



NATALIE A. HUBLEY  
PRESIDENT

COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400 Boston, Massachusetts 02110

[www.commauto.com](http://www.commauto.com)

617-338-4000

## NOTICE OF MEETING

### MARKET REVIEW COMMITTEE

A meeting of the Market Review Committee will be held at the Automobile Insurers Bureau Conference Center at 101 Arch Street, 7<sup>th</sup> Floor, Boston, on

**TUESDAY, SEPTEMBER 12, 2017 AT 1:00 P.M.**

### MEMBERS OF THE COMMITTEE

Mr. Charles Boynton, III – Chair  
Boynton Insurance Agency

Ms. Elizabeth Brodeur  
Mr. Andrew Drayer  
Mr. Harold Gerbis  
Mr. Sumner Gilman  
Ms. Paula Gold  
Mr. James Hyatt  
Mr. Richard Jones  
Mr. David McCormick  
Ms. Marie-Armel Theodat

Safety Insurance Company  
MAPFRE U.S.A. Corporation  
Quincy Mutual Group  
Economy Insurance Agency, Inc.  
Plymouth Rock Assurance Corporation  
Arbella Insurance Group  
Leslie S. Ray Insurance Agency, Inc.  
McCormick and Sons Insurance Agency, Inc.  
All Towns Insurance Agency, Inc.

### AGENDA

#### MR

##### **17.01 Records of Previous Meeting**

The Records of the Market Review Committee meeting of June 21, 2017 should be read and approved.

#### MR

##### **17.03 CAR Conflict of Interest Policy**

The Chair will read a statement relative to CAR's Conflict of Interest Policy.

**MR**

**17.06 Point Insurance Agency, Inc./Arbella Protection Insurance Company**

Attached is a Request for Review submitted by Attorney Joshua Lewin, representing the Point Insurance Agency, Inc. The agency is requesting relief of the termination of the agency's commercial automobile Exclusive Representative Producer appointment by the Arbella Protection Insurance Company for violations of CAR Rule 14.B.1.c., e., k., l., and n., Ongoing Exclusive Representative Producer Requirements, and of the agency's Limited Servicing Carrier Agreement with Arbella. Arbella's Notice of Termination is also attached. (Docket #MR17.06, Exhibits #1 and #2)

**Other Business**

To transact any other business that may properly come before this Committee.

**Executive Session**

The Market Review Committee may convene in Executive Session in accordance with the provisions of G.L. c. 30A, § 21.

JOHN METCALFE  
Director – Residual Market Services

Attachments

Boston, Massachusetts  
August 31, 2017



**Joshua A. Lewin**  
Direct telephone: 617-757-6523  
Direct facsimile: 508-929-3184  
Email: jlewin@bowditch.com

July 28, 2017

**VIA FIRST CLASS MAIL  
AND ELECTRONIC MAIL**

Commonwealth Automobile Reinsurers  
ATTN: John Metcalfe  
101 Arch Street  
Suite 400  
Boston, MA 02110

**RE: Request for Review/Relief by Point Insurance Inc. of Notice of  
Termination of Limited Servicing Carrier Agreement by Arbella**

Dear Mr. Metcalfe:

This firm represents Point Insurance Inc. in connection with Arbella's Notice of Termination of its Limited Servicing Carrier Agreement with Point. Enclosed for filing and docketing please find:

1. Notice of Appearance; and
2. Request for Review/Relief.

With regard to a Market Review Committee hearing, Point has waived the 15 day hearing requirement. I have very limited availability in the second half of August, but much more flexibility after September 6 if that could be accommodated.

As always, please do not hesitate to call or email with any questions or concerns.

Sincerely,



Joshua A. Lewin

JAL/rs

Enclosures

cc: Roberta Fitzpatrick, Esq. (by email and regular mail)  
Bruno Rozembarque



**COMMONWEALTH OF MASSACHUSETTS**  
**COMMONWEALTH AUTO REINSURERS**

\_\_\_\_\_  
IN RE: NOTICE OF TERMINATION OF )  
ARBELLA SERVICING CARRIER )  
AGREEMENT WITH POINT INSURANCE, INC. )  
\_\_\_\_\_)


TO THE DOCKET CLERK OF THE COMMONWEALTH AUTOMOBILE RESINSURERS:

Please enter my appearance on behalf of Point Insurance, Inc., in the above-identified matter.

Respectfully submitted,

  
\_\_\_\_\_  
Joshua A. Lewin, Esq. (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

Date: July 28, 2017

<b>COMMONWEALTH AUTOMOBILE REINSURERS</b>			
<b>REQUEST FOR REVIEW/RELIEF (PURSUANT TO CAR RULE 20/MAIP RULE 40)</b>			
<b>Requestor's Name/Title:</b> Bruno Rozembarque, Owner			
<b>Signature:</b> 			<b>Date:</b> 7/28/2017
<b>Agency or Company Name:</b> Point Insurance Inc.			
<b>Address:</b> 1103 Commonwealth Avenue			
<b>City/Town:</b>	Boston	<b>State:</b> MA	<b>Zip Code:</b> 02115
<b>Tel. #:</b>	(617) 783-1160	<b>Fax #:</b>	(617) 783-2062 <b>email:</b> bruno@pointinsure.com
<b>IF REPRESENTED BY COUNSEL OR OTHER PARTY, PLEASE COMPLETE THE FOLLOWING:</b> (Representation by counsel is <u>not</u> required):			
<b>Name of Rep:</b> Joshua A. Lewin, Esq.			
<b>Firm:</b> Bowditch & Dewey LLP			
<b>Address:</b> One International Place, Suite 4400			
<b>City/Town/St/ZIP:</b> Boston MA 02110			
<b>Tel. #:</b> 617-757-6523		<b>Fax #:</b> 508-929-3184 <b>email:</b> JLewin@Bowditch.com	
<b>1</b>	<b>Reason For Review:</b> A. Concisely summarize the reason(s) for your request for review, identifying the nature of your grievement or request for relief. B. Identify the specific relief sought.		
	Point Insurance requests review of a Notice of Termination of Arbella Limited Servicing Carrier Agreement (LSCA) because the reasons listed for terminating the agreement are factually and legally incorrect.		
	Point (1) did not engage in fraudulent activity, (2) did not fail to provide a reasonable and good faith effort to verify information provided by applicants, (3) did not fail to notify Arbella of suspected fraud, (4) did not fail to cooperate with Arbella during any investigation, and (5) did not order coverages for any insured for which the insured was not eligible.		
	Point seeks that CAR review the termination pursuant to CAR Rules and G. L. c. 175, s. 113H, stay the termination, reinstate inappropriately canceled or non-renewed policies, order the LSCA reinstated, and order such other and further relief as may be requested and appropriate.		

<p><b>2</b></p>	<p><b>Details of Aggrievement(s):</b></p>	<p>Provide specific detail for each reason for the requested review cited above, including references to violations of CAR or MAIP Rules, the agency contract, or established practices of CAR, MAIP or one of its Members. Include historical reference, where appropriate. Attach supporting documentation.</p> <p>Since Point obtained its appointment as an ERP and was assigned Arbella as its Servicing Carrier, Point requested proactively from Arbella policies and procedures to avoid problems which Rapo and Jepsen had encountered with Arbella. Arbella provided procedures, some of which Point objected to. Nonetheless, Point complied with all such policies and procedures and has complied with all CAR Rules. Point has required that all customers seeking a commercial policy through CAR submit and sign all necessary documentation to establish eligibility for a commercial policy. Point has not knowingly facilitated any customer to obtain or supply false information on an application or renewal application. To the contrary, Point has notified all customers of the eligibility requirements for a commercial application and has refused and declined to submit applications for customers who are ineligible. In submitting applications, Point has followed Arbella's guidelines and submitted all of the documents requested by Arbella and which were provided to Point by the customer. Point has relied on information supplied by customers, to which they often attest under oath, when preparing and submitting documents to Arbella and has never done so knowing or suspecting the information to be false. Point checked and verified all corporate, licensing and registration data supplied by its customers before submitting it to Arbella. Finally, Point has never refused to cooperate with Arbella during any investigation.</p> <p>Point is reviewing the specific information supplied by Arbella along with the Notice of Termination and will provide additional documentation in response thereto in advance of hearing in this matter.</p>	
	<p><b>3</b></p>	<p><b>Actions(s) Taken to Date to Resolve the Matter:</b></p>	<p>State when you first became aware of each item/issue being contested and the steps taken to mitigate or resolve the matter prior to this request for a formal review. Attach supporting documentation.</p> <p>Arbella did not seek to discuss these matters prior to filing a notice of termination. Point is willing to discuss mitigation/resolution directly with Arbella.</p>

**Scheduling of Review**

Upon receipt of a completed Request for Review/Relief Form, a hearing date will be established within 15 business days. After a date has been confirmed, CAR will issue a written Notice of Meeting to all affected parties and in compliance with the Open Meeting Law.

**Request for Continuance**

A request for a continuance of a review of the matter by CAR will be granted upon the agreement of all parties. Absent the agreement of all parties, a request for a continuance must be presented to the assigned Committee for approval.

**Submission of Written Information**

Any parties wishing to present written materials to be considered by the designated Committee must submit them to CAR's Docket Clerk no later than 12:00 p.m., 5 business days prior to the scheduled meeting date. Timely submitted materials will be docketed by CAR and distributed to the Committee as soon as practicable. Written materials submitted to CAR after 12:00 p.m. on the 5th business day prior to the scheduled meeting date will not be entered on the docket, but the submitting party may petition the Committee directly for consideration of such materials. The Committee has the discretion to determine whether such materials will be considered in its deliberations. In addition, parties who petition the Committee for the submission of materials are expected to be prepared to provide a minimum of 25 copies at the meeting. Parties should provide copies of ALL written materials that they wish considered in the matter to the opposing party in concert with their submission(s) to CAR and/or the Committee.

