state.ma.us</a>> 1000 Washington Street, Suite 810 Boston, MA 02118-6200

Arbella Insurance Group
"Fitzpatrick, Roberta" < Roberta. Fitzpatrick@Arbella.com>
1100 Crown Colony Drive
P.O. Box 699195
Quincy, MA 02269-9225

Re: Rapo & Jepsen Insurance Services, Inc. ("RJIS") Request for Review of Notice of Termination of Arbella Limited Servicing Carrier Agreement

To Whom it May Concern:

This office represents Rapo & Jepsen Insurance Services, Inc. ("RJIS") in connection with its request for review of a <u>Notice of Termination of Arbella Limited Servicing Carrier Agreement</u> dated March 2, 2016 from Arbella Protection Insurance Company (the "Notice of Termination).



### **INTRODUCTION**

Rapo & Jepsen Insurance Services, Inc. ("RJIS") hereby provides this response to a letter from Attorney Roberta Fitzpatrick on behalf of Arbella Protection Insurance Company ("Arbella") dated April 28, 2016. Arbella's submission contains numerous falsehoods and fundamentally misstates the issues and history between the parties. The reality is that RJIS has been completely transparent with Arbella during the previous five years, explaining its business practices accurately, openly and honestly. RJIS has not engaged in any illegal or fraudulent activities and has not violated CAR Rules.

As Arbella concedes, it was fully aware in 2011 of RJIS's business practices which Arbella incorrectly refers to as a "scheme" to create "sham businesses" for "individuals who were not engaged in commercial activity" but in the five years since:

- Arbella did not reject a single application submitted by RJIS on the basis that the applicant was ineligible
- Arbella did not cancel a single commercial policy on the basis that the applicant was ineligible;
- Arbella did not conduct a single audit of RJIS's files;
- Arbella did not request verification of or otherwise verify the business information contained on a single application;
- Arbella did not provide or implement a single rule or procedure for RJIS to follow that would have prevented individuals not engaged in commercial activity from obtaining commercial insurance;
- Arbella did not provide *any* training or education to RJIS in writing commercial policies;
- Arbella did not provide *any* training on fraud recognition;
- Arbella never sent a marketing representative to visit RJIS and discuss the business relationship;
- Arbella did not report to CAR a *single instance* of an alleged violation of CAR Rules by RJIS.

In other words: RJIS informed Arbella clearly about its practices in 2011, the companies discussed those business practices, and then Arbella went along with those business practices for the next five years, earning *millions of dollars in fees* as a Servicing Carrier for policies written

by RJIS, 1 never rejecting a single application, never finding a single instance of confirmed fraud on an application, and never reporting a single instance of fraud to CAR.

However, now that it is applying to renew its contract as a Servicing Carrier and its own business practices have come under scrutiny, Arbella needs to point the finger at someone else for its own apparent failures. RJIS is merely a convenient scapegoat.

On March 1, 2016, CAR issued its Notice of Request for Proposal (RFP) for carriers seeking appointment to a five year term as a Commercial Servicing Carrier. See Exhibit B. As part of the RFP, CAR required applicants to "provide the means to facilitate successful integration of the claims, underwriting and loss control functions including but not limited to an SIU investigation of suspicious underwriting issues and the establishment of procedures for claims alerts to the underwriting and loss control personnel. It is critically important that the claims and underwriting operations are fully coordinated with loss control services." See Exhibit B, RFP, §§ 2.5, 2.6 and 2.7. The day after the RFP was released, Arbella served its Notice of Termination. It is clear that Arbella is seeking to terminate RJIS at this point in time to create the illusion to CAR that it is not responsible for the effects of its complete abdication of its underwriting and loss control obligations during the past five years and instead shift the blame to RJIS.

That Arbella does not have a legitimate basis for its termination is evident in the manner in which it is trying to terminate the Agreement. The Notice of Termination is so vague and conclusory that it prevented RJIS from providing a meaningful response and defending itself. The Notice of Termination did not provide any specific facts or details to which RJIS may respond and contained no supporting documentation. For example, Arbella did not identify a single policy that it claims was procured by fraud or a single commercial insurance applicant that was not engaged in commercial activity. RJIS could not be expected to know which of the *more* than ten thousand applications Arbella accepted from RJIS during the previous five years allegedly contained false information.<sup>2</sup> More importantly, Arbella has not identified a single instance in which it claims that RJIS knew that one of those applications contained false information. It is impossible for RJIS to investigate and respond to Arbella's allegations because Arbella did not provide any such detail in the Notice of Termination. To make matters worse, Arbella refused, despite repeated requests from RJIS, to provide the specific details supporting the allegations in the Notice of Termination so that RJIS could file a meaningful request for review. Specifically, on March 10, 2016, RJIS requested from Arbella "evidence to support the alleged violations" so that it could complete its Rule 20 Request for Review. Arbella responded to RJIS as follows:

<sup>&</sup>lt;sup>1</sup> Currently, Servicing Carriers are paid a fee of \$388 per exposure. See Exhibit A. RJIS's current book of business with Arbella exceeds 6000 policies, meaning Arbella stands to collect in excess of \$2,300,000 in servicing fees on ceded commercial policies produced by RJIS. In 2015, Arbella collected in excess of \$2,000,000 in servicing fees alone. In addition to those servicing fees, Arbella is retaining premium finance charges at 15%, plus late fees, cancellations fees and other charges on such policies.

<sup>&</sup>lt;sup>2</sup> Currently, there are more than six thousand commercial policies in force issued by Arbella to RJIS customers in the involuntary market. Since its appointment in 2011, however, RJIS estimates that it has placed at least ten thousand such policies with Arbella.

You are asking for more than is required by the CAR Rules.

Arbella has issued a notice of termination in accordance with the CAR Rules.

You have the right to file a request review by CAR.

Should you decide to proceed with a request for review, Arbella will comply with the CAR Rules relative to the submission of written materials

Otherwise no further action is required on Arbella's part.

<u>See Exhibit C, Email Exchange Dated March 10, 2016.</u> After receiving Arbella's letter of April 28, 2016, on April 29, 2016, RJIS submitted a second request for documentation to Arbella. <u>See Exhibit D, Email of April 29, 2016 from J. Rapo to R. Fitzpatrick</u>. Arbella declined to produce documents in response to the request.

Arbella's response to RJIS and Arbella's failure to produce specific facts and documents along with its Notice of Termination was wrong and clearly designed to undermine RJIS's ability to prepare an effective appeal of the Notice of Termination. CAR Rules and applicable decisions from the Division of Insurance require that a notice of termination contain the specific facts and supporting documentation which form the basis of the termination so as to provide adequate notice to the agency to enable it to respond. Arbella's Notice of Termination clearly does not meet the applicable standards.

CAR and the Market Review Committee ("MRC") should ask why Arbella did not provide supporting facts and documentation along with the Notice of Termination and/or along with its submission to CAR on April 28, 2016. Arbella has possessed this information and these documents for *years*, yet has waited until the eve of the MRC hearing to disclose them to RJIS. It is clear that Arbella is simply trying to undermine RJIS's ability to defend itself and respond to these baseless allegations. The MRC cannot allow such a denial of due process and must revoke the Notice of Termination because Arbella has failed to comply with CAR rules and applicable law governing such terminations.

What is clear in these proceedings is that the only "sham" and "scheme" that has been perpetrated by either party is Arbella's scheme to use this sham termination to hide and excuse the fact that it utterly failed to live up to its expectations under CAR Rules so that it might be awarded another five year contract as a Servicing Carrier worth millions of dollars in servicing fees per year with no concurrent exposure to the insured risks.

### **BACKGROUND**

Before addressing Arbella's April 28, 2016 Letter, RJIS would like to provide some background about its business and historical relationship with Arbella. RJIS has five offices and twenty-one employees located in Lowell, Everett, Marlboro, Framingham and Boston. All of RJIS employees are multilingual, speaking a combination of English, Spanish and/or Portuguese. This enables RJIS employees to explain and translate documents and converse with customers in their

native languages. RJIS sells automobile, home, workman's compensation, and commercial general liability insurance. Approximately 90% of its business is automobile, 40% of which is in the residual market.

In 2001, RJIS was assigned as an ERP to Hanover Insurance Company. Around this time, Arbella encouraged, assisted and financed RJIS to purchase a number of other agencies and books of high-risk business which exposures were assigned to Arbella at the time, causing the business to be transferred to Hanover and thereby significantly reducing Arbella's share of such high risk exposure and simultaneously increasing Hanover's share. Arbella's scheme was successful in reducing its exposure to the high risk market. Arbella's actions in this regard became the subject of a contentious lawsuit principally between Hanover and Arbella. See Hanover Insurance Company v. Commissioner, 443 Mass. 47 (2004). In the lawsuit, Hanover claimed that Arbella's scheme caused Hanover to incur \$2.5 and \$3.5 million in losses. Arbella's scheme had the ancillary effect of growing RJIS's business in the residual market significantly. As a result of Arbella's assistance financing and facilitating the purchase of these other businesses, RJIS became a dominant agency in the residual market—although not affiliated with Arbella.

However, when the new Servicing Carriers were announced by CAR in 2011, RJIS by coincidence was reassigned from Pilgrim to Arbella as an Exclusive Representative Producer ("ERP"). Thus, the very business that Arbella steered off its books nearly a decade earlier was assigned back to Arbella by CAR in 2011. By this time, however, the residual market had been restructured and RJIS's high risk commercial policies being transferred to Arbella were all ceded policies, such that Arbella was not individually exposed to losses sustained on the policies. In July of 2011, Arbella and RJIS executed the <u>Arbella Limited Servicing Carrier Agreement</u> ("Agreement"). See Exhibit E. At that time and pursuant to CAR directives, all of RJIS's business was transferred to Arbella—consisting of 2055 policies. At that time, Arbella was provided the opportunity to review each such policy – at the time it was transferred and again when they came due for renewal. Arbella accepted *every such policy* despite the concerns it expressed to RJIS at the time and did not reject a single renewal of those policies.

### RJIS RESPONSE TO ARBELLA LETTER DATED APRIL 28, 2016

RJIS addresses and responds to Arbella's April 28, 2016 letter paragraph by paragraph as follows:

### **Arbella:**

Arbella Protection Insurance Company ("Arbella') has terminated the Limited Servicing Carrier Appointment of Rapo and Jepsen Insurance Services ("R&J" or "the Agency") for the reasons set forth in Arbella's March 2, 2016 Notice of Termination. Arbella has agreed to stay the effective date of the termination pending the Market Review Committee hearing scheduled for May 11,2016.

### **RJIS Response**

Arbella agreed to "stay the effective date of termination through the date that CAR decides [RJIS] request for review." See Exhibit F, Email dated March 30, 2016. This includes an appeal by RJIS of a decision by the Market Review Committee.

As noted above, the Notice of Termination does not satisfy the requirements of the applicable CAR Rules and Division of Insurance decisions (specifically, <u>In Re Calianos</u>, Docket C2012-02, November 25, 2013) which require that a notice of termination contain the specific facts and supporting documentation sufficient to apprise the agency of the precise bases of the termination. Arbella's general and conclusory allegations in the Notice of Termination do not suffice.

### Arbella:

Please accept this brief summary of the circumstances giving rise to the termination. The results of the Arbella SIU investigation into R&J's improper use of its commercial appointment are voluminous. Arbella will be submitting a sizeable sample of the investigation results under separate cover in a zip file to enable electronic distribution in advance of the required filing date. Should you require hard copies of any of the additional materials, please advise.

### **RJIS Response**

Arbella's Notice of Termination provides even less detail than the "brief summary" contained in its April 28, 2016, letter. Even the April 28, 2016 letter is deficient, however, because it does not provide the specific facts and documentation which Arbella is relying on to terminate RJIS's contract. Arbella was required to include with the Notice of Termination the "voluminous" specific facts, details and supporting documentation which it claims to be the basis of its termination. RJIS cannot be expected to respond to Arbella's "investigation results" where it was never provided with those results. If Arbella has "voluminous" investigation materials, why were they not included as part of the Notice of Termination as required by CAR Rules? Why were these materials not submitted along with Arbella's April 28, 2016, letter? Why is Arbella waiting until the very last day to provide "samples" of these documents to the MRC and RJIS? The answer to these questions is abundantly clear: Arbella does not have valid grounds to terminate RJIS's ERP appointment and is seeking to undermine RJIS's ability to respond and to have a fair appeal.

### Arbella:

R&J was assigned to Arbella in 2011. Shortly after the assignment, Arbella began to notice that an unusually large percentage of R&J's accounts were individuals who were sole proprietors "doing business as" small businesses and insuring single PPT (private passenger type) vehicles.'

Arbella had several meetings and communications with the principal of R&J in 2011 setting out Arbella's guidelines and expectations for new business and expressing preliminary concerns over what appeared to be an unusual number of

non-Massachusetts licensed applicants insuring a single private passenger vehicle under a commercial policy.

### **RJIS Response**

When RJIS was assigned Arbella as a Servicing Carrier, RJIS's existing book of business was transferred from Pilgrim Insurance. Arbella did not reject, cancel, or non-renew a single such policy. Arbella had full visibility to each such policy and accepted and renewed all of them.

In 2011, Arbella met with John Rapo, the principal owner of RJIS, once.<sup>3</sup> There were no other communications and Arbella has not provided any documentation of same. Arbella never once provided any "guidelines and expectations" and certainly never provided any such guidelines, expectations, policies or procedures in writing. RJIS explained to Arbella that its customer base is primarily immigrants and many of its customers operate small businesses using private passenger automobiles. These business include housecleaning business, painting business and the like. Arbella did not provide any rules, policies or guidance as to the eligibility of such businesses for commercial auto insurance. Arbella continued to accept and approve applications from these customers and never rejected a single such application.

### Arbella

Upon further investigation, including but not limited to interviews with applicants for insurance, Arbella determined that a number of the applicants were not using their vehicles for commercial activity. The applicants informed Arbella that R&J assisted them in creating businesses for the purposes of enabling them to obtain commercial insurance policies.

Arbella had additional meetings and communications with the principal of R&J throughout 2012 relative to Arbella's concern over R&J's apparent improper use of its commercial appointment to submit applications on behalf of individuals who were not using their vehicles for commercial purposes and who were not eligible for insurance through CAR.

Specifically, Arbella shared the results of its investigations with R&J and informed R&J that Arbella had found that:

Many of the applicants for insurance were foreign licensed drivers, applying under the guise of small businesses, who had been in Massachusetts for more than one year, were required to obtain a Massachusetts driver's license and would not have been eligible for a Massachusetts private passenger policy;

Some of the operators listed on the policy had no connection to the applicants;

<sup>&</sup>lt;sup>3</sup> From the inception of RJIS's five year relationship with Arbella, there were no more than four meetings in total, including an introductory meeting shortly after the appointment where RJIS's employees were trained on Arbella's computer systems.

R&J was involved in assisting applicants in the creation of businesses for the purpose of obtaining commercial insurance for applicants who were ineligible for such insurance

Arbella further notified R&J that Arbella would be continuing its investigation and that Arbella expressly reserved it rights to take any further action necessary relative to ensuring compliance with CAR Rules.

R&J disputed Arbella's findings.

### **RJIS Response**

RJIS met with Arbella in 2012 once, perhaps twice. The parties discussed again that many of RJIS customers operate businesses—whether it be landscaping, painting, housecleaning, babysitting, or otherwise—and that those customers have formed businesses in various forms and insured their vehicles through their businesses. RJIS explained correctly to Arbella that such businesses are eligible to obtain commercial motor vehicle insurance. Arbella made false allegations that RJIS's customers were not eligible for commercial insurance and were not using their vehicles in connection with their businesses. RJIS disputed those allegations. Arbella issued notices of cancellation for only about ten such policy-holders. After further review of each of those situations, however, Arbella withdrew its notice of cancellation for each such policy holder when it realized they were eligible to hold the commercial policies for which they had applied.<sup>4</sup>

What is most outrageous about Arbella's claims in this regard is that Arbella did not cancel a single of the "many" policies that it claims to have been procured by fraud. In fact, it renewed *every single one of them* – often more than two or three times! It is bewildering to RJIS how Arbella can claim to have discovered in 2012 that "many" of the policies placed by RJIS were based on fraudulent applications yet Arbella continued to renew each of these policies year after year.

Indeed, despite Arbella's claims in 2012 that it believed RJIS was submitting applications for ineligible applicants and that it would continue to investigate and "continue to review your business submissions and determine whether any further action is necessary in order to ensure that the CAR Rules of Operation are complied with," <u>Arbella issued policies to every single such applicant and never once canceled a policy or declined to renew a policy based on a claim that the applicant was not illegible for the coverage sought.</u> Notably, Arbella has always been required and permitted under CAR Rules to:

 Verify that information contained in the application for insurance is accurate as to classification, garaging, discounts, credits, vehicle use, vehicle description and experience for those risks eligible to be experience rated. (Rule of operation 13.B.5.b)

<sup>&</sup>lt;sup>4</sup> Arbella's intentional omission in its April 28, 2016 Letter of the fact that it rescinded the cancellations of each of these ten policies is indicative of false and misleading nature of Arbella's claims to CAR in this matter. {Client Files/312315/0001/PLD/F1041993.DOCX;2}

- Maintain records of infractions of the Rules of Operation by ERPs and report such infractions as appropriate. (Rules of operation 13.B.5.k)
- Include a renewal application or questionnaire with a renewal policy and require the insured to complete the application or questionnaire (Commercial Automobile Insurance Manual, General Rules 4.A.1-3)
- Require an applicant to substantiate with permanent records (such as log books, revenue, books, etc.) that the automobile is being used as set forth in the application or renewal questionnaire. (Commercial Automobile Insurance Manual, General Rules 20.G)

Arbella cannot seriously at this stage blame RJIS for Arbella's complete and total abdication of its underwriting and fraud detection obligations. During the five years RJIS has been under contract with Arbella, Arbella never once denied an application or canceled a policy because it could not verify the information on an application or because it discovered fraudulent information on an application. Arbella never required RJIS customers to complete renewal applications or questionnaires when renewing their policies. Arbella never required applicants to substantiate their business uses with records. For its part, RJIS is unaware of any instances in which a customer supplied false information to RJIS in connection with obtaining commercial insurance and RJIS is also unaware of any instance in which it knowingly submitted such false information to Arbella. Arbella has never identified a single verifiable instance of such conduct. Moreover, Arbella NEVER reported to CAR any infractions of the Rules of Operations by RJIS. In connection with this proceeding, RJIS specifically requested Arbella to produce to it:

- Each report to CAR or RJIS by Arbella relating to concerns regarding potential fraudulent applications submitted to Arbella by RJIS
- All records of infractions of the rules of CAR by RJIS maintained by Arbella

Arbella did not produce a single such document. If it is Arbella's contention that RJIS has been violating CAR Rules since 2011 and that Arbella was aware of these activities going back to 2011, why did Arbella not maintain a single record of such infractions and/or report them to CAR? To the extent Arbella was aware of such violations of CAR rules in 2011, 2012, 2013, 2014 or 2015, it was required to keep records of each such violation and notify RJIS and CAR of same. Its failure to do so and its decision to continue to renew each of the policies it contends was procured by fraud demonstrates the complete and total lack of substantiation to its allegations in this matter.

With regard to the practice of assisting customers to create business entities, Mr. Rapo explained to Arbella from the outset that this was a service RJIS provided to its customers. As mentioned in previous submissions by RJIS, RJIS employs Spanish and Portuguese speaking employees and the business serves a large segment of Spanish and Portuguese speaking consumers. In addition

<sup>&</sup>lt;sup>5</sup> RJIS has not had the opportunity to review in detail the nearly 500 pages of information which Arbella recently submitted to the MRC. However, a preliminary review reveals that Arbella continued to renew the policies identified in those documents has having been procured by fraud *even after it spoke to the applicants and determined that they were not eligible for a commercial policy.* 

to insurance, RJIS provides additional services, including translation services, assistance with Registry of Motor Vehicle documents, and assistance paying parking tickets or civil motor vehicle citations, among others. As one of the ancillary services it provided to its customers, RJIS offered for a fee to provide forms enabling the customers to formally establish a business entity. During their meeting in 2012, RJIS explained this service to Arbella in detail and that it is perfectly lawful for someone who operates a business, whether full-time or as a second job, to conduct that business through a business entity. Arbella did not dispute this point. RJIS further discussed with Arbella that the law permits such businesses to own a vehicle and purchase automobile insurance. As RJIS explained to Arbella, there is nothing improper or unlawful about RJIS assisting customers to complete the corporate forms to form a business and to then assist them in applying for a commercial insurance policy. Indeed, this practice has become commonplace in this particular segment of the industry.

Arbella did not fundamentally disagree with RJIS. Rather, Arbella was concerned primarily with individuals forming businesses and obtaining commercial policies when they were not actually engaged in business activities or otherwise eligible to obtain insurance or operate a vehicle. As noted in Mr. Rapo's September 17, 2012, letter to Arbella, in an effort to combat fraud, RJIS had created a "Business Use Compliance" form which it required certain customers who were forming businesses and obtaining commercial motor vehicle insurance to sign as a condition of submitting the application to Arbella. A copy of that form was attached to RJIS's Request for Review/Relief and required a customer to certify the business use. Importantly, this was a document created by RJIS in an effort to screen out fraudulent applications—not a requirement of Arbella. As noted above, Arbella had the authority and obligation under CAR Rules to request additional information from applicants in order to verify the business information on an application, but consciously chose not to do so. Moreover, under CAR Rule 13.B.5d, g, i and p, Arbella was required to adopt and provide procedures to assure that RJIS complied with CAR Rules, effectively service the ceded policies and to conduct education and training sessions to ensure that RJIS provided quality service and detected fraud. In their meetings, Mr. Rapo repeatedly asked for guidance from Arbella in this regard and told Arbella that his agency would comply with any policies, guidelines or procedures Arbella implemented. Notwithstanding that, Arbella never promulgated any such policies or procedures or conducted any training.<sup>8</sup> In contrast to other carriers who regularly visit their agents, Arbella has never sent a marketing

<sup>&</sup>lt;sup>6</sup> RJIS began offering this service when it learned that customers were going to accountants who charged excessive fees to provide form documents (often more than \$2,000 for form corporate documents). RJIS offered the same forms at a much cheaper price, between \$100-\$500 depending on the type of business form.

<sup>&</sup>lt;sup>7</sup> Indeed, Arbella did not require that RJIS submit that certificate along with applications. When Arbella indicated that it did not need these certificates submitted along with commercial applications, RJIS stopped sending them to Arbella.

<sup>&</sup>lt;sup>8</sup> This contrasts with other Servicing Carriers which often require as an underwriting requirement additional proof regarding business uses and/or a valid Massachusetts Driver's license in connection with a Commercial application.

representative to visit RJIS in the five years during which it has been RJIS's assigned Servicing Carrier <sup>9</sup>

### Arbella

Arbella began to non-renew accounts and R&J objected, raised concerns about discrimination, market disruption, and claimed that some of the accounts were engaged in side businesses. Ultimately R&J provided Arbella with express written assurances that the Agency would "...only submit new business applications for accounts which (sic) legitimate businesses ...".

### **RJIS Response**

As noted above, Arbella rescinded <u>all</u> of the cancellation notices it had issued because the policyholders had legitimate businesses. Arbella never issued any other cancellation notices in connection with more than ten thousand policies placed by RJIS during the past five years and has renewed every single such policy without requiring the policyholders to submit renewal applications, complete questionnaires or provide documentation evidencing their business uses of the insured vehicles.

### Arbella:

In October 2012, Arbella wrote to R&J reiterating its concerns and stating that Arbella "wants to ensure that Rapo and Jepsen is not involved in assisting applicants in creating businesses to enable them to obtain commercial policies where they are otherwise ineligible for insurance through the private passenger market". Arbella confirmed the agreement reached with R&J as follows: "Thus, this letter serves to confirm our mutual understanding that going forward the Rapo & Jepsen Agency will only submit applications on behalf of applicants that are genuinely engaged in commercial activity".

### **RJIS Response**

RJIS had explained its practices to Arbella and Arbella indicated that it was concerned with applications being submitted for commercial insurance where the applicant was not actually engaged in commercial activity. RJIS told Arbella the means by which it verified an applicant's business use and repeatedly asked Arbella for further direction. RJIS indicated that it would comply with any policies or procedures Arbella wanted it to follow in taking commercial applications. Notwithstanding its stated concerns, however, Arbella did not put into place any such policies or procedures, gave RJIS no training or education, and never again indicated to RJIS that it had any problems with any applications submitted by RJIS during the subsequent three and one half years. Arbella did not state that RJIS could not submit applications on behalf

<sup>&</sup>lt;sup>9</sup> This likely constitutes another violation of CAR Rules by Arbella. Arbella is required to service the residual market in the same manner as the voluntary market. RJIS is aware that Arbella regularly sends marketing representatives to visit its agents in the voluntary market.

of customers for whom RJIS had assisted creating a corporate entity and Arbella was aware that RJIS continued to provide this service to its customers.

### Arbella:

In 2013 the Registry of Motor Vehicles amended the Registry Rules by adding proof of residency requirements and by requiring individuals who seek to register vehicles as sole proprietorships to provide a social security number.

Arbella's SIU department continued to visit the Agency, request files, and interview applicants. In some instances documents requested by SIU were not provided by R&J. Even after repeated requests, SIU was unable to obtain all of the information requested. The principal of R&J called Arbella's underwriting department to complain about the investigations. On February 3, 2014 Arbella responded to R&J in writing as follows:

"As you know, the CAR rules obligate Arbella to ensure that policies are issued in accordance with the applicable CAR Rules of Operation. Your contract with Arbella entitles us to validate your compliance with the governing rules of CAR.

Arbella has some concerns in this area regarding certain policies issued by Rapo & Jepsen and we have assigned Ed Spellman, Dan Pettinato and Frank Hart to investigate".

The investigations undertaken by Arbella's SIU department revealed concerning information relative to R&J's involvement in circumventing the new Registry Rules and violating the CAR Rules.

### **RJIS Response**

RJIS agrees that the Registry of Motor Vehicles included a requirement that a sole proprietor provide a social security number in order to register a vehicle in the name of the sole proprietorship. Such a requirement was not imposed for individuals or business entities registering vehicles in their own names. Indeed, even foreign operators could (and still may) register and insure vehicles without social security numbers. Individuals without social security numbers may register their vehicles by providing proof of residency to the RMV, such as a utility bill. See 540 C.M.R. §2.05.

Arbella's SIU department visited RJIS on a select few occasions. RJIS employees cooperated with the SIU department and provided whatever documents were requested. RJIS in unaware of any instances in which documents were not provided and Arbella certainly never notified RJIS in writing of any such instances. RJIS was made aware by some of its foreign customers that they had been interrogated in English about their insurance by people they believed to be law enforcement officers. The customers complained to RJIS about the aggressive questions and interrogation tactics, stated that they felt threatened and intimidated, and indicated their belief

that Arbella's SIU investigators were law enforcement officers. Accordingly, RJIS contacted Arbella to complain about Arbella's heavy-handed harassment and mistreatment of its customers <sup>10</sup>

Despite Arbella's "continued" visits to RJIS in 2013, review of RJIS files, and the purported "investigation" conducted by Mr. Spellman, Pettinato and Hart beginning in 2014, Arbella did not bring to RJIS's attention a single alleged instance where it found information on an application to be fraudulent, a single instance where it found a commercial insurance applicant not to be engaged in commercial activity, a single instance where RJIS had violated CAR Rules, or a single instance where RJIS failed to comply with Arbella requirements. The first time Arbella provided any such information was on May 3, 2016, in its submission to the MRC. Had Arbella found any such violations in 2013, 2014, or 2015, it had an obligation under CAR rules to make and keep a record of each such violation and report them to CAR. Arbella did not do so. Indeed, in connection with this proceeding, RJIS requested from Arbella all such records and Arbella did not produce a single such document. Moreover, as noted above, Arbella did not cancel *any* of the policies it purportedly found in 2014-2015 to have been procured by fraud and, in fact, Arbella renewed those policies.

### Arbella:

Arbella's SIU Department undertook an extensive investigation into R&J accounts in light of patterns that Arbella observed concerning new business submissions.

Specifically, in the face of new Registry requirements requiring sole proprietors to provide a social security number in order to register a motor vehicle, R&J implemented a scheme whereby the Agency began creating Massachusetts shell corporations for non-Massachusetts licensed drivers who were unable to register a vehicle in their individual names. Arbella found that such corporations were being established by R&J for individual applicants at or about the same time that the individuals were applying for insurance. Arbella further found that R&J was similarly setting up other types of business entities on behalf of such ineligible individuals for the sole purpose of obtaining commercial automobile insurance. In addition, R&J was involved in obtaining Tax EIN numbers for the corporations. By creating a corporation the applicant need only provide a Tax ID Number to register the vehicle in the corporate name thereby avoiding the need for a Social Security Number.

Arbella SIU investigators interviewed witnesses and verified that (1) the applicants were not involved in the commercial enterprises identified in the corporate filings and other business documents; (2) some applicants did not know that R&J had established a business for them and (3) those applicants that

<sup>&</sup>lt;sup>10</sup> It is likely that some of the customers identified in Arbella's submission on May 3, 2016, were the same customers who complained to RJIS about Arbella's SIU investigators.

understood that R&J was creating a business for them were told by R&J that this was the only way they could obtain insurance.

### **RJIS Response**

RJIS is unaware of the investigation performed by Arbella which apparently began in 2013. After 2012, however, Arbella never expressed any concerns to RJIS concerning its customers, insurance applications or business practices generally. Arbella never identified to RJIS any applicants who were not eligible for the coverage issued by Arbella or any policies Arbella claimed to have been procured by fraud.

RJIS did not implement a "scheme whereby the Agency began creating Massachusetts shell corporations for non-Massachusetts licensed drivers who were unable to register a vehicle in their individual names." As indicated above, RJIS's customers were eligible to register vehicles in their individual names and to obtain private passenger insurance. They were eligible to register their vehicles and obtain insurance from private carriers or through MAIP if a private carrier would not issue a voluntary policies. As indicated, prior to the new RMV requirements, RJIS had already been providing services to customers wherein it provided business formation documents so that the customers with could form a business entity and register and insure their vehicles through the business. Nothing changed except that some customers utilized corporate entities other than sole proprietorships. While the RMV required social security numbers to register vehicles on behalf of sole proprietorships, it did not do so for other corporate entities, such as corporations or Limited Liability Companies (or for individuals). It remained (and remains to this day) legal for a duly organized business entity to register and insure a vehicle in its own name.