**15 Day Waiver: Initial below if waiving the need for review within 15 business days:**

I waive the 15 business day review while retaining rights to a review: (Initial):  JAL, for Point with Auth.

**PLEASE NOTE: THIS FORM MUST BE COMPLETED AND RETURNED TO CAR  
 PRIOR TO THE INITIATION OF A FORMAL REVIEW PURSUANT TO  
 CAR RULE 20/MAIP RULE 40**

**FOR COMPLETION BY CAR OFFICE – DO NOT WRITE BELOW**

<b>4</b>	<b>Assigned Docket Number:</b>
<b>5</b>	<b>Related Docket Number(s):</b>
<b>6</b>	<b>Assigned Review Forum:</b>  <b>CAR COMMITTEE:</b> _____  <b>Scheduled Review Date:</b> _____
<b>7</b>	<b>Disposition:</b>



**June 29, 2017**

**VIA HAND DELIVERY**

Mr. Bruno Rozembarque  
Point Insurance  
1103 Commonwealth Avenue  
Boston, Massachusetts 02215

**Re: Notice of Termination of Arbella Limited Servicing Carrier Agreement**

Dear Mr. Rozembarque:

This notice serves to advise you that due to violations of the Rules of Operation of Commonwealth Automobile Reinsurers ("CAR"), and Point's Limited Servicing Carrier Agreement with Arbella Protection Insurance Company ("Arbella"), Point's Limited Servicing Carrier Agreement is hereby terminated effective July 31, 2017 and Point will no longer have authority to bind coverage on behalf of Arbella.

Rule 14 of the CAR Rules of Operation requires Producers to perform in conformity with certain requirements. You have failed to do so and have violated the following provisions of Rule 14:

You have failed to refrain from engaging in fraudulent activity in connection with the business of Motor Vehicle Insurance in violation of **Rule 14.B.1.c.**

You have failed to provide a reasonable and good faith effort to verify the information provided by applicants, including licensing and rating data in violation of **Rule 14 B.1.e.**

You have failed to notify the Servicing Carrier of Suspected Fraud in violation of **Rule 14.B.1.k.**

You have failed to cooperate with the Servicing Carrier during its investigation in violation of **Rule 14.B.1.l.**

You have ordered coverages from the Servicing Carrier for which the insured is not eligible in violation of **Rule 14.B.1.n.**





# ARBELLA

PROTECTION INSURANCE COMPANY

Mr. Bruno Rozenbarque  
June 29, 2017  
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Specifically, investigation has revealed that Point has represented, on several occasions, that licensed Massachusetts drivers would be operating the vehicles for whom commercial policies were applied when in fact, no validly licensed driver was going to operate the vehicle. Point has, on some occasions, advised applicants that did not have a valid Massachusetts license to find "anyone" with a Massachusetts license and fraudulently represent that the Massachusetts license holder would be operating the vehicle to be insured.

In addition, on several occasions, Point has represented that the vehicle was owned by a business entity when it was not. Point has also represented that operators of the vehicles owned a business when they did not.

Point has continued to commit premium fraud by advising operators that their insurance is cheaper when they represent that they have a business entity even though they do not.

Point has fraudulently represented that individuals are employees of businesses when they are not.

Point has advised insureds to continue to make fraudulent representations that they owned businesses which were originally made by the Rapo & Jepsen Agency.

Point has advised drivers that do not have a Massachusetts license or do not have businesses to make fraudulent representations in order to procure a commercial policy.

Finally, on March 15, 2017, you and Leandro Rodrigues met with Arbella investigators and made several false statements including but not limited to Point's practices regarding the use of licenses not held by an employee or operator of the vehicles, as well as Point's policies regarding assistance to applicants for renewal that indicate that they do not have a business.

Point has been on notice that these practices are in violation of the CAR Rules and its Contract with the Servicing Carrier since its inception. You, as Point's owner and a former employee of the Rapo & Jepsen Agency were well



# ARBELLA

PROTECTION INSURANCE COMPANY

Mr. Bruno Rozenbarque  
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Page Three

aware that these were the very practices for which the Rapo & Jepsen Agency had its appointment terminated.

These practices have facilitated premium fraud by enabling non-commercial risks to avoid paying the higher premium that they would have been charged, had they been rated and insured in the private passenger market.

At the time of your appointment, you sought and received guidelines and procedures for enabling Arbella to weed out the policies obtained by false representation in the Rapo & Jepsen book of business. Since that time, you have repeatedly failed to follow those procedures, or, in some cases, used further false information to satisfy the guidelines in order to perpetuate fraud. Specifically, you have advised applicants for renewal to purchase Liability Insurance for their non-existent businesses in order to appear legitimate and satisfy the Arbella guidelines.

You are advised in accordance with Rule 13 of the CAR Rules of Operation that you have the right to request a review of this termination by CAR in accordance with CAR Rule 14.F. A copy of the Request for Review Form that you are required to use is attached hereto. Pursuant to Rule 20 of the Rules of Operation, you have 30 days from the date of this termination notice to file the Request for Review Form with CAR.

Also attached is a copy of the Limited Servicing Carrier Agreement between Point and Arbella.

In addition, documents supporting Arbella's claims that Point has violated the aforementioned rules are also enclosed herewith.



# ARBELLA

PROTECTION INSURANCE COMPANY

Mr. Bruno Rozenbarque  
June 29, 2017  
Page Four

Kindly direct any inquiries regarding this matter to Arbella's counsel,  
Roberta Fitzpatrick at 617-769-3500 or Frances L. Robinson at 617-723-7339  
ext. 15.

Very truly yours,

Eileen Currie  
Senior Vice President of Commercial Lines

cc: The Commissioner of Insurance  
Commonwealth Automobile Reinsurers  
Roberta Fitzpatrick, Esq.  
Frances L. Robinson, Esq.



2	<b>Details of Aggrievement(s):</b>	Provide specific detail for each reason for the requested review cited above, including references to violations of CAR or MAIP Rules, the agency contract, or established practices of CAR, MAIP or one of its Members. Include historical reference, where appropriate. Attach supporting documentation.
3	<b>Actions(s) Taken to Date to Resolve the Matter:</b>	State when you first became aware of each item/issue being contested and the steps taken to mitigate or resolve the matter prior to this request for a formal review. Attach supporting documentation.

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5	<b>Related Docket Number(s):</b>
6	<b>Assigned Review Forum:</b>  <b>CAR COMMITTEE:</b> _____  <b>Scheduled Review Date:</b> _____
7	<b>Disposition:</b>



**ARBELLA**<sup>®</sup>

INSURANCE GROUP

**ARBELLA PROTECTION INSURANCE COMPANY, INC.  
LIMITED SERVICING CARRIER AGREEMENT**

**Commercial Auto Producer Code: 46-0127, 46-0134 & 46-0154**

**THIS AGREEMENT, MADE AT Quincy, MA this 9th of August, 2016 by and between ARBELLA PROTECTION INSURANCE COMPANY, INC. (hereinafter called the "Company") and Representative Producer, POINT INSURANCE, INC. (hereinafter called "Producer") who agree as follows:**

- 1. This Agreement will be effective as of JULY 22<sup>nd</sup>, 2016, 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. The Parties agree that the Producer will comply with the guidelines attached hereto as an Addendum to the Contract.**
- 4. 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.**

**The Producer will hold the Company harmless of any liability, including costs of defense, caused by Producer error in the preparation, processing or billing of any renewed policy, provided the Company did not cause, contribute to or compound such error and provided the Company shall have given the Producer prompt notice of**

any claim asserted against the Company and provided further that the Producer is permitted to direct the investigation, settlement and defense of any such claim.

## **5. 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:

- (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 Company for purposes of solicitation.
- (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.

## **6. 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.

## **7. PREMIUMS AND ACCOUNTING**

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.
- (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.

## **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. CONFIDENTIALITY PROVISIONS**

- (a) Both parties acknowledge each may be exposed to or acquire information which is confidential or proprietary to the other party, its affiliates, and their customers, directors, officers, employees or agents. Any and all Confidential Information (as defined below) of a party (the "Disclosing Party"), disclosed to or obtained by the other party, its employees, subcontractors or agents (collectively, the "Recipient"), shall be deemed confidential and proprietary information belonging to the Disclosing Party. In recognition of the foregoing, each party, as Recipient, covenants and agrees: (a) that it will maintain all Confidential Information of the Disclosing Party in strict confidence, using at least the same degree of care as it uses to avoid unauthorized use or disclosure of its own confidential information, but in no event less than a reasonable standard of care or that standard of care imposed upon it by applicable laws; (b) that it will not make use of any Confidential Information of the Disclosing Party for its own purposes or the benefit of anyone or any other entity other than the Disclosing Party, except in order to perform its obligations as contemplated by this Agreement or as otherwise expressly provided under this Agreement; (c) that it will take no action with respect to the Confidential Information of the Disclosing Party that is inconsistent with the confidential and proprietary nature of such information; and (d) that it has the programs, process and procedures in place to comply with the confidentiality, data security and privacy obligations

found in this Agreement or imposed by Federal or State laws governing the Confidential Information, including those obligations found in Massachusetts Regulation 201 CMR 17 ("Standards for The Protection of Personal Information of Residents of the Commonwealth").