It is noteworthy that Arbella did not raise this concern to RJIS (or CAR) until now. Arbella discovered this "scheme" and numerous RJIS customers who wrongfully obtained insurance yet did nothing about it for the last three years. Indeed, Arbella accepted every single application submitted by RJIS and never terminated a single such policy despite its "extensive investigations" and widespread finding of fraud. Moreover, while Arbella refers to various "witnesses" and "applicants," it never identified these individuals to RJIS (or CAR) to enable to RJIS to conduct its own investigation as to these claims. It is impossible for RJIS to respond to such claims in response to the Notice of Termination because Arbella did not identify the individuals to whom it was referring. During the past five years, RJIS has written more than ten thousand policies with Arbella, more than six thousand of which are currently in force. RJIS cannot conceivably know to which of those policies Arbella is referring when it claims that "many" applicants were ineligible for the coverage issued. With that said, RJIS is currently unaware of any instances where its employees provided assistance creating business entity for a

<sup>&</sup>lt;sup>11</sup> With regard to the documents recently submitted by Arbella to CAR on May 3, 2016, the MRC cannot consider those documents because (a) those individuals were not identified in the Notice of Termination and (b) the documents were not provided to RJIS along with the Notice of Termination. In any event, RJIS's preliminary investigation is revealing that those applicants were (and are) engaged in commercial activity under the business names contained on the insurance applications.

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customer without the customer's knowledge and direction or otherwise knowingly assisted a customer submit any fraudulent information. <sup>12</sup>

### Arbella:

To be clear, the corporations created by R&J at the time of the insurance application were sham businesses that had no legitimate purpose. They were created for individuals who were not engaged in commercial activity, solely to provide a mechanism to register and insure vehicles in circumstances where the applicants were not legally permitted to register, drive and insure vehicles in their individual capacity. The R&J practice of creating corporations became prevalent only after implementation of the new Registry Rules.

Thus, after warnings and agreement not to assist applicants in this manner, the R&J Agency not only facilitated a scheme that allowed ineligible persons to obtain access to CAR commercial insurance through the improper use of R&J's limited servicing carrier appointment, but the R&J Agency actually orchestrated the scheme. R&J advised and encouraged the applicants to establish businesses for the sole purpose of obtaining insurance. R&J charged the applicants fees for the creation of the corporation, charged the applicants fees for the filing of the corporate documents with the Secretary of State, obtained Tax EIN numbers for the applicants and provided other indicia of a business -- upon information and belief, in some circumstances, R&J would actually create a computer generated business card for the applicant's sham company. After creating and filing the corporate documents for the applicant, R&J would send the application for commercial insurance to Arbella with a copy of the corporate filing, a copy of the Tax EIN Notice and an image of a business card, all to induce Arbella into believing that the application was for a legitimate commercial enterprise.

### **RJIS Response**

Arbella's allegations are inflammatory and provocative, but completely without support. Arbella failed in its Notice of Termination to identify a single instance in which RJIS knowing created a "sham business" or to identify a single such applicant who used a business to obtain commercial insurance solely because the individual was ineligible to obtain private automobile insurance. RJIS reiterates that it is impossible for it to investigate and respond to Arbella's repeated but conclusory allegations, because Arbella failed to identify in the Notice of Termination the specific facts, applicants and policies on which it is relying in support of termination.

<sup>&</sup>lt;sup>12</sup> As noted in RJIS's April 12, 2016, letter to CAR, an internal audit conducted by RJIS in response to the Notice of Termination has revealed that a substantial number of one former employee's files are incomplete or entirely missing. RJIS is investigating these files and policies to determine whether any fraud was committed in connection with these policies and whether RJIS's former employee had any knowledge of or involvement in the fraud.

Generally, however, RJIS told Arbella from the beginning of their relationship that it assists customers in creating business entities which can then obtain commercial insurance policies and that RJIS takes measures to verify that the customer has a business purpose—including by having customers execute a "business use certificate" as a condition of submitting a commercial insurance application. RJIS denies that it knowingly created sham businesses "solely to provide a mechanism to register and insure vehicles in circumstances where the applicants were not legally permitted to register, drive and insure vehicles in their individual capacity." Indeed, for each commercial policy application submitted by a corporation, Arbella required, and RJIS's customers supplied, the identity and license information of a licensed driver on the policy. As such, *every* application by a corporation for a commercial policy submitted by RJIS to Arbella contained a licensed driver. Moreover, many if not all such applicants were indeed eligible for private insurance in their individual capacities but chose to obtain policies through their businesses. This is not an illegal scheme orchestrated by RJIS as Arbella contends, but rather a transparent practice of assisting customers to lawfully register and insure their vehicles according to their specific needs and requests.

Despite Arbella's flowery rhetoric about RJIS's business practices, it is worth repeating that Arbella was fully aware of these business practices going back to 2012 and did nothing to stop or change them. CAR rules entitled Arbella to require RJIS customers to submit proof of their business as a condition of issuing a policy, but Arbella chose not to do so. Arbella could have required RJIS to conduct additional inquiries or verifications of a customer's commercial uses of their vehicles, but it did not. Arbella could have required RJIS customers to answer questionnaires as a condition of renewal, but it did not. Importantly, CAR Rules *required* Arbella to verify information contained on commercial insurance information, but Arbella did not find or note a single instance where the information on an application was inaccurate or unverifiable. If it did find such an instance, Arbella nonetheless left the policy in force and renewed it. In short, Arbella could have imposed whatever requirements it deemed necessary to verify RJIS customers' eligibility for commercial policies in light of the "concerning" trends it claims to have observed in 2013, but chose to do nothing. In any event, Arbella never disclosed to CAR or RJIS a single instance of suspected fraud or canceled or non-renewed a policy for that reason.

### Arbella:

Further, Arbella has found that R&J expanded this scheme to enable high SDIP Massachusetts licensed drivers, who would have had to pay significantly more for insurance in the private passenger market, to obtain commercial insurance at the preferred less expensive CAR commercial non-fleet PPT rate. In these situations, R&J created a pretext business for high SDIP applicants, produced the indicia of a business, applied for insurance in the name of the business, provided Arbella with evidence that the business existed, and then fraudulently obtained the significantly lower non-fleet PPT rate.

<sup>&</sup>lt;sup>13</sup> Arbella's system would not generate a final application for signature without a driver's information. {Client Files/312315/0001/PLD/F1041993.DOCX;2}

### **RJIS Response**

Again, it is impossible for RJIS to respond to allegations where Arbella failed in the Notice of Termination to provide the specific applicants and policies to which it is referring. Generally, however, RJIS reiterates that it assisted customers in forming business entities and obtaining commercial insurance policies on behalf of those businesses. RJIS plainly and transparently informed Arbella of this business practice five years ago. There is nothing illegal about such conduct. Indeed, there are presumably tens of thousands of business owners in the Commonwealth who are United States Citizens who insure their private passenger vehicles under their business policies. Massachusetts insurance carriers routinely insure such vehicles. RJIS is unaware of any instances in which it knowingly transmitted false information to Arbella in connection with any such commercial applications.

### Arbella:

Based on the content of R&J's Request for Review, Arbella anticipates that R&J will argue that they arranged for applicants to sign forms attesting to the fact that they had a business. Further, based on R&J's supplemental filing, Arbella anticipates that R&J will blame an individual producer for the scheme and for the failure to obtain documents attesting to the business use.

As a preliminary matter, Arbella had previously requested copies of these documents and R&J failed and refused to provide the requested information. When Arbella was able to obtain files, none of the files Arbella reviewed contained these forms. Most recently following another meeting with the Agency, Arbella again requested copies of receipts for the charges to create business, copies of any fee schedules and copies of letters authorizing the creation of a business entity. R&J failed to provide any of the documentation requested.

### **RJIS Response**

Arbella is correct in part that as one measure to try and ensure that customers had legitimate business RJIS required certain customers to complete a Business Use Compliance certificate. This was a procedure put into place voluntarily by RJIS and one about which RJIS informed Arbella in 2011 or 2012. Arbella, however, never required that RJIS obtain such a certificate from its customers and provided <u>no</u> guidance or training on measures to take during the application process to detect or prevent fraud by applicants. Indeed, Arbella never asked for a Business Use Compliance certificate in connection with commercial applications and, after a period of time, RJIS stopped submitted them to Arbella. Arbella implemented <u>no</u> policies or procedures for RJIS to follow when taking commercial applications from customers or submitting them to Arbella. It did not require that RJIS obtain any documentation from customers to substantiate their stated business uses or eligibility for commercial insurance and it did not require RJIS to submit any such information to Arbella as part of its "underwriting" process.

Arbella's claim that it requested documents from RJIS and that RJIS failed and refused to provide the requested information is entirely untrue. RJIS has provided Arbella with whatever documents Arbella requested when it requested them. Notably, Arbella has not and cannot identify a single such request to which RJIS did not respond and has never reported such noncompliance to CAR or kept a written record of such non-compliance which it would be required to do under CAR Rules. With regard to the email request from Arbella to Mr. Rapo dated January 26, 2016, Mr. Rapo has no record or memory of having received such an email. He has searched his email account and there is not record of that email anywhere. As Arbella concedes, anyway, such documents are irrelevant and have "little bearing on the evidence." For purposes of satisfying the request, however, RJIS is submitting herewith the requested documentation. See Exhibit G.

With regard to RJIS's former employee referenced by Arbella, Daniel Bertolazzi, RJIS states that it has been unable to locate Mr. Bertolazzi since he suddenly disappeared from work when RJIS announced that Arbella had accused it of fraud and that RJIS was commencing an internal audit. Through connections in the community, RJIS has learned that Mr. Bertolazzi abruptly left for Brazil immediately after Mr. Rapo announced that he would be conducting an internal audit. For many policies placed by Mr. Bertolazzi, RJIS has been unable to locate his files. For other policies, his files are missing documents. Still, RJIS has not discovered instances of fraud in his files but RJIS continues its investigation into these irregularities.

### Arbella:

More significantly, to the extent that R&J may have or may obtain such documents, they have little bearing on the evidence. The evidence is that R&J orchestrated the creation of sham corporations, filed false corporate documents, and may have orchestrated the signing of forms, solely for the purpose of creating a paper trail to defraud Arbella into accepting new business applications, irrespective of whether the applicants were using the insured vehicles for commercial purposes. In some instances the applicants did not speak or read English, would not have understood the forms which were printed in English and did not know or understand that R&J had created a business for them. In other instances, the applicants told similar accounts of R&J informing them that the creation of a business was necessary in order to enable the applicant to obtain insurance. Finally, in at least two instances applicants involved immigration services to help straighten out their situations after learning that R&J had obtained tax numbers for these fraudulent business.

In short, R&J did not simply facilitate fraud by failing to validate information concerning an applicant's personal or business use of a vehicle. R&J actively engaged in the fraud as detailed herein. R&J charged these applicants thousands of dollars in fees and collected hundreds of thousands of dollars in

<sup>&</sup>lt;sup>14</sup> Moreover, the MRC may not consider this claim by Arbella because it was not specifically referenced in the Notice of Termination.

commissions by improperly binding commercial coverage through the Agency's limited servicing carrier appointment.

### **RJIS Response:**

RJIS denies that it created "sham corporations" or filed "false corporate documents." Arbella has not identified in its Notice of Termination or April 28, 2016 Letter a single instance of that occurring. Similarly, Arbella has not identified any of the applicants it references in the above paragraphs and it is, therefore, impossible for RJIS to investigate and respond to these claims. Indeed, it is impossible for RJIS to respond to any of Arbella's allegations because Arbella did not identify which applications and customers it is using as its purported basis to terminate the Agreement.

Arbella's claim that RJIS "created a paper trail to defraud Arbella into accepting new business applications" is belied by the fact that Arbella does not require or even ask RJIS to send supporting documentation in connection with commercial insurance applications. Arbella cannot claim to have been defrauded by documents it never saw and never asked to see.

RJIS did not "actively engage in fraud." The reality is that Arbella knew of RJIS lawful business practices since 2011 and itself collected **millions of dollars** in servicing fees annually by accepting *every single such application* submitted by RJIS, failing to cancel a single policy on the ground that it had been fraudulently obtained, failing to implement any policies or procedures for RJIS to follow in taking commercial applications to ensure that the applicants were eligible for commercial insurance policies, failing to report any alleged CAR violations to CAR or to RJIS, failing to verify the information contained on applications it claims to have been fraudulent, failing to implement any fraud prevention or loss control measures, and repeatedly renewing policies it now claims to have known were fraudulently obtained.

### **CONCLUSION**

The only sham or fraud that is being perpetrated in connection with this matter is Arbella's effort to terminate RJIS in order to shift blame for its own failures to comply with CAR Rules so that it might bolster its chances of winning another five-year contract as a Servicing Carrier – a contract that lines Arbella's pockets with millions of dollars in fees annually without having any exposure to the risks insured.

The MRC should revoke the proposed termination and order that RJIS's ERP appointment be affirmed because the termination constitutes an unfair, unreasonable or improper practice by Arbella. The Notice of Termination does not contain sufficient and detailed facts and supporting documentation to sustain a termination of RJIS's ERP appointment. Moreover, the MRC may not consider any grounds for termination which have been articulated in Arbella's submissions after the Notice of Termination unless those facts and documents were specifically contained or referenced in the Notice of Termination. Even so, however, Arbella's stated grounds for terminating the ERP appointment are completely without merit and should be rejected.

Respectfully Submitted,

Rapo & Jepsen Insurance Services, Inc.

By its Counsel:

Joshua A. Lewin (BBO# 658299)
BOWDITCH & DEWEY, LLP
One International Place, 44<sup>th</sup> Floor

Boston, MA 02110 Tel: 617-757-6523 Fax: 508-929-3184

email: jlewin@bowditch.com

cc: John Rapo, Rapo & Jepsen insurance Services, Inc.

----- Original Message -----

Subject: Market Review Committee - Meeting Date/Time

Date: 2016-04-12 10:42

From: "Metcalfe, John" < imetcalfe@commauto.com>

**To:**"jkelly@mapfreusa.com" <jkelly@mapfreusa.com>, jason calianos <<u>calianosinsurance@gmail.com</u>>, "Fitzpatrick, Roberta" <<u>Roberta.Fitzpatrick@Arbella.com</u>>, "JJR@RAPOANDJEPSEN.COM" <<u>JJR@RAPOANDJEPSEN.COM</u>>

A meeting of the Market Review Committee has been scheduled for Wednesday, May 11<sup>th</sup> at 10:30am. The current agenda includes two items one involving the Calianos Insurance Agency and The Commerce Insurance Company and the second involving the Rapo & Jepsen Insurance Services, Inc. and the Arbella Mutual Insurance Company. An agenda, with documentation received to date, will be distributed at least 10 days prior to the meeting date. Any additional documentation that parties wish to have distributed to the committee for their review, prior to the meeting, should be received by CAR by the end of business on Thursday, May 5<sup>th</sup>.

Please direct any questions to my attention via email or phone (noted below).

John

John D. Metcalfe Administrator of Residual Market Services

Phone | 617.880.7291

Email | jmetcalfe@commauto.com |



### EXHIBIT A



#### COMMONWEALTH AUTOMOBILE REINSURERS

225 Franklin Street Boston, Massachusetts 02110 www.commauto.com 617-338-4000

March 8, 2016

#### **COMMERCIAL LINES NOTICE NO. 104**

#### Calendar Year 2016 Interim Commercial Expense Allowance

For policies effective January 1, 2016 – December 31, 2016, commercial Servicing Carriers will be provided an expense allowance of \$388 per exposure. On an interim basis, this allowance is converted to a percentage of premium using an estimated 2016 average premium using policy year 2015 statistical data.

While awaiting approval of a June 1, 2016 rate change, the premium tax and commission rate components underlying the approved 2014 CAR rate filing are used for the interim expense allowance for the January – May 2016 accounting shipments. The resulting interim expense ratios are as follows:

|                        | Interim<br><u>Allowance</u> |
|------------------------|-----------------------------|
| Expense Per Exposure   | \$388                       |
| Expense Per Exposure % | 13.98%                      |
| Premium Tax            | 2.30%                       |
| Commission             | <u>9.91%</u>                |
| Premium Tax/Commission | 12.21%                      |
| Total                  | 26.19%                      |

Upon approval of the new rates, the interim expense allowance will be updated to reflect the approved June, 2016 rate components for premium tax and commission and will be included in the June – December 2016 monthly accounting shipments. CAR will inform the Industry of the updated estimated expense allowances prior to the June, 2016 monthly statistical submission due date.

Ceding expenses will be trued-up after the close of each calendar year, based on actual reported exposures and will reflect premium tax and commission provisions included in the underlying rates.

Questions may be directed to the undersigned at tgalligan@commauto.com.

TIMOTHY GALLIGAN
Financial Services Coordinator

CAR DOCKET #MR16.04 EXHIBIT #6 PAGE 25 OF 174

On 2016-05-04 10:52, Metcalfe, John wrote:

John,

The November 2010 Governing Committee approved the following:

The Committee unanimously approved a motion to recommend to the Governing Committee that the existing expense allowance remain in place through June 30, 2011, and that an allowance of \$350 for Company Expense and ULAE be provided for policies effective from July 1, 2011 through December 31, 2011, with the expense allowance schedule as previously recommended commencing as of January 1, 2012, consisting of \$357 for 2012, \$365 for 2013, \$372 for 2014 and \$380 for 2015.

The bulletin I sent you noted that the interim expense per exposure went to \$388 for 2016.

John

John D. Metcalfe
Administrator of Residual Market Services

Phone | 617.880.7291

Email | jmetcalfe@commauto.com |



225 Franklin Street Boston, MA 02110 www.commauto.com

From: John Rapo [mailto:jjr@rapoandjepsen.com]

Sent: Wednesday, May 04, 2016 10:44 AM

## EXHIBIT B



#### COMMONWEALTH AUTOMOBILE REINSURERS

225 Franklin Street Boston, Massachusetts 02110 www.commauto.com 617-338-4000

March 1, 2016

#### **BULLETIN NO. 1014**

#### Request for Proposal - Commercial Servicing Carrier Program

The agreements with the four carriers that currently service the commercial ceded business through the Commercial Servicing Carrier Program will expire as of December 31, 2016. The Governing Committee has authorized CAR to solicit bids from interested parties in accordance with the specific provisions of the Request for Proposal (RFP) developed for that purpose. A link to the RFP is available on the Home Page of CAR's website.

Prospective participants should note that the term of the agreement is for five years. Respondents must have an A.M. Best rating of at least A- or have a comparable financial and operating performance as determined by CAR.

A mandatory pre-response conference will be held at the offices of CAR on Wednesday, March 16, 2016, at 11:00 a.m. Bids will only be accepted from carriers with representation at the conference.

The schedule of events associated with the RFP process is as follows:

| Notice of RFP Issued                         | March 1, 2016     |
|----------------------------------------------|-------------------|
| Mandatory Pre-Response Conference            | March 16, 2016    |
| Final Date for Proposer Questions            | March 31, 2016    |
| Final Date to Submit Proposals               | April 15, 2016    |
| Selection Committee Evaluation of Proposals  | May 2-27, 2016    |
| Governing Committee Decision                 | June 15, 2016     |
| Servicing Carrier Appointment Notification   | June 16, 2016     |
| ERP Distribution Notification                | September 1, 2016 |
| ERPs Contracted by Servicing Carriers        | October 31, 2016  |
| Servicing Carrier Implementation of Services | January 1, 2017   |

Questions regarding the RFP may be directed to Mr. Richard Dalton at 617-880-2319 or via email at <a href="mailto:redaton@commauto.com">redaton@commauto.com</a>.

JOHN D. METCALFE Administrator – Residual Market Services

Attachment - Commercial Servicing Carrier Program Request for Proposal



#### COMMONWEALTH AUTOMOBILE REINSURERS

225 Franklin Street Boston, Massachusetts 02110
www.commauto.com 617-338-4000

# REQUEST FOR PROPOSAL FOR COMMERCIAL SERVICING CARRIER APPOINTMENT MASSACHUSETTS AUTOMOBILE RESIDUAL MARKET COMMERCIAL AUTOMOBILE PROGRAM

**CEDED POLICIES EFFECTIVE JANUARY 1, 2017** 

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#### Section 1 - Background and Purpose

#### 1.1 Schedule of Events

Commonwealth Automobile Reinsurers (CAR) intends to progress in this procurement in a series of orderly steps. The schedule that follows has been developed in order to provide adequate information for proposers to prepare definitive proposals and to permit CAR to consider fully various factors that may affect its decision. These dates should be carefully observed.

| Event                                        | <u>Date</u>       |
|----------------------------------------------|-------------------|
| Notice of RFP Issued                         | March 1, 2016     |
| Mandatory Pre-Response Conference            | March 16, 2016    |
| Final Date for Proposer Questions            | March 31, 2016    |
| Final Date to Submit Proposals               | April 15, 2016    |
| Selection Committee Evaluation of Proposals  | May 2-27, 2016    |
| Governing Committee Decision                 | June 15, 2016     |
| Servicing Carrier Appointment Notification   | June 16, 2016     |
| ERP Distribution Notification                | September 1, 2016 |
| ERPs Contracted by Servicing Carriers        | October 31, 2016  |
| Servicing Carrier Implementation of Services | January 1, 2017   |

#### 1.2 Background Information

CAR employs a specialized program to handle ceded commercial risks in order to control the size of the residual market and to establish equitable access to the residual market for all classes of commercial automobile business (except that which is written through the Taxi/Limousine Program). The program is designed to enhance the effectiveness of loss control and underwriting practices by assigning each producer to one Servicing Carrier. The program consolidates the servicing of this business to a limited number of Servicing Carriers each appointed for a specific term. The number of Servicing Carriers for the appointment term will be determined by the Commercial Servicing Carrier Selection Committee.

#### 1.3 Current Administrative Procedures & Servicing Carrier and Producer Requirements

The specific requirements for Servicing Carriers and producers are contained in CAR's Rules of Operation and Manual of Administrative Procedures available on CAR's website at <a href="https://www.commauto.com">www.commauto.com</a>.

#### 1.4 Purpose

The purpose of this Request for Proposal (RFP) is to provide qualified insurance carriers with information sufficient to enable them to submit proposals for becoming a carrier to service Massachusetts ceded commercial automobile business, other than taxi, limousine, and car service business, effective January 1, 2017. Proposals shall respond to all terms and conditions of this RFP. Proposers shall complete all information requested.

#### Section 2 - Program and Performance Requirements

#### 2.1 Administrative and Account Management Services

The Servicing Carrier(s) will be expected to:

- Assign a management level account executive with knowledge of the Program responsible for responding to CAR inquiries and the requirements set forth herein and, upon reasonable notice, be available to meet with CAR staff and committee representatives.
- For commercial automobile residual market business with policy effective dates beginning on or after January 1, 2017, each approved Servicing Carrier shall utilize an installment payment plan that has been filed with and approved by the Commissioner of Insurance. The plan shall include the application of an installment finance charge plan based on an annual percentage rate (APR), and no more than a 30% first or deposit payment on or before the policy effective date. The plan shall also include that no fewer than seven monthly payments thereafter must be offered to the insured that chooses to pay in installments. The Servicing Carrier will cooperate with its producers assigned through the program to assure that policyholders are made aware of their option to utilize an installment plan.

#### 2.2 Underwriting and Technical Services

Subject to general direction of CAR, the Servicing Carrier(s) shall:

- Comply with the provisions of the Rules of Operation and CAR's Manual of Administrative Procedures
- Perform pre-audits in order to prevent premium leakage on:
  - ✓ All risks written on a gross receipts, mileage or composite rated basis and on any trucking risk with a cost of hire exposure and five or more power units or the equivalent of exposures if hired by the risk.
  - ✓ The pre-audits must be completed within 120 days of the policy effective date.
  - ✓ Additional or return premium shall be computed in accordance with the results of the audit with appropriate notification given to the producer and the insured.

#### 2.3 Claim Management Services

- Subject to general direction from CAR, the Servicing Carrier(s) shall establish
  procedures for claims management for the risks insured through this program
  including, but not limited to the provisions of CAR's Rules of Operation and Manual
  of Administrative Procedures.
- The Servicing Carrier(s)' Massachusetts claims units will manage claims arising out of state.

#### 2.4 <u>Management Information Systems</u>

Subject to general direction of CAR, the Servicing Carrier(s) shall:

- Provide all data required by CAR's Rules of Operation and Manual of Administrative Procedures.
- Produce ad hoc reports as may be requested by CAR.

#### 2.5 <u>Loss Control Services</u>

The Servicing Carrier(s) will be expected to provide safety engineering or loss control services consistent with Best practices and as directed by the Governing Committee. Minimum parameters for the establishment of loss control programs to be made available to qualifying policyholders are as follows:

- Upon request, any risk regardless of size will be provided written material concerning loss control. Any risk with five or more power units or the equivalent of such exposure, if hired by the risk, that develops an experience rating debit will be offered a loss control survey.
- Program features shall include vehicle inspection, driver and equipment evaluation, a review of accident and loss experience, a safety newsletter or other informational mailings.
- The results of the loss control survey shall include a corrective action plan, safety management features and, if applicable to the risk, a hazardous material plan.

#### 2.6 <u>Integration of Claims and Underwriting Operations with Loss Control</u>

The Servicing Carrier(s) must provide the means to facilitate successful integration of the claims, underwriting and loss control functions including but not limited to an SIU investigation of suspicious underwriting issues and the establishment of procedures for claims alerts to the underwriting and loss control personnel. It is critically important that the claims and underwriting operations are fully coordinated with loss control services.

#### 2.7 <u>Innovative and Creative Solutions</u>

As CAR's statutory obligation is to contain and control costs, CAR is very interested in pursuing innovative and creative ideas that would strengthen the underwriting, claim administration and loss control process in a cost effective manner, applying them to the Program wherever appropriate. Proposals will be evaluated, in part, on their ability to bring fresh ideas and concepts to these classes of commercial business.

#### 2.8 Additional Services

CAR is interested in any other services which the proposer is qualified to offer that would enhance, or expand in a related manner, the services that CAR provides to its Members, producers, and insureds in a cost effective manner.

#### 2.9 Staffing

Whenever possible, staff should be assigned full time to the Program. Any and all staff assigned to the Program must have an excellent working knowledge of the needs and requirements of the Program and how these may differ from other business. The account executive must be able to make a time commitment to the management of this account and will be held responsible for the delivery of all services provided by the Servicing Carrier(s).

#### 2.10 Implementation

CAR will be very interested in the development of an implementation plan which will provide the smoothest transition and minimal service disruption for the producer and the insured.

#### 2.11 Term and Termination

CAR seeks a multi-year appointment of five years. In accordance with the provisions of CAR's Rules of Operation and Manual of Administrative Procedures, CAR has the ability to terminate the appointment for lack of acceptable performance by the Servicing Carrier. Lack of acceptable performance relates to the non-performance of material services or the performance of material services in a manner that does not meet CAR Performance Standards.

#### 2.12 Depopulation Efforts

The Servicing Carrier(s) are expected to assist CAR in its efforts to control the size of the commercial residual market by employing strategies to depopulate where possible. CAR will require an annual report from Servicing Carriers outlining the effectiveness of their efforts to depopulate the residual commercial automobile market. The report should include any factors that may have successfully permitted or negatively impacted the company's efforts to achieve a reduction. The report should be submitted to CAR on or before March 31<sup>st</sup> subsequent to each year of the term of appointment.

#### Section 3 - General Conditions for Content of Proposals

#### 3.1 Eligibility of Proposers

Proposers must be Massachusetts licensed motor vehicle insurance companies with an acceptable A.M. Best rating of A- or better or comparable financial and operating performance as determined by CAR.

#### 3.2 Regular Proposals

Each proposer shall comply with all requirements as directed by this notice. Proposals which are defective or irregular may be rejected immediately.

#### 3.3 <u>Uniform Proposals</u>

To facilitate comparative analysis and evaluation of proposals, it is desired that a uniform format be employed in structuring each proposal. The required format is specified in Section 7 of the RFP. Proposals with major deviations or omissions may not be considered for detailed study.

#### 3.4 Requests for Additional Information

Questions regarding the RFP and the selection process should be directed to:

Richard Dalton
CAR Residual Market Services
617-338-2319
rdalton@commauto.com

Proposers may also submit questions orally or in writing at the pre-response conference (see Section 3.6). All questions and answers of general interest will be circulated in writing after the pre-response conference to all firms who have attended. Officials or employees of CAR, its consultants or committee members shall not be contacted at any time by proposers. Any unauthorized contact may be grounds for disqualification of the proposer's proposal.

Any questions submitted after the mandatory pre-response conference must be submitted by March 31, 2016. Answers will be returned in writing to all proposers.

#### 3.5 Revisions

If it should become necessary to revise any part of this RFP or otherwise provide additional information, an addendum will be issued by CAR and furnished to all prospective proposers that have attended the CAR pre-response conference.

#### 3.6 <u>Pre-Response Conference</u>

A mandatory pre-response conference for prospective proposers will be held at the offices of CAR, 225 Franklin Street, Boston, MA 02110 at 11:00 A.M. on March 16, 2016. Only those firms represented at the mandatory pre-response conference shall be eligible to submit proposals to CAR for this procurement.

#### 3.7 Proposer's Examination of the RFP

Proposers shall examine all information and materials contained in and with this RFP. Proposers shall also be responsible for having full knowledge of all relevant laws and regulations of the State of Massachusetts and the United States Government. Failure to do so shall be at the proposer's risk.

#### 3.8 Exceptions to the RFP

It is anticipated that proposers may find instances where their proposals are not completely consistent with the specifications of this RFP. All such exceptions shall be clearly identified and written explanations shall include the scope of the exceptions, the ramifications of the exceptions for CAR, its Members, representative producers and insureds, and a description of the advantages to be gained by CAR, its Members, representative producers and insureds as a result of these exceptions. This written description shall be included in Section 7.3.2 of this RFP.

#### 3.9 Proposals Considered Firm

All proposals received by CAR in response to this RFP shall be considered firm and may not be amended during the pendency of the selection process unless CAR amends any data or RFP requirements during that process.

#### 3.10 Statement of Time

Time, if stated as a number of days, shall include Monday through Friday, excluding legal holidays, unless specifically stated otherwise.