- (b) Disclosure and Security Procedures. No party shall disclose Confidential Information of any other party, except to its employees, subcontractors, consultants and agents ("Representatives"), having a need to know such information in connection with the performance of its obligations as contemplated by this Agreement. Each party shall instruct all such Representatives (and for avoidance of doubt, the employees' subcontractors' and agents' of its Representatives) as to their obligations concerning confidentiality and the compliance thereof. Each party shall be responsible for the actions of their Representatives.
- (c) For purposes of this Agreement, "Confidential Information" of a party (which shall also include its affiliates' information) shall include all information of the Disclosing Party, whether that information is in written, oral, magnetic, photographic, optical or other form, including, but not limited to, (1) technical and financial data, commission (bonus or profit sharing) agreements or structures, the terms of this Agreement, security information (such as computer passwords and identification codes), computer information (such as codes, operating instructions and functionality), business plans, business strategies, financial results, billing plans, credit information, business strategies (2) any other information related to the Disclosing Party which is not generally known to the public or within the industries and trades in which the Disclosing Party competes or which may otherwise be protected by trade secret law ("Trade Secrets") and (3) any Nonpublic Personal Information (which shall be defined with reference to the Gramm-Leach-Bliley Act of 1999, 15 U.S.C. §§ 6801 et seq. and any other federal or state laws governing the confidentiality of the personal information, including without limitation, personal information as it is defined in 201 CMR 17.00 "Standards for The Protection of Personal Information of Residents of the Commonwealth"). For avoidance of doubt any information from the Registry of Motor Vehicles or credit reporting agencies (including credit or loss scores) is Nonpublic Personal Information.
- (d) Non-Confidential Information. Notwithstanding the above paragraph, Confidential Information of any party shall not include information that (i) is or becomes generally known to the public, not as a result of a disclosure by the Recipient, (ii) is rightfully in the possession of the Recipient prior to disclosure, (iii) is received by the Recipient in good faith and without restriction from a third party not under a confidentiality obligation to the Disclosing Party and having the right to make such disclosure, (iv) is disclosed pursuant to a court or regulatory order or other legal requirement, or (v) is independently developed by the Recipient or its employees.

- (e) **Relief.** Each party acknowledges that the unauthorized disclosure of the Disclosing Party's Confidential Information may cause irreparable injury to the Disclosing Party. Each party shall, therefore, be entitled to seek injunctive relief upon a disclosure or threatened disclosure of any such Confidential Information, without the posting of a bond. Without limitation of the foregoing, a party shall advise the Disclosing Party immediately in the event that it learns or believes that any person or entity which has had access to Confidential Information of the Disclosing Party has violated or intends to violate the terms of this Agreement, and will cooperate with the Disclosing Party in seeking injunctive or other equitable relief against any such person or entity. This provision shall not in any way limit such other remedies as may be available to the parties at law or in equity. The Receiving Party will indemnify the Disclosing Party for damages caused by their breach of these confidentiality obligations.
- (f) The obligations of the parties under this section shall survive for a period of five (5) years following the termination of the Agreement; provided, however, that with respect to Nonpublic Personal Information and Trade Secrets, the obligations of the Recipients shall continue indefinitely.

## **12. 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 or 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.

### 13. 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.

### 14. 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 9th DAY OF AUGUST, 2016.

Point Insurance, Inc.

By:

  
\_\_\_\_\_  
Bruno Rozenbaum, President

Arbella Protection Insurance Company, Inc.

By:

  
\_\_\_\_\_  
John Donohue, Chairman, President & CEO

1103 Commonwealth Ave.  
Boston, MA 02215

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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, INC.** and **POINT INSURANCE, INC.** effective **JULY 22<sup>nd</sup>, 2016**. The Agreement is amended as follows:

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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, Inc. as provided under the Plan and Rules of Operation of Commonwealth Automobile Reinsurers (hereinafter called "C.A.R.").

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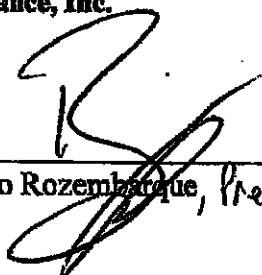
Pursuant to Section 113-H of Chapter 175 as amended by Section 17 of Chapter 241 of the Acts of 1983, your Agreement is subject to the conditions of appointment by C.A.R. to Arbella Protection Insurance Company, Inc. as a Servicing Carrier. By accepting this Amendment you agree to comply with the Plan 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 **9th DAY OF AUGUST, 2016**.

---


Point Insurance, Inc.

By:

  
Bruno Rozembaque, President

Arbella Protection Insurance Company, Inc.

By:

  
John Donohue, Chairman, President & CEO

\*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 seal.

**SCHEDULE OF COMMISSION RATES  
MASSACHUSETTS COMMERCIAL AUTO**

**ARBELLA PROTECTION INSURANCE COMPANY, INC.**

This schedule shall constitute part of the Limited Servicing Carrier Agreement with *ARBELLA PROTECTION INSURANCE COMPANY, INC.* 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:

**\*CEDED BUSINESS 9.91%**

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.

**ADDENDUM TO CONTRACT BETWEEN ARBELLA AND  
POINT INSURANCE, INC.**



### **PROCEDURES FOR POINT INSURANCE, INC.<sup>1</sup>**

The following procedures have been developed for use by Point Insurance, Inc. ("Point" or the "Agency") in accordance with the request of counsel for Point and due to the issues with Rapo and Jepsen Insurance Services and the Point purchase of Rapo and Jepsen assets. All Rules, Procedures and Manuals of Commonwealth Automobile Reinsurers must be complied with and are incorporated herein by reference.

It is Arbella's expectation that Point will neither direct nor assist applicants in the creation of businesses for the sole purpose of obtaining commercial insurance and that Point will use due diligence in verifying the existence of a business and the commercial use of a private passenger type vehicle before making a submission for a commercial auto policy through Point's CAR commercial auto appointment.

Submissions on newly registered vehicles to be effective within 30 days of the prospective applicant receiving an FID number, creating a d/b/a or trust, incorporating or otherwise establishing a business entity may be indicia of fraud and such potential submissions need prior underwriting approval.

1. All submissions for commercial auto insurance on behalf of a business entity created by the Agency should disclose that the Agency was involved in the creation of the business. This disclosure should be added to the application submission. Where the business entity is created with Agency involvement, the applicant should be present in the Agency when applying for insurance and signing the required documents.
2. The Agency should obtain original paper signatures on all documents which require a signature and all such documents must be maintained for six years following execution. This includes, but is not limited to, applications, documents creating business entities, affidavits and the like. The signed paper documents must be promptly made available to Arbella for inspection and copying upon request.
3. All applications which are submitted on behalf of a business entity created by the Agency should include an affidavit certifying that the business is legitimate, that the applicant and all listed operators are actually employed by the business and that the insured vehicle will be used for the stated business purposes. The affidavit should be in the applicant's native language, should be signed by the applicant in the presence of an Agency employee, and countersigned by the agent, under the pains and penalties of perjury, with a fraud clause. The affidavit should be notarized. (Arbella is willing to assist by providing a draft of an affidavit translated into Spanish and Portuguese and providing the required fraud clause). This affidavit should be submitted with the binder through the E-app process.
4. Signed copies of all stamped and bound registry of motor vehicle paperwork should be submitted with the policy documentation when submitting the application.
5. Copies of all listed operators identification(s) should be sent in color form when submitting an application. Where an applicant has a foreign driver's license a backup form of photo identification such as a passport is required. Where an applicant has an out of state license a backup form of photo ID is required. In the event a request is made to remove a listed operator, the agency should submit in writing the reason for the removal of the operator simultaneously with the request for removal.
6. If an insured was previously insured with Rapo and Jepsen or Point Insurance prior to Point Insurance submitting a new commercial auto insurance application, a copy of the latest coverage selections page for the prior policy should be submitted at the time of the application submission.

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<sup>1</sup> These procedures were prepared pursuant to the July 22 request of Point and are being circulated in draft form to accommodate the request by Point to have written guidance by the end of this week.

**7. Where the applicant operates as a d/b/a, copies of business certificates from the city or town where the insured primarily operates their business should be submitted at the time of application; as well as any FMSCA/DOT documentation if the applicant is registered with such entities.**

**8. Point Insurance will provide an active coverage selections page of Point's E & O Policy. Should there be a change in limits or cancellation of the policy or any other material change, Point should promptly notify Arbella**

**9. Point Insurance will provide all training and educational information supplied or used in training personnel and, in particular, evidence of re-training of former Rapo and Jepsen employees.**

**10. Point Insurance will provide a list of all Rapo and Jepsen employees handling Point Insurance business who continue to be employed by Rapo and Jepsen and job descriptions relative to each employee. Copies of the producer license for each licensed employee shall be submitted to Arbella.**

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Claim No. 10020060487

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Q. All right. This is Ed Spellman, and I'm speaking with Douglas De Matos from . . . . . And Douglas is D-o-u-g-l-a-s, De Matos, D-e, M-a-t-o-s. Today's date is November 16, 2016, and the time is now approximately 12:30 p.m. Doug, this conversation is being recorded. Is it being done with your permission, sir?

A. Yes, it is.

Q. Okay. And what is your date of birth, Doug?

A. . . . .

Q. And do you have a Social Security number, Doug?

A. No, I don't, sir.

Q. Do you have a active visa, whether it be a permanent resident alien or a work visa or a tourist visa?

A. No. No, I don't.

Q. Do you have a passport?

A. Yes, I do.

Q. Do you have that with you today?

A. No, sir.

Q. Where is the passport from, Doug?

A. I'm from Brazil.

Q. Is the passport active or is it expired?

A. It's expired at the moment. I have to get it renewed.

Q. Okay. As part of this investigation, would you be willing to when you do get the passport, to photograph it and just text a photograph of it to . . . . .

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Claim No. 10020060487

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us?