#### 3.11 <u>Incurring Costs</u>

CAR shall not be liable for any costs incurred by proposers in preparing, submitting or presenting proposals, or in satisfying any other requirements. CAR shall not reimburse any costs incurred by proposers in anticipation of being awarded a Servicing Carrier appointment under this RFP. CAR shall not accept billings for additional costs except as may be otherwise specified in this RFP.

#### 3.12 Responsibilities of Servicing Carrier

The successful proposer(s) shall be considered the Servicing Carrier(s) and shall be required to comply with all CAR's Servicing Carrier requirements and to assume total responsibility for all services offered in this proposal, whether or not it is the producer, author, or supplier of them.

CAR shall consider the authorized representative of the successful proposer(s) to be the sole point of contact with regard to all obligations incurred and all services supplied or performed pursuant to this RFP.

Prior to final selection, proposers may be required to submit any additional information which CAR may deem necessary to determine the proposer's qualification to respond to this RFP.

#### 3.13 Firm Price

Prices provided pursuant to this RFP shall be firm and not subject to increase during the term of any appointment arising between CAR and the successful proposer(s) as a result of this RFP, except as may be approved by CAR's Governing Committee.

#### 3.14 Open Procurement

CAR reserves the right to accept any item or group of items proposed in any response, unless the proposer qualifies its offer by specific limitation. CAR reserves the right to negotiate with proposers regarding variations to the original proposal(s), to include cost(s), which may be in the best interest of CAR. CAR reserves the right to accept or reject any or all proposals in whole or in part.

#### 3.15 <u>Terminology</u>

Terms used in this RFP are not intended to imply or denote a particular proposer and are not to be construed as restrictive in any way.

#### 3.16 <u>Implementation Dates</u>

Proposers shall be expected to fully implement their services on January 1, 2017 and contract with those producers appointed to them no later than October 31, 2016.

#### 3.17 Execution of Appointment

Upon the acceptance of a proposal(s), CAR shall name the selected Servicing Carrier(s) in accordance with the provisions of CAR's Rules of Operation and Manual of Administrative Procedures, and as approved by its Governing Committee.

#### 3.18 No Assignment

Assignment by the successful proposer(s) to any third party of any contract based on this RFP or any monies shall be absolutely prohibited and will not be recognized by CAR unless approved by CAR in writing.

#### 3.19 Proposer Responsibility

Notwithstanding the details presented in this RFP, it is the responsibility of the proposer to verify the completeness and suitability of the services proposed to meet the intent of these specifications. Any additional services which may be required within each individual component of service proposed, even if not specifically mentioned herein, shall be provided by the proposer without claim for additional payment. The successful proposer shall be obligated to provide a program which meets all guarantees in its proposal for the price contained herein. This includes, but is not limited to, all requirements of the Commonwealth of Massachusetts and the United States Government, whether or not specifically identified in this RFP.

#### 3.20 Proposer Commitment

The proposer shall provide and maintain all services proposed pursuant to this RFP for the term of the appointment by CAR unless otherwise directed by the Governing Committee.

#### 3.21 Rights to Submitted Material

All proposals, responses, inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, displays, schedules, exhibits and other documentation submitted by proposers shall become the property of CAR when received. CAR shall have no obligation to return any such submitted material.

Supporting technical manuals will be returned at the request of the proposer. CAR retains the right to use any or all ideas presented in any proposal in response to the RFP, whether selected or not. Selection or rejection of any proposal does not affect this right.

#### 3.22 Proposals Not Selected

Non-selection of proposals will mean that another proposal was deemed to be more advantageous to CAR or that no proposal was accepted. The decision of CAR's Governing Committee is final. Proposers whose proposals are not accepted will be so notified.

#### 3.23 Non-Discrimination in Employment and Affirmative Action

The proposer shall not discriminate against any qualified employee or applicant for employment because of race, color, national origin, ancestry, age, sex, religion or physical or mental handicap. The proposer agrees to comply with all applicable federal and state statutes, rules and regulations prohibiting discrimination in employment.

#### 3.24 Force Majeure

Neither the proposer nor CAR shall be liable, nor may either cancel the Appointment pursuant to this RFP, when delays arise out of causes beyond the control and without fault or negligence of the proposer or CAR. Such causes may include but are not restricted to acts of God or the public enemy, fires, floods, lightning strikes, epidemics, quarantine restrictions, strikes, freight embargoes, wars, civil disturbances, work stoppage, power failures, laws, regulations, ordinances, acts or orders of any governmental agency or official thereof, and unusually severe weather. In every case, the delay must be beyond the control and without the fault or negligence of either party.

If the proposer is delayed in its performance as a result of the above causes, CAR may either (1) extend the time for completion of such responsibilities for a period of time equivalent to the time lost for the completion of such responsibilities by reason of any or all of the aforesaid causes, or (2) secure substitute performance at its own cost and expense during the duration of the excusable delay and reduce performance and payment under this Appointment, or (3) terminate all or a portion of this Appointment when the delay totally precludes the proposer's performance or materially affects it and the delay continues for a period of thirty (30) consecutive days. CAR agrees that within 10 business days after commencement of the delay, it shall give the proposer written notice of its election as to options (1), (2) or (3).

#### Section 4 - Proposal for Services

#### 4.1 Administration and Account Management Services

Referring to Section 2.1 of the RFP, indicate how your firm would approach the delivery of administrative and account management services.

#### 4.2 <u>Underwriting and Technical Services</u>

Referring to Section 2.2 of the RFP, indicate how your firm would approach the delivery of underwriting and technical services.

#### 4.3 <u>Claims Management Services</u>

Referring to the requirements set forth in Section 2.3 of the RFP, please describe in detail the process by which your firm will manage claims from the point of accident to the closing of the case. Include any charts or diagrams which you believe would be helpful to CAR in understanding your presentation on this subject. Please describe the following:

- Your first reporting and initial investigation process. Include standard criteria for engaging ancillary services (managed care, fraud control, etc.) and your expectation of insured participation in the process.
- Your litigation management and legal cost containment process.
- Your fraud management program and any related extra costs.
- Your process for recovery, subrogation, etc.

Specifically indicate your firm's interest and capability of meeting each of the requirements. Please note and explain any exceptions to the requirements.

#### 4.4 Management Information Systems

Referring to Section 2.4 of the RFP, describe how your firm would meet the information storage and reporting requirements of CAR. Include samples of your reporting formats.

Does your firm have the capability to meet all the reporting requirements stated in Section 2.4 of this RFP? If not, explain the variations.

Can your firm provide custom reports for CAR? Comment as needed.

For reports needed on a monthly basis, how soon after the end of the month would these reports by available to CAR?

Can your firm provide on-line direct access to your computer system for inquiry only and report generation capabilities? Comment as needed.

#### 4.5 Loss Control Services

Referring to Section 2.5 of the RFP, indicate how your firm would approach the delivery of loss control services.

#### 4.6 <u>Integration with Loss Control</u>

Referring to Section 2.6 of the RFP, describe how your firm would integrate the claims management operation with that of loss control.

#### 4.7 <u>Innovative and Creative Solutions</u>

Referring to Section 2.7 of the RFP, list and describe any services which your firm could offer that would further control claims and service costs.

#### 4.8 Additional Services

Referring to Section 2.8 of the RFP, describe any additional services that your firm could make available to CAR that would be relevant and useful to the operation of a property and liability pool.

#### 4.9 <u>Implementation Plan</u>

Referring to Section 2.10 of the RFP, describe your firm's proposed implementation plan which will provide the smoothest transition and minimal service disruption for the producer and the insured.

#### 5.1 Projected Costs/Expense Allowance

Proposers should provide detailed cost projections to service this business. Your analysis should be based on the assumption that your company will service a specified volume of ceded commercial written premium, distributed equitably among either three, four or five selected Servicing Carrier(s). The total ceded written premium identified in Section 5.3 of the RFP, is used as a basis for calculating estimated residual market premium. Your analysis should conclude with a price proposal, calculated as a percentage of ceded written premium, for policy year 2017 as well as each additional year of the appointment. Additional information providing a more detailed breakdown of this data will be distributed under separate cover.

Using Exhibit 5.1.1 in Appendix A, provide the following information to detail your company's cost projections and price proposal for servicing this business.

- 1. In Sections A, B, C and D, separately identify total policy year 2017 projected company expenses for servicing ceded business by ULAE expenses, Underwriting/Technical Services expenses, Loss Control Services expenses, and Company/General expenses. Include detail as specified in the exhibit and based on the ceded written premium scenarios given in Section F. Specify your preference for an optimal premium volume by completing the column titled Preference. If actual proposed expenses are not used, please specify the methodology used to allocate these expenses.
- 2. In Section G, calculate your company's projected policy year 2017 expense ratio using the ceded written premium given in Section F.
- 3. In Section H, provide your company's proposed policy year 2017 program price.
- 4. Provide program price proposals for each additional year of the appointment. In Sections I, J, K and L, include your proposals for policy years 2018-2021. All price proposals should be based on the ceded written premium given in Section F.

The selected price, as approved by CAR's Governing Committee, shall be uniformly applicable to each carrier selected to be a Servicing Carrier. Note that the selected Servicing Carriers will be requested to provide CAR with an annual expense call containing the same information and detail level your company is providing in this proposal.

Servicing Carriers may petition CAR for reimbursement of extraordinary expense resulting from statutory or regulatory assessments that include ceded premium in the determination of the company's market-share-based assessment.

#### 5.2 General Cost-Related Information

The tables in the following sections provide statistics which identify the current size of the residual market and general claim costs. More detailed data will be posted to CAR's website in March. Respondents may also request additional statistics at the pre-response conference.

#### 5.3 <u>Volume of Business</u>

Residual market business is written through approximately 1,254 producers. The 2015 policy year residual market (CAR ID codes 4 and 5) volume at 12 months for all commercial classes except the taxi, limousine, and car service classes is as follows:

| Class        | Ceded Written<br>Premium | Exposures | Cession Rate <sup>(1)</sup> |
|--------------|--------------------------|-----------|-----------------------------|
| TTT          | \$52,057,990             | 18,565    | 8.0%                        |
| Zone TTT     | \$13,982,557             | 2,885     | 90.0%                       |
| PPT Fleet    | \$2,778,004              | 1,060     | 4.8%                        |
| PPT non-FL   | \$17,945,034             | 13,443    | 27.6%                       |
| Bus/Van Pool | \$33,368,833             | 7,998     | 37.0%                       |
| Garage       | \$9,616,171              | 3,328     | 25.4%                       |
| All Other    | \$13,457,946             | N/A       |                             |
| Total        | \$143,206,535            |           |                             |

<sup>(1)</sup>Cession Rate is exposure-based

#### 5.4 <u>Ceded Commercial Claim Experience</u>

| Policy Year Ceded Data Through December, 2015                     |               |               |               |  |  |  |  |
|-------------------------------------------------------------------|---------------|---------------|---------------|--|--|--|--|
| (CAR ID Codes 4 and 5 Excluding Taxi, Limousine, and Car Service) |               |               |               |  |  |  |  |
| 2015 2014 201                                                     |               |               |               |  |  |  |  |
| Written Premium                                                   | \$143,206,535 | \$119,351,264 | \$103,290,678 |  |  |  |  |
| Cession Rate <sup>(2)</sup>                                       | 19.9%         | 17.6%         | 16.0%         |  |  |  |  |
| Earned Premium                                                    | \$70,064,044  | \$119,351,264 | \$103,290,678 |  |  |  |  |
| Reported Loss Ratio                                               | 57%           | 71%           | 77%           |  |  |  |  |
| Incurred Claims                                                   |               |               |               |  |  |  |  |
| Liability                                                         | 4,864         | 9,028         | 7,409         |  |  |  |  |
| Physical Damage                                                   | 5,151         | 10,069        | 8,213         |  |  |  |  |
| Total                                                             | 10,015        | 19,097        | 15,622        |  |  |  |  |
| Incurred Losses                                                   |               |               |               |  |  |  |  |
| Liability                                                         | \$24,966,997  | \$59,470,748  | \$59,704,904  |  |  |  |  |
| Physical Damage                                                   | \$15,201,235  | \$24,834,061  | \$20,126,892  |  |  |  |  |
| Total                                                             | \$40,168,232  | \$84,304,809  | \$79,831,796  |  |  |  |  |
| Cost per Claim                                                    |               |               |               |  |  |  |  |
| Liability                                                         | \$5,133       | \$6,587       | \$8,058       |  |  |  |  |
| Physical Damage                                                   | \$2,951       | \$2,466       | \$2,451       |  |  |  |  |
| Total                                                             | \$4,011       | \$4,415       | \$5,110       |  |  |  |  |

<sup>(2)</sup>Cession Rate is premium-based

#### Section 6 - General Instructions

#### 6.1 Contact Information and Deadline of Submission of Proposals

It is intended that this be a "turnaround" document, i.e. that each proposer furnish all information in the format presented by this RFP on the forms provided herewith. Submissions of manuals, promotional literature and other documents should be minimized except as the proposer may consider absolutely necessary to meet the requirements of this RFP.

Each proposal shall include a letter of transmittal, not to exceed two pages in length, which bears the signature of an authorized representative of the proposer (see Section 3.12) and designates by name not more than two individuals authorized to represent the proposer with binding authority.

The letter of transmittal may also briefly set forth any particular information the proposer wishes to bring to CAR's attention.

The proposer shall provide one electronic copy of its proposal and deliver five copies of its proposal no later than 12:00 noon on April 15, 2016 to:

Mr. Richard Dalton Residual Market Services Commonwealth Automobile Reinsurers 225 Franklin Street, Boston, MA 02110 Tel: 617-880-2319

Fax: 617-880-7298
Email: rdalton@commauto.com

| Section | 7 – | Pro | posal | Informa | ation |
|---------|-----|-----|-------|---------|-------|
|         |     |     |       |         |       |

#### 7.1 General Information

#### Proposer Information 7.1.1 (If more than one office in Massachusetts, list on a separate sheet) Office Headquarters Name: Address: Telephone: EIN: Local Underwriting Name: Office Address: Telephone: **Local Claims** Name: Office Address: Telephone: Local Loss Control Name: Office Address: Telephone: In what year was your firm incorporated? What are your firm's other lines of business? What is your firm's A.M. Best rating? What is your firm's total gross revenue?

What is your firm's total written premium?

| Name:Title:                                                     |                                                                                                                                                             |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| with all laws of the Commo                                      | the proposer certifies that the firm is in compliance onwealth of Massachusetts, the Internal Revenut 201 CMR 17.00 relating to confidentiality and action. |
| Service Profile                                                 |                                                                                                                                                             |
| List the location of the office(s                               | s) that would service this account.                                                                                                                         |
| What is your current staffing for in the Boston/New England are | or underwriting, claims, and loss control services ea:                                                                                                      |
| Position Classification                                         | Number of FTE Personnel                                                                                                                                     |
| Underwriting                                                    |                                                                                                                                                             |
| Claims                                                          |                                                                                                                                                             |
| Loss Control                                                    |                                                                                                                                                             |
| For this program:                                               | ,                                                                                                                                                           |
| Describe your firm's billing pa                                 | •                                                                                                                                                           |
| ·                                                               |                                                                                                                                                             |
| necessary for your firm to bid of the dinimum:                  | m levels of assigned ceded written premium are on servicing this business?                                                                                  |
| Maximum:                                                        |                                                                                                                                                             |
| What ratio of premium or insurnaintain?                         | reds to underwriters does your firm propose to                                                                                                              |
| What ratio of underwriters to su                                | upervisors will your firm maintain?                                                                                                                         |
| What ratio of open claims to cla                                | aim adjusters does your firm propose to maintain? ponse by coverage: BI, PDL, and PIP/med pay.                                                              |

|   | What ratio of adjusters to supervisors will your firm maintain?                                                                                                                                                                                                                        |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | What ratio of premium or insureds to loss control representatives does your firm propose to maintain?                                                                                                                                                                                  |
|   | What ratio of loss control representatives to supervisors will your firm maintain                                                                                                                                                                                                      |
|   | Describe what efforts your firm would employ in seeking to reduce the cessi rate for all classes of commercial automobile business (excluding taxi, limousi and car service).                                                                                                          |
|   |                                                                                                                                                                                                                                                                                        |
|   | Division of Responsibilities                                                                                                                                                                                                                                                           |
|   | If the proposer intends to utilize one or more subcontractors, provide a summa description of responsibilities among (a) the proposer and (b) each subcontractor. Also, describe how you have worked with the subcontractor in the past. If a subcontractors are to be used, so state. |
|   | Subcontractor Information:                                                                                                                                                                                                                                                             |
|   | Name, Address, and Telephone Number:                                                                                                                                                                                                                                                   |
| • |                                                                                                                                                                                                                                                                                        |
|   | Secolar Alice 1                                                                                                                                                                                                                                                                        |
|   | Specify this subcontractor's responsibility for this engagement.                                                                                                                                                                                                                       |
|   | Specify this subcontractor's responsibility for this engagement.  Name, Address, and Telephone Number:                                                                                                                                                                                 |
|   |                                                                                                                                                                                                                                                                                        |

| Name, Addre               | ess, and Telephone Nu                        | mber:                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------|----------------------------------------------|---------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           |                                              |                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Specify this              | subcontractor's respon                       | sibility for this               | s engagement.    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Executive S               | ummary                                       |                                 |                  | AND THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF |
| Provide a s<br>understood | summary of your pro<br>to individuals at a g | posal, prepare<br>eneral manage | ed in such a man | ner as to be<br>experience in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Your claim and management philosophy and proposed approach

- Your proposed services
- Your integration of functions
- The distinctive elements of your proposal and your firm's capabilities
- Your training and support commitments
- The experience of your firm with similar programs, with Massachusetts commercial business, and with other commercial business

commercial automobile insurance. The synopsis should contain a summary of

• Your additional recommendations for this engagement

your proposal and a brief description of the following:

#### 7.2 Implementation

7.1.4

Provide your implementation plan, referring to Section 2.10 of the RFP.

#### 7.3 Miscellaneous Provisions

#### 7.3.1 Capability to Respond to Significant Changes

Explain your firm's capability to respond to significant changes in this engagement.

#### 7.3.2 Exceptions to the RFP

Summarize material exceptions which your firm has to this RFP.

#### 7.3.3 Additional Services and Associated Costs

Referring to Section 4.7 of the RFP, list any additional services or approaches and the anticipated costs.

#### 7.3.4 Addendum

Specify in not more than two pages any additional information which your firm feels CAR should have in evaluating your proposal.

Since the selection of Servicing Carrier(s) to serve CAR's needs is an important and complex task, CAR will follow the process outlined in the following subsections.

#### 8.1 Request for Proposal (RFP)

This RFP is intended to provide the interested proposers with uniform information concerning the nature of the services desired and conditions for submitting proposals. The pre-response conference will be held to clarify any points which may be in question. In responding to this RFP, proposers shall adhere to the format provided herein so that comparable objective data will be provided for CAR's review and analysis.

#### 8.2 <u>Evaluation Responsibility</u>

CAR, with the advice of whatever consultants it may choose to engage, will have full responsibility for reviewing and evaluating all proposals submitted in response to this RFP and assigning such committees as are appropriate for making a final recommendation to CAR's Governing Committee.

#### 8.3 General Objectives for Evaluation

The general objectives to be evaluated include but are not limited to the proposer's ability to properly underwrite the exposures written through the Program according to classification and garaging (territory) and to eliminate fraud and mitigate the frequency and severity of losses through effective claims management and loss control.

Servicing Carrier(s) will be selected based on their proven ability to handle all classes of commercial business, except business written through the Taxi/Limousine Program. Measurement of a Servicing Carrier's qualifications will include a basis for an expectation of superior performance and improvement in overall underwriting results within the Program.

#### 8.4 <u>Evaluation Factors</u>

Proposals will be evaluated against the specifications presented in the RFP. A proposer may or may not be eliminated from consideration for failure to comply completely with one or more of the requirements, depending on the critical nature of the requirement. CAR will apply a weighted factor approach in its evaluation of proposals with each category evaluated from 0% to the maximum shown.

The award of an appointment pursuant to this RFP will be made to that responsible proposer(s) whose proposal is determined to have the greatest overall benefit to CAR, its Members, agents and insureds. CAR will apply the following weighted factors in evaluating the proposals received. The relative importance of these factors involves management judgments and will include both objective and subjective analysis. Refer to Section 8.7 for a summary of the evaluation factors.

#### Claims Evaluation

- A. Experience/Demonstrated Performance
  - 1. Demonstrated performance writing MA commercial automobile business (8%)
  - 2. Demonstrated performance with commercial automobile business, including servicing residual market programs (4%)
  - 3. General experience of proposer (3%)
- B. Personnel and Leadership
  - 1. Administrative and account management leadership (4%)
  - 2. Capability and experience of staff assigned (6%)
  - 3. Integration of claims operation with loss control (2%)
- C. Location of Staff (4%)
- D. Capability for Adjusting to Changed Exposure (3%)

Subtotal

34%

#### **Underwriting Evaluation**

- A. Experience/Demonstrated Performance
  - 1. Demonstrated performance writing Massachusetts commercial automobile business (8%)
  - 2. Demonstrated performance with commercial business, including servicing residual market automobile programs (4%)
  - 3. General experience of proposer (3%)
- B. Personnel and Leadership
  - 1. Administrative and account management leadership (4%)
  - 2. Capability and experience of staff assigned (6%)
  - 3. Integration of underwriting operation with loss control (2%)
- C. Location of Staff (3%)
- D. Capability for Adjusting to Changed Exposure (3%)

Subtotal

33%

#### Loss Control Evaluation

- A. Experience/Demonstrated Performance
  - 1. Demonstrated performance writing Massachusetts commercial business (4%)
  - 2. Demonstrated performance with commercial automobile business, including servicing residual market programs (2%)
  - 3. General experience of proposer (2%)
- B. Personnel and Leadership
  - 1. Administrative and account management leadership (2%)
  - 2. Capability and experience of staff assigned (4%)
  - 3. Integration of loss control with claims and underwriting Operations (2%)
- C. Location of Staff (3%)
- D. Capability for Adjusting to Changed Exposure (2%)

Subtotal

21%

#### Other

- A. Management Information Systems which include the ability to produce ad hoc reports (2%)
- B. Minimize/Mitigate Market Disruption (3%)
- C. Experience with Massachusetts reporting requirements which includes statistical reporting, financial reporting and Registry of Motor Vehicle requirements (2%)
- D. Quality of Implementation Plan (1%)
- E. Additional Services/Creativity (1%)
- F. AM Best Rating (3%)

Subtotal

12%

Subtot

100%

TOTAL

#### 8.5 <u>Proposer Conferences</u>

Following the initial screening of proposals, some of the proposers may be eliminated from consideration. Those that have not been eliminated may then be requested at no cost to CAR to meet with CAR staff and its committees and advisors for the purpose of presenting distinguishing elements of its proposal and responding to questions. Each such conference may be expected to take up to two hours.

#### 8.6 <u>Proposer Selection</u>

The field of proposers shall be reduced to a group of finalists. The finalists, or a subset thereof, may be invited to participate in a more detailed review of qualifications and capabilities with CAR. CAR's personnel will also be available during that time to meet with each proposer's personnel to discuss any special requirements presented by this RFP. These conferences may be supplemented by visits to the proposer's office. Interviews with individual staff on-site may be required.

Concurrently, each finalist may be requested to submit supplemental information based on its meeting with CAR and the ongoing evaluation of its proposal. This supplemental information will also be considered in CAR's selection process.

Following the procedures previously described, CAR will make a decision regarding selection of the proposer(s) to whom it will engage for the purpose of servicing ceded commercial business.

#### 8.7 <u>Summary of Evaluation Factors</u>

| Category               | Claims | Underwriting | Loss Control |       |
|------------------------|--------|--------------|--------------|-------|
| Experience             | 15%    | 15%          |              | Total |
| Personnel & Leadership | 12%    | 12%          | 8%           | 38%   |
| Location of Staff      | 4%     |              | 8%           | 32%   |
| Adjust to Change       | 3%     | 3%           | 3%           | 10%   |
| Subtotal               | 34%    | 3%           | 2%           | 8%    |
| AM Best Rating         | 34/0   | 33%          | 21%          | 88%   |
| Other                  |        |              |              | 3%    |
| Total                  |        |              |              | 9%    |
|                        |        |              |              | 100%  |

# Appendix A

# Exhibit 5.1.1

Summary of Projected Costs For Servicing the Commercial Residual Market (Excluding Taxi, Limousine and Car Service)

| 5 Carriers Preference |                                                                                                                                                                                                                                              |                                                                                                     | 5 Carriers Preference                                                                                    |                                                                       | 5 Carriers Preference                   |                                                                                                                                             |                                                                                        |  |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| 4 Carriers 5 (        |                                                                                                                                                                                                                                              |                                                                                                     | 4 Carriers 5 (                                                                                           |                                                                       | 4 Carriers 5 (                          |                                                                                                                                             |                                                                                        |  |
| 3 Carriers            |                                                                                                                                                                                                                                              |                                                                                                     | 3 Carriers                                                                                               |                                                                       | 3 Carriers                              |                                                                                                                                             |                                                                                        |  |
| A. ULAE Expenses      | Claims Management Services Loaded Annual Staffing Costs Overhead/Traveling Expenses* Special Investigations (concerning the facts of the loss) Adjusters Fees Motor Vehicle Appraisal Fees Fees for retrieval of preinspection reports Other | Total * All salaries, including ULAE-related salaries, should be reported in the salary supplement. | B. Underwriting/Technical Services Expenses Underwriting/Technical Services Loaded Annual Staffing Costs | Agency Education and Training<br>General Processing Expenses<br>Other | Total C. Loss Control Services Expenses | Loss Control Services Loaded Annual Staffing Costs<br>Surveys of new insureds<br>Surveys of renewal insureds<br>Cost for Vehicle inspection | Educational Programs Monitoring of Loss Control recommendations Special Services Other |  |

## Appendix A

# Exhibit 5.1.1

# Summary of Projected Costs For Servicing the Commercial Residual Market (Excluding Taxi, Limousine and Car Service)

| D. Company/General Expenses                                                                    | 3 Car        | & Carriore   |             |
|------------------------------------------------------------------------------------------------|--------------|--------------|-------------|
| Other Loaded Annual Staffing Costs Administrative/Account Management Services                  |              |              |             |
| Management Information System Services All Other Services                                      |              |              |             |
| Rent and Rent Items                                                                            |              |              |             |
| Office Equipment & Supplies Professional Services (Auditors Autorial 1995)                     |              |              |             |
| Taxes, Licenses, & Fees                                                                        |              |              |             |
| Other                                                                                          |              |              |             |
| Total                                                                                          |              |              |             |
|                                                                                                |              |              |             |
| E. Calculation of Total Expenses                                                               | 3 Cariers    | A Carriere   | Č           |
| Section A. Total: ULAE Expenses<br>Section B. Total: UnderwritingTechnical Services Exnenses   |              |              |             |
| Section C. Total: Loss Control Services Expenses<br>Section D. Total: Company/General Expenses |              |              |             |
| TOTAL: (A+B+C+D)                                                                               |              |              |             |
| F. Estimated Residual Market Premium                                                           | \$47.735.512 | \$35 801 634 | 600 644 004 |
| G. PY 2017 Expense Ratio (Total E / F)                                                         |              | 1001000      | 100,041,307 |
| H. PY 2017 Price                                                                               |              |              |             |
| If different from G., please explain.                                                          |              |              |             |

| page 29 of 29 |               |                                                                                            | Preference |  |  |
|---------------|---------------|--------------------------------------------------------------------------------------------|------------|--|--|
|               |               | _                                                                                          | 5 Carriers |  |  |
|               |               | Costs For Servicing the Commercial Residual Market Iuding Taxi, Limousine and Car Service) | 4 Carriers |  |  |
|               | Exhibit 5.1.1 | Costs For Servicing the Commerci<br>Iuding Taxi, Limousine and Car Service)                | 3 Carriers |  |  |
|               | Exhib         | Costs For Serv<br>luding Taxi, Limo                                                        |            |  |  |

Appendix A

Summary of Projected Co

PY 2018 Price
 If different from H., please explain

J. PY 2019 Price If different from I., please explain

K. PY 2020 Price If different from J., please explain

L. PY 2021 Price If different from K., please explain

## EXHIBIT C

Subject:RE: meeting request Date:2016-03-10 14:01

From: John Rapo < jjr@rapoandjepsen.com>

To: "Fitzpatrick, Roberta" < Roberta. Fitzpatrick@arbella.com>

#### Roberta

That's fine but you told me the other request are being worked on.

Do you know when I can expect those?

Also an in force list has nothing to do with the hearing. Who should I speak to about that ?

Thank you

John Rapo

1103 Commonwealth Ave. Boston, MA 02215 617-783-1160 (phone) 617-783-2062 (fax)

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On 2016-03-10 13:47, Fitzpatrick, Roberta wrote:

John -

You are asking for more than is required by the CAR Rules.

| Arbella has issued a notice of termination in accordance with the CAR Rules.                                                                   | P  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----|
| You have the right to file a request review by CAR.                                                                                            |    |
| Should you decide to proceed with a request for review, Arbella will comply with the CAR Rules relative to the submission of written materials | ne |
| Otherwise no further action is required on Arbella's part.                                                                                     |    |
| Roberta                                                                                                                                        |    |

Law Office of Roberta Fitzpatrick 101 Arch Street, Suite 1761 Boston, MA 02110

Telephone 617-769-3500 Facsimile 617-946-0569 Email <u>roberta.fitzpatrick@arbella.com</u>

From: John Rapo [mailto:jjr@rapoandjepsen.com]

Sent: Thursday, March 10, 2016 1:27 PM

To: Fitzpatrick, Roberta

**Subject:** Re: meeting request

#### Roberta,

Thank you for the update. I am also requesting an in force list by month and evidence to support the alleged violations.

When completed I will forward you a copy of the Request for Review.

Best-

John Rapo

1103 Commonwealth Ave. Boston, MA 02215 617-999-2090 (phone) 617-783-2062 (fax)

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On 2016-03-09 14:45, Fitzpatrick, Roberta wrote:

Hi John - sorry I did not get the chance to respond yesterday. I'm out of the office, but I did have the opportunity to discuss your request with Arbella.

Arbella will be responding to your request for information. As to another meeting, it does not appear that it would be productive.

I understand you will representing yourself and you will be filing a Request for Review.

Kindly forward a copy of your Request for Review to my attention.

Thank you.

Roberta

Sent from my iPhone

On Mar 8, 2016, at 2:15 PM, John Rapo < <pre>ijr@rapoandjepsen.com> wrote:

Roberta

I was following up regarding the meeting and documents I requested.

Best-

John Rapo

1103 Commonwealth Ave. Boston, MA 02215 617-999-2090 (phone) 617-783-2062 (fax)

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On 2016-03-07 15:25, John Rapo wrote:

Roberta

I would like to set up a meeting with Arbella this week. I am available tomorrow all day, Wed anytime before 2 pm, Thursday after 1 pm

Thank you

John Rapo

1103 Commonwealth Ave. Boston, MA 02215 617-999-2090 (phone) 617-783-2062 (fax)

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# EXHIBIT D

Subject: RE: Arbella Submission for the May 11, 2016 Market Review Committee Meeting

**Date:**2016-04-29 16:02

From: John Rapo < jjr@rapoandjepsen.com>

To: "O'Beirne, Lisa" < Lisa. O'Beirne@arbella.com>

Cc:"'jmetcalfe@commauto.com'" < jmetcalfe@commauto.com >, "Fitzpatrick, Roberta" < Roberta.Fitzpatrick@arbella.com >

Roberta,

In connection with Arbella's Notice of Termination of the Arbella Limited Servicing Carrier Agreement with RJIS and the upcoming Market Review Committee hearing on RJIS's appeal thereof, I am requesting that you produce to me the following documents so that RJIS may have a fair opportunity to respond at the Market Review Committee hearing to the most recent submissions to CAR by Attorney Fitzpatrick:

- Each report to CAR or RJIS by Arbella relating to concerns regarding potential fraudulent applications submitted to Arbella by RJIS
- · All records of infractions of the rules of CAR by RJIS maintained by Arbella
- All quarterly reports of premium, production and experience data that you Arbella provided to RJIS
- All training materials provided to RJIS by Arbella regarding claims reporting and fraud recognition
- All procedures of Arbella adopted to assure that RJIS complied with the Limited Servicing Carrier Agreement, including any documents evidencing whether and when such procedures were communicated to RJIS
- All SIU reports or documents generated in connection with any investigation, review or verification
  of garaging and policy facts pertaining to policies produced by RJIS
- Each correspondence and notice to RJIS from Arbella concerning potential fraudulent applications submitted to Arbella by RJIS or its customers
- All documents, memoranda and records of meetings conducted between Arbella and RJIS pursuant to CAR Rule 13B.5.g.
- All policies, information or procedures provided by Arbella to RJIS required for RJIS to effectively service policies ceded to CAR.
- All records, communications, memoranda and recordings of any meetings held between RJIS and Arbella in any way relating to RJIS's business practices or suspected fraudulent applications for commercial automobile insurance submitted by RJIS or its customers
- All documents concerning Arbella's efforts to verify the information contained in each and every application submitted for by RJIS which it contends to be fraudulent, including the efforts made at the time the application was accepted by Arbella
- Each and every request from Arbella to RJIS for additional information or verification that an
  applicant was engaged in the business identified on the application for insurance or that the
  insured vehicle would be used in connection with said business
- All written notices provided to RJIS by Arbella regarding any alleged violations of CAR Rules.

CAR DOCKET #MR16.04 EXHIBIT #6 PAGE 65 OF 174

- Any requests to RJIS by Arbella for information or documents to which Arbella contends in its Notice of Termination that RJIS failed to respond.
- All written requirements, standards, policies and/or procedures disseminated to RJIS by Arbella for verifying information provided by an applicant relevant to the stated business use of the motor vehicle. For any such documents, please provide proof that such documents were provided to RJIS.
- Any statutes, rules, regulations, or policy provisions promulgated by CAR, the Division of
  Insurance, the General Court, or Arbella, governing the minimum requirements necessary for an
  individual or business entity to obtain commercial motor vehicle insurance. Please also provide and
  documents showing whether and when you provided copies of said documents to RJIS.

Further, I am requesting that you produce these documents to me by close of business, Tuesday May 3, 2016, so that I may be afforded an opportunity to review them and timely submit additional exhibits to CAR in advance of the Market Review Committee hearing. Along with the documents, please also provide a written response with regard to each request indicating whether any responsive documents were found and have been produced and/or whether any responsive documents were withheld on the basis of a privilege or otherwise. If any documents were withheld as privileged, please describe each such document and state the facts which you believe render those documents privileged.

| Sincerely             |  |  |  |
|-----------------------|--|--|--|
|                       |  |  |  |
| John Rapo             |  |  |  |
|                       |  |  |  |
|                       |  |  |  |
| 1103 Commonwealth Ave |  |  |  |

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On 2016-04-28 16:44, O'Beirne, Lisa wrote:

I appreciate your anticipated cooperation.

Dear Mr. Metcalfe,

Boston, MA 02215 617-783-1160 (phone) 617-783-2062 (fax)

|   | 17/02 to 01 1                                                                                                                                                                                                  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Enclosed please find Arbella's Submission for the May 11, 2016 Market Review Committee Meeting in connection with the Termination of Rapo and Jepsen Insurance Services Limited Servicing Carrier Appointment. |
|   | Kindly include the enclosed with the Agenda for the May 11, 2016 Market Review Committee Meeting.                                                                                                              |
|   | Should you have any questions, please contact Roberta Fitzpatrick at 617-769-3511.                                                                                                                             |
| ı |                                                                                                                                                                                                                |

Thank you.

Sincerely, Lisa O'Beirne on Behalf of Roberta Fitzpatrick

Law Office of Roberta Fitzpatrick 101 Arch Street, Suite 1761 Boston, MA 02110

Telephone 617-769-3500 Facsimile 617-946-0569 Email roberta.fitzpatrick@arbella.com

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# **EXHIBIT E**

INSURANCE GROUP

## ARBELLA PROTECTION INSURANCE COMPANY LIMITED SERVICING CARRIER AGREEMENT

### Commercial Auto Producer Code: 46-0127

THIS AGREEMENT, MADE AT Quincy, MA this 22nd of April, 2011 by and between ARBELLA PROTECTION INSURANCE COMPANY (hereinafter called the "Company") and Representative Producer, RAPO JEPSEN INSURANCE SERVICES, INC. (hereinafter called "Producer") who agree as follows:

- 1. This Agreement will be effective as of July 1st, 2011, and is entered into for the sole and express purpose of enabling the Producer to bind and execute commercial auto contracts of Massachusetts Motor Vehicles insurance in accordance with the provisions of Chapter 241 of the Acts of 1983 of the Commonwealth of Massachusetts.
- 2. The Producer and Company agree to comply with the provisions of the Plan of Operation, Rules of Operation and Manual of Administrative Procedures of Commonwealth Automobile Reinsurers as presently existing or hereafter amended. Producer and Company further agree that any changes or amendments to Commonwealth Automobile Reinsurers are a part of this contract without further amendment.

### 3. HOLD HARMLESS AGREEMENT

The Company will hold the Producer harmless of any liability, including costs of defense, caused by Company error in the preparation, processing or billing of any renewed policy, provided the Producer did not cause, contribute to or compound such error and provided the Producer shall have given the Company prompt notice of any claim asserted against the Producer and provided further that the Company is permitted to direct the investigation, settlement and defense of any such claim.

## 4. OWNERSHIP OF EXPIRATIONS

The following conditions govern the ownership of expirations and the use of records relating to business placed by the Producer with the Company, both during the term of this Agreement and following its termination:

1

Ed. 2005

- (a) If the Producer is not in default in any financial obligation due to the Company, it is agreed that the Producer records and use and control of expirations will remain the property of the Producer and will be left in his undisputed possession, and the Company's record of names of insureds and expiration dates will not be referred or communicated by the Company to any other Producer nor used by the
- (b) If the Producer has not promptly accounted for and paid to the Company all premiums for which the Producer may be liable, or if the Producer is otherwise financially indebted to the Company, then ownership of the Producer records and use and control of expirations shall vest in the Company, and the Company shall have the right to make such use as it deems fit of the Producer records, the expirations, and its own records.
- (c) In the exercise of its rights to collect any indebtedness due from the Producer, the Company will be accountable to the Producer for any sums received which, net of expenses, exceed the amount of indebtedness. The Producer will remain liable for the amount by which the indebtedness exceeds the sums received by the Company.

#### 5. COMMISSIONS

As full compensation for services, Company shall pay Producer commissions on premiums written and paid for, in accordance with Rule 18, Commonwealth Automobile Reinsurers Plan of Operation, at the rates stated on the attached schedule. The commission rate on ceded business is assigned by the state and is therefore subject to change from year to year. Producer shall pay Company return commission at the same rates on any return premiums, including return premium on cancellations ordered or made by the Company.

### 6. PREMIUMS AND ACCOUNTING

Company for purposes of solicitation.

The Producer shall hold all premiums collected as a fiduciary trust, separate and apart from money belonging to the Producer, and pay such premiums to the Company as provided in this Agreement. All premiums paid to the Producer are the property of the Company, and commissions payable to the Producer are debts due to the Producer by the Company. The keeping of an account with the Producer on the Company's books is only a record memorandum of business transacted, and neither the keeping of such an account, nor the privilege of deducting commissions from premiums shall be deemed to waive the understanding that the premiums collected by the Producer are trust funds or otherwise change the character of such premiums.

## 7. PREMIUM ACCOUNTING - AGENCY BILLED BUSINESS

(a) The Producer is responsible for collecting and remitting to the Company all premiums on business the Producer placed with the Company.

Ed. 2005 2

- (b) A monthly statement of written premiums shall be rendered by the Company or by the Producer according to mutual agreement, and shall be submitted to the other not later than ten (10) days following the last day of the month for which the statement is prepared.
- (c) The monies due under monthly statements shall be paid not later than twenty (20) days following the last day of the month for which the statement is prepared.
- (d) Omission of any item from a monthly statement shall not relieve either party of the responsibility to account for and pay all amounts due, nor shall it prejudice the right of either party to collect any such amounts due.
- (e) Company reserves the right to suspend or limit Producer's authority to write agency billed business.

## 8. PREMIUM ACCOUNTING - COMPANY BILLED BUSINESS

In addition to the other applicable provisions of this Agreement, the following applies with respect to policies placed, by mutual agreement with the Producer and the Company, in the Company's direct billed programs:

- (a) Unless otherwise specified by the Company in writing, any application or policy submitted to the Company must be accompanied by either a deposit premium of not less than the required percentage of the estimated annual policy premium and must be received by the Company on or before the effective date of the policy.
- (b) Net commissions on premiums so billed are payable by the Company to the Producer within thirty (30) days after the end of the month in which the deposit premium has been received by the Company, or the effective date of a premium transaction.
- (c) The Producer shall be identified by name on all policies, premium notices, renewal certificates or questionnaires and cancellation notices and the Producer shall be provided a monthly summary of these transactions on direct billed policies.
- (d) The Company shall send Producer copies of renewal bills (except payment plan invoices), which are sent to the insured. Copies of inserts placed in company-billed renewal invoice mailings will be furnished to Producer prior to such mailing. Any business developed for the Company from such inserts shall belong to Producer subject to the terms and provisions of this agreement.

## 9. ACCOUNTING RECORDS

All accounting records of the Producer pertaining to business written through the Company shall be subject to inspection at any time when the Producer is in default of any monies due the Company.

Ed. 2005

## 10. TERMINATION

This Agreement will terminate:

- (a) Immediately upon the Producer's failure to comply with Rules of Operation and Manual of Administrative Procedures of Commonwealth Automobile Reinsurers;
- (b) Automatically in the event that the law creating Commonwealth Automobile Reinsurers is abolished by public authority;
- (c) Automatically in the event that the Company, either voluntary or otherwise, ceases to act as a servicing carrier for Commonwealth Automobile Reinsures.

## 11. MISCELLANEOUS PROVISIONS

- (a) Except as specifically authorized by the Company, the Producer has no authority to make, alter, vary or discharge any policy contract, to extend the time for payment of premiums, to waive or extend any policy obligation or condition, or to incur any liability in behalf of the Company.
- (b) Supplies furnished by the Company shall remain the property of the Company and shall be returned on demand. Producer shall make no use of Company's name or description of insurance policies or any of its trademarks except in accordance with the written instruction or written consent of the Company.
- (c) The Company shall not be responsible for the Producer's expenses such as rentals, transportation facilities, clerical help, solicitors' fees, postage, advertising, exchange, personal local license fees, or any other expenses whatsoever.
- (d) The fact that the Company may waive a default of defaults of the Producer or may not strictly enforce each and every provision of this Agreement, shall not constitute a waiver of any subsequent default or defaults, nor shall it constitute a waiver of change of any part of the Agreement.
- (e) Representative Producer shall keep the following records:
  - (i) Cash book of all transactions;
  - (ii) Copy of all billings and receipts given to insureds;
  - (iii) Individual files for all insureds containing all transactions and pertinent records for such insureds (i.e.: correspondence, accident reports, worksheets, endorsements and policy dailies);
  - (iv) Record of all policies, endorsements and cancellations ordered, for both his and the Company's protection.

Ed. 2005

4

## 12. SUB AGENTS AND BROKERS

Producer shall have no authority to appoint subagents, or to accept business from any insurance broker, except upon specific written authority.

## 13. AMENDMENT

This Agreement may be amended in writing at any time upon mutual agreement of the Producer and the Company to negotiate placement of other lines of insurance.

## 14. ASSIGNMENT, PRIOR AGREEMENTS AND NOTICE

No right, benefit or interest hereunder may be assigned without written consent of the Company. This Agreement supersedes all previous agreements, whether oral or written between the parties hereto. Whenever written notice is used by either party, the mailing of a notice postage prepaid to the last known address of the other party shall constitute notice.

IN WITNESS WHEREOF, this Amendment has been executed in duplicate this 22nd day of April, 2011.

Rapo Jepsen Insurance Services, Inc.

Arbella Protection Insurance Company

Bv:

John J. Rapo

y: Estre

John Donohue, Chairman, President & CEO

1103 Commonwealth Ave.

Boston, MA 02215

Producer's Office Address

## LIMITED SERVICING CARRIER AGREEMENT AMENDMENT

THIS AMENDMENT forms a part of the Limited Servicing Carrier Agreement entered into between ARBELLA PROTECTION INSURANCE COMPANY and RAPO JEPSEN INSURANCE SERVICES, INC. effective July 1st, 2011. The Agreement is amended as follows:

For good and sufficient consideration, your Agreement is amended to reflect your status as a duly appointed Producer assigned to the Arbella Protection Insurance Company as provided under the Plan and Rules of Operation of Commonwealth Automobile Reinsurers (hereinafter called "C.A.R.").

Pursuant to Section 113-H of Chapter 175 as amended by Section 17 of Chapter 241 of the Acts of 1983, your Agreement is subject to the conditions of appointment by C.A.R. to Arbella Protection Insurance Company as a Servicing Carrier. By accepting this Amendment you agree to comply with the Plan and Rules of Operation of C.A.R. as now constituted or as may be hereinafter amended.

IN WITNESS WHEREOF, this Amendment has been executed in duplicate this 22nd day of April, 2011.

Rapo Jepsen Insurance Services, Inc.

Arbella Protection Insurance Company

STIME FOR

By:

John Donohue, Chairman, President & CEO

<sup>\*</sup>If Producer is operating under a trade or firm name, such name should be shown followed by the name and title or position of the individual signing such trade or firm names as Producer; in case of a Partnership, the names of all partners should be shown and this Agreement signed by at least one partner; if a Corporation, or a concern doing business under a name indicating incorporation, this Agreement should be signed in the name of the corporation or concern by proper officials, under corporate scal.

## SCHEDULE OF COMMISSION RATES MASSACHUSETTS COMMERCIAL AUTO

## ARBELLA PROTECTION INSURANCE COMPANY

This schedule shall constitute part of the Limited Servicing Carrier Agreement with ARBELLA PROTECTION INSURANCE COMPANY and will not affect the Agreement with any other company, and applies in Massachusetts. Commission rates are for the territory in which the Producer is located.

## CLASSIFICATION: AUTOMOBILE COMMISSION SCHEDULE

The Commercial Automobile Rates are as follows:

**VOLUNTARY BUSINESS** 

15.0%

\*CEDED BUSINESS

9.52%

The commission rates indicated above shall apply to new and renewal automobile business.

\*Note: The commission rate on ceded business is established by C.A.R. and therefore is subject to change from year to year. Arbella will notify you by way of separate bulletin of any such change.

Ed. 2005 7

# **EXHIBIT F**

Subject:

FW: Re: Working Draft

On 2016-03-30 16:08, Fitzpatrick, Roberta wrote:

John - I have shared your draft with Arbella and have now heard back. Arbella believes it is appropriate for CAR to review this matter. I have confirmed they will stay the effective date of termination through the date that CAR decides your request for review.

Please forward a copy of the filing to my attention when you ultimately file with CAR.

Thank you. Roberta

Sent from my iPhone

On Mar 30, 2016, at 3:55 PM, John Rapo < <u>ijr@rapoandjepsen.com</u>> wrote:

Roberta-

Just checking in, I believe I have a quick solution to this going forward.

**Thanks** 

John Rapo

1103 Commonwealth Ave. Boston, MA 02215 617-783-1160 (phone) 617-783-2062 (fax)

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On 2016-03-30 08:36, Fitzpatrick, Roberta wrote:

Hi John - I have shared the draft with Arbella and I will be in touch later today.

Thank you. Roberta

Sent from my iPhone

On Mar 29, 2016, at 11:50 AM, John Rapo < <pre>ijr@rapoandjepsen.com> wrote:

Roberta,

This a draft of what I am planning to file. I am providing this to you in advance to give us an opportunity for discussion before the final appeal is filed.

Would you please confirm receipt and let me know by tomorrow if you are open for a discussion

Thank you,

John Rapo 617-999-2090 CELL

<blooked.gif>

1103 Commonwealth Ave. Boston, MA 02215 617-999-2090(phone) 617-783-2062 (fax)

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#### <ARBELLA.docx>

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## EXHIBIT G.1



Rapo & Jepsen Insurance 1103 Commonwealth Ave Boston, MA 02215

Payment taken by: paola ecker Payment Type: Credit Card

Location: 1885 REVERE BEACH PKWY

Phone: 617-381-6240 Fax: 617-381-6326

Line Type Amount Policy Carrier

Administration Fee \$100.00 Service Fee \$14.40 \$380.00 New Business (Down Payment)

#### Total Amount\$494.40

I AGREE WITH AND TO PAY THE ABOVE TOTAL AMOUNT, I REALIZE THAT NO REFUND, CREDIT OR CHARGEBACK WILL BE ALLOWED, ALL SALES ARE FINAL.

Thank you for your business

## RECEIPT

CAR DOCKET #MR16.04 EXHIBIT #6 PAGE 79 OF 174

Payment ID: RJ-108257 4/28/2016 9:49 am

To:



| CustomerID:                                                           | SERVICES INC.                                                        | I Want To:           |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|----------------------|
| Balance Due \$0.00                                                    |                                                                      | View Account Summary |
| Minimum Amount Due \$1.00                                             |                                                                      | ■ Payment History    |
| Your Confirmation Number is: 3668943                                  |                                                                      |                      |
| Payment From: Business Chec<br>Payment Amount:<br>Payment Created On: | king Account ending in xxxx1969<br>\$380.00<br>4/28/2016 11:69:19 AM |                      |
| Enter your email and select email confirmation to                     | o race)ve an email for your records                                  |                      |
|                                                                       | Email Confirmation                                                   |                      |
|                                                                       | Print Confirmation                                                   |                      |
|                                                                       |                                                                      | ARBELLA              |

INSURANCE GROUP

ARBELLA SUBMISSION CONFIRMATION General Information Policy # Status: Submitted Agency Information Agency Name: RAPO & JEPSEN INS SERVICES INC Producer Code: 0154 Submission Summary Reference #: CA-NB-60738 Applicant Name: Policy Term: 04-28-2016 to 04-28-2017 Agency Customer ID: EVERETT OFFICE Date Submitted: 04/28/2016 Prior Carrier Information Applicants Prior Carrier: No Prior Carrier for this Applicant **Estimated Premium** Total Policy Premium: \$1,884 To review with an underwriter contact Commercial Auto team at 1-617-769-3950

| Coverages                                       |                                                  | Premium                      |           |
|-------------------------------------------------|--------------------------------------------------|------------------------------|-----------|
|                                                 |                                                  |                              |           |
| Coverages                                       | Limits                                           | Deductible                   | Premiu    |
| Vehicle # 1 Premium : \$1,884                   |                                                  |                              | a salayin |
| 2013 FORD ESCAPE SE                             | 보이를 가게 되었습니다 하다                                  |                              |           |
|                                                 |                                                  |                              |           |
| Compulsory Insurance:                           |                                                  |                              |           |
| Compulsory Bodily Injury                        | \$20,000 Per Person / \$40,000<br>Per Accident   |                              | \$28      |
| Compulsory Personal Injury Protection           | \$8,000                                          |                              | \$4       |
| Compulsory Damage To Someone<br>Else's Property | \$100,000                                        |                              | \$44      |
| Compulsory Uninsured Motorist                   | \$100,000 Per Person / \$300,000<br>Per Accident |                              |           |
|                                                 |                                                  | 함, 10 시시 시간 2012 19 19 19 19 |           |
| Optional Insurance:                             |                                                  |                              |           |
| Optional Bodily Injury To Others                | \$100,000 Per Person / \$300,000<br>Per Accident |                              | \$27      |
| Optional Medical Payments                       | \$15,000                                         |                              | \$        |
| Collision                                       |                                                  | \$500                        | \$52      |
| Waiver of Deductible                            | Yes .                                            |                              |           |
| Comprehensive                                   | 존대를 얼굴살길이 뭐하다는데                                  | \$500                        | \$17      |
| Rental Reimbursement                            | 30/30 Days                                       |                              | \$6       |
| Towing and Labor                                | \$100                                            |                              | \$1       |
| Optional Underinsured Motonst                   | \$100,000 Per Person / \$300,000<br>Per Accident |                              | \$4       |
|                                                 | Per Accident                                     |                              | A SAN     |
|                                                 |                                                  |                              |           |
| Risk Characteristics:                           |                                                  |                              |           |
| Garaging City                                   |                                                  |                              |           |
| Temtory                                         |                                                  |                              |           |
| Class Code                                      | 73910                                            |                              |           |
| Anti-theft Device:                              | 20%                                              |                              |           |

The quote provided is an estimate only based on information entered. It may be subject to additional review and validation. This quote is valid for 30 days.

#### Down Payment Information

Type: Electronic Payment

Make electronic payment now.

Amount: \$380.00

You have elected to make an Electronic Payment. Click the link to process the

down payment

Payment Mailing Address: Arbella Insurance Group

P.O. Box 55392

Boston, MA 02205-5392

An original copy of the application must be signed by the applicant and the agent, and kept on file by the agency of record. The original copy of the application is subject to audit by Arbella.

To View/ Print Commercial Auto - MA Application click this icon ACORD 125 PDF

To View/ Print Commercial Auto - MA Application click this icon ACORD 127 PDF

To View/ Print Commercial Auto - MA Application click this icon

https://connect.arbella.com/AgencyPortal/FrontServlet

## Reference# CA-NB-60738 Submitted Date 04-28-2016 COMMERCIAL INSURANCE APPLICATION

| ACORI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | A                                                                       | PPLICA                                  | NT INFO              | RN           | MATION                                    | SECT                                  | ION                                        |                      |                                   |                                       | -13-20          |                     |  |  |  |  |
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| AGENCY<br>RAPO & JEP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SEN INS SERVICE                                                                                           | 28 A.                                                                   |                                         | ARRIER               |              | NAIC CODE                                 |                                       |                                            | UNDERW               | RITER                             |                                       | UNDERW          | VRITER OFF.         |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NWEALTH AVE                                                                                               |                                                                         | -                                       | OLICIES OR P         | 9061         | DAN BEOVIE                                | eten .                                |                                            |                      |                                   | POLICY ANIMOED                        |                 | -                   |  |  |  |  |
| BOSTON MA Paola Ecke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           |                                                                         |                                         | CAR - Ar             |              |                                           |                                       |                                            |                      |                                   | POLICY NUMBER                         |                 |                     |  |  |  |  |
| rauta bene.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | The track of the second                                                 | 10                                      | NDICATE SECT         | TIONS        | ATTACHED                                  |                                       | EQUIPME                                    | NT FLOAT             | ER                                | GARAGE AN                             | D DEALER        | tS                  |  |  |  |  |
| PHONE<br>(A/C, No, Ext): 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 73816240                                                                                                  |                                                                         | 200                                     | PROPERT              | Y            |                                           |                                       | INSTALL                                    | TIONBUI              | LDERS RISK                        | VEHICLE SC                            | HEDULE          |                     |  |  |  |  |
| FAX<br>(A/C, No):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                         |                                         | GLASS AN             |              |                                           |                                       |                                            | ONIC DATA            | PROC                              | PROC BOILER & MACHINERY               |                 |                     |  |  |  |  |
| ADDNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | aola@rapoandjep                                                                                           |                                                                         |                                         | VALUABLE             | E PAPI       |                                           |                                       | 3                                          | LLIABILIT            |                                   | WORKERS                               | OMPENSA         | ATION               |  |  |  |  |
| AGENCY CUSTOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SUB CO                                                                                                    | DDE: 0154<br>ICE                                                        | N 15.31 N. I                            | TRANSPOI<br>MOTOR TE |              | LANEOUS CF                                | SIME                                  | BUSINES                                    |                      | CARRIER                           | UMBRELLA                              |                 |                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RANSACTION                                                                                                |                                                                         | BACKA                                   | GE POLICY            |              |                                           | ION                                   | INUCKE                                     | KS/MOTOF             | CARRIER 1                         |                                       |                 |                     |  |  |  |  |
| QUOTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ISSUE POLICY                                                                                              | Y RENEW                                                                 |                                         |                      |              |                                           |                                       | AND TERM                                   | S APPI Y T           | OSEVERALLIN                       | ES, OR FOR MON                        | OI INE PO       | ICIES               |  |  |  |  |
| BOUND (Give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date and/or Attach Copy):                                                                                 |                                                                         |                                         | D EFF DATE           |              | ROPOSED E)                                |                                       |                                            | IG PLAN              |                                   | AYMENT PLAN                           |                 | AUDIT               |  |  |  |  |
| CHANGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE 17                                                                                                   | DME AM                                                                  | 04-28                                   | 3-2016               | 1            | 04-28-2                                   | 2017                                  | X DIR                                      | ECT BILL             |                                   |                                       | 1               | No Audit            |  |  |  |  |
| CANCEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u> </u>                                                                                                  | PM                                                                      |                                         |                      | <u>L</u>     | Talah sag                                 |                                       |                                            | NCY BILL             | 14 144 14                         |                                       |                 | *                   |  |  |  |  |
| FEIN OR SOC SEC 1 (of First Named Insu E-MAIL ADDRESS(ES): INDIVIDUAL PARTNERSH INSPECTION CONT. PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE PHONE | X CORPORATION IP JOINT VENTURE                                                                            | PHONE JA/C, No.  SUBCHAPTER CORPORATION FOR PROFIT ORG  E-MAIL ADDRESS: | R"S" LU                                 | LC<br>FAMEMBERS _    |              | CR BURE NAME                              | AU ID NU                              | WEBSITE<br>ADDRESS(I<br>UNBER<br>DS CONTAC |                      | E-MAIL<br>ADDRES                  |                                       |                 | DATE BUS<br>STARTED |  |  |  |  |
| PREMISES IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EORMATION                                                                                                 | ADDRESS:                                                                | ***                                     |                      |              | (A/C, No. Ex                              | t):                                   | Variation.                                 |                      | ADDRES                            | \$:                                   |                 |                     |  |  |  |  |
| LOC# BLD#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | CITY, COUNTY, STAT                                                      | TE 710.4                                | V 1224               | CIT          | YLIMITS                                   | INTER                                 | )EeT                                       | YR                   | *                                 | ANNUAL                                | Τ               |                     |  |  |  |  |
| 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | JINEE I, V                                                                                                |                                                                         | 15, 51779                               |                      |              |                                           |                                       |                                            | BUILT                | EMPLOYEES                         | REVENUES                              | <b>%00</b>      | CUPIED              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |                                                                         |                                         |                      |              | OUTSIDE                                   | TENAN                                 | 77.1                                       | 1                    |                                   |                                       |                 |                     |  |  |  |  |
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| NATURE OF E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BUSINESS/DESCRIP                                                                                          | TION OF OPER                                                            | CATIONS F                               | SY PREMIS            | SE(S         | 3)                                        | 42,5300                               |                                            | 18000                | 1. 1. 1.                          |                                       | <del></del>     | 14.5                |  |  |  |  |
| CLEANING S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                         |                                         |                      |              |                                           |                                       |                                            |                      |                                   |                                       |                 |                     |  |  |  |  |
| GENERAL INF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                         | *************************************** |                      | <del> </del> | 27.4 (4.4 (4.4 (4.4 (4.4 (4.4 (4.4 (4.4 ( | New York Con-                         |                                            |                      |                                   |                                       |                 |                     |  |  |  |  |
| EXPLAIN ALL "YES"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | " RESPONSES<br>ANT A SUBSIDIARY OF ANOT                                                                   | THED ENTITY 9                                                           | <del></del>                             | YES                  | NO<br>X      |                                           | NG THE LA                             |                                            |                      | IN RIV HAS ANY                    | APPLICANT BEE                         | NI .            | YES NO              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LICANT HAVE ANY SUBSIDIA                                                                                  |                                                                         |                                         |                      | x            | INDIC                                     | CTED FOR C                            | OR CONVIC                                  | TED OF A             | NY DEGREE OF                      | THE CRIME OF FI                       | RAUD.           | x                   |  |  |  |  |
| 2. IS A FORMAL SA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AFETY PROGRAM IN OPERA                                                                                    | ATION?                                                                  | *************************************** |                      | X            | WTH                                       | THIS OR A                             | NY ÔTHER                                   | PROPER'              | TY?                               | or property insuran                   | - 1             | .                   |  |  |  |  |
| 3 ANY EXPOSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO FLAMMABLES, EXPLOS                                                                                     | SIVES, CHEMICALS?                                                       |                                         |                      | X            | to disc                                   | close the ex                          | istence of a                               | n anson co           | nviction is a misd                | emeanor punishab                      | e by a          |                     |  |  |  |  |
| 4. ANY CATASTRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHE EXPOSURE?                                                                                             |                                                                         | Andrew St. 1                            |                      | x            |                                           | UNCORREC                              |                                            |                      |                                   |                                       | <del>* : </del> | х                   |  |  |  |  |
| - Later Street Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SURANCE WITH THIS COMP                                                                                    |                                                                         |                                         |                      | X            | 10. ANY E                                 | BANKRUPT<br>IE PAST 5 Y<br>BUSINESS I | CIES TAX                                   | OR CREDI             | T LIENS AGAINS                    | T THE APPLICAN                        | r               | x                   |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R COVERAGE DECLINED, CA<br>EARS? (Not applicable in MO)                                                   |                                                                         | RENEWED DU                              | IRING                | X            | LIE YES                                   | S. NAME O                             | F TRUST:                                   |                      |                                   | DISTRIBUTED IN U                      | 51 65 II        | x                   |  |  |  |  |
| 7 ANY PAST LOSS<br>ALLEGATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SES OR CLAIMS RELATING 1<br>DISCRIMINATION OR NEGLI                                                       | TO SEXUAL ABUSE C                                                       | OR MOLESTAT                             | TION                 | х            | PROD                                      | DUCTS SOL                             | D/DISTRIB                                  | UTED IN F            | OREIGN COUNT                      | RIES? (If "YES", a                    | ttach           | s x                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SING INSTRUCTIONS (Attacl                                                                                 |                                                                         | more space is                           | (berluper            |              |                                           | (Daising)                             | звину Ехр                                  | SUFE SINCA           | F ACORU 816 10                    | r Property Exposur                    | <u>)</u>        |                     |  |  |  |  |
| FRAUDULENT INSU<br>ME, TN and VA, insu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NOWINGLY AND WITH I<br>MATERIALLY FALSE INFO<br>RANCE ACT, WHICH IS A CF<br>rance benefits may also be de | PRIME AND SUBJECTS<br>lenied)                                           | S THE PERSO                             | ON TO CRIMINA        | AL AN        | OF MISLEAD<br>ID INY: SUBS                | STANTIAL]                             | RMATION<br>CIVIL PENA                      | CONCERN<br>LTIES (No | ING ANY FACT<br>tapplicable in Co | T MATERIAL THE<br>D. HI. NE. OH, OK.  | OR, or VT       | OMMITS A            |  |  |  |  |
| THE UNDERSIGNED THIS APPLICATION.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | O IS AN AUTHORIZED REPR<br>HE/SHE CERTIFIES THAT I                                                        | RESENTATIVE OF THE                                                      | HE APPLICANT                            | T AND CERTIF         | FIES T       | THAT REASO                                | ONABLE EN                             | NOUIRY HA                                  | S BEEN A             | ADE TO OBTAI                      | N THE ANSWERS                         | TO QUES         | TIONS ON            |  |  |  |  |
| APPLICANT'S SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                         | DATE, /                                 | 7                    | PROI         | DUCER'S SIG                               |                                       | JANER MAG                                  | TTEEDGE              | v an early                        | NATIONAL E                            | RODUCE          | RNUMBER             |  |  |  |  |
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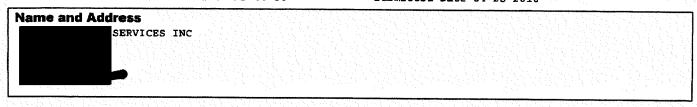
#### Submitted Date 04-28-2016