A. Yeah. If it won't be a problem to be expired, yeah, no problem. I will send it. I will send a picture.

Q. Perfect. I appreciate that.

A. No problem.

Q. With regards to where we are currently, it looks to be a demolition construction job site?

A. Yes. Yes.

Q. Is this a job for Safe Stone Masonry Corporation or is this a job for another company?

A. It's a job for another company. I'm working hourly.

Q. What is it?

A. I'm working hourly. By hour. I'm getting paid by the hour from somebody else.

Q. Oh, okay. So at this job site here you are working as an employee?

A. Yes.

Q. All right. How is it that you get paid as an employee. Is it cash? Check? Payroll check?

A. Right now, cash. I just started last Saturday working with this guy.

Q. Oh, okay.

A. Yeah.

Q. All right. With regards to your policy of insurance here, it's for a Safe Stones Masonry Corporation, and I have the Secretary of State articles, if I can grab them real quick, that shows that this

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Claim No. 10020060487

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organization was established November 16, 2013.

A. Yes, sir.

Q. Okay. Does that sound about right?

A. Yes, sir.

Q. How is it that this organization got filed or created with the Secretary of State? Is that something you did yourself or is it something someone else helped you with, whether it be an insurance agent, a tax house, an attorney, anything like that?

A. Yeah. That was an insurance agent in  
The name of the woman is Angela. I don't know the last name for sure.  
And if I'm not wrong, the name of the insurance company is Western  
something insurance.

Q. Okay. And I think we were talking beforehand, you said on  
and it has a blue awning?

A. It has a blue tarp. I don't know whether to call it a tarp that was  
above when it rains.

Q. Over the door?

A. Yeah. Over the door, yeah.

Q. And that is on

A. Yeah,

Q. Is that location still there? Do you know?

A. Yes, it is.

Q. Okay. And what is your current address, Doug?

A.

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Q. And it says here on the articles that it's

Is that an old address?

A. Yes, sir. About in two thousand and -- the beginning of 2015 I left there.

Q. Okay. Take me to -- so when you went to Angela at the insurance agent, what happened there? Did you tell her you wanted to open a business or did she throw that idea out to you? How did that work?

A. What happened was that I put an ad up on Craig's List to get work as I usually do.

Q. What kind of work?

A. Masonry work, because I had a company before with a partner and the partner ended up not doing so well, took me out of the company, and they left. So I like the trade. I like how much money comes. The money is good. It's not bad. It's a lot of work, very heavy, but I like it. What happened was I was about to get a big contract with a guy and he needed insurance. He needed liability, everything. I went to Angela and I asked her to open the corporation for me to get this job. I also borrowed the money from my father, about if I'm not wrong, it was about three grand, \$3,000 to open the company that I borrowed from my father, that I took money from him because I was broke and then really wanted to get the job because it was going to be good money to me in which it didn't end up so great.

Q. Okay. What was the company that you were working with before?

A. The company that I was under before was Silva Stones.

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Q. Silva Stones?

A. S-i-l-v-a Stones.

Q. Oh, Silva Stones?

A. Silva, yeah.

Q. And who is the partner that you were working with then?

A. What's his name again? I'm so pissed at him, I forgot. I'm sorry.

Q. That's okay.

A. Yeah, but if you look up and it's still there -- what's his name?

Q. Okay. My concern is that it's not the Reymon Silva that we're --

A. No. No. No. No. No. It's not Reymon Silva, no.

Q. Okay. So a totally different person?

A. Yeah, totally different.

Q. Okay.

A. It's just the Silva name is very common in Brazil.

Q. Okay. I just wanted to make sure.

A. Yeah. Yeah. Yeah. No.

Q. All right. So you were a partner with that gentleman from Silva Stones and then --

A. Yeah. He was basically, he was the worker and I was the mouth for the company and the laborer. That's it. I'm the one who would pick up the job. I'm the one who would do the contract. I'm the one who will do all the talking. I will do everything. I would mix the cement after. I would bring -- I would go pick up sand. I would go pick up stones and he would just bring the wall up.

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Q. Okay.

A. And we would break it half and half in the end. Whatever profit we have was half and half, take everything to pay the bills, pay insurance, pay liability, pay everything we had to pay.

Q. Okay. So the original reason for opening this corporation was because -- I just want to make sure I understand -- you had a fallout with the gentleman from Silva Stones.

A. Yup.

Q. There was another job that came up but you needed to have a corporation in order to get liability insurance to get that job?

A. Yes. The Silva Stones, Silva Stones Corporation, I left there in about 2011.

Q. Okay.

A. I stayed about a year. I got into the car business. And I put ads up on cars, also I had pictures from the jobs I did from the gentleman with Silva Stones.

Q. Okay.

A. And then I would put that up and as soon as I grabbed one job I got a job. It wouldn't be enough money for me to pay to open up a new company.

Q. Gotcha.

A. So what happened is I did not have the money to open. I borrowed money from my father. Supposedly I was supposed to pay him back, and I haven't paid him back until today because the job went down bad because I was working two jobs and I ended up making a mistake over there.

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- Q. When you say you were working in cars, were you, like, selling cars --
- A. Yes.
- Q. -- or fixing cars?
- A. Selling.
- Q. Where were you selling cars out of?
- A. Carway Auto Center on
- Q. In Lowell?
- A. Yes. The owner's name is Geraldo.
- Q. Okay. And you were, like, a salesman for Carway?
- A. I was a salesman and then also the mouth.
- Q. You said the mouth?
- A. Yeah, the mouth of the company.
- Q. Oh, okay.
- A. You got to translate. Like, you help everybody over there. Like, a lot of Brazilians. We are from the Brazilian community where they come. They don't know any English. They buy a car over there. We are able to help them get the car insured, bumper to bumper work for the engine or the transmission, and then let's say two three months after the car breaks down, I was the one who called the insurance company for them to ask them to fix it.
- Q. Okay.
- A. The engine. At the same shop at Carway Auto Center. They had a shop there too.
- Q. Okay. Did you have any dealings at that time as a auto salesman as far

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as helping them obtain auto insurance for the vehicles?

A. No. No. Never.

Q. Okay.

A. Never. Never tried that.

Q. Okay.

A. So the insurance, I wouldn't do anything. I used to tell them to go to Angela.

Q. Okay.

A. To Angela because she was a good friend of my father's.

Q. Okay. But that was it? You would send them there? You wouldn't have any dealings with them after that as far as the insurance?

A. No. Nothing whatsoever.

Q. Did you ever receive any money back from Angela or anything like that?

A. No. No. Never asked for it. It was more like helping.

Q. Okay. So you have obviously you set up the corporation Safe Stone Masonry Corporation through Angela at that insurance agent.

A. Uh-huh.

Q. Does she do everything as far as getting a tax ID number for the corporation and handle all of that or do you do any of that elsewhere?

A. No. I did everything over there.

Q. Okay.

A. For the company, everything was there, was done there.

Q. Okay. Was there a fee for that?

A. For?

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Q. To set up the company.

A. It was \$3,000 to do everything from the liability and everything to have everything ready to start a job.

Q. Okay. So that was insurance, set up the business, everything --

A. Yeah. I think it was -- yeah. It was 33 something.

Q. About 3,000?

A. Yeah, 33 something.

Q. Okay. Did you end up doing that job?

A. Which one? Oh, yeah. Yeah. I ended up doing it.

Q. You said something bad had happened at that job?

A. Yeah. Yeah. What happened was the guys that was working for me, they didn't drive so I was working in the car business and there too so I had to wake up five, six o'clock in the morning, go pick them up, bring them to have breakfast or whatever, and then bring them to the job where I was which was in Wellesley, Mass.

Q. Okay.

A. And then I would talk to the owner or whoever was responsible at the time over there. Sometimes it's Donna. Sometimes it was another contractor there and get everything, like, the way they wanted to get it done. But I had a side wall was supposed to be, like, a \$40,000 wall, something like that. The footing on that was supposed to be at three feet down to by three feet back. I paid this other company, this other guy, to go over there and do the excavation for me, to have this guy to go and put crushed stone everywhere and make it nice and neat for me to start

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building the wall. So he did that and then the wall was supposed to go to the left and it kind of went straight with the wall. So that part of the excavation was wrong. But what happened was they never dug three feet down and when I had about 15 to 20 grand of the wall, part of the wall up already. The guy came to finish it, the excavation which I had to pay him again to finish another 1,200 something, I'm not sure what it was, but he came and he finished it and he didn't put in the crushed stone there. So when the owner of the house saw that, when the architect of the house saw that too, and the contractor saw that, they were, like, Hold on, If that part is one foot down, what about under the wall which was up already, about 20 grand. When they went to check, they check the front, the left side, the middle, and the right side of the end of the walls. There is one side, the other side and the middle, they check. I didn't check. I know it's my fault also because I should have had it checked. They told me to just take the wall down. By that the payment was going to come out of my pocket. I had to pay two guys to stay there for a whole week just breaking down the wall and then they stayed there another half a week cleaning up the stones. I had to pay another guy to go there and do the excavation again correctly this time. I had to pay for crushed stones again, in which the ones that was there, everything got mixed up with dirt so we couldn't reuse that. I had to buy more crushed stone. Basically, I lost my profit. My whole profit was supposed to be there. I lost a whole profit on that job in which I didn't -- I haven't gone back to that yet because after that I got

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messed -- I got basically the guys were supposed to do their part of the deal and they did and I was working somewhere else and I couldn't be there all the time, so but I end up finishing the job. I finished the job and I didn't have money at all. I'm broke. All the guys were paid. Everybody was paid. Nobody didn't -- there were no issues at all about the payments, but I was kind of heartbroken because I was supposed to get a Bobcat and a dumptruck out of that job in which was going to be my great beginning. I was really, really looking forward to that. I kind of love that trade. With the dumptruck and a Bobcat you can do a lot. I know that much.