PRIOR CARRIER INFORMATION

| LINE        | CATEGORY                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| ENTER ALL CLAIMS I<br>FOR THE PRIOR 5 Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OR LOSSES (R<br>EARS (3 YEARS | EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCUP<br>IN KS & NY) | RRENCES THAT MAY     | GIVE RISE TO CLAIMS               | X CHK HERE SEE ATTAC                     | MARY                      |
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| DATE OF<br>OCCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LINE                          | TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM                                | DATE<br>OF CLAIM     | AMOUNT<br>PAID                    | AMOUNT S                                 | CLAIM<br>TATUS<br>EN CLSI |
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| REMARKS NOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E: FIDELITY RE                | QUIRES A FIVE YEAR LOSS HISTORY                                        |                      |                                   | ATTACHMENTS                              | -                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                        |                      |                                   | STATE SUPPLEMENT(S) (If ap               | plicable)                 |
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| COPY OF THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NOTICE OF IN                  | FORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APP                | LICANT. (Not applica | ble in all states, consult your a | gent or broker for your state's requirer | nents.)                   |

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



#### Additional Information

#### APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

Any other Arbella Commercial policy(ies): No

List Policy Number(s):

#### PAYMENT PLAN :

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Electronic Payment Down Payment Amount: \$380.00

#### MISCELLANEOUS INFORMATION :

Sic Code

#### AGENT REMARKS :

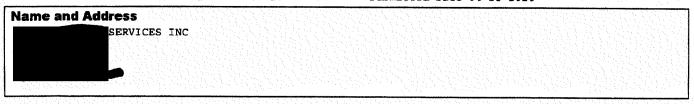
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| ACORD, BUSINES                                                                             | S AUTO                                        | SECT                 | 10        | N                 | v. XOV                                                                                                                                                                                                                            |      |                            |             |                  | - 1               | (MM/DD/Y                              |                                                  |
|--------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------|-----------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------|-------------|------------------|-------------------|---------------------------------------|--------------------------------------------------|
| AGENCY PHONE (A/C, No, Ext):                                                               |                                               | APPLICANT<br>(First  |           |                   | SI                                                                                                                                                                                                                                | ERV  | ICES INC                   |             |                  | <del>-</del>      |                                       |                                                  |
| FAX<br>(A/C, No):                                                                          |                                               | Named<br>Insured)    |           |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   |                                       |                                                  |
| RAPO & JEPSEN INS SERVICES INC<br>1103 COMMONWEALTH AVE<br>BOSTON MA 02215                 |                                               | EFFECTIVE D          |           | 1                 | ION DATE                                                                                                                                                                                                                          | х    | DIRECT BILL                | <del></del> | PAYMENT          | PLAN              | 100                                   | AUDIT                                            |
| Paola Ecker                                                                                |                                               | 04-28-20             | 16        | 04-28             | -2017                                                                                                                                                                                                                             |      | AGENCY BILL                | <u></u>     |                  |                   | No                                    | Audi t                                           |
| CODE: SUB CODE: 01                                                                         | 54                                            | FOR COMPANY USE ONLY |           |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   |                                       |                                                  |
| AGENCY<br>CUSTOMER ID: EVERETT OFFICE                                                      |                                               |                      | 1 10 1    |                   |                                                                                                                                                                                                                                   | 430  |                            |             |                  |                   |                                       |                                                  |
| COVERAGES/LIMITS                                                                           |                                               | 7 / AM / W           |           |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   | 1000                                  |                                                  |
| DRIVER INFORMATION ACC                                                                     | RD 163 attach                                 |                      |           |                   | OVERA                                                                                                                                                                                                                             | \GE  | S/LIMITS II                | VFOF        | RMATION          | 7111.1            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1                                                |
| LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THA                                             |                                               |                      |           |                   | VHO DRIVE                                                                                                                                                                                                                         | OWN  | VEHICLES ON (              | OMPA        | NY BUSINESS.     | A V CARACT        |                                       | 4111                                             |
| ORIVER NAME (Include address, if required)                                                 | MAR<br>SEX STAT                               | DATE OF BIRTH        | Y         | RS YEAR<br>XP LIC | DRIVERS<br>SOCIAL                                                                                                                                                                                                                 | SECU | NSE NUMBER/<br>RITY NUMBER | STATI       | DATE             | BROADEN DOC       | USE<br>VEH#                           | USE                                              |
|                                                                                            |                                               | H. W. A. A.          |           |                   | .a.Th                                                                                                                                                                                                                             |      |                            | -           |                  | No                |                                       |                                                  |
|                                                                                            |                                               |                      |           |                   | N.                                                                                                                                                                                                                                |      |                            |             |                  |                   |                                       |                                                  |
|                                                                                            |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   |                                       |                                                  |
|                                                                                            |                                               |                      | 1         | 7                 | T.A.                                                                                                                                                                                                                              |      |                            | <b></b>     |                  |                   |                                       | <del>                                     </del> |
|                                                                                            |                                               |                      | -         |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   |                                       | <u> </u>                                         |
|                                                                                            |                                               |                      | -         |                   |                                                                                                                                                                                                                                   |      |                            |             |                  | 4.                |                                       |                                                  |
|                                                                                            |                                               |                      |           |                   |                                                                                                                                                                                                                                   | . 1  |                            |             |                  |                   |                                       | <del> </del>                                     |
|                                                                                            |                                               |                      |           |                   | 1                                                                                                                                                                                                                                 |      |                            | <u> </u>    |                  |                   |                                       | <del> </del>                                     |
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|                                                                                            |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            | -           |                  |                   |                                       |                                                  |
| GENERAL INFORMATION                                                                        |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   |                                       | <u> </u>                                         |
| EXPLAIN ALL "YES" RESPONSES                                                                |                                               | YE                   | S NO      | EXPLAIN           | ALL "YES"                                                                                                                                                                                                                         | RESP | ONSES                      |             |                  | · · · · · · · · · | Y                                     | ES NO                                            |
| I. WITH THE EXCEPTION OF ENCUMBRANCES, ARE AF<br>OWNED BY AND REGISTERED TO THE APPLICANT? | NY VEHICLES NOT 8                             | OLELY                | x         | 8. ANY H          | OLD HARM                                                                                                                                                                                                                          | LESS | AGREEMENTS                 | >           |                  |                   |                                       | х                                                |
| 2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUT                                              | OC IN THE BURNIES                             | ·co                  | x         |                   |                                                                                                                                                                                                                                   |      |                            |             | IF SO, IDENTIFY  | IN REMARKS        | -                                     | $\frac{x}{x}$                                    |
| 3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN C                                             |                                               | 101                  | X         | 1                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                             |      | OBTAIN MVR V               |             | VER RECRUITING   | S METHODS         |                                       | $\frac{1}{x}$                                    |
| 4 ARE ANY VEHICLES LEASED TO OTHERS?                                                       |                                               |                      | x         |                   |                                                                                                                                                                                                                                   |      |                            |             | ERS COMPENSA     |                   |                                       | x                                                |
| 5 ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HA                                               | VE SPECIAL EQUIP                              | MENT?                | X         |                   |                                                                                                                                                                                                                                   |      |                            | *****       | D ON THIS APPL   |                   |                                       | х                                                |
| 5. ARE ICC, PUC OR OTHER FILINGS REQUIRED?                                                 |                                               |                      | X         | 14. ANY D         | RIVERS W                                                                                                                                                                                                                          | THC  | ONVICTIONS FO              | R MOV       | ING TRAFFIC VIC  | SATIONS?          |                                       | Х                                                |
| 7 DO OPERATIONS INVOLVE TRANSPORTING HAZARD<br>DESCRIPTION OF GARAGE/STORAGE LOCATIONS     | OOUS MATERIAL?                                |                      | <u> x</u> | 15 HAS A          | GENT INSP                                                                                                                                                                                                                         | ECTE | D VEHICLES?                |             | MAXIMUM DOLL     | DVALUE CO         | D 1507 T                              | X                                                |
|                                                                                            |                                               |                      | . 16.3    |                   |                                                                                                                                                                                                                                   |      |                            |             | \$               | N VALUE SU        | BJEC! IC                              | 72055                                            |
| ADDITIONAL INTEREST/CERTIFICATE I                                                          |                                               |                      | 45        | attached          |                                                                                                                                                                                                                                   |      | nal names<br>FICATE REQUIR | En l        | INTER            | ET IN ITEM I      | LIMBEO.                               | - 33.3                                           |
| ADDITIONAL INSURED                                                                         |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      | TION IE REGUIR             |             | VEHICLE:         | EST IN ITEM N     | UMBER                                 |                                                  |
| LOSS PAYEE                                                                                 |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            |             | SCHEDULED ITE    | M NUMBER:         |                                       | 3,77                                             |
| X LIENHOLDER                                                                               |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            |             | OTHER            |                   |                                       | *******                                          |
| EMPLOYEE AS LESSOR OWNER REGISTRANT                                                        |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   |                                       |                                                  |
| REMARKS                                                                                    | J:                                            |                      |           |                   | na na marana na marana na marana na marana na marana na marana na marana na marana na marana na marana na mara<br>Marana na marana na marana na marana na marana na marana na marana na marana na marana na marana na marana na m |      |                            | 13.15       |                  | The Alberta       |                                       |                                                  |
|                                                                                            | NATION AND AND AND AND AND AND AND AND AND AN |                      |           | 1,111,0           |                                                                                                                                                                                                                                   |      |                            |             | nia<br>Ngjarajan |                   |                                       |                                                  |
|                                                                                            |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   |                                       |                                                  |
|                                                                                            |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            |             |                  |                   |                                       |                                                  |
| ACODD 427 (2002)00)                                                                        |                                               |                      |           |                   |                                                                                                                                                                                                                                   |      |                            |             | + 3 1            |                   |                                       |                                                  |

Reference# CA-NB-60738

Submitted Date 04-28-2016

|                                         |                    |            | RIPTION           |                     | <u> </u>                                  | COR                                     | D 129 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| CITY, S                                 | TATE, EV           |            | TT MA 0:          |                     |                                           |                                         | LIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| WORK                                    | SCHOOL<br>15 MILES | USE        | PLEASURE          | <u> </u>            | COMM'L<br>RETAIL                          | COV                                     | ECK<br>VERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | l ↓ F         | AULT NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | MOTOR<br>TOWING                             | F                                     | - 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1<br>1, 1 - 1 - 1 | Ц,                                                                          |               | VEHICLI       |                  | <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SYM/AGE        | COSTN          | EW                                      |
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| CITY, S'<br>ZIP WHI<br>GARAG<br>DRIVE T | ERE<br>ED          |            |                   |                     |                                           |                                         | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| WORK                                    | SCHOOL             | USE        | 23.33             | <b>  </b>           | COMMIL                                    | COV                                     | CK<br>ERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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|                                         | 15 MILES           |            | PLEASURE          |                     | RETAIL                                    |                                         | LIAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| NET VE                                  | MILES+             |            | FARM              | !                   | SERVICE                                   | $\sqcup \bot$                           | NO-<br>FAULT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| DR/CR;                                  | YEAR               | 1.         |                   | ***                 |                                           |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | BODY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                             |                                       |                       |                          | - 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|                                         |                    |            | AKE:<br>ODEL:     | -                   | 77                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| CITY, ST                                | TATE               | 1 111      | JUEL:             | 1.5                 | 1.434.00                                  |                                         | LIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| ZIP WHI                                 | ERE                |            |                   |                     |                                           |                                         | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| DRIVE T                                 |                    | USE        | W. N. W.          |                     | COMM'L                                    | CHEC                                    | CK<br>ERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                      | TI                                      | UNDRINS<br>MOTOR                            | F                                     | Т                     | Ls                       | SP                                                                          |               | RENT          | DED              | UCTIBLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|                                         | 5 MILES            |            | PLEASURE          |                     | RETAIL                                    |                                         | LIAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4 1           | ED PAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | H                                       | TOWING & LABOR                              | FT                                    | -                     |                          | OMP                                                                         |               | REIMB<br>FG   | $\vdash$         | <b>AA</b> [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ST AMT         | COMP _         | COFL                                    |
|                                         | MILES+             |            | FARM              |                     | SERVICE                                   |                                         | NO-<br>FAULT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | U             | NINS<br>OTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | SPEC<br>C OF L                              | FT\                                   | w                     | C                        | OLL                                                                         |               |               | s                | ~ - 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| NET VEI<br>DR/CR:                       | н                  |            |                   |                     |                                           |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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A. S. A. S. |                |                                         |
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| 3.50                                    |                    | 17.        | arer in each      | 24.3                |                                           |                                         | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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#### **Additional Information**

### ADDITIONAL DRIVER INFORMATION :

Driver # : 1
Name : SDIP :

#### MISCELLANEOUS INFORMATION :

Ridesharing/T.N.C.: NO

#### ADDITIONAL VEHICLE INFORMATION :

: 0001 Rate Physical Damage Only? : No Plate Type Plate Number : Unknown Plate Number : Unknown
Bodily Injury Limit : 20000/40000
Personal Injury Limit : 8000
Property Damage Limit : \$100,000
Property Damage Deductible
Uninsured Motorist Limit : 100000/300000
Medical Payment Limit : 15000
Medical Payment Limit : 15000 Bodily Injury To Others Limit : 100000/300000 Underinsured Motorist Limit : 100000/300000 Collision Type : Full Waiver of Collision Deductible : Yes \$100 Glass Deductible : No Rental Reimbursement : 30 Towing and Labor : 100
Anti-Theft Device : 20%
Pollution Type : No Pollution Liability Coverage-No Surcharge : No Pollution Type Is this a Leased Vehicle

End of Document

Reference# CA-NB-60738

Submitted Date 04-28-2016



## MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY) 04-13-2016

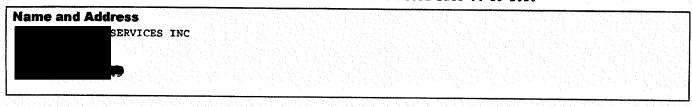
AGENCY RAPO & JEPSEN INS SERVICES INC APPLICANT (First Named Insured)
SERVICES INC

| COVERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | COVE                                         |                |               | SYME        | IOLS     |                                                  | 344 N 53                   | <del></del>                      | LIMI                    | ITS            | PACAN MARI                                             | COVE                                                              | RAGES         |              | COVE           | RED         | AUTO           | SYN                                    | MBOLS         | <u> </u>          | . 1,11        | LIMIT    | •                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------|---------------|-------------|----------|--------------------------------------------------|----------------------------|----------------------------------|-------------------------|----------------|--------------------------------------------------------|-------------------------------------------------------------------|---------------|--------------|----------------|-------------|----------------|----------------------------------------|---------------|-------------------|---------------|----------|-------------------------|
| BODILY<br>INJURY<br>LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 2                                          |                | 4             | Ë           | 9        | <del>                                     </del> | BI EACH<br>ACH ACC         | PERSON                           | N :                     | \$ 20          | 0000<br>0000                                           | OPTIONA<br>UNDERIN<br>MOTORIS                                     | AL<br>NSURED  |              | 7              |             |                |                                        |               |                   |               | Each 1   | Person<br>Accident      |
| COMPULSORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5                                            |                | 8             |             |          | PER<br>PER                                       | SON \$                     | 8000                             |                         | DEC            |                                                        |                                                                   |               |              |                |             |                |                                        |               |                   |               |          |                         |
| PERSONAL INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X 7                                          |                |               |             |          |                                                  | YOURSE                     |                                  | 7 40                    | OURSE!         | LF AND<br>MEMBERS                                      |                                                                   |               |              |                | Р           | HYSI           | CAL                                    | DAMAG         | Æ                 |               | 1777     |                         |
| PROTECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>                                     |                | ाः<br>स       | -J_T        | !        | <del>-</del>                                     |                            | 44450<br>24470                   |                         |                |                                                        | OPTIONAL<br>TOWING                                                | -             | -            | 3              |             |                |                                        |               | s                 |               |          |                         |
| COMPULSORY: DAM-<br>AGE TO SOMEONE<br>ELSE'S PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | $\Box'$        | 3 X           | X 7 _<br> 8 | 9        | EAC                                              | CH ACCIDE                  | ENT                              |                         | <b>s</b> 10    | 00000                                                  | & LABOR<br>OPTIONAL<br>COMPRE                                     |               | Æ            | 2              | 2           | 4              | Ţ                                      | 8             | \$50              | 00            |          |                         |
| OPTIONAL<br>MEDICAL<br>PAYMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 3                                          | T V            | 4<br>X 7      |             | ] 8      | EAC                                              | H PERSO                    | and a second                     | V 2 - 11                | s 1!           | 5000                                                   | OPTIONAL<br>SPECIFIED<br>CAUSES O                                 | L<br>D        |              | 2              |             | 4 7            |                                        | JB            |                   | <u> </u>      |          |                         |
| COMPULSORY<br>UNINSURED<br>MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2<br>3                                       |                | 6 7           |             |          | BI EA                                            | ACH ACC                    |                                  |                         | \$ 30          | 00000<br>00000                                         | OPTIONAL<br>COLLISION                                             |               | 1            | 3              | 1           | 4<br>K 7       | T<br>—                                 | _] 8          | \$50              | 00            |          |                         |
| OPTIONAL<br>BODILY INJURY<br>TO OTHERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 2 3 YI                                     | X              | 8             | STATE       | 9<br>ES  | BI EA                                            | CSL CACH ACCI              | X BI<br>EAP<br>CIDENT            | PER                     | \$ 30<br>roccu | 00000<br>00000<br>JPANT EXCLUSION<br>NY BASIS          |                                                                   |               | STATES       | - \(\)         | DAY!        | ·s             | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ÆH.           | COVE              | RAG           | E/DE DUC | CTIBLE                  |
| HIRED/BORROWED<br>LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N                                            | NO<br>res      |               | TATES       |          | \$                                               | OUP TYPE                   |                                  | A <del>la.</del><br>Mij | J.".           | NUMBER OF                                              | OPTIONAL<br>HIRED                                                 |               |              |                |             |                |                                        |               |                   | ОМР           | P S      |                         |
| OPTIONAL<br>NON-OWNED<br>LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>₩</b>                                     | <b>4</b> 0     |               |             |          |                                                  | EMPLOY<br>VOLUNT<br>PARTNE | TEERS                            |                         | E              |                                                        | PHYSICAL<br>DAMAGE                                                |               |              | OVERA          |             |                | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |               | SI                | PEC<br>OF I   |          | ECONDARY                |
| AUTO (2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (1) ANY A<br>(2) ALL O'<br>(3) OWNE<br>CTION | OWNED<br>ED PR | D AUT         | E PASS      |          | ER AL                                            | лоѕ                        | (5)                              | 5) ALL (                | NED AL         | UTOS OTHER THAI<br>ED AUTOS WHICH I<br>UTOS SUBJECT TO | REQUIRE NO-F                                                      | FAULT C       | COVER        | AGE            |             | (8)<br>(9)     | B) HIR<br>B) NO                        | RED AUT       | TOS<br>IED AUT    |               | SCHED    | A.E                     |
| BODILY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 41                                           | T              |               | 46          |          |                                                  | BI EACH                    | PERSON                           |                         | \$             |                                                        | COVER                                                             | AGES          | $\mathbb{T}$ | AUTO S         |             |                | Î                                      | An            | LIMITS            | <u> </u>      |          | DEDUCTIBL               |
| INJURY<br>LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 42                                           | · r            |               | 47<br>50    |          | B) E/                                            | ACH ACCI                   | IDENT                            |                         | \$             |                                                        | OPTIONAL<br>COMPRE                                                |               | L            | 42<br>43       | +           | 46             | - 1                                    |               |                   |               |          | \$                      |
| COMPULSORY<br>PERSONAL INJURY<br>PROTECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 44                                           | 4              | 1             |             |          | 1 1                                              | SON \$                     |                                  | YC                      | DED<br>OURSEI  | D \$<br>LF AND<br>MEMBERS                              | OPTIONAL<br>SPECIFIED<br>CAUSES O                                 | D<br>D        |              | 43<br>42<br>43 | ŧ           | 47<br>46<br>47 | 6                                      | SCL<br>F      | F                 | T _           | LSP      | <b>s</b>                |
| COMPULSORY: DAM-<br>AGE TO SOMEONE<br>ELSE'S PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 41                                           |                | 43<br>46      | -           | 47<br>50 | EAC                                              | H ACCIDE                   | ENT                              |                         | \$             |                                                        | OPTIONAL<br>COLLISION                                             | L<br>L        | E            | 42<br>43       | I           | 45             | 6                                      | Ňì            |                   |               |          | s                       |
| OPTIONAL<br>MEDICAL<br>PAYMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 42                                           | 13             |               | 46          |          | EAC                                              | H PERSO                    | and the second                   |                         | \$             |                                                        | OPTIONAL<br>TOWING<br>& LABOR                                     |               | 1            | 48             |             |                | s                                      |               |                   |               |          |                         |
| COMPULSORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 42                                           |                | ' ا           | 46          |          | لــا                                             | CSL                        | BI P                             | PER !                   | S              |                                                        |                                                                   | <u> </u>      | - 4,50<br>   | * * *          |             |                |                                        | ERCHAN        |                   | - <del></del> | Again in | RNASSA                  |
| UNINSURED<br>MOTORIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 42                                           |                |               |             |          | 1                                                | ACH ACCI                   |                                  |                         | \$             |                                                        | COVER                                                             | AGES          | 5Y           | YMBOL          | <u> # 7</u> | TRAIL          | ERS                                    | FARTH<br>ZONE | # DAYS            | 5 R           | RADIUS   | DEDUCTIBL               |
| Application of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the | 45                                           |                | $\frac{1}{1}$ | 46          |          |                                                  | CSL CSL                    |                                  | PER S                   | \$<br>\$       |                                                        | OPTIONAL COMPREH                                                  |               | E            | 48<br>49       |             |                |                                        |               |                   |               |          |                         |
| OPTIONAL<br>BODILY INJURY<br>TO OTHERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 42                                           | 12             | $\square$     | 47          |          | BI EA                                            | ACH ACCI                   | CIDENT                           |                         | 5              |                                                        | OPTIONAL<br>SPECIFIED                                             | L<br>D        |              | 48             | 1           |                |                                        |               |                   | 1             |          |                         |
| OPTIONAL<br>NON-TRUCKERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YES                                          | S STA          | ATES          | 50          |          | cos                                              | MOTORO                     |                                  | UEST                    |                | JPANT EXCLUSION<br>INY BASIS                           | OPTIONAL<br>COLLISION                                             | L             | 十            | 48             | 1           |                |                                        |               |                   | $\dagger$     |          | \$                      |
| HIRED/BORROWED  OPTIONAL  TRUCKERS  HIPET/BORROWED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YES                                          | S STA          | ATES          |             |          |                                                  | T OF HIR                   | ìE.                              | T                       | ] IF A         | NY BASIS                                               |                                                                   |               | STATES       | 3 #            | DAYS        | s              | # V                                    | EH .          |                   | 1.            |          |                         |
| HIRED/BORROWED  OPTIONAL NON-OWNED AUTO LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | YES                                          | STA<br>S       | ATES          |             |          |                                                  | OUP TYPE EMPLOY VOLUNTI    | YEES<br>TEERS                    |                         |                | NUMBER OF                                              | OPTIONAL<br>HIRED<br>PHYSICAL<br>DAMAGE                           | L             |              |                |             |                |                                        |               |                   |               |          |                         |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13.7<br>13.7<br>13.7                         |                |               |             |          | <del></del>                                      | PARTNE                     | RS                               |                         |                |                                                        | OTHER                                                             | -             | 1            | OVERA          | GE 13       |                |                                        | 1             | RIMARY            |               | S        | ECONDARY                |
| COVERED AUTO SYMB<br>(41) ANY AUTO<br>(42) OWNED AUTOS OF<br>(43) OWNED COMMERC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ONLY                                         | TOS            |               |             | (45)     | COMP                                             | IED AUTO                   | OS SUBJE<br>OS SUBJE<br>Y UNINSU | ECT TO                  | OA             | (47) HIF<br>(48) TR                                    | PECIFICALLY DI<br>RED AUTOS ON<br>RAILERS IN YOU<br>TRAILER INTER | NLY<br>UR POS | SESSIC       | ON UN          |             |                | AA<br>M                                | NOTHER        | R TRUCK<br>ANGE A | KER L<br>GREI | UNDER A  | SESSION OF<br>A TRAILER |