Q. Was that your -- so that was your first job with Safe Stones Masonry?

A. Yes.

Q. The reason why you had to open and get insurance?

A. Yes. That was the first and only one. I didn't even look after no more. I tried a couple times but I was so upset about that loss.

Q. Basically you couldn't financially afford it anymore?

A. Right.

Q. When was that job? Was that in -- what year was that? Do you know?

A. It was 2013. December of 2013. I think it was December 13th, I think I remember, because it was my mom's birthday was the first time I met and I went and talked. It wasn't the first time. It was the second time because we had already talked before I opened the company to make sure that the job, signed the contract and stuff.

Q. Right.

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- A. To make sure that I was going to get the job. I wouldn't have borrowed 3,000 from my father just to open a company and not be sure that I'm going to be able to pay him back, in which I never did pay him back because I ended up not having enough money to pay him.
- Q. All right. So your only job as Safe Stones Masonry Corporation was in 2013. Is that correct?
- A. Yeah. It was the end of 2013, December. I started on January 2nd January 3rd. It was very cold. It was 2014 already.
- Q. Okay.
- A. It was very cold. We tried to -- we tried many times to build something up so we could work in the heat to start building the wall already.
- Q. Yup.
- A. If which the homeowner got me to be a contractor because I was able to do it in the winter, and not many people does work in the winter. They just say it's too cold and they don't want to work, but I tried to make, you know, I threw a lot of money away just buying stuff to try to build that up just to get that wall going, but I think we started really by February or so, but --
- Q. Okay. So let me rephrase that. So since 2014, have you done any work at Safe Stones Masonry?
- A. No, I haven't.
- Q. Okay. Since that time what have you been doing?
- A. I work with my father for a long time.
- Q. Doing what?

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A. Selling cars. My father has a dealer.

Q. Is it Carway or a different dealership?

A. No, a different dealership. It's in Leominster.

Q. What's that dealership?

A. At that dealership it was Leominster Cars, Used Cars.

Q. Is it still open or --

A. No. It's not Leominster Used Cars no more. My father, I think he got a partner and they changed the name. Right now it's Zacarias Auto Sales,

Q. Do you still work at Zacarias?

A. I do help him every now and then but that's about it.

Q. Okay. So you help -- so currently since 2014 you've worked selling cars for your father?

A. Yeah.

Q. And kind of just odd jobs sort of thing?

A. Yeah. I do -- I do many trades. I'm a professional painter. I'm a professional finish carpenter.

Q. Okay. Are you licensed for any of those?

A. No.

Q. Okay. Since 2014, have you been paid at all as Safe Stones Masonry or is it all just direct to Doug De Matos?

A. No. Safe Stones was only that job.

Q. Okay. So everything after that is either cash or a check to --

A. Yup.

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Q. -- Doug De Matos?

A. Yes, sir.

Q. It's Douglas C. De Matos?

A. Yes, Camilo.

Q. C-a-m-i-l-o?

A. Yes.

Q. Okay. Have you ever filed taxes as Safe Stones Masonry?

A. No, I haven't.

Q. Okay.

A. I was broke.

Q. No. I'm just asking. With regards to the auto insurance, how did you ever open an automobile policy as Safe Stones Masonry because what you are telling me is originally you needed liability insurance to get a job. When did you finally get auto insurance through Safe Stones?

A. When I got insurance the first time was with Safety.

Q. Okay.

A. Safety Insurance.

Q. Had Safe Stones Masonry?

A. Yes.

Q. What agent did you use that time?

A. The same woman, Angela.

Q. Okay. So Angela got you a policy through Safety?

A. Yes. Before, yup.

Q. And that vehicle was registered and insured --

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A. Yes.

Q. -- to Safe Stones Masonry?

A. Yes. It was the Chrysler 300C that I had.

Q. Okay. Was that done at the same time that you had opened the business or was that done afterwards?

A. I'm not a hundred percent sure, but I think it was done at the same time.

Q. All right. And what ends up happening where you -- because eventually you make your way to this Point Insurance Agency. What ends up happening which causes you to leave Angela and go to this agency?

A. What happened is at this point I was in Malden already working at a car dealer over there.

Q. What car dealer?

A. What's the name of the car dealer? I don't know. The guy didn't pay me.

Q. Okay.

A. That's why -- Main Auto Mall. I'm sorry. I'm kind of blank now because every time I think about his face it just pisses me off.

Q. Okay.

A. But I was working over there and he told me about this company, this company that is on Chelmsford Street in Lowell. I didn't even know they had another place until three or four months after I heard about them.

Q. What did he tell you about them?

A. He said that they are cheap. They had good services and they were cheap. So I was having issues with Safety because every month was more money, more money, more money. If she told me it was going to be \$200 a month,

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let's say, and then every month comes 220, and then comes 230 and then 250 and then 260, and I was, like, no, I can't have that.

Q. Okay.

A. So I jumped to that.

Q. So you go to this place on Chelmsford Street in Lowell?

A. Uh-huh.

Q. Okay. Yes or no.

A. Yes. Yes, sir.

Q. All right. Do you remember the name of that agency at that time?

A. I think it was Raco or something like that.

Q. If I said the name Rapo, does that sound right?

A. Yeah. Rapo, yeah.

Q. Okay.

A. I'm sorry. At that point it was two girls and a guy in there.

Q. Okay. When you go in there for the first time, take me through what happens.

A. The first time I went in there and I asked them I wanted to open a policy. They said, Yes, it's fine. I have a corporation already.

Q. Did they ask you that or did you tell them that?

A. I told them I have a corporation already and I needed to open insurance because I don't have insurance for my car and I can't drive without insurance. So at this point I already had my friend, my friend Debra under, under my company --

Q. Okay. What's Debra's name?

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A. Debra.

Q. What's her last name? Sorry.

A. Calavanti or Calacanti. I'm not a hundred percent sure.

Q. Want to take a shot at the spelling?

A. Yes. C-a-l-a-v-a-n-t-i.

Q. When -- you already had her with Angela through Safety is what you are saying?

A. Yes, because I help -- I help her out.

Q. Okay. How is it that you help her out?

A. We bought a car together.

Q. What kind of car?

A. A Ford Edge, orange, 2007.

Q. Okay. Is Debra, was she a girlfriend at the time or just a friend?

A. No, just a friend. She has a husband and two kids.

Q. Okay. And you help her out how, by either giving her money for the car or help her out with the insurance or what?

A. No, to get insurance for the car in which she couldn't get it because she didn't have a company, so I was just helping.

Q. Okay. Why did she need a company?

A. Because she doesn't have a license either.

Q. Okay. All right. So was the original reason for putting your Chrysler in the business name because at that time you didn't have a license?

A. Yes.

Q. Okay. All right. So just so I understand, so the fact that you needed a

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corporation to get the masonry job, that's true. Correct?

A. Yes. That's absolutely true. It wasn't just to open a corporation just to get car insurance. I wouldn't do that.

Q. So that was second -- so you opened it to get the mason job?

A. That would come with it, I would say.

Q. And then you did it for the corporation for the auto insurance?

A. Yeah.

Q. Because you didn't have a license as well. Correct?

A. Yes.

Q. Okay. Debra has no license, couldn't get insurance on her own. You have the corporation so you say, I will put you on my policy. Is that how it worked?

A. Yes.

Q. Okay. Did you charge her a fee for that or how did that work?

A. No, I didn't.

Q. So you were just helping her out as a friend?

A. Yes.

Q. Go on my policy kind of thing?

A. Yes. Not to say that I don't charge anything. I help her and she pays a little bit more monthly, so I pay a little bit less of the insurance. Say if my part was 130, let's say she pays the 30 extra and my part is the hundred.

Q. Okay. So she pays towards the insurance?

A. Just a little bit more.

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- Q. Okay. So if your part was 130, is she paying 130 or is she paying 30 and you are paying the hundred?
- A. No. If my part was 130 -- let's say the whole total, it's \$300.
- Q. Yup.
- A. An example. The whole total is \$300. Off that \$300 her part was 160.
- Q. Okay.
- A. All right. Let's say. My part was 140.
- Q. Okay. So she would pay her half and then a little bit of yours?
- A. So then she would pay 200 and I will pay the hundred.
- Q. Okay.
- A. She will pay 40 extra just for the --
- Q. Just for you having her on your company?
- A. Yeah, but nothing, like, I'm charging her to help her, no.
- Q. Right. So you are not getting the money. She is just paying a little bit more?
- A. Just helping a little bit with the insurance, yup.
- Q. Okay. So how does that work? Does she give you the money and then you make the payment?
- A. She deposits the money to my account.
- Q. Okay. And then you make the final payments?
- A. Yeah. Then I go over there and take the money out and go to the insurance company --
- Q. Okay.
- A. -- on Chelmsford Street and pay them cash.

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Q. Okay.

A. Because they says on the card I pay a bigger fee.

Q. Okay. So now when you go over to Rapo for the first time, there is two girls and a guy and Debra is already on your policy. Correct?.

A. Yes.

Q. Okay. Do you remember when that was approximately, what year?

A. When I first went there?

Q. Yes.

A. It was last year; 2015.

Q. Okay. When you go there do they ask you if have you a corporation or do you just tell them I already have a corporation?

A. I'm not a hundred percent sure on that part, but I'm pretty sure I just told them because I already had insurance.

Q. Was it pretty evident to them what was going on? I mean, were you open with the fact that you weren't working as that company or that it was just for insurance or was that ever discussed?