## Reference# CA-NB-60738

### Submitted Date 04-28-2016

| MOTOR CARRI                                                                                                                                                   | 7                                                                                                                                  | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| COVERAGES                                                                                                                                                     | COVERED                                                                                                                            | AUTO SYMBOL!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                     | AGE                                                       |                                        | -                          | ****                                                            |
|                                                                                                                                                               | 61                                                                                                                                 | 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                         | LIMIT                                                     | S                                      |                            | DEDUCTIBLE                                                      |
| BODILY                                                                                                                                                        | 62                                                                                                                                 | 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                     |                                                           |                                        |                            |                                                                 |
| LIABILITY                                                                                                                                                     | 63                                                                                                                                 | 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|                                                                                                                                                               | 64                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                                                                                                                                                               | 65                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PER<br>PERSON \$                                                                                                                                                                                                                                   | DED \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               | A di Nasa                                                  | -                              | 62                                                            | 67                                                                       | 1                                                                         | CL F                                                      | 1                                      | LSP                        |                                                                 |
| COMPULSORY PERSONAL INJURY                                                                                                                                    | 67                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| PROTECTION                                                                                                                                                    | ₩"                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                     | f L                                                       | rw .                                   |                            | 5                                                               |
|                                                                                                                                                               | +                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |                                                            | -                              | 64                                                            | <del> </del>                                                             |                                                                           |                                                           |                                        |                            |                                                                 |
| COMPULSORY: DAM-                                                                                                                                              | 61                                                                                                                                 | 64 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                     |                                                           |                                        |                            |                                                                 |
| AGE TO SOMEONE<br>ELSE'S PROPERTY                                                                                                                             | 62                                                                                                                                 | 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| ELGE STROPERTY                                                                                                                                                | 63                                                                                                                                 | 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| OPTIONAL                                                                                                                                                      | 62                                                                                                                                 | 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| MEDICAL<br>PAYMENTS                                                                                                                                           | 63                                                                                                                                 | 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EACH PERSON                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | & LABOR                                                                                       | N. Bal                                                     |                                | 67                                                            |                                                                          | \$                                                                        |                                                           |                                        |                            |                                                                 |
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The Ment Rating | mation as to characterisends, neighbors and investigation will be prodeceptive, misleading we may refuse to partitle place of garaging listed operators. Che Board may verify the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | associates, vided, or incomplet y claims und y claims und y of the wehick to make accuracy of | eputation Upon te inform ter any cle(s) to certain the pre | mation<br>or a<br>o be<br>that | erson<br>en re<br>n in 1<br>all of<br>insur<br>you<br>s drivi | al characture, request, rethis applied the Option the have coing recoing | cteristic<br>eceived<br>ication<br>ional Ir<br>names<br>irrectly<br>ds of | and if s<br>and if s<br>surance<br>of opera<br>listed all | uch fai<br>Parts<br>ators no<br>operat | se, c<br>and<br>equinators | ing. 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| APPLICANT SIGNATION                                                                                                                                           | S, CONTIN                                                                                                                          | UATIONS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Additional Information                |                                                                                                           |
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| GARAGEKEEPERS COVERAGE:<br>Locations  |                                                                                                           |
| Address                               |                                                                                                           |
| Limit Company (1987)                  |                                                                                                           |
| Coverage Options Collision Deductible |                                                                                                           |
| OTC Type                              | : Coverage Not Requested                                                                                  |
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| End of Document                       |                                                                                                           |
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|                                       | 원리들 시간을 하고 있는 학생들은 그렇게 되었다. 이 그렇게 되었다.                                                                    |
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|                                       |                                                                                                           |
| 그는 사람이 있는 속으로 살아 보고를 살아왔다.            |                                                                                                           |
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|                                       |                                                                                                           |

| ACORD                                                        | INSURANCE BINDER                               |                                  |                          |                            |                         | DATE (MM/DD/YYYY<br>04/28/2016                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------|------------------------------------------------|----------------------------------|--------------------------|----------------------------|-------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THIS BINDER IS A TEMPORARY                                   | INSURANCE CONTRACT, SUBJE                      | CT TO THE CONDITION              | NS SHOW                  | ON THE REV                 | ERSE SID                | E OF THIS                                         | FORM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| RAPO AND JEPSEN INSURANCE SERVICES 1885 REVERE BEACH PARKWAY |                                                | COMPANY BINDE<br>ARBELLA INS TBI |                          |                            |                         |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                              |                                                | DATE                             | TIME DA                  |                            | EXPIRATION TIME         |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| EVERETT, MA 02149                                            |                                                | 04/28/2016                       | 11:57                    | X AM                       | 30 D                    | AYS                                               | 12 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PHONE<br>(A/C, No, Ext): 617-381-6240                        | FAX<br>(A/C, No): 617-381-6326                 | THIS BINDS                       | S IS ISSUED              | TO EXTEND COV              | EPAGE IN TI             |                                                   | X NOC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CODE:                                                        | SUB CODE:                                      | COMPANY P                        | R EXPIRING PO            | LICY #: TBI                | LIVOL III               | TE ABOVE IN                                       | WANTED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| AGENCY<br>CUSTOMER ID:                                       | NCY IOMER ID:  DESCRIPTION OF OPERATIONS/VEHIC |                                  |                          |                            |                         | tion)                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| INSURED                                                      | SERVICES INC                                   | 2013 FORD ESC                    | APE SE                   |                            |                         |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| COVERAGES                                                    |                                                |                                  | 1 1 1 1 1                |                            | LIMI                    | TS                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TYPE OF INSURANCE PROPERTY CAUSES OF LOSS                    | COVERAG                                        | E/FORMS                          |                          | DEDUCTIBLE                 | COINS %                 | AMO                                               | OUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| BASIC BROAD SPEC                                             |                                                |                                  |                          |                            |                         |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY              |                                                |                                  |                          | EACH OCCURRI               |                         | <u>s</u>                                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                              |                                                |                                  |                          | DAMAGE TO<br>RENTED PREMIS |                         | \$                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CLAIMS MADE OCCUR                                            |                                                |                                  | MED EXP (Any one person) |                            | <u> </u>                | ~ <del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                              |                                                |                                  | PERSONAL & ADV INJURY    |                            | \$                      |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                              |                                                |                                  |                          | GENERAL AGGE               |                         | \$                                                | ware standard to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| VEHICLE LIABILITY                                            | RETRO DATE FOR CLAIMS MADE                     |                                  |                          | PRODUCTS - CO              | MP/OP AGG               | \$                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                              |                                                |                                  |                          | COMBINED SINC              | SLE LIMIT               | S                                                 | a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de<br>La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ANY AUTO                                                     | [ 교육의 이 점점 그리지다                                |                                  |                          | BODILY INJURY              | (Per person)            | s 200                                             | )00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ALL OWNED AUTOS                                              |                                                |                                  |                          | BODILY INJURY              | (Per accident)          | \$ 400                                            | Marine Approved to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SCHEDULED AUTOS                                              |                                                |                                  |                          | PROPERTY DAM               | IAGE                    | \$ 1000                                           | )00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HIRED AUTOS                                                  |                                                |                                  |                          | MEDICAL PAYM               | ENTS                    | s 150                                             | )00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NON-OWNED AUTOS  X 2013 FORD ESCAPE                          |                                                |                                  |                          | PERSONAL INJURY PROT       |                         |                                                   | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2013.10KB E30A.2                                             |                                                |                                  |                          | UNINSURED MO               | TORIST                  | s 200                                             | terror property and the contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| VEHICLE PHYSICAL DAMAGE DED                                  | <u> </u>                                       |                                  |                          |                            |                         | s 400                                             | Ю0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| DED .                                                        | ALL VEHICLES SCHEDULE                          | D VEHICLES                       |                          |                            | ASH VALUE               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X COLLISION 500 COMP  X OTHER THAN COL 500 W                 |                                                |                                  |                          | STATED A                   | MOUNT                   | S                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| GARAGE LIABILITY                                             |                                                |                                  |                          | AUTO ONLY CO               | 100105117               |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ANY AUTO                                                     |                                                |                                  |                          | AUTO ONLY - EA             |                         | \$                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                              |                                                |                                  |                          |                            | H ACCIDENT<br>AGGREGATE | \$                                                | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| EXCESS LIABILITY                                             |                                                |                                  |                          | EACH OCCURRE               |                         | 5                                                 | - 4 V. V. 1 V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| UMBRELLA FORM                                                |                                                |                                  |                          | AGGREGATE                  |                         | s                                                 | t the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract |
| OTHER THAN UMBRELLA FORM                                     | RETRO DATE FOR CLAIMS MADE                     |                                  |                          | SELF-INSURED               | RETENTION               | 1                                                 | dentino esperanda de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la consta |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY               |                                                |                                  | 1516.000                 | 1                          | TORY LIMITS             |                                                   | 31.13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                              |                                                |                                  |                          | E L EACH ACCIE             | <del></del>             | s                                                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                              |                                                |                                  |                          | E L DISEASE - E            | <del></del>             | \$                                                | *********                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Fig. 628 and All Charles                                     |                                                | Jan Jan Garage Land              |                          | E.L. DISEASE - P           |                         | 5                                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SPECIAL<br>CONDITIONS/                                       |                                                | Take Terreto                     |                          | FEES                       | UMII                    | 5                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| OTHER<br>COVERAGES                                           |                                                | 1/11/11/                         |                          | TAXES                      |                         | 5                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

BANGOR, PA 018013

SOURCE ONE FINANCIAL CORP

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ACORD 75 (2007/01)

Page 1 of 2

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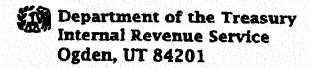
ADDITIONAL INSURED

PAOD ECKER AUTHORIZED REPRESENTATIVE

| Massachusetts Department of Transportation RMV-1 Application Form www.massmv.com 1. REG. EFF . DATE 2. REG. EXP . DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| to date and those duties the business partner or the applicants. Dive benefit and the centry that all informations contained in this application is to be a fear to the benefit on knowledge and belief. We understand that take statements are points belief to suppose supposement or both.  50. Stephilling of Oscine From Block, 25 or 29.11 covering is fixed in Block 29, signer triust also print name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Signature of 2nd Owner From Block 27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N. 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| Authorized Dealer's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 53. 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| FACSIMILE TRANSMITTAL SHEET          |                              |                       |  |  |  |
|--------------------------------------|------------------------------|-----------------------|--|--|--|
| TO: RMV                              | FROM: PAOLA                  |                       |  |  |  |
| COMPANY:                             | DATE: 04/27/2016             |                       |  |  |  |
| FAX NUMBER: 857-368-08<br>978-688-11 |                              | ES INCLUDING COVER: 3 |  |  |  |
|                                      |                              |                       |  |  |  |
| URGENT FOR REVIEW                    | □ PLEASE COMMENT □ PLEASE RI | EPLY DIEASE RECYCLE   |  |  |  |
| NOTES/COMMENTS: Please add compa     | ny on the RMV system         | :                     |  |  |  |
|                                      | SERVICES INC                 |                       |  |  |  |
| FID:                                 |                              |                       |  |  |  |
| ATT SS-4 form and article            | s one.                       |                       |  |  |  |
| Thank you very much!                 |                              |                       |  |  |  |
| Paola Ecker                          |                              |                       |  |  |  |
| 617-381-6240 (ext 214)               |                              |                       |  |  |  |



In reply refer to: Apr 27, 2016 38-4001560 0444195927 LTR 147C

SERVICES INC

Taxpayer identification Number:

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of April 27th, 2016.

Your Employer Identification Number (EIN) is the Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

10029666025

Customer Service Representative

MA SOC Date: 4/15/2016 11:37:00 AM



# The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

#### **Articles of Organization**

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Identification Number:

#### ARTICLE I

The exact name of the corporation is:

SERVICES INC

#### ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

#### NONE

#### **ARTICLE III**

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

|                | Par Value Per Share | Total Authorized by Articles  | Total Issued    |
|----------------|---------------------|-------------------------------|-----------------|
| Class of Stock | Enter 0 if no Par   | of Organization or Amendments | and Outstanding |
|                |                     | Num of Shares Total Par Value | Num of Shares   |
| CNP            | \$0.00000           | 1,000 \$0.00                  | 1,000           |

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

#### **ARTICLE IV**

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

#### NONE

#### ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

#### **NONE**

#### **ARTICLE VI**

| Other lawful provisions, and if there a                                                                                        | are no provisions, this article                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | may be left blank.                         |                                                                                |
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| NONE                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                |
| Note: The preceding six (6) article appropriate articles of amendmen                                                           | es are considered to be pent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rmanent and may                            | y be changed only by filing                                                    |
|                                                                                                                                | ARTICLE VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                |
| The effective date of organization and time prescribed by law. If a later effective after the articles are received for filing | ctive date is desired, specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ved for filing if the a such date, which n | articles are not rejected within the may not be later than the <i>90th day</i> |
| Later Effective Date: Time:                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                |
|                                                                                                                                | ARTICLE VII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                |
| The information containe                                                                                                       | ed in Article VIII is not a perm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | anent part of the A                        | urticles of Organization.                                                      |
| a,b. The street address of the inition of the initial registered agent at the                                                  | al registered office of the<br>ne registered office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | corporation in th                          | e commonwealth and the name                                                    |
| Name:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                |
| No. and Street:<br>City or Town:                                                                                               | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip:                                       | Country: 410-4                                                                 |
| c. The names and street addresses<br>treasurer and secretary of the corp<br>officer or director is the same as the<br>Title    | poration (an address need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | not be specified i                         | if the business address of the  Address (no PO Box)                            |
| PRESIDENT                                                                                                                      | Fig. Property Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the | Audies.                                    | s, City or Town, State, Zip Code                                               |
| TREASURER                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                |
| SECRETARY                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                |
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| VICE PRESIDENT                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                |
| DIRECTOR                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                |
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| d. The fiscal year end (i.e., tax yea<br>December                                                                              | r) of the corporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                |
| e. A brief description of the type of                                                                                          | business in which the co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rporation intends                          | to engage:                                                                     |
| <u>SERVICES</u>                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                |
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No. and Street:

| City or Town:                                                                                                                                                                            | State:                                     | Zip:                                        | Country: <u>USA</u>         |
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| g. Street address where the records of the clocated (post office boxes are not acceptable                                                                                                | The second of the second of the second     | d to be kept in th                          | e Commonwealth are          |
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| which is                                                                                                                                                                                 |                                            |                                             |                             |
| X its principal office an office of its secretary/assistant secreta                                                                                                                      | 1.3 A 1.3 A THE 1.3 A 1.3                  | office of its transfer<br>registered office | agent                       |
| an office of its secretary/assistant secreta                                                                                                                                             | 118 I                                      | registered office                           |                             |
| Signed this 15 Day of April, 2016 at 11:39 acting as incorporator, type in the exact no it was incorporated, the name of the person holds or other authority by which such action DN 04/ | ame of the business<br>a signing on behalf | entity, the state<br>of said business       | or other jurisdiction where |
|                                                                                                                                                                                          | Analas en estadas.                         |                                             |                             |
|                                                                                                                                                                                          |                                            |                                             |                             |
| © 2001 - 2016 Commonwealth of Massachusetts<br>All Rights Reserved                                                                                                                       |                                            |                                             |                             |

### THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

April 15, 2016 11:37 AM

**WILLIAM FRANCIS GALVIN** 

Hetera Frain Dalies

Secretary of the Commonwealth

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| 2 Trade name of businesse (if cifferent from name on line 1)    Becautor, administrator, trushes, "care of "name  Molfing address from, syt., suits no. and street, or P.O. box)    Molfing address from, syt., suits no. and street, or P.O. box)    Molfing address from, syt., suits no. and street, or P.O. box)    Molfing address from, syt., suits no. and street, or P.O. box)    Decreased from the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of t   | mel Rovenue Dervice                      | See separate instruction                                                                           |                                            |                                        | py for your records.                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| E. Trade name of juminates (it different from name on line 1)  B. Excutor, administrator, trustee, "care of" name  Multing address prom, apt., suite no. and street, or P.O. bod)  G. Street address (if different) (Do not enter a P.O. box.)  D. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. City, stato, and ZP code (if foreign, poe Instructions)  B. Stato, and the state of composition of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of the City of    | 1 Legal nam                              |                                                                                                    | m the EIN is being                         | requested                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 40 City, state, and ZiP code (if foreign, see instructions)  50 City, state, and ZiP code (if foreign, see instructions)  51 Name of responsible party  12 Name of responsible party  13 Name of responsible party  14 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN,    | 2 Trade na                               |                                                                                                    | namo en line 1)                            | 8 Executor                             | Aciministrator trustee                                              | *Core CP Horno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 40 City, state, and ZiP code (if foreign, see instructions)  50 City, state, and ZiP code (if foreign, see instructions)  51 Name of responsible party  12 Name of responsible party  13 Name of responsible party  14 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN, ITIN, or EIN  15 SSN,    | NOVEM AND                                |                                                                                                    |                                            |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| S County and data where principal business is located  7a Name of responsible party  1b this application for a limited liability conveyory (LLC) (or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                                                    |                                            | 6a Street ac                           | idracc (if ditterarit) (Do                                          | not enter a P.O. box.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ta Name of responsible party  15 bit list application for a initial stability company (LLD) (or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                                                    | 1                                          | Sb City, stat                          | te. and ZIP code (If for                                            | elgn, see Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| The SSN, ITIN, or EIN   The SSN, ITIN, or EIN   The SSN, ITIN, or EIN   The string requirement of a tording acquired from a limited liability company (LLC) (or   Yee   Z) No   St. II Sa is "Yee," enter the number of a tording acquired from summer of the string acquired from summer of the string acquired from summer to be fixed by 120   Yee   Z No   St. II Sa is "Yee," see the instructions for the correct box to check.   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee   Yee        | 6 County 2                               | o state where principal business                                                                   | s is located                               |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If Bails "Yes," was the LLC organized in the United Street," see the instructions for the correct box to check.    Yes   Type of entity (check only one box), Castellon, if Bails "Yes," see the instructions for the correct box to check.   Sole proprietor (SSN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          | responsible party                                                                                  |                                            | 76                                     | SSN, ITIN, of EIN                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| If Bails "Yes," was the LLC organized in the United Street," see the instructions for the correct box to check.    Yes   Type of entity (check only one box), Castellon, if Bails "Yes," see the instructions for the correct box to check.   Sole proprietor (SSN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                    | <u> </u>                                   |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| M Sa is "Yos," was the LLC organized in the United States?   Type of entity (check only one box). Catallon, if Sa is "Yes," see the instructions for the correct box to check.   Sole proprietor (SN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                                                                    | LC) (of L Yes                              |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Type of entity (check only one book, Caution. If Sa is Yee," see the instructions for the correct box to check.    Sofe proprietor (SSN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                    | · · · · —                                  | <del></del>                            |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Ther (specify) P  If a corporation, name the state or foreign country If applicately where incorporated  Research for applying (check only one box)    State   MASSACHUSETTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Partnersh  Corporation Personal Church o | to<br>in (enter form number to be filed)<br>service corporation<br>'Church-controlled organization | <b>, 1120</b>                              | 0;                                     | Plen administrator (TIN<br>Trust (TIN of grantor)<br>Astional Guard | State/local government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| If a corporation, name the state or foreign country If applicable) where incorporated  MASSACHUSETTS  Research for applying (check only one box)  Started new business (specify type) =   Changed type or organization (apacify new type) >    NEW BUSINESSS   Punchased going business   Punchased going business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other nor                                | profit organization (specify) >                                                                    |                                            |                                        |                                                                     | Indian What governments/onterp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Reason for applying (check only one box)   Barking purpose (specify purpose) >   Changed type of organization (specify new type) >   NEW BUSINESSS   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going business   Purchased going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going going    |                                          |                                                                                                    | (min)   Com                                |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Research for applyting (check only one box)    Started new business (specify type) >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                                                    | -                                          |                                        |                                                                     | · wally                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Started new business (specify type)   Changed type of organization (specify new type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Reeson for a                             | pplying (check only one box)                                                                       |                                            |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Compliance with IRS withholding regulations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                    |                                            | Purchased going                        | business                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cither (specify) >  Date business started or acquired (month, day, year). See instructions.  64/15/2016  Highest number of employees expected in the rext 12 months (enter -0- if mone).  Highest number of employees expected, skip tine 14.  Agricultural   Household   Other   Statistic generating will be \$1,000 or less in a full calendar year and want to file Form armusity instead of Forms 941 quarterly, check here (Your employment tax fisibility generating will be \$1,000 or less in a full calendar year and want to file Form armusity instead of Forms 941 quarterly, check here (Your employment tax fisibility generating will be \$1,000 or less in futual wages.) If you so not check this box, you must file Form 941 for every quarter.  First date wages or amusities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be pain nonresident slien (month, day, year).  Check one box that best describes the principal activity of your business.   Neeth care 8 accids assistance   Wholesate-agent/broke   Construction   Rental 8 teasing   Transportation 8 werehousing   Accommodation 8 tood service   Wholesate-other   File Real estate   Meanufacturing   Filenace 8 insurance   Other (specify) SERVICES  Has the applicant entity shown on line 1 ever applied for and negligible to receive the activity EIN and argumer questions about his completion of this form.  Designed's first number findude area with property or print clearly)   Designed's file foods   Designed's file foods   Designed's file foods   Accidence and ZIP code   Designed's file foods   PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                                                                    |                                            |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Construction                             | n 🔲 Rental & lessing 🔲 Tra                                                                         | maportation & were                         | housing Acc                            |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CLEANING SERVICES  Has the applicant entity shown on line 1 ever applied for and received an EIN?  If "Yea," write previous EIN hane P  Complete bits section enty if you went to authorize the named individual to receive the entity's EIN and arraner questions about the completion of this form.  Designee's name  Designee's trippione hundre individual to receive the entity's EIN and arraner questions about the completion of this form.  Designee's trippione hundre individual to receive the entity's EIN and arraner questions about the completion of this form.  Designee's trippione hundre individual to receive the entity's EIN and arraner questions about the completion of this form.  Designee's trippione hundre individual to receive the entity's EIN and arraner questions about the completion of this form.  Designee's trippione hundre individual to receive the entity's EIN and arraner questions about the completion of this form.  Designee's trippione hundre individual to receive the entity's EIN and arraner questions about the completion of this form.  Designee's trippione hundre individual to receive the entity's EIN and arraner questions about the completion of this form.  PRESIDENT  Date P 04 16 206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Real estat                               | e 🔲 Manufacturing 🔲 Fir                                                                            | sence & insurance                          | Z Ott                                  | er (specify) SERVIC                                                 | <b>E8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| r pentalises of perjuny, I declare that I have committed this application, and to the best of my immediate and belief, it is true, correct, and complete.  PRESIDENT  Date > 04/16/206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | es and 760 mode                                                                                    |                                            |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| e and title (type or print clearly) ►  PRESIDENT  Base ► 04/16/2016  Acaticant's fex reunbor finclade area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | pertakles of perjury, i                  | declare that I have commend this application.                                                      | and in the best of my loss                 | wicken and belief, it is               | trea, correct, and complete.                                        | Annicacità telephone pumber include asse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Decis > 04/16/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                                                    |                                            |                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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EIN APR 18 2016

04/16/2016 9:01AM (GMT-04:00)

( )

OMB No. 1545-0003

# 2ND REQUEST

Form **SS-4** (Rev. January 2010)

**Application for Employer Identification Number** 

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

Department of the Treasury > See separate instructions for each line. ► Keep a copy for your records Legal name of entity (or individual) for whom the EIN is being requested SERVICES INC Trade name of business (if different from name on line 1) Executor, administrator, trustee, "care of" name clearly 2 Street address (if different) (Do not enter a P.O. box.) Mailing address (room, apt., suite no. and street, or P.O. box) print City, state, and ZIP code (if foreign, see instructions) City, state, and ZIP code (if foreign, see instructions) VDe County and state where principal business is located SSN, ITIN, or EIN Name of responsible party Is this application for a limited liability company (LLC) (or If 8a is "Yes," enter the number of ☐ Yes ☑ No a foreign equivalent)? LLC members 8c If 8a is "Yes," was the LLC organized in the United States? Yes No Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. Estate (SSN of decedent) Sole proprietor (SSN). Partnership Plan administrator (TIN) ☑ Corporation (enter form number to be filed) ► 1120 Trust (TIN of grantor) Personal service corporation National Guard ☐ State/local government Farmers' cooperative Federal government/military Church or church-controlled organization REMIC Indian tribal governments/enterprises Other nonprofit organization (specify) . Other (specify) ▶ Group Exemption Number (GEN) if any ▶ If a corporation, name the state or foreign country Foreign country (if applicable) where incorporated MASSACHUSETTS Reason for applying (check only one box) Banking purpose (specify purpose) ►. Changed type of organization (specify new type) ✓ Started new business (specify type) ► **NEW BUSINESSS** Purchased going business Hired employees (Check the box and see line 13.) Created a trust (specify type) >. Compliance with IRS withholding regulations Created a pension plan (specify type) Other (specify) ▶ Date business started or acquired (month, day, year). See instructions. Closing month of accounting year DECEMBER 04/15/2016 If you expect your employment tax liability to be \$1,000 Highest number of employees expected in the next 12 months (enter -0- if none). or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. If no employees expected, skip line 14. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total Other Agricultural Household wages.) If you do not check this box, you must file Form 941 for every quarter. First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to Check one box that best describes the principal activity of your business. Health care & social assistance Wholesale-agent/broker ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail ☐ Construction ☐ Rental & leasing Finance & insurance Other (specify) SERVICES ☐ Real estate ☐ Manufacturing Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. **CLEANING SERVICES** Has the applicant entity shown on line 1 ever applied for and received an EIN? 

Yes If "Yes," write previous EIN here ▶ Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name Designee's telephone number (include area code) Third Party Designee Address and ZIP code Designee's fax number (include area code) Under penalties of pergury I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Applicant's telephone number (include area code) Name and title (type or print clearly) PRESIDENT Applicant's fax number (include area code Signature >

TIME : 04/16/2016 08:04 NAME : FAX : TEL : SER.# : U63274K5J153608 04/16/2016 08:04

| DATE, TIME     | 04/16 08:01       |
|----------------|-------------------|
| FAX NO. /NAME  | 8596695987        |
| DURATION       | 00:03:12          |
| PAGE(S)        | 05                |
| RESULT<br>MODE | OK<br>FINE<br>ECM |

|                | \$\$-4   Application for Employer Id                                                                                                                                                                                         | entifica                                    | ation Number OMB No. 1545-0003                                                                                                                                                                                                                       |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Rev.<br>Depai | January 2010)  (For use by employers, corporations, partner government agencies, indian tribal entities, and Revenue Service  See separate instructions for each line.                                                       | ships, trust<br>certain indi                | ts. estates, churches,                                                                                                                                                                                                                               |
|                | Legal name of entity (or individual) for whom the EIN is being re                                                                                                                                                            | equested                                    |                                                                                                                                                                                                                                                      |
| print clearly. | 2 Trade name of business (if different from name on line 1)                                                                                                                                                                  | 3 Execut                                    | utor, administrator, trustee, "care of" name                                                                                                                                                                                                         |
|                | 4a Mailing address (room, apt., suite no. and street, or P.O. box)                                                                                                                                                           | 5a Street                                   | t address (if different) (Do not enter a P.O. box.)                                                                                                                                                                                                  |
| or pri         | 4b City, state, and ZIP code (if foreign, see instructions)                                                                                                                                                                  | 5b City, s                                  | state, and ZIP code (if foreign, see instructions)                                                                                                                                                                                                   |
| Type or        | 6 County and state where principal business is located                                                                                                                                                                       |                                             |                                                                                                                                                                                                                                                      |
|                | 7a Name of responsible party                                                                                                                                                                                                 | 7                                           | 7b SSN, ITIN, or EIN                                                                                                                                                                                                                                 |
| 8a             | Is this application for a limited liability company (LLC) (or a foreign equivalent)?                                                                                                                                         | ☑ No 8                                      | 8b If 8a is "Yes," enter the number of LLC members                                                                                                                                                                                                   |
| Bc             | If 8a is "Yes," was the LLC organized in the United States?                                                                                                                                                                  |                                             | ☐ Yes ☐ No                                                                                                                                                                                                                                           |
|                | Sole proprietor (SSN)                                                                                                                                                                                                        |                                             | Plan administrator (TIN)  Trust (TIN of grantor)  National Guard  State/local government  Farmers' cooperative  Federal government/military                                                                                                          |
| 9b             | If a corporation, name the state or foreign country  State (if applicable) where incorporated  MAS                                                                                                                           | SACHUSE                                     | Foreign country ETTS                                                                                                                                                                                                                                 |
| 10             | ✓ Started new business (specify type)       ►       ☐ C         NEW BUSINESSS       ☐ P         ☐ Hired employees (Check the box and see line 13.)       ☐ C         ☐ Compliance with IRS withholding regulations       ☐ C | hanged type<br>urchased go<br>reated a trus | cose (specify purpose) ►  e of organization (specify new type) ►  oing business  ust (specify type) ►  ension plan (specify type) ►                                                                                                                  |
| 11             | ☐ Other (specify) ►  Date business started or acquired (month, day, year). See instruc                                                                                                                                       | tions.                                      | 12 Closing month of accounting year DECEMBER                                                                                                                                                                                                         |
| 13             | 04/15/2016  Highest number of employees expected in the next 12 months (enter                                                                                                                                                | -O- if none)                                | 14 If you expect your employment tax liability to be \$1,00 or less in a full calendar year and want to file Form 944                                                                                                                                |
| ••             | If no employees expected, skip line 14.  Agricultural Household Other                                                                                                                                                        |                                             | annually instead of Forms 941 quarterly, check here.  (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. |



# William Francis Galvin Secretary of the Commonwealth of Massachusetts



### **Corporations Division**

**Payment Confirmation** 

Date: 4/15/2016

Confirmation date/time:

4/15/2016 11:38:29 AM

Confirmation number:

Invoice number:

Payment ID number:

Transaction ID number: Transaction category:

**Domestic Profit Corporation** 

Transaction type:

**Articles of Organization** 

**Entity name:** 

SERVICES INC

Filing fee:

\$250.00

**Expedited service fee:** 

\$15.00

Total fee:

\$265.00

Your payment has been successfully processed. Your filing has been submitted and will be reviewed by the Corporations Division. If your submission is rejected for any reason, we will contact you immediately.

Note that for security reasons your payment credit card and/or bank information is processed at a secure website. The Secretary of the Commonwealth does not retain any payment information.

E-check transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned, you will be billed for the transaction at that time.

If you have any questions about your request, contact our office:

phone: 617-727-9640

email: corpinfo@sec.state.ma.us

Note: Form SS-4 begins on the next page of this document.

# Change to Domestic Employer Identification Number (EIN) Assignment by Toll-Free Phones

Beginning January 6, 2014, the IRS will refer all domestic EIN requests received by toll-free phones to the EIN Online Assistant. You can access the Assistant by going to www.irs.gov, entering "EIN" in the "Search" feature and following instructions for applying for an EIN online.

# Attention Limit of one (1) Employer Identification Number (EIN) Issuance per Business Day

Effective May 21, 2012, to ensure fair and equitable treatment for all taxpayers, the Internal Revenue Service (IRS) will limit Employer Identification Number (EIN) issuance to one per responsible party per day. For trusts, the limitation is applied to the grantor, owner, or trustor. For estates, the limitation is applied to the decedent (decedent estate) or the debtor (bankruptcy estate). This limitation is applicable to all requests for EINs whether online or by phone, fax or mail. We apologize for any inconvenience this may cause.

### Change to Where to File Address and Fax-TIN Number

There is a change to the Instructions for Form SS-4 (Rev. January 2011). On page 2, under the "Where to File or Fax" table, the address and Fax-TIN number have changed. If you are applying for an Employer Identification Number (EIN), and you have no legal residence, principal place of business, or principal office or agency in any state or the District of Columbia, file or fax your application to:

Internal Revenue Service Center Attn: EIN International Operation

Cincinnati, OH 45999 Fax-*TIN*: 859-669-5987

This change will be included in the next revision of the Instructions for Form SS-4.

Minimum Fee: \$250.00



#### The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Identification Number: (number will be assigned)

#### ARTICLE I

The exact name of the corporation is:

#### SERVICES INC

#### **ARTICLE II**

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

#### **NONE**

#### **ARTICLE III**

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

| Class of Stock | Par Value Per Share<br>Enter 0 if no Par | Total Authorized by Articles of Organization or Amendments Num of Shares Total Par Value | Total Issued and Outstanding Num of Shares |
|----------------|------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|
| CNP            | \$0.00000                                | 1,000 \$0.00                                                                             | 1,000                                      |

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

#### **ARTICLE IV**

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

#### NONE

#### **ARTICLE V**

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

#### **NONE**

#### **ARTICLE VI**

Other lawful provisions, and if there are no provisions, this article may be left blank.