A. No. It was never discussed. They never asked for it. As long as they saw the company, that was fine.

Q. Okay. So you end up getting insurance at that time through Arbella for the Ford Edge and the Chrysler at that time. Is that correct?

A. No. I think it was for the Honda too. The Honda was --

Q. Who was using the Honda if you were using the Chrysler and Debra was using the Edge?

A. My friend, Douglas Barbosa.

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Q. Okay. And he's just a personal friend?

A. Yeah, one of my best buddies. We've been here since 2001. He was one of my first friends that I met.

Q. Okay.

A. And he's kind of a brother to me.

Q. Okay. What's the reason for Doug being on the policy, the same reason as Debra? He doesn't have a license?

A. Also the same reason as Debra.

Q. Does he pay a little extra towards the insurance as well?

A. Yes.

Q. Okay.

A. They don't know about that.

Q. Okay. You just tell them how much they owe?

A. I just tell them how much to pay and that's it.

Q. Okay.

A. Because then they are going to be, like, you are not my friend, you are charging me 20 bucks extra.

Q. Right.

A. And so --

Q. So you just do it?

A. I just did it because, you know, if I'm helping somebody, I might as well just to get a little bit out of it too, you know, just pay a little bit less on my insurance. That will help me a little bit also. So they help me. I help them.

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Q. Okay.

A. Because if I come over there and tell them, Hey, listen, I opened insurance for you but I'm going to charge you \$500 to open insurance under my company, you know, that makes me sound like a piece of shit and I'm not.

Q. Okay.

A. So I would rather just, like, ask for a little bit more here and there and that's it.

Q. Okay. So rather than ask for it, you would rather just do it and not tell them?

A. Yup.

Q. Okay. Eventually -- so there is the Honda, there is the Ford Edge, and then there is the Toyota Prius on the policy currently. Is the Toyota Prius us the vehicle you drive?

A. Yes, it is.

Q. Okay. So that's, like, your personal vehicle?

A. That's my personal vehicle, yup.

Q. None of these vehicles, however, are used in any way, shape, or form for this masonry corporation. They are just insured under it. Is that correct?

A. Yes.

Q. Okay. And you don't have any employees or anything and haven't since 2014. Correct?

A. Yes.

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- Q. Okay. Where are the vehicles kept? Like, where does Doug Barbosa live?
- A.
- Q. Okay. And what about Debra -- I forget her last name.
- A. The same thing.
- Q. Both in [REDACTED]?
- A. Both in [REDACTED], yeah. When we first opened, we wait for that company with the insurance --
- Q. At Rapo?
- A. At Rapo, yeah. When we first open over there I didn't need a license. All they ask for was a passport of the three of us.
- Q. Did you tell them that you didn't have a license?
- A. Yeah.
- Q. Okay. So it was known -- so I just want to be clear. It was known to Rapo that nobody had a license?
- A. They know, yeah, because everybody is only giving a passport.
- Q. Okay.
- A. So I'm pretty sure they -- let me know if you don't understand my language.
- Q. That's okay.
- A. They would know everybody has a passport. I sent them pictures for all three passports; mine, Douglas Barbosa and Debra Calavanti. I'm not a hundred percent sure on her last name.
- Q. Okay.
- A. But we all sent. It was all fine until November now, this past November.

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Q. What I'm going to do is I'm going to show you a form here. So this is a printout from our system here. It's for the old policy of insurance, Policy Number \_\_\_\_\_, and it says the status is canceled. This was the old one but this is the driver list, and it just lists Doug De Matos, yourself, and Doug Barbosa, both with either foreign license or no license from the state of Massachusetts, but was this your understanding that it was just the two of you on that old policy?

A. No. It was supposed to be me, him, and Debra.

Q. Okay.

A. No. It's funny because Debra had an incident last year, in 2015, and they ask -- they called and just said, Debra was driving? Yeah, Debra was driving. I had no idea she wasn't listed. I don't even know why she isn't, why she wasn't listed.

Q. Okay. We're going to go through these, but can you hold that for a second. Can you just sign and date that for me? This will just authenticate that this is the piece of paper that I showed you today. And today, again, is the 16th of November. Okay. And what I'm going to ask you to do is -- hold on to that pen real quick. What I'm going to ask you to do is the articles that we had looked at earlier -- actually, hold off on that. We will get to that in a second, but you can hold on to that pen. So to the best of your knowledge, it was Debra, you and Doug Barbosa on the policy all of last year?

A. Yes.

Q. Okay. So what happens in November? So eventually your policy cancels.

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for nonpayment. Were you aware that there were no payments being made?

A. Yeah. What happened is most of the time I would do two payments at once.

Q. Okay.

A. So that will be one month late. And I am sure I know already that if I don't pay on the second month I have, like, five or ten days after. My policy was expiring every 28th, if I'm not wrong. So between Douglas and Debra, sometimes Debra is broke and doesn't have the money to pay and sometimes Douglas is broke and doesn't have the money to pay, so it gets late for the first month. And then for the second month, whoever is late has to pay two of those. So they both knew that. But one of them paid and one didn't. I wouldn't go just and pay my part and the other person's part. I had to go and pay the whole thing because the insurance company, I don't know, they said it wouldn't just take just a little bit of money. It has to take the whole amount for the month.

Q. Okay.

A. So what most of the time ended up happening was we end up getting two months late.

Q. And every time you go make this payment, you physically go down to the location?

A. Yes. Most definitely, yup.

Q. Okay.

A. And paid cash with a \$5 fee.

Q. They charge you a \$5 fee to pay cash?

A. Yes.

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- Q. Okay. Now, eventually it cancels. You were late on a payment and the policy had canceled. Correct?
- A. Yeah, but I didn't know about that. What happened was I thought it was the first month. September was the first month and November was the second month.
- Q. October comes after September.
- A. Yeah. I'm sorry. Yeah.
- Q. Okay. So you thought September -- so you knew you were behind a month, October, because you always pay a month late is what you are saying?
- A. Yeah. I paid September and I thought October was the first two months and then in which I thought November was going to, was going to be okay.
- Q. What caused you --
- A. I'm talking about September and October, yeah. I'm talking about September and October. So I thought September was late and I went to pay in October.
- Q. Okay. And what did they tell you, they being the people at the agency on  
?
- A. Yeah. It was the 2nd of November already then. It wasn't October anymore. On October 19th I sold my Chrysler two months before that and I had kept the plates because I couldn't put them down. I had to have an ID and I just didn't want to go to the DMV with an expired passport to say, Hey, I am the owner, you know, but hold on, why you driving if you don't have a license.
- Q. Right. So you didn't want to go in --

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A. Yeah.

Q. Okay.

A. I end up losing the plates. I don't know where I put them. I went to the insurance company. They fill out the paper for me and --

Q. When you say the insurance company, do you mean the place on  
?

A. Yeah, the Rapo place on . They fill up the paper which Reymon had to go and get his license. How do you say it's not renewed? When it's canceled and you got to put it back on.

Q. Expired?

A. No, when it's canceled and then you have to pay something, a ticket to --

Q. Oh, yeah. He had to get it --

A. To put it back to work.

Q. So his license was, like, suspended temporarily?

A. Yeah. I think so, yeah.

Q. And he had to pay?

A. He had to go there and when he went there, when he went there I went with him for the paperwork.

Q. Went where? To the registry?

A. Yes, to the DMV. And then I put down the plate on the 16th of October I think, on the 19th of October we went there and then I went to the insurance company right away and dropped the paper off.

Q. For the plates?

A. For the plates on the Chrysler 300.

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- Q. Okay. Why did you go with Reymon, and Reymon, we are talking about Reymon Rafael Silva?
- A. Reymon Silva, yup.
- Q. Why did you go with Reymon to, like, get his license reactivated?
- A. Because we are friends. We go everywhere together.
- Q. Okay. Was it for the purposes of -- was the purpose for getting his license reactivated in order for him to be able to drop the plates off for you?
- A. No.
- Q. Okay.
- A. The plates could be dropped off anytime. He had an ID also. He didn't need the license to drop it off.
- Q. Okay. So it just happened to be you guys were hanging out and just happened to go to the registry?
- A. Yeah. Like, every day mostly we go have a beer or something.
- Q. Okay.
- A. We just --
- Q. So nothing to do with insurance or anything like that?
- A. No.
- Q. Just happened to be together and he had to go get his license reactivated?
- A. Yes. I go there most of the days. I was without work for about a month and a half.
- Q. Okay. When you say go there, go where?

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A. GO to the Papa Leguas in :

Q. Which is Rey's body shop?

A. Yes.

Q. So you just go hang out at the shop?

A. We hang out over there. If they need parts when they don't have deliver the part place, I go over there and I pick up the part, bring it back, and basically we are family. We go for one week of 4th of July, we go on vacation. Basically we have been together for a long time. We are, like, brothers and fathers, me and Reymon.

Q. Okay. All right. So you get the plate returned. You go drop it off over on \_\_\_\_\_ right, with the receipt?

A. Yes. They give me a certificate of plate cancellation, if I'm not wrong, a registration cancellation, and then I drop it off to them and I left because I was in a hurry for something.

Q. Yup. When do you go back?

A. So I went back on November 2nd.

Q. Who do you see when you go back?

A. The guy. I'm not sure of his name. I think it's Lucas, if I'm not wrong.

Q. Okay.

A. When you walk in, he's going to be on the right side and there is a lady on the left side.

Q. Does the gentleman wear glasses?

A. Yes. The gentleman that wears glasses.

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Q. Does he speak English? Portuguese?

A. Yes, both. All three of them.

Q. How is it that you communicate with him when you are in there?

A. Either way; English or Portuguese.

Q. Do you remember how you communicated on that day, November 2nd?

A. Half and half.

Q. Okay.

A. We talk Portuguese and it's all mixed out. I've been here so long. I've been here 16 years that I can mix. I can talk in English, Spanish and Portuguese all at the same time on the same sentence if you want.

Q. Okay. So was there any confusion between you and him or did you understand everything that he was saying?

A. I understood everything he was saying. What got me pissed off was that I didn't know my policy was cancelled. I went in there to make a payment for the two months, actually.

Q. Okay.

A. So I get there. He tells me, Oh, so here's what happened, your policy is canceled for since October 29th or -- no, not October. September 29th or October 2nd or something, he said. So I was, like, What are you talking about, Man? I was just here, like, ten days ago, 12 days ago, to freaking drop off the paper on the Chrysler.

Q. So the whole plate return receipt was just because you had sold the Chrysler, then?

A. Yeah, and because I was getting -- I was paying insurance without having

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the car there so why am I paying insurance? I'm not rich.

Q. Right. You were still paying for --

A. Yeah. I was still paying for the Chrysler.

Q. But what about the other two cars?

A. They were being paid too.

Q. Okay.

A. To me it was just those two months that was owed.

Q. Okay.

A. So what happened is he said, No, the insurance was cancelled. I'm, like what are you talking about? He called them and told them I need my insurance back because then the month after, the month after then, the November month, was supposed to be the free month of the year or the 12 month in which the company itself does the -- they make, like, ten payments or 11 payments.

Q. Yeah. It was supposed to be the last month you had to pay?

A. Yes. Supposed to have two months, yeah.

Q. Okay.

A. That's what was supposed to happen. So I looked at him, So now I lose the months that I'm not supposed to pay and you guys don't tell me, don't call me, nothing? He goes, Yeah, your number is wrong in our file. I'm, like, What are you talking about, Dude? He said, It's the wrong number. I got kind of pissed off about it, but then I ask him for a solution.

Q. What was his solution?

A. His solution was we can reopen another policy for you. So I looked at

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him and I said to give me a quote. He gives me a quote. It's about \$1,100. I had that money on me but I need it to use part of it, the two month payments was about supposed to be 800 and something or \$900, if I'm not wrong. That's what it was supposed to be, so basically I was going to have to end up using another an extra 200 plus \$25 for registration on each car in which comes to \$75. So I looked at him. I was, like, okay. I was kind of pissed off at the time because of what he did. He didn't call. He didn't say anything to me. What I did was I tried going to another insurance company.

Q. Which one did you try going to?

A. I tried going to Brazway and another company that was Tatiana. I don't know the name of the street on that one.

Q. Tatiana?

A. Yes.

Q. Tatiana Sales?

A. I'm not sure. I just know her name.

Q. Where was it?

A. It's in Lowell also. It's a new place. She used to have one in where Monica is.

Q. Yup.

A. Upstairs.

Q. Second floor. Right?

A. Yes. I went over there to try to get a price too.

Q. The parking lot with, like, buildings all around it, right, on the second

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floor?

A. Right now, yeah, that's where it was there before, yeah. Right now she's on a little street. I think it's Lawrence Street. All the way almost to the end of Lawrence Street, she will be on the little plaza on the left.

Q. Okay.

A. So I went over there too to try to get insurance. She said, If you already went to the other place, it's going to be the same price. So at Brazway they were going to charge me 18.

Q. Do you know the name of that agency?

A. Which one?

Q. The one where Tatiana was working.

A. No. I didn't pay attention, but I can take a picture and send it to you if you want.

Q. Yeah. That would be helpful.

A. Yup. I just went there to get a quote. I don't know if she has anything to do with this case.

Q. Was the quote from us is what I'm asking?

A. No, not Arbella. None on those two places was for Arbella.

Q. Okay.

A. No. They were charging about 18 to 1,900, and that's about \$2,000, something like that, and at the Rapo place was 1,100.

Q. Okay.

A. But what I didn't know is that my jet ski trailer is included there too.

Q. Okay.

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A. I just removed that to put it back in there whenever the summer comes.

Q. Okay.

A. And then it got to be, like, \$950 down payment or something like that.

Q. Okay.

A. Which I was really happy about it because it was closer to the money that I had to pay for the two payments.

Q. Okay.

A. Then that 1,100, I was going to spend, like, two, 300 bucks above what I had planned to spend.

Q. Okay.

A. Then I had to spend 75 bucks because of those three registrations that needs to be, that needs to be renewed because it has a new policy.

Q. Okay. So he says, We will open you a new policy at the Rapo place on Chelmsford Street?

A. Yes. So I looked at them --

Q. Let me ask you something because on your policy the agency says Point Insurance. I'm guessing it's the same place, but it may not be. You went to the same place, though, correct, and then gentleman you said that you met with was Lucas, so I'm guessing. You aware of a name change at that agency?

A. I didn't notice, no. I didn't even ask and they didn't say anything.

Q. Okay. But it's the same place you went before?

A. It's the same spot, yeah. The same place, yup, on Chelmsford Street.

Same people in there that -- to tell you the truth, I never looked at the

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name of the company.

Q. Okay.

A. Before or now.

Q. Okay. So when you go --

A. I just find out it's Rapo because I heard him saying it to me.

Q. Okay.

A. And --

Q. Well, you had said Raco and I asked if it could be Rapo.

A. Uh-huh. I said Raco or something like that.

Q. Okay.

A. So the first time when I opened with them, they only ask for the passports. At this time when I went to open with them, they said that the past two insurance, the last two policies that they had opened they had an issue with it because they closed because the people did not have a license.

Q. Okay. But that had nothing to do with you? They just said the past two policies --

A. Nothing to do with me. The past two policies that were there with Arbella has -- they show up something about month or two after. They just shut off insurance because there is no license involved, so they said you need to have a driver there on the policy.

Q. Let me just be clear. So it's the agent, this gentleman Lucas, who tells you specifically you have to have someone with a Massachusetts driver's license so Arbella won't cancel you. Is that correct?

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A. Yes.

Q. Okay. Go ahead. Continue.

A. So I went there and I looked at him. I was, like, Dude, but I don't have nobody with a license. He goes, I can still do it if you want, but I'm kind of sure they are going to shut it down. So I'm, like, so why am I going to do it? That's when I went to the another agency and tried to get a different quote.

Q. What did they tell you?

A. They told me about the numbers.

Q. Did they tell you that you had to get someone with a Mass license or they just told you we can do it and here's what it will cost?

A. No. One of them told me that I might need it and the other one I didn't have time to get to which was Tatiana. I did not have the time to get to because she just looked at me and said, But you have -- because I had the papers in my hand. I had one from the Rapo place and one from the other place, both quotes in hand, and I don't know how that woman saw that paper in my hand, but she knew I already was with Commerce. I think it was Commerce, but if they already did a quote for you on Commerce, if anything changes it going to be \$50. So I was, like, oh, my God. I don't have that money. I only have \$1,500 on me and I had to pay the other half of my rent.

Q. Okay.

A. So I could only spend, like, a thousand instead of two from which Lucas was pretty helpful in that part because he took the trailer off and then

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just put the trailer back on for the summer.

Q. Okay.

A. Because it was a jet ski trailer. And then I went to them and I was, like, Oh, my God, what's going on. I tried one of my friends, Matthew Ribeiro. He said everything was fine, but he just had got back from Brazil and had lost his ID, his license, and that was going to be hassle for him to get it. So I remember Rafael, I was, like --

Q. When you say --

A. Reymon, because I call him Rafael. Sorry.

Q. That's his middle name. Right?

A. I don't know. I just call him -- I just know it's Reymon Silva.

Q. Okay. But he goes by Rafael?

A. Yeah.

Q. Same guy that runs the Papa Leguas shop?

A. Yes.

Q. So Rafael is Reymon. Correct?

A. Yes. That's how I call him, Rafael.

Q. So you call him --

A. I call Reymon. I'm, like, Yo, Reymon, listen to this. The insurance guy told me that I need to have at least one person with a Mass license so they won't shut me down. Is that a problem? Would you help me? He says, Yes, not a problem, Don't worry about it, I will send you the picture right away. I'm, like, Okay, thank you so much.

Q. Now, when you did that, were you at the insurance agent or were you --

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A. No. No. I was on my way there.

Q. Okay.

A. So I called -- so he forgot to send me a picture. When I got to the agency, I called him again because I forgot that I needed it. When it got to the point where I was filling out papers and I needed the license --

Q. Yup.

A. -- I had forgotten about the picture and then I called -- I texted him back or I called him, I'm not a hundred percent sure. I was, like, Hey the pictures, where is the pictures, I need the pictures.

Q. You did this at the agency right in front of --

A. Yes. That part was at the agency, yeah.

Q. Okay.

A. I needed a picture, so he texted me. He said, Do you want me to send it to you in a message too, because I already sent on the other place I think, What's App. That's the name of the app we have. Yup. Oh, I didn't send that because I don't have a ring on that, so I went to the app and I got the text. Then I sent the agent his license through email, the picture.

Q. So you emailed the license?

A. Yes.

Q. To the agent?

A. To the agent. To Lucas. Which he got it. He cropped it out. He cropped the side of the pictures, and he said, Okay, you are fine.

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Q. Did you actually see him crop it?

A. Yup.

Q. Okay. So you got it on your phone and emailed it to him right in the agency?

A. Yeah, right in front of him, yup.

Q. Okay. And then you watched him crop it out?

A. Yeah. He just want the license itself.

Q. Okay. And then what did he say? Did he say that he needs Rey to come in and sign anything?

A. No. He didn't say anything about Rey. I said, Does Rey have to come? He said, No, he doesn't have to come.

Q. Okay. Was it understood that Rey wasn't an employee or that the company wasn't -- it was just for the purposes of being able to get insurance so Arbella wouldn't cancel it?