#### **NONE**

| Note: The preceding six (6) arti appropriate articles of amendm                                           | icles are considered to be perma<br>nent.                                    | inent and may be c                                 | hanged only by filing                                                         |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------|
|                                                                                                           | ARTICLE VI                                                                   |                                                    |                                                                               |
| The effective date of organization prescribed by law. If a later effect articles are received for filing. | n and time the articles were receive<br>tive date is desired, specify such d | ed for filing if the artic<br>ate, which may not b | cles are not rejected within the time<br>be later than the 90th day after the |
| Later Effective Date: Time:                                                                               |                                                                              |                                                    |                                                                               |
|                                                                                                           | ARTICLE VI                                                                   |                                                    |                                                                               |
| The information co                                                                                        | ntained in Article VIII is not a perm                                        | nanent part of the Art                             | ticles of Organization.                                                       |
|                                                                                                           | nitial registered office of the cor                                          |                                                    | nmonwealth and the name of the                                                |
| Name:                                                                                                     |                                                                              |                                                    |                                                                               |
| No. and Street:<br>City or Town:                                                                          | State                                                                        | Zip                                                | Country:                                                                      |
| Title President Vice President Treasurer Secretary Director                                               | Individual Name First, Middle, Last, Suffix                                  |                                                    | Address (no PO Box) as, City or Town, State, Zip Code                         |
| d. The fiscal year end (i.e., tax )<br>December                                                           | year) of the corporation:                                                    |                                                    |                                                                               |
| e. A brief description of the typ<br><u>CLEANING SERVICES</u>                                             | e of business in which the corp                                              | oration intends to e                               | ngage:                                                                        |
| f. The street address (post offic                                                                         | ce boxes are not acceptable) of t                                            | the principal office                               | of the corporation:                                                           |
|                                                                                                           |                                                                              |                                                    |                                                                               |
| No. and Street:<br>City or Town:                                                                          | State: MA                                                                    | Zip                                                | Country: <u>USA</u>                                                           |
|                                                                                                           | cords of the corporation required                                            | · ————————————————————————————————————             | Commonwealth are located (post                                                |
| No. and Street:                                                                                           |                                                                              |                                                    |                                                                               |
| City or Town: which is                                                                                    | State:                                                                       | MA Zip:                                            | Country: <u>USA</u>                                                           |
| X its principal office                                                                                    |                                                                              | n office of its transfe                            | ragent                                                                        |

| an office of its secretary/assistant secretary                                                                                                                                                                                                                                                         | y its register                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ed office                            |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------|
| Filer's Contact Information (Enter a contact name, mailing address, and enter Contact Name: Business Name: No. and Street: City or Town: Contact Phone: Contact Email: Please provide an email address to receive a lifthe filing is rejected for any reason, you withe Division will be sent by mail. | State. State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State | Zip: the Corporation address is prov | Country:  ns Division. ided, correspondence from |
| Signed this 15 Day of April, 2016 at 11:37 acting as incorporator, type in the exact national incorporated, the name of the person signing authority by which such action is taken.)                                                                                                                   | ne of the business entity, th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e state or other                     | jurisdiction where it was                        |
| Make Corrections                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | Accept                                           |
| © 2001 - 2016 Commonwealth of Massachusetts All Rights Reserved                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                  |



#### **ENTITY SETUP FORM**

| Name of the Business:                                                                                                                          | SERVICES II                    | NC             |               |              |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------|---------------|--------------|
| Business Activity (Ex. Painting                                                                                                                | g, Auto Detailing): <b>CLE</b> | ANING SERVICES |               |              |
| Principal Office Address of th                                                                                                                 | e Business:                    |                |               |              |
| Foreign Address:                                                                                                                               |                                |                |               |              |
| Corporate Officers:                                                                                                                            |                                |                |               |              |
| Principal Officer;                                                                                                                             |                                |                |               |              |
| 1. Name: - Address: - SSN or ITIN: - Date of Birth: - Phone Number:                                                                            | [ ] Vice President             | [ ] Secretary  | [] Treasurer  | I 1 Director |
| Fill out form below if more th                                                                                                                 |                                |                | 1 110030161   | [ ] Director |
| <ul><li>2. Name:</li><li>- Address:</li><li>- SSN or ITIN:</li><li>- Date of Birth:</li><li>- Phone Number:</li></ul>                          | [ ] Vice President             |                | [ ] Treasurer | [ ] Director |
| <ul> <li>Name:</li> <li>Address:</li> <li>SSN or ITIN:</li> <li>Date of Birth:</li> <li>Phone Number:</li> <li>Titles: [] President</li> </ul> | [ ] Vice President             | [ ] Secretary  | [] Treasurer  | [ ] Director |
| Signature of Principal Officer:                                                                                                                |                                |                |               | 04/16/2016   |

#### Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document. See also the separate instructions for each line on Form SS-4.

| IF the applicant                                                                                                                       | AND                                                                                                                                                                    | THEN                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Started a new business                                                                                                                 | Does not currently have (nor expect to have) employees                                                                                                                 | Complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.                                     |
| Hired (or will hire) employees,<br>including household employees                                                                       | Does not already have an EIN                                                                                                                                           | Complete lines 1, 2, 4a-6, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.                          |
| Opened a bank account                                                                                                                  | Needs an EIN for banking purposes only                                                                                                                                 | Complete lines 1-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.                           |
| Changed type of organization                                                                                                           | Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>        | Complete lines 1–18 (as applicable).                                                                                               |
| Purchased a going business 3                                                                                                           | Does not already have an EIN                                                                                                                                           | Complete lines 1-18 (as applicable).                                                                                               |
| Created a trust                                                                                                                        | The trust is other than a grantor trust or an IRA trust 4                                                                                                              | Complete lines 1-18 (as applicable).                                                                                               |
| Created a pension plan as a plan administrator 5                                                                                       | Needs an EIN for reporting purposes                                                                                                                                    | Complete lines 1, 3, 4a-5b, 9a, 10, and 18.                                                                                        |
| ls a foreign person needing an<br>EIN to comply with IRS<br>withholding regulations                                                    | Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>                         | Complete lines 1–5b, 7a–b (SSN or ITIN optional),<br>8a, 8b–c (if applicable), 9a, 9b (if applicable), 10,<br>and 18.              |
| ls administering an estate                                                                                                             | Needs an EIN to report estate income on Form 1041                                                                                                                      | Complete lines 1–6, 9a, 10–12, 13–17 (if applicable), and 18.                                                                      |
| Is a withholding agent for<br>taxes on non-wage income<br>paid to an alien (i.e.,<br>individual, corporation, or<br>partnership, etc.) | Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons  | Complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b (if applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18. |
| is a state or local agency                                                                                                             | Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581                                                                | Complete lines 1, 2, 4a-5b, 9a, 10, and 18.                                                                                        |
| s a single-member LLC                                                                                                                  | Needs an EIN to file Form 8832, Classification<br>Election, for filling employment tax returns and<br>excise tax returns, or for state reporting purposes <sup>8</sup> | Complete lines 1-18 (as applicable).                                                                                               |
| ls an S corporation                                                                                                                    | Needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>                                                                                  | Complete lines 1-18 (as applicable).                                                                                               |

For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate morigage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock

<sup>4</sup> However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

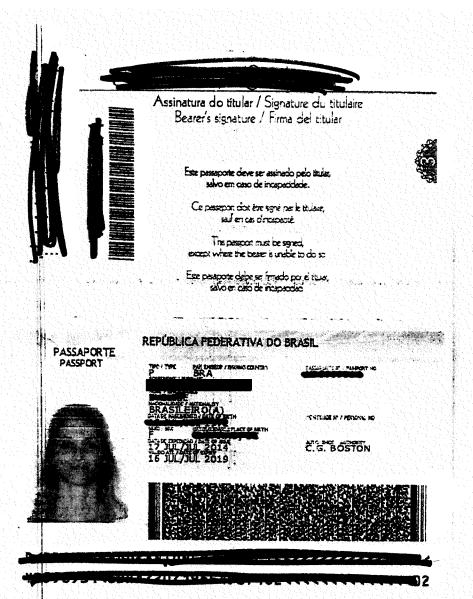
<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>&</sup>lt;sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

See also Household employer on page 4 of the instructions. Note. State or local agencies may need an EIN for other reasons, for example, hired employees.

E See Disregarded entities on page 4 of the instructions for details on completing Form SS-4 for an LLC.

An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.







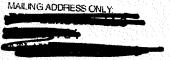


| HOME DIRECTIONS                                                                       | CONTACT US Sea                                           | rch the Secretary's | website S                                                                                                                                                                                                                        | earch |
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| Citizen Information Service                                                           |                                                          |                     |                                                                                                                                                                                                                                  |       |
| Commonwealth Museum                                                                   | Corporations Division                                    |                     |                                                                                                                                                                                                                                  |       |
|                                                                                       | Search for a business entity                             |                     |                                                                                                                                                                                                                                  |       |
| Corporations                                                                          | Legal Information, Disclaimers, Policies                 |                     | Search assis                                                                                                                                                                                                                     | tance |
| Filing Methods                                                                        |                                                          |                     |                                                                                                                                                                                                                                  |       |
| Filing by Subject                                                                     | © Search by entity name (Company, LP, LLP, LLC, etc.)    |                     |                                                                                                                                                                                                                                  |       |
| Search                                                                                | Enter name: SERVICES                                     | Search type:        | Begins with                                                                                                                                                                                                                      | V)    |
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| File                                                                                  | First: Middle:                                           | Last:               |                                                                                                                                                                                                                                  |       |
| Search Corporate<br>Rejected Filings                                                  |                                                          |                     |                                                                                                                                                                                                                                  |       |
| Search the UCC                                                                        | O Search by Identification Number                        |                     | Must be 9 digits                                                                                                                                                                                                                 |       |
| Database                                                                              | O Search by Filing Number                                |                     |                                                                                                                                                                                                                                  |       |
| Search the Liens<br>Database                                                          |                                                          |                     |                                                                                                                                                                                                                                  |       |
| Search the Trademark                                                                  | Display number of items to view: 25 items 🔻 pe           | r page              |                                                                                                                                                                                                                                  |       |
| Database                                                                              | * No records found; try a new search us                  | sing different crit | eria                                                                                                                                                                                                                             |       |
| Search Name<br>Reservations                                                           | Clear search fields Search                               | Corporations        |                                                                                                                                                                                                                                  |       |
| Search E-Certificate<br>Verification                                                  |                                                          |                     |                                                                                                                                                                                                                                  |       |
| General Information                                                                   |                                                          |                     |                                                                                                                                                                                                                                  |       |
| Certificates and Certified<br>Copies                                                  |                                                          |                     |                                                                                                                                                                                                                                  |       |
| Services Offered                                                                      |                                                          |                     |                                                                                                                                                                                                                                  |       |
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| Massachusetts Historical<br>Commission                                                |                                                          |                     |                                                                                                                                                                                                                                  |       |
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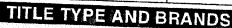
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# MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

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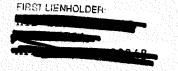


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SECOND LIENHOLDER:

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| DESCRIBED IN THIS CERTIFICATE IS HEREBY RELEASED NAME.                                                        |
| AUTHORIZED SIGNATURE:                                                                                         |
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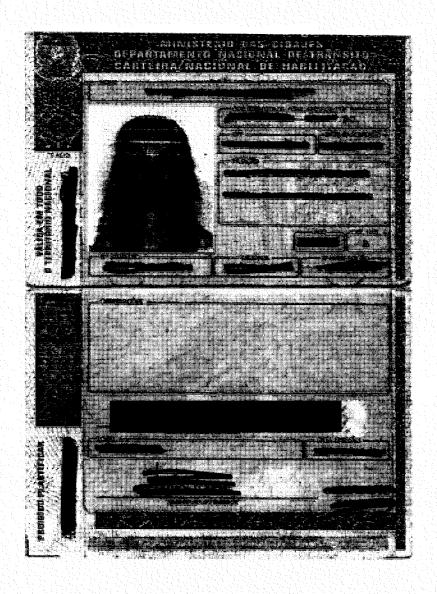
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|                                                                                                      |                 |
| AUTHORIZED SIGNATURE:                                                                                | National States |
| DATE RELEASED:                                                                                       |                 |

THE REGISTRAR OF MOTOR VEHICLES HEREBY CERTIFIES THAT AN APPLICATION FOR A CERTIFICATE OF TITLE FOR THE MOTOR VEHICLE DESCRIBED HEREIN HAS BEEN DULY FILED, PURSUANT TO THE PROVISIONS OF THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, BASED ON THE STATEMENTS OF THE APPLICANTAND THE RECORDS ON FILE WITH THIS AGENCY, THE APPLICANT NAMED IS THE OWNER OF SAID VEHICLE.

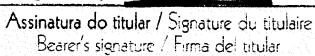
THE REGISTRAR OF MOTOR VEHICLES FURTHER CERTIFIES THAT THE VEHICLE IS SUBJECT TO ANY SECURITY INTERESTS SHOWN HEREIN.

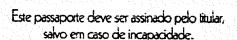
Rachel Kaprielian
Registrar

CONTEXT & G 1523175









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This passport must be signed, except where the bearst is unable to do so

Este pasaporte depe ser firmado por el titular, sulvo en caso de nicapacidad



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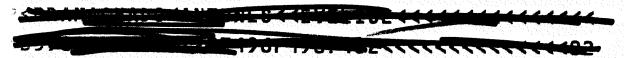
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C.S. BOSTON



PASSAPORTE PASSPORT







Rapo & Jepsen Insurance 1103 Commonwealth Ave Boston, MA 02215

Payment taken by: paola ecker Payment Type: Credit Card

Location: 1885 REVERE BEACH PKWY

Phone: 617-381-6240 Fax: 617-381-6326

Line Type

Amount

Policy

Carrier

Corporation Fee

\$400,00

Service Fee

\$12.00

#### Total Amount\$412.00

LAGREE WITH AND TO PAY THE ABOVE TOTAL AMOUNT, I REALIZE THAT NO REFUND, CREDIT OR CHARGEBACK WILL BE ALLOWED. ALL SALES ARE FINAL.

Thank you for your business

### CAR DOCKET #MR16.04 RECEIPT

EXHIBIT #6

PAGE 117 OF 174

Payment ID: RJ-105631 4/15/2016 11:21 am

To:

SERVICES INC



TIME : 04/26/2016 09:37 NAME : FAX : TEL : SER.# : U63274K5J153608 : 04/26/2016 09:37

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

04/26 09:32 8596695987 00:04:59 06 OK FINE ECM

|               |                                                               |                                                                                                                                                   | $\sim$ 10D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | K                                               | ,6QU (                                                                                | 387                                                                             |                                                                                                                                                                     |                         |
|---------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| For           | " SS-4                                                        | Application for                                                                                                                                   | or Employer Id                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Jentifica                                       | tion Numl                                                                             | ber                                                                             | OMB No. 1545-0003                                                                                                                                                   | )<br>}                  |
| (Re           | v. January 2010)                                              | (For use by employers                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rshios, trusts                                  | s estates churc                                                                       | hes EIN                                                                         |                                                                                                                                                                     |                         |
|               | artment of the Treasury<br>mai Rovenue Service                | ► See separate instruc                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | copy for your red                                                                     | - 1                                                                             |                                                                                                                                                                     |                         |
|               | 1 Legal name                                                  | of entity (or individual) for                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                                                       |                                                                                 |                                                                                                                                                                     |                         |
| arty.         | 2 Trade name                                                  | of business (if different fr                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 Execut                                        | or, administrator,                                                                    | trustee, "care o                                                                | f" name                                                                                                                                                             |                         |
| print clearly | 4a Mailing add                                                | ress (room, apt., suite no. a                                                                                                                     | and street, or P.O. box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5a Street                                       | address (if differe                                                                   | ont) (Do not ente                                                               | r a P.O. box.)                                                                                                                                                      |                         |
| or pr         | 4b City, state.                                               | and ZIP code (if foreign, se                                                                                                                      | ee instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5b Gity, st                                     | ate, and ZIP cod                                                                      | e (if foreign, see                                                              | instructions)                                                                                                                                                       |                         |
| Type or       |                                                               |                                                                                                                                                   | ness is located                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                                                       |                                                                                 |                                                                                                                                                                     |                         |
|               |                                                               | sponsible party                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 76                                              | SSN, ITIN, or E                                                                       | in                                                                              |                                                                                                                                                                     |                         |
| 8a<br>        | Is this application<br>a foreign equival                      | ofor a limited liability comparent)?                                                                                                              | The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon |                                                 | If 8a is "Yes,"<br>LLC members                                                        | enter the number                                                                | er of                                                                                                                                                               |                         |
| 8c<br>9a      | If 8a is "Yes," w                                             | ras the LLC organized in th                                                                                                                       | ne United States? .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         |                                                                                       | * * * * * *                                                                     | 🗌 Yes                                                                                                                                                               | ☐ No                    |
|               | Sole proprie Partnership Corporation Personal sel Church or c | check only one box). Cause tor (SSN)  (enter form number to be fil- rvice corporation hurch-controlled organization fit organization (specify) If | ed) ► 1120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 | Estate (SSN of of<br>Plan administrat<br>Trust (TIN of gra<br>National Guard          | decedent) cor (TIN) antor) StateA tive Federa                                   | local government<br>il government/militar<br>tribal governments/e                                                                                                   | •                       |
| 9ь            | If a corporation,                                             | name the state or foreign<br>nere incorporated                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                                                       | Foreign country                                                                 |                                                                                                                                                                     |                         |
| 10            | Started new NEW BUSINE                                        | lying (check only one box<br>business (specify type) ><br>SSS<br>yees (Check the box and :                                                        | D c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | anking purpos<br>hanged type o<br>urchased goin | e (specify purpose<br>of organization (s<br>g business                                | pecify new type)                                                                |                                                                                                                                                                     |                         |
|               | Compliance Other (speci                                       | with IRS withholding regul<br>fy) ►                                                                                                               | ations C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | reated a pensi                                  | (specify type) ►<br>ion plan (specify                                                 |                                                                                 |                                                                                                                                                                     |                         |
| 11            | Date business s                                               | tarted or acquired (month,                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ions. 1                                         | 2 Closing mon                                                                         | th of accounting                                                                | year DECEMB                                                                                                                                                         | ER                      |
| 13            | 4.2                                                           | 04/15/20 <sup>1</sup> of employees expected in the expected, skip line 14.  Household                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -0- if none).                                   | or less in a fu<br>annually instr<br>(Your employ<br>or less if you<br>wages.) If you | ull calendar year<br>ead of Forms 94<br>yment tax liability<br>expect to pay \$ | ant tax liability to be and want to file For 1 quarterly, check to generally will be \$4,000 or less in total file box, you must to \$1.000 or the second file box. | m 944<br>nere.<br>1,000 |

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| FAX NUME    | BER: 857-368-08 <sup>o</sup><br>978-688-11 |                  | AL NO. OF PAGES IN | CLUDING COVER: 3 |  |  |  |  |
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ATT SS-4 form and articles one.

TIME : 04/27/2016 10:17 NAME : FAX : TEL : SER.#: U63274K5J153608 04/27/2016 10:17

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IMPORTANT PRIVACY REMINDER:
I understand my use of this connection to the Registry is conditioned upon my promise to use this information only for legitimate insurance business purposes. I agree to follow all rules regarding registry information. I understand this information is PRIVATE, and I shall not divulge such information to any third parties.

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# EXHIBIT G.2



# Reference# CA-NB-57306 Submitted Date 12-14-2015 COMMERCIAL INSURANCE APPLICATION

**APPLICANT INFORMATION SECTION** 

DATE (MM/DD/YYYY) 12-14-2015

| AGENCY RAPO & JEPSEN INS SERVICES INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| 3 ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 5 ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BMITTED? 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| ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE<br>ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| CONTAINING ANY MATERIALLY FALSE INFORMATION OR CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| FRAUDULENT INSURANCE ACT. WHICH IS A CRIME AND SUBJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HEISHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HISHER KNOWLEDGE. APPLICATITE SIGNATURE PRODUCER'S SIQ

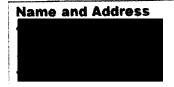
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Submitted Date 12-14-2015

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COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BELIN GIVEN TO THE APPLICANT. (NOI applicable in all states, consult your agent or broker for your states requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



#### Additional Information

#### APPLICANT INFORMATION :

Status of Transaction: Substitling for lashance legal Entity Trost

#### PAYMENT PLAN :

Billing Method : Direct Bill - Maiz in Check

Down Fayment Information

Down Payment Type: Check Down Payment Amount: \$178,00

#### MISCELLANEOUS INFORMATION :

Sic Code

#### AGENT REMARKS :

End of Document

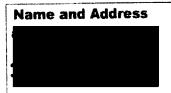
CAR DOCKET #MR16.04 EXHIBIT #6 Submitted Date 12-14-2015 Reference# CA-NB-57306 PAGE 127.OF 17 DATE (MM/DD/YYYY) **ACORD, BUSINESS AUTO SECTION** 12-14-2015 PHONE (AIC, No, Ext): FAX (AIC, No): APPLICANT AGENCY (First Named Insured) RAPO & JEPSEN INS SERVICES INC 3VA BYLLASWIOMMOD ECT: EXPIRATION DATE X PAYMENT PLAN AUDIT EFFECTIVE DATE DIRECT BILL BOSTON MA 02215 12-14-2015 12-14-2016 AGENCY BILL fernanda oliveira FOR COMPANY USE ONLY SUB CODE: 0154 CODE AGENCY CUSTOMER ID: COVERAGES/LIMITS USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION ACORD 163 attached for additional drivers **DRIVER INFORMATION** LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS. DRIVERS LICENSE NUMBER/ STATE SOCIAL SECURITY NUMBER LIC MOTAULT DOC uŠE DRIVER NAME (Include address, if required) DATE OF BIRTH FRNo

| GENERAL INFORMATION                                              | <del>/</del>           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | VE0      |           |
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| EXPLAIN ALL "YES" RESPONSES                                      | YES                    | NO | EXPLAIN ALL "YES" RESPONSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . Considerable constraints of $(x,y) \in \mathbb{R}^{n}$ , $(x,y) \in \mathbb{R}^{n}$ | 753      | NO        |
| WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY  |                        | Х  | 8 ANY HOLD HARMLESS AGREEMENTS?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ga - Primitangarin aga gamina 11 mi                                                   |          | <u> </u>  |
| OWNED BY AND REGISTERED TO THE APPLICANT?                        |                        |    | 9 ANY VEHICLES USED BY FAMILY MEMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F IF SO IDENTIFY IN REMARKS                                                           |          | X         |
| 2 DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?  | agentorija com ta Amir | X  | 10 DOES THE APPLICANT OBTAIN MYR VERIFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CATIONS?                                                                              |          | X         |
| 3 IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?           |                        | Х  | 11 DOES THE APPLICANT HAVE A SPECIFIC DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EVER RECRUITING METHOD?                                                               |          | Х         |
| 4 ARE ANY VEHICLES LEASED TO OTHERS?                             |                        | X  | 12 ARE ANY DRIVERS NOT COVERED BY WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |          | X         |
| 5 ARE ANY VEHICLES CUSTOMIZED ALTERED OR HAVE SPECIAL EQUIPMENTY | 11                     | X  | 13 ANY VEHICLES OWNED BUT NOT SCHEDUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ED ON THIS APPLICATION?                                                               |          | X         |
| 6 ARE ICC, PUC OR OTHER FILINGS REQUIRED?                        |                        | X  | 14. ANY DRIVERS WITH CONVICTIONS FOR MO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VING TRAFFIC VIOLATIONS?                                                              |          | X         |
| 7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?        |                        | X  | 15 HAS AGENT INSPECTED VEHICLES?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MAXIMUM DOLLAR VALUE SUBJ                                                             | ECT TO L | X<br>.oss |
| DESCRIPTION OF GARAGE/STORAGE LOCATIONS                          |                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S                                                                                     |          |           |
| ADDITIONAL INTEREST/CERTIFICATE RECIPIENT A                      | CORD                   | 45 | attached for additional names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |          |           |
| NAME AND ADDRESS DESCRIPTION                                     |                        |    | CERTIFICATE REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INTEREST IN ITEM NUM                                                                  | MBER     |           |
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#### **Additional Information**

#### ADDITIONAL DRIVER INFORMATION :

Driver # Name SECP

#### MISCELLANEOUS INFORMATION :

Ridesharing/T.N.C.: NO

VEHICLE #

#### ADDITIONAL VEHICLE INFORMATION :

· No Rate Physical Damage Only? Plate Type : Unknown Plate Number : 20000/40000 : 8000 Bodily Injury Lamit Persona: Injury Limit Property Damage Limit : \$100,000 : 20000/40000 : 20000/40000 : 20000/40000 Property Damage Deductible Uninsured Motorist Limit Medical Payment Limit Bodily Injury To Others Limit : 20000/40000 Underingured Motorist Limit : 20000/40000 Collision Type
Waiver of Collision Deductible Yes
Deductible : No Rental Reimburgsment Towing and Labor Anti-Theft Device . No Pollution Liability Coverage No Surpharge Follution Type Is this a Leased Vehicle No

- 0561

End of Document

Submitted Date 12-14-2015

CAR DOCKET #MR16.04 EXHIBIT #6 PAGE 130 OF 174

### **MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY) 12-14-2015

AGENCY

RAPO & JEPSEN INS SERVICES INC

APPLICANT (First Named Insured)

| COVERAGES                                                | COVERED AUTO SYMBOLS                                              | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| OMPULSORY<br>ERSONAL INJURY<br>PROTECTION                | 5<br>X 7                                                          | PER 8000 DED \$ PERSON \$ YOURSELF AND FAMILY MEMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| COVERED<br>AUTO                                          | (1) ANY AUTO<br>(2) AL., OWNED AUTOS<br>(3) OWNED PRIVATE PASSENC | 15) ALL OWNED AUTOS V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R THAN PRIVATE PASSEN<br>WHICH REQUIRE NO-FAUL<br>ECT TO COMPULSORY U | COVERAGE (6; 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| COMPULSORY PLESONAL INJURY PROTECTION                | 44                   | PER DED S PERSON S DED S YOURSELF ARD YOURSELF FAMILY MEMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| COMPULSORY DAM-<br>AGE TO SOMEONE<br>ELSE'S PROPERTY | 4 43 4<br>42 46 5    | EACH ACCIDENT S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 77 (1772,1440)                                       | 42 46                | CSI BI FAPER 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| COMPULSORY<br>UNINSURED                              | 43                   | BEEACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COVERAGES                               | SYMBOL # TRAILERS ZO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RTH . 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| MCTORIST                                             | 45                   | PROPERTY DAMAGE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| BODICY INJURY                                        | 42 47                | BLEACH ACCIDENT 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|                                                      | 43 50                | MOTORCYCLE GUEST OCCUPANT EXCLUSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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COVERED AUTO SYMBOLS

(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO FAURT

(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(45) SPECIFICALLY DESCRIBED AUTOS

(47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY

NOTION CARRIED SECTION

| COVERAGES                                             | COVERED AUTO SYMBOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        | PHYSICAI DA             | MAGE                                                              |             |
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| BODILY                                                | 62 66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BI EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SOT ONA                                                | 62 63                   |                                                                   |             |
| NJURY<br>JABILITY                                     | 63 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OPTIONAL<br>COMPREHENSIVE                              | 63 <b>68</b>            |                                                                   | \$          |
|                                                       | 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - 1                                                    | 64                      | 1                                                                 |             |
| COMPULSORY                                            | <del>55</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PERSON 5 OLD 5 YOURSELF AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OPTIONAL                                               | 67                      | SCL FT LSI                                                        | 5           |
| PERSONAL INJURY<br>PROTECTION                         | 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YOURSELF FAMILY MEMBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SPECIFIED<br>CAUSES OF LOSS                            | 63 66<br>64             | ; r ; r i w                                                       | 3           |
| COLORUS CODY DAME                                     | 6. 64 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        | 62 67                   |                                                                   |             |
| COMPULSORY DAM-<br>AGE TO SOMEONE                     | <b>5</b> 2 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COLLISION                                              |                         |                                                                   | \$          |
| ELSE'S PROPERTY                                       | 63 66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        | 64                      |                                                                   |             |
| OPTIONAL<br>MEDICAL                                   | 62 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EACH PERSON \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OPTIONAL<br>TOWING                                     | 63<br>S                 |                                                                   |             |
| PAYMENTS                                              | 63 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | & LABOR                                                | 67                      |                                                                   |             |
| COMPULSORY                                            | 02 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GBL BI EAPER \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | TRAILER INTER           |                                                                   |             |
| UNINSURED<br>MOTORIST                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BLEACH ACCIDENT S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COVERAGES                                              | SYMBOL # TRAILERS 2     | ARTH<br>ONE # DAYS RADIUS                                         | S DEDUCTIBL |
| ***************************************               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PROPERTY DAMAGE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OPTIONAL<br>COMPREHENSIVE                              | 69<br>70                |                                                                   |             |
| OPTIONAL<br>SODILY INJURY                             | 61 (64 ) ?<br>62 / 67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 CSI EARIN S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OPTIONAL                                               | 69                      | and the second second                                             |             |
| TO OTHERS                                             | 63 . 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MOTORCYCLE GUEST OCCUPANT EXCLUSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SPECIFIED CAUSES OF LOSS                               | **                      | *                                                                 |             |
| OPTIONAL                                              | YES STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COST OF HIRE IF ANY BASIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OPTIONAL                                               | 65                      |                                                                   |             |
| NON-TRUCKERS<br>HIRED/BORROWED                        | NO .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COLLISION                                              | 70                      |                                                                   | \$          |
| OPTIONAL<br>TRUCKERS                                  | YES STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COST OF HIRE IF ANY BASIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sı                                                     | TATES #DAYS #VE         | H                                                                 |             |
| HIRED/BORROWED                                        | NO :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>s</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OPTIONAL                                               |                         |                                                                   |             |
|                                                       | STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GROUP TYPE NUMBER OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HIRED                                                  |                         |                                                                   |             |
| OPTIONAL<br>NON-OWNED                                 | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EMPLOYEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PHYSICAL<br>DAMAGE                                     |                         |                                                                   |             |
| AUTO<br>LIABILITY                                     | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VOLUNTEERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        | 0.65 B.55 B.55 16       | Course & Cary                                                     | TECHNOLOGIC |
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- 163 OWNED PRIVATE PASS AUTOS ONLY

#### **ENDORSEMENTS**

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained including if applicable information as to character general reputation personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided

NOTICE If you or someone else on your behalf gives us false deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss we may refuse to pay claims uncer 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 operators required to be instead and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Ment Rating Board may verify the accuracy of the previous driving records of all listed operators, including that the application are previous driving records. that of the applicant for this insurance

UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WAITING APPLICANT HAT WE SIGNATURE

NATIONAL PRODUCER NUMBER



#### **Additional Information**

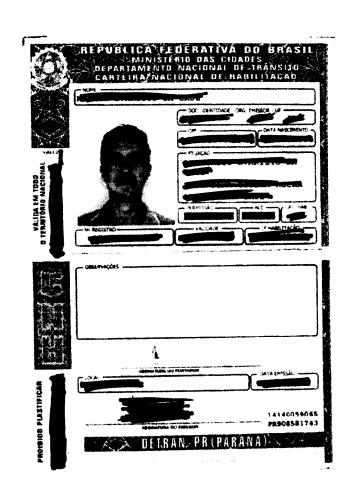
#### GARAGEKEEPERS COVERAGE: Locations

Address Gimit Coverage Options Collision Deductible



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#### **ENTITY SETUP FORM**

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|                                                                                                                                                              |                       |                 |                        |                       |
| Name of the Business:                                                                                                                                        |                       |                 |                        |                       |
| Business Activity (Ex. Painting, A                                                                                                                           | Auto Detailing):      |                 |                        |                       |
| Principal Office Address of the                                                                                                                              | Business:             |                 |                        |                       |
| Foreign Address:                                                                                                                                             |                       |                 |                        |                       |
| Corporate Officers:                                                                                                                                          |                       |                 |                        | ·                     |
| Principal Officer;                                                                                                                                           |                       |                 |                        |                       |
| <ol> <li>Name: Inc.</li> <li>Address: Inc.</li> <li>DOB: Inc.</li> <li>Phone Number: Inc.</li> <li>Titles: [X] President</li> </ol>                          | [ ] Vice President    | [ X ] Secretary | [ <b>X</b> ] Treasurer | [ <b>X</b> ] Director |
| Fill out form below if more than                                                                                                                             | n one corporate offic | er:             |                        |                       |
| <ul> <li>Name:</li> <li>Address:</li> <li>SSN or ITIN:</li> <li>Date of Birth:</li> <li>Phone Number:</li> <li>Titles: [] President</li> </ul>               | [ ] Vice President    | [ ] Secretary   | [ ] Treasurer          | [ ] Director          |
| <ul> <li>3. Name:</li> <li>- Address:</li> <li>- SSN or ITIN:</li> <li>- Date of Birth:</li> <li>- Phone Number:</li> <li>- Titles: [ ] President</li> </ul> | [ ] Vice President    | [ ] Secretary   | [ ]Treasurer           | [ ] Director          |
| Signature of Principal Officer:                                                                                                                              |                       |                 | Date:                  |                       |

#### **BUSINESS AUTHORIZATION**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of Samuel                                               | hereafter the "Customer," hereby         |
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| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | requested of Rapo & Jepsen Insurance Serv               |                                          |
| insurance covera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ge for the business of the Customer called "Business"). | located at                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Preparation of Articles of Organization                 | on (corp.)                               |
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With this authorization, the Customer pays \$300\_, being the filing fee for filing of the Organizational Documents.

In signing this Authorization, the undersigned represents to RJIS that it is the duly authorized representative of the Customer and that s/he has the authority to act on behalf of the Business.

The Customer understands and acknowledges that RJIS is an insurance agency. It does not provide legal services, nor advise on matters of law. In providing these services, RJIS makes available standard forms for organization of business entities. For specific advice on legal matters, the Customer should seek legal counsel.

The Customer hereby indemnifies and holds RJIS harmless from any liability which may arise as a result of RJIS providing the accommodations to Customer offered hereunder.

Signed on this 14 day of December, 2015.



This form approved by the RMV 1/2013, www.massimv.com

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Not Valid Until Stamped With Official Stamp or Registrar's Signature

This form approved by the RMV 1/2013, www.measmily.cc

| Massachusetts Department o  RMV-1 Application www.massmv.co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Form 4. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | mine of Documents<br>3 National Inter-<br>(C. 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KEEP IN SAFE PLACE



Rapo & Jepsen Insurance 1103 Commonwealth Ave Boston, MA 02215

Payment taken by formanda nogueira
Payment Type Cash
Location, 1885 RLVERE BEACH PKWY
Phone: 617-381-6240

| Line Type          | Amount      | Policy | Carner |
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| Administration Fee | 5100.00     |        |        |

#### Total Amount\$675.00

Fax: 617-381-6326

LAGRIE WITH AND TOPAN THE ABOVE TOTAL ANOUNT FREADLY. THAT NO REFERD CREDIT OR CHARGE RACK WHILE BE ALLOWED ALL SALES ARE FINAL.



Thank you for your Insuness.

#### RECEIPT

Payment ID: RJ-080567 12/14/2015 2.57 pm

CAR DOCKET #MR16.04

EXHIBIT #6 PAGE 139 OF 174

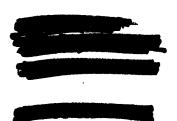


|            | FAC          | SIMILE TRANSMIT  | TAL SHEET                                 |                  |  |
|------------|--------------|------------------|-------------------------------------------|------------------|--|
| ro: RMV    |              | FROM             | FERNANDA                                  |                  |  |
| COMPANY:   |              | DATE: 12/14/2015 |                                           |                  |  |
| FAX NUMBE  | R            | TOTAL            | NO OF PAGES INC                           | LUDING COVER:3   |  |
|            |              |                  |                                           |                  |  |
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|            |              |                  |                                           |                  |  |
| □ (RGIN)   | ☐ FOR REVIEW | □ PEPASE COMMUNI | □ PEFASE RUPLY                            | □ PLEASE RECYCLE |  |
| NOD'S COMM | NIX          |                  |                                           |                  |  |

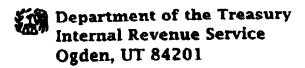
Good Afternoon!!

Could you please add company in to the RMV system?

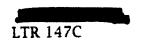
CUSTOMER IS AT THE BRANCH WAITING TO REGISTER HIS VEHICLE ©

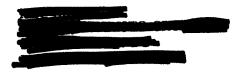


THANKS! FERNANDA - 617-381-6240 EXT 211



In reply refer to: Dec 14 2015





Taxpayer identification Number:

iumber:

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of December 14th, 2015.

Your Employer Identification Number (EIN) is Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Jenkins 17-58999

Customer Service Represer.



#### ARTICLE ONE

#### **ESTABLISHING THE TRUST**

| The date of this irrevocable | Trust Agreement is December : | $14^{TH}$ , $2015$ . The parties to the |
|------------------------------|-------------------------------|-----------------------------------------|
| agreement are                | (the "Trustmaker") an         | d (the                                  |
| "Trustee").                  |                               |                                         |

I intend that this agreement create a valid trust under the laws of Massachusetts and under the laws of any state in which any trust created under this agreement is administered. The terms of this trust agreement prevail over any provision of Massachusetts law, except those provisions that are mandatory and may not be waived.

#### Section 1.01 IDENTIFYING MY TRUST

My trust may be referred to as: DATED December 14<sup>TH</sup>, 2015.

For the purpose of transferring property to my trust, or identifying my trust or in any beneficiary or pay-on-death designation, any description referring to my trust will be effective if it reasonably identifies my trust. Any description that contains the date of my trust, the name of at least one initial or successor Trustee and an indication that my Trustee is holding the trust property in a fiduciary will be sufficient to reasonably identify my trust.

#### Section 1.02 RELIANCE BY THIRD PARTIES

From time to time, third parties may require documentation to verify the existence of this agreement, or particular provisions of it, such as the name or names of my Trustee or the powers held by my trustee. To protect the confidentiality of this agreement, my Trustee may use and affidavit or a certification of trust that identifies my Trustee and sets forth the authority of my trustee to transact business on behalf of my trust in lieu of providing a copy of this agreement. The affidavit or certification may include pertinent pages from this agreement, such as title or signature pages.

A third party may rely upon an affidavit or certification of trust that is signed by my trustee with respect to the representations contained in the affidavit or certification of trust. A third party relying upon an affidavit or certification of trust shall be exonerated from any liability for actions the third party takes or fail to take in reliance upon the representations contained in the affidavit or certification of trust.

A third party dealing with my Trustee shall not be required to inquire into the terms of this agreement or the authority of my Trustee, or to see to the application of funds or other property received by my trustee. The receipt from my trustee for any money or property paid, transferred or delivered to my trustee will be a sufficient discharge to the person or persons paying, transferring or delivering the money or property from all liability in connection with its application. A written statement by my Trustee is conclusive evidence of my trustee's authority. Third parties are not liable for any loss resulting from their reliance on a written statement by my Trustee asserting my Trustee's authority or seeking to effectuate a transfer of property to or from the trust.

Trustmaker and Trustee

| CustomerII) :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           | I Want To:                |
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| Payment Created On.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12.18-2016 9.49 35 AM                                     |                           |
| Enter your amail and selec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t email confirmation to receive an imail for your records |                           |
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INSURANCE GROUP

ABOUT

CONTACT

**CUSTOMER SERVICE** 

CAREERS

AGENT LOG IN

Search



**INSURANCE** 

Car. Hona . & Basiness

CLAIMS

Report & Contact

**PAY YOUR BILL** 

Pay Online & Questinis

MYARBELLA

Log In

Register

Home > Pay Your Bill > Auto Pay > Setup Payment

Pay Your Bill

Pay Your 60 Onine

Pay By Phone

**Auto Pay** 

**FAOs** 

Setup **Payment** 

Ask a Question

Billing Plans

Thank you!

Your request has been received.

Please print and keep this as confirmation of your request

Automated Payment Plan Request to enroil

Name: 🖥 Driver's license number: Phone number:

E-mail address:

Policy Information

Policy numbers:

Line(s) of business: Commercial car and truck

**Financial Institution** 

Name: CITIZENS BANK Location

Account Information

**ABA Routing Number:** 

I understand that if my monthly payment amount changes Arbella will notify me in writing at least 10 days prior to the due date of

Any transaction that is returned by your bank for insufficient funds will result in a \$25,00 fee and the immediate suspension of this payment option until the amount of the transaction is replaced with a money order or bank check.

i understand that my financial institution will provide me with additional information about the terms of my automated payment pla before it begins

1-800-ARBELLA (272-3552)

EMAIL

INSURANCE

Carpartment Condo Insurance Car insurance

Home insurance

Motorcycle insurance

**TOOLS** 

Report an Accident of Loss Locations What To Do When You've

Had an Accident or Loss Our Claim: Process

ABOUT ARBELLA

25th Anniversary About Arbella Annual Report Arhella insurance Foundation

Pay Your Insurance Bill

24 hours a day, 7 days a week



Pay Online Pay By Phone



Submission Summary

Applicant Name

Producer Cook 0154

Policy Term 12-14-2015 to 12-14-2016

Agency Customer ()

Date Submitted 12/14/2015

Prior Carrier Information

Appacents Pnor Carrier - No Pnor Carrier for this Appacent

Extimated Premium

To review with an underwriter contact Commercial Auto team at 1-617-769-3550 Total Policy Premium: \$872

#### Policy Optional Coverages

| Coverages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Compulsory Bodily Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Compulsory Personal Injury Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Compussory Damage To Someone<br>Else's Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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#### Arbella

The quote provided is an estimate only based on information entered. It may be subject to additions, review and validation. This quote is valid for 30 days.

#### **Down Payment Information**

Type Check

Amount \$175.00

Payment Macing Andress - Arbeita insurance Group

F O Box 55392

Boston MA 02205-5392

#### Documents

An original copy of the application must be signed by the applicant and the agent, and kepr on the by the agency of record. The original copy of the application is subject to audit by Arbeila. 400

To Viewi Print Commercial Auto - MA Application click this .con ACORD 125 POF

To View Port Communication to MA Application crok the report Like ACORD 107 PCF 

To View Print Commercial Auto - MA Application click this con - MR ACORD 137MA POF

## EXHIBIT G.3



Rapo & Jepsen Insurance 1103 Commonwealth Ave Boston, MA 02215

Payment taken by andre-hitz silva Payment Type: Cash Location: 191 CONCORD ST Phone: 508-875-5600

Fax: 508-875-5885

| Lane Type                   | Amount   | Policy | Сви | ier               |
|-----------------------------|----------|--------|-----|-------------------|
| New Business (Down Payment) | \$203,00 | ТВА    |     | ARBELLA INSURANCE |
| DBA                         | \$150.00 |        |     |                   |
| Administration Fee          | STEMP ON |        |     |                   |
| Runner Fee                  | \$50.00  |        |     |                   |
| Registry Fee                | \$242.00 |        |     |                   |
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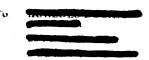
I agree with and to pay the above total amount i realize that no repund. Credit or chargeback will be allowed. All sales are final  $\,$ 



Thank you for your business



Payment ID: RJ-090054 2/1/2016 12:21 pm



© ACORD CORPORATION 1993-2005

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(Not applic | able in all states, consult your | <b>ag</b> ern o | r broker for your state's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | requirer    | lents.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

MOTICE OF INSURANCE INFORMATION PRACTICES (PRIVACY) FUR BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION ABOUT YOU, INCLIDING INFORMATION FROM A CREDIT REPORT. MAY BE COLLECTED FROM PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DISCLOSED TO THIRD PARTIES WITHOUT YOUR DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR ACCORD 125 (2005/8/18).

Submitted Date

Name and Address

#### **Additional Information**

#### APPLICANT INFORMATION :

Status of Transaction: Submitting for Issuance

Any other Arbella Commercial policy(ies): No

List Policy Number (s):

#### PAYMENT PLAN :

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Electronic Payment Down Payment Assunt: \$202.00

#### MISCELLANEOUS INFORMATION :

Sic Code

#### UNDERWRITER REMARKS :

26197274

AGENT REMARKS :

End of Document

Submitted Date



#### MASSACHUSETTS COMMEDICIAL AUTO

| ACORD            |              |     | /ERAGES/LIMITS SECTION          | DATE (MM/DD/YYYY)<br>02-01-2016        |
|------------------|--------------|-----|---------------------------------|----------------------------------------|
| RAPO & JEPSEN    | INS SERVICES | INC | APPLICANT (First Named Insured) | ************************************** |
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| COVERAGES                                                                                  | COVE           | RED AUTO SYMBOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| ODILY<br>NURY<br>SABILITY                                                                  | 65<br>65       | 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                                                                                                                                           | 5                                      |                                          | OPTIONAL<br>COMPREHE                                     | Television Constitution of |       | 62<br>63<br>64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| COMPULSORY<br>ERSONAL INJURY<br>PROTECTION                                                 | 65             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                                                                                                                                                                                                                                                                                           | DED \$<br>OURSELF AND<br>AMILY MEMBERS |                                          | OPTIONAL<br>SPECIFIED<br>CAUSES OF                       | LOSS                       |       | 62<br>63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your triends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application 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 operators required to be listed and the answers to questions in this application about all listed operators. 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, including that of the applicant for this insurance.

| UNDERSTAND<br>POLICY RENEWA | THAT THE | COVERAGE | SELECTION<br>D CHANGES | AND LIMIT<br>UNLESS IN | CHOICES | INDICATED   | HERE OR IN A     | NY STATE | SUPPLEMENT | WLL APPLY | TO | ALL | FUTURE |
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#### **Additional Information**

#### GARAGEKEEPERS COVERAGE:

Locations

Address Limit Coverage Options Collision Deductible OTC Type

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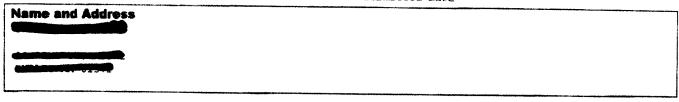
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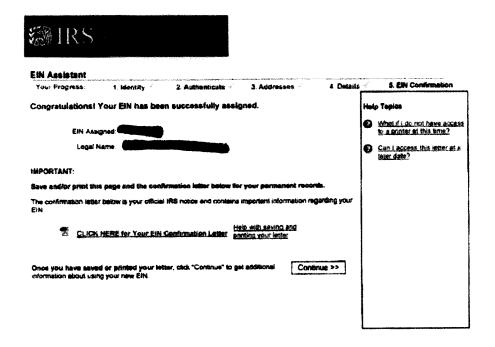
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Submitted Date



| Additional Information                       |                                                |  |
|----------------------------------------------|------------------------------------------------|--|
| ADDITIONAL DRIVER INFO                       | RMATION :                                      |  |
| Driver # ; i                                 |                                                |  |
| Name :                                       |                                                |  |
| SDIP : 02                                    |                                                |  |
| Driver # : 2                                 |                                                |  |
| None                                         |                                                |  |
| SD1P : 02                                    |                                                |  |
| MISCELLANEOUS INFORMAT                       | ION:                                           |  |
| Ridesharing/T.N.C.: NO                       |                                                |  |
| ADDITIONAL VEHICLE INF                       | NDM mt ow                                      |  |
| ADDITIONAL VERTURE INF                       | VARIATION :                                    |  |
| VEHICLE #                                    | : 0001                                         |  |
| Rate Physical Damage Only?                   | : No                                           |  |
| Plate Type<br>Plate Number                   |                                                |  |
|                                              | : Unknown                                      |  |
| Bodily Injury Limit<br>Personal Injury Limit | : 20000/40000                                  |  |
| Property Damage Limit                        | : 800D                                         |  |
| Property Damage Deductible                   | : \$100,000                                    |  |
|                                              | :<br>: 100000/300000                           |  |
|                                              | : 25000                                        |  |
| Bodily Injury To Others Limit                | - 18000/200000                                 |  |
| Underinsured Motorist Limit                  | : 10999/390900                                 |  |
| Collision Type                               | : Full                                         |  |
| Waiver of Collision Deductible               | : Yes                                          |  |
| \$100 Glass Deductible                       | : No                                           |  |
| Rental Reimbursement                         | : 30                                           |  |
| Towing and Labor                             | : 100                                          |  |
|                                              | : 15%                                          |  |
| Pollution Type                               | : No Pollution Liability Coverage-No Surcharge |  |
| Is this a Leased Vehicle                     | : Nb                                           |  |
| End of Do                                    | Cument                                         |  |
|                                              |                                                |  |



#### EIN Individual Request - Online Application

Page 1 of 1



Your Progress

1 Identity

2. Authenticate

3 Addresses

4. Details

5. Ethi Confirmation

Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to start a new epitication.

Click the "Submit" button at the bottom of the page to receive your EN.

#### Organization Type: Sole Proprietor

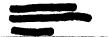
#### **Bole Proprietor Information**

Legal name. Trade name/Doing business as County State/Territory

Addresses

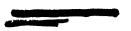
Start date

Physical Location Phone Number



Responsible Party

SENTIN



Principal Business Activity

What your business/organization does Principal producta/services

SERVICE NAILS DESIGN

#### Additional Sole Proprietor Informa

Cwns a 55,000 pounds or greater highway motor vehicle:

NO NO NO

Involves attentel, telegge or frearms. Files Form 720 (Quarterly Federal Excess Tax Return)

Has employees who receive Forms W-2

STARTED A NEW BUSINESS

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Bubmit" button.

Click "Submit" to send your request and receive your ESL.

Submit

#### **BUSINESS AUTHORIZATION**

| Services, Inc., l                   | Customer," hereby agrees that it has requested of Rapo & Jepsen Insurance hereafter "RJIS," that it provide insurance coverage for the business of the calledand located at ABOVE ADDRESS (the "Business").                                                          |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Cust                            | tomer hereby authorizes RJIS to take the following actions on behalf of the                                                                                                                                                                                          |
|                                     | Preparation of Articles of Organization (corp.)                                                                                                                                                                                                                      |
|                                     | Preparation of Operating Agreement (LLC)                                                                                                                                                                                                                             |
|                                     | Preparation of Partnership Agreement (G.P.)                                                                                                                                                                                                                          |
| X                                   | Preparation of DBA documents                                                                                                                                                                                                                                         |
|                                     | Filing of Organizational Documents                                                                                                                                                                                                                                   |
| Organizational l                    | rization, the Customer pays\$150 being the filing fee for filing of the Documents.  Suthorization, the undersigned represents to RJIS that it is the duly essentative of the Customer and that s/he has the authority to act on behalf                               |
| not provide lega<br>makes available | nderstands and acknowledges that RJIS is an insurance agency. It does I services, nor advise on matters of law. In providing these services, RJIS standard forms for organization of business entities. For specific advice on a Customer should seek legal counsel. |
| arise because of                    | ereby indemnifies and holds RJIS harmless from any liability, which may RJIS providing the accommodations to Customer offered hereunder.    day of Fcb , 2016.                                                                                                       |
|                                     |                                                                                                                                                                                                                                                                      |

#### Rapo and Jepsen Insurance

191 Concord St, Framingham, Ma 01702 Phone: 508-875-5600

Fax: 508-875-5885

| To:            | RMV                           |                  |                  |                  |
|----------------|-------------------------------|------------------|------------------|------------------|
| and the second |                               |                  | Date: 02/01/2016 |                  |
| Re:            | ADD F.I.D ON REGISTI          | RY SYSTEM        | Pages: 2         |                  |
| CC:            | OWNER:<br>FID # -<br>SSN#     |                  |                  |                  |
| □ Ung          | gent 🗆 For Review             | ☐ Please Comment | ☐ Please Raply   | ☐ Please Recycle |
|                | NOTES:<br>SE ADD EIN # IN THI | E RMV SYSTEM P   | ER SS4 ATTACI    | HED              |
|                | SE RETURN FAX                 | TO:              |                  |                  |
| THAN           | K YOU.                        |                  |                  |                  |
| Andre i        | Bilva                         |                  |                  |                  |

Date of this notice: 02-01-2016

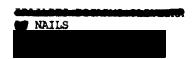
Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.



#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is OLIV. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G 02-01-2016 OLIV O 9999999999 SS-4

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

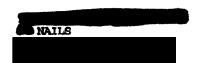
Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 02-01-2016 ( )

EMPLOYER IDENTIFICATION NUMBER:

FORM: SS-4

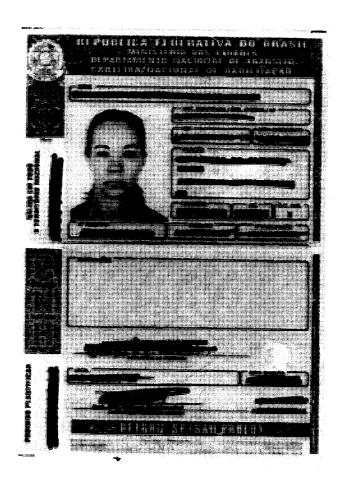
NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 



| LICENSE            | #:      |         |             | ST: MA   | ss#:    |          | PREV:             | Γ           |
|--------------------|---------|---------|-------------|----------|---------|----------|-------------------|-------------|
| NAME               | L: •    |         | F: CDACES   | 1        | 1:      |          | DOB:              |             |
| _                  | EX: F   | HEIGHT: | ORGAN DONG  | DR: Y    | ISTORY: | n im     | G: Y P            | DPS: N      |
| MAIL AD            |         |         | CITY:       |          |         | ST:      | MA ZIP:           |             |
| BLDG/A<br>RESID AD |         |         |             |          |         |          |                   |             |
| BLDG/AD            |         |         | CITY:       | S EDUCAT | • •••   | ST:      | ZIP:              |             |
| 0200,11            |         |         | DUIAPE      | S EDOCAL | ION:    | N MILITA | ARY: <b>N</b> MAI | 8: <b>N</b> |
| REV NAME           | L:      |         | F: <b>C</b> | M        | : D     |          | DOB:              |             |
| STATUS L           | IC: ACT | RES     | TRICTIONS:  |          | TIME    | <b>:</b> | TO:               |             |
| -                  | DL:     |         | SENGER REST | RICTION: | N       |          |                   |             |
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| 02/01/2016 11:42 MA<br>MERIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SSACHUSETTS REGISTRY OF ME<br>RATING BOARD - SDIP STAT                                                        | OTOR VEHICLES                                                             | UGM0021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 52. 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| 54. 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| 02/01/2016 11:41                                                                                               | Massachuset<br>Reg                                                     | TS REGISTR                                    |                                       |                                                               | UGP4060                                          | )        |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------------------------------|--------------------------------------------------|----------|
| FUNCTION: RI                                                                                                   | MSG: INQUIRY                                                           | PROCESS COM                                   | PLETE .                               |                                                               |                                                  |          |
| PLT TYP: PAN                                                                                                   | REG#:                                                                  | CLR: R                                        | VIN#:                                 |                                                               | Franklik :                                       | _        |
| LIC #1 :                                                                                                       | LIC                                                                    | #2:                                           |                                       | •                                                             | FID#:                                            |          |
| LESSEE :                                                                                                       |                                                                        |                                               |                                       | RMV-1 B                                                       |                                                  | <b>.</b> |
| OWNERI NAME :                                                                                                  |                                                                        | General                                       |                                       | 1414 - 1 12                                                   | DOB:                                             | =        |
| OWNER2 NAME :                                                                                                  |                                                                        |                                               |                                       |                                                               | DOB:                                             |          |
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| MAIL ADDR : 🌰                                                                                                  |                                                                        | CITY                                          | :                                     |                                                               | ST: 21P: 21P:                                    |          |
| BLDG/APT : 2                                                                                                   |                                                                        |                                               |                                       |                                                               | REG ONLY MAIL:                                   | N        |
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|                                                                                                                |                                                                        | 5/01/2014                                     |                                       |                                                               | REG EFF DT: 05/01/201                            | 4        |
| LIFE PD: N STKR#-                                                                                              |                                                                        | - 04/10/                                      | 2015                                  | INSP RSLT: P                                                  | REG EXP DT: 04/2016                              |          |
| 1999 JEEP GRACHE                                                                                               |                                                                        | L STYLE:                                      | UTIL                                  | CLR:                                                          | BLACK /                                          |          |
|                                                                                                                | 5 DOORS: 4                                                             | TRAN :                                        |                                       | WR: G BUS:                                                    | SEATS: WGT:                                      |          |
|                                                                                                                | ACTV - 06/04/20                                                        |                                               |                                       | 05/18/2010                                                    | PRINT DT: 06/04/201                              | ٥        |
| PURCH DT: 05/18/2                                                                                              |                                                                        | 30 N/U                                        | -                                     | PREV TTL ST/#:                                                | NA COLLEGE                                       |          |
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| PLT ORDER STATUS/D                                                                                             |                                                                        | ORIG ISS                                      |                                       |                                                               | NPROF: N VALUE:                                  |          |
| ILL ORDER SIMIUS/L                                                                                             | · · · · · · · · · · · · · · · · · · ·                                  |                                               | LA.                                   | ST-NEXT BILL:                                                 | 01/2016 - 01/2017                                |          |
| IMPORTANT PRIVACY REMINDER:<br>Lunderstand my use of this connection<br>regarding registry information. Lunder | n to the Registry is conditioned u<br>stand this information is PRIVAT | pon my promise to u<br>E, and I shall not div | se this informati<br>ulge such inform | on only for legitimate insura<br>lation to any faird parties. | nce business purposes. I agree to follow all rus | b\$      |
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| BMISSION CONFIRMATION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| tal Policy Premium: \$1,008                   | To review with an underwriter contact Commercial Auto team at 1-817-789-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,008                    | To review with an underwriter contact Commercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,008                    | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Pošcy Premium: \$1,888                     | To review with an underwriter contact Commercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,008                    | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: 81,808                     | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,008                    | To review with an underwriter contact Consmercial Auto team at 1-617-769-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,008                    | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,668                    | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,668                    | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: 81,468                     | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,668                    | To review with an underwriter contact Consmercial Auto team at 1-817-789-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,668                    | To review with an underwriter contact Commercial Auto team at 1-817-789-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,008                    | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Pošcy Premium: \$1,808                     | To review with an underwriter contact Consmercial Auto team at 1-817-789-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,868                    | To review with an underwriter contact Commercial Auto team at 1-817-789-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,868                    | To review with an underwriter contact Consmercial Auto team at 1-617-769-3950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| tal Policy Premium: \$1,808                   | To review with an underwriter contact Consmercial Auto team at 1-817-789-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| tal Policy Premium: \$1,664                   | To review with an underwriter contact Commercial Auto team at 1-817-789-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| al Policy Premium: \$1,868                    | To review with an underwriter contact Commercial Auto team at 1-617-769-3980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

# Policy Optional Coverages Coverages

| Coverages                             | Limits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deductible | Premi                        |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------|
| Vehicle # 1 Premium : \$1,008         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | -                            |
| 1999 JEEP GRAND CHEROKEE LAR          | EDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | and the second of the second |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                              |
| Compulsory insurance:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                              |
| Computeer, Bodhy Ini. III             | \$20,000 Per Person / \$40,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | <b>5</b> 1:                  |
| Compulsory Bodilly Injury             | Per Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | <b>3</b> 1.                  |
| Computatory Personal Injury Protector | n <b>88</b> ,003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | \$                           |
| Compulsory Damage To Someone          | \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | \$2                          |
| Else's Property                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 3.00                         |
| Compulsory Uninsured Motorist         | \$100,000 Per Person / \$300,000<br>Per Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                              |
|                                       | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |            |                              |
| Optional Insurance:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                              |
|                                       | \$100,000 Per Person / \$300,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                              |
| Optional Bodily Injury To Others      | Per Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | \$1                          |
| Optional Medical Payments             | \$25,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | \$                           |
| Collision                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8500       | \$3                          |
| Neiver of Deductible:                 | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                              |
| Comprehensive                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$500      | \$                           |
| Rents: Reimbursement                  | 30/30 Days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                              |
| Towing and Labor                      | \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | \$                           |
| Dottonal Underinsured Motorist        | \$100,000 Per Person / \$300,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                              |
|                                       | Per Accident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | and the second               |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                              |
| Date                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                              |
| Risk Characteristics:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                              |
| Garaging City                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                              |
| Territory                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                              |
| Class Code                            | 73910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                              |
| Anti-theft Device                     | 15%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4          |                              |

Premium

#### Arbella

The quote provided is an estimate only based on information entered it may be subject to additional review and validation. This quote is valid for 30 days.

#### **Down Payment Information**

Type Electronic Payment

Make electronic payment now.

Amount \$202.00

You have elected to make an Electronic Psyment, Click the link to process the down payment.

Payment Melling Address

Arbella Insurance Group

P.O. Box 55392 Boston, MA 02205-5392

#### Documents

An original copy of the application must be signed by the applicant and the agent, and kept on file by the agency of record. The original copy of the application is subject to audit by Arbella.

To View/ Print Commercial Auto - MA Application dick this icon

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| Salance Dua                     | \$0.00                                                | View Account Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Payment Created On:             | 2/1/2016 12:20:13 PM                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Enter your email and select ema | al confirmation to receive an email for your records. | S. Additional designations in the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of |
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