A. That's what I was told when I first walked in there. It has to be -- you have to have somebody with a Mass license.

Q. Again, just to get insurance?

A. Yeah. That's the only reason.

Q. Okay. So you never said to Lucas that Rey works for me or that he's going to be an employee or anything like that?

A. No.

Q. Okay.

A. Ray's a mechanic. He wouldn't be working at Safe Stones doing stone.

Q. Right. And Safe Stones hasn't been working since 2014 anyway?

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A. Uh-huh.

Q. Okay. So the next thing I'm going to show you here is a Secretary of State Articles for Safe Stones Masonry where it lists Reymon Silva, , as the vice president for Safe Stones. Have you ever seen this before where it lists Rey as the vice president?

A. No. No.

Q. Okay.

A. I thought they said an officer, driver, something like that. I didn't know it was going to be --

Q. Did you ever tell them to go ahead and change the corporation for you?

A. If I asked them to change the corporation?

Q. Yeah, because Rey had to get added.

A. He said he needs to be on the corporation.

Q. Okay. Did you tell them -- well, was it your understanding, then, that they were going to do that and add him to the corporation for you?

A. Yeah, but he said an officer. He didn't say he was going to be vice president.

Q. Right. Well, vice president would be an officer, the officers and directors of the corporation.

A. Right, but I didn't know that. They just said an officer to me. An officer was going to be, like, a driver or something.

Q. Okay.

A. Not a vice president.

Q. Okay. All right. Can I have you sign and date that article not over --

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it's the same article I used when I spoke with Reymon.

A. Sure.

Q. It is the 16th. Okay. So Lucas did tell you that he had to become an officer, but your understanding was that he was just going to be a driver?

A. Yes.

Q. Okay. This next piece of paper I'm going to show you is a list of your current policy with us for Policy No. This is the current driver list where it just lists Reymon R. Silva as the driver. Was that your understanding that it was going to be just Rey listed as the driver?

A. No. No. It was supposed to be me, Douglas Barbosa, Debra Calavanti, and Reymon.

Q. Okay.

A. It was supposed to be all three of us.

Q. Okay.

A. Plus Reymon.

Q. Reymon was just --

A. Because Reymon let's say was going to be a key not to be, not to be cut off.

Q. Okay.

A. Because it has a Mass license on it.

Q. So Reymon was on there just for the Mass license?

A. Just because if you don't have the Mass license, Arbella was going to cancel it.

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Q. And you got that information directly from Lucas at the agency?

A. Yes. Uh-huh.

Q. Yes?

A. Yes, sir. Yes. Uh-huh.

Q. All right. What I'm going to have you do here is -- so I just want to be clear. So your understanding was you were going to list the people who were actually driving the vehicles --

A. Yes.

Q. -- and then Reymon just for the insurance purposes?

A. Yeah, in which he was supposed to be the last driver, I would say. I would be the first, Douglas was the second, Debra was the third on the cars, and Reymon was going to be there.

Q. Okay.

A. But there was no fourth car.

Q. Right. So he was just on the insurance?

A. Yeah.

Q. But you would never actually drive any of the other cars?

A. No. He drives my Prius every now and then but that's it.

Q. Okay.

A. Nothing to do with Safe Stones again.

Q. He drives it what, because you guys are hanging out or something?

A. Yeah. If I'm over there at the shop and he needs to go somewhere, he takes the car and goes because my car is a Prius. It saves a lot of gas.

Q. Okay. Can you just sign and date for me as well?

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A. This I wasn't aware of.

Q. Again, this is just to authenticate that this -- this is what I showed you today. Right. Exactly.

A. Anywhere is good?

Q. Anywhere on there. Just not over where I had Rey sign the other day.

A. Yeah.

Q. That's why I ask you the questions, because I want to know what your knowledge was, did you know, didn't you know.

A. Okay. No problem.

Q. And then as a result -- so this I'm going to show you is a driver list page from Arbella's system for a Ronair Caldeira Martins out of

Policy No. [REDACTED]. Do you know anyone on this list of drivers? It's Reymon Silva, Ronair Martins, Katie Ann Gomes.

A. No. I never heard about Ronair Martins or Katie Ann Gomes, but Reymon Silva should be the guy, my brother.

Q. Okay. The one that you use for the insurance on your policy?

A. Yes. Uh-huh.

Q. Okay. While you were at the agency, did you use Rey's information for any other policies?

A. Did I use it, no.

Q. Okay.

A. No. I wouldn't do that. Never.

Q. Okay. Do you --

A. I will die for that kid, Man.

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Q. Did you tell the agent that it was okay to use his name for any other policies either?

A. Come on. I wouldn't do that to Reymon, no. Never.

Q. Would you just sign and date --

A. I was kind of shocked, to tell you the truth, because if he happened -- this Reymon right now and we end up finding out it is the company, I'm going to be scared because they have the copy from my passport, a copy of Debra's passport, and a copy of Douglas's passport.

Q. When you say the company, are you talking about Arbella or the agent?

A. No. I'm talking about the agency, the Rapo.

Q. On Chelmsford Street. Right?

A. Right. It scares me now. That puts my identity in jeopardy.

Q. Would you know if Rey gave his information to this Ronair Martins either?

A. I wouldn't know. Yeah. If he tells me, I would know, but Reymon didn't even know where the place was. He just know it was on the same plaza as Bank of America on Chelmsford Street.

Q. Okay.

A. That's what he kind of told me, that he knows something about Rapo, like you said.

Q. Rapo, yeah.

A. Rapo, but that's all he said to me.

Q. Okay.

A. And the woman on Brazway, the woman on Brazway, they are friends I guess with the woman that works there.

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Q. Okay.

A. And we tell the woman that Rapo -- and just talked about it. That was it.

Q. Okay.

A. Just about that. Okay. But Reymon wouldn't give his name to nobody. I never saw him taking his license out of his pocket, to tell you the truth.

Q. Okay. Could you just sign and date that for me as well?

A. Yeah. No problem.

Q. All right. Okay. So that's basically all that I have at the moment. Is there anything you want to add to the statement on your own behalf?

A. On my own behalf is I want to find out what's going on because Reymon called me yesterday. I was working. I was working fine over here at the same place I am now today, He called and he said, We have a little problem. Actually, I wasn't even here anymore. I had gone to -- I had gone with my friend to get bags, trash bags from another job. We were parked in front of the -- in front of the place. It's like a Home Depot but it's not a Home Depot.

Q. Okay.

A. It's just a place. We were parked over there. Reymon called and he's, like, Yo, we have a problem. I'm, like, What are you talking about? He said, Well, my name is under three companies, Dude. I'm, like, What are you talking about? Yeah. It's under three corporations and somebody put me as a vice president. I'm, like, What are you talking about? He said,

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Just what I'm saying, and I had an agent come here and talk to me for an hour, and I'm, like, What? He said, yeah, a guy came over here to talk to me and he wants to know why is my name on everywhere and why do I have all these cars? I'm, like, Are you serious, Dude? He said, Yeah. I'm saying because he has stupid shit he does something to frigging joke with me and make me freak out, you know.

Q. So you thought he might have been playing with you?

A. Yeah, but I was kind of freaking out already because I was, like, Dude, what are you talking about, this can't be. And then I was, like, Dude, the insurance company, that's the only person who has your license, because he sent it to me. I have it on my phone.

Q. Just to be clear, when you say --

A. The insurance company. The Rapo place.

Q. Okay.

A. They are the only place that with Lucas, the guy over there was the only one that had that license.

Q. Okay.

A. It was me. He send it to me and I sent an email to them.

Q. Okay.

A. Okay. I probably have it here, the email. I can show it to you if you like.

Q. Yup. Send it to me.

A. Yeah, if I can find it. So in my opinion the company is doing it. I'm pretty sure it's not a first one they do it.

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Q. Why do you say that?

A. Because too many Brazilians, Man. Too many illegals and nobody has license, man. Everybody has to drive to work. Everybody has to feed their kids. I don't have a kid. I have a dog. But still, the dog got to eat. I have to have a roof above my head.

Q. Okay.

A. And I have to drive no matter what, so I have to have insurance.

Q. Okay.

A. And the only reason I ask Rey was because the guy Lucas looked at me and said that there is no issues whatsoever, that there won't be any issues for him, no problems for him and no problems for you or anybody else, the other drivers.

Q. Okay.

A. Only put Reymon on there so they know there is a license.

Q. Okay.

A. At least one license on the policy with four people. I was, like, okay, no problem.

Q. And his reason for doing that was because Arbella the last couple of policies had canceled them because there was no license, there was no Massachusetts licensed driver on them?

A. What do you mean?

Q. So I just want to go back to make sure.

A. To clarify?

Q. Yeah. So when he told you that you would have no problems as long as you

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had someone with a license on there, that was correct.

A. Right. That's what he told me. Now I remember talking about it because the past two that we tried opening without license, Arbella canceled the policy.

Q. Okay. So the years past, you just did it with passports. However, this time when you tried to open a new policy, it had changed where now you needed someone with a license because Arbella was canceling?

A. Yes.

Q. Okay.

A. And that was the only reason I asked Reymon to help, because I really needed -- the other two guys, Douglas and Debra, they didn't know I did not have insurance for a month. I didn't know. I freaked out right away because I left the place one day. I went to the other two places the next day. I went to the other place the next day and then I came back to him.

Q. Okay. All right. Did you -- did you -- so you went back to the place the next day?

A. I went back to the place the next day because I had found that I was able to grab a license.

Q. Okay. All right.

A. I had talked to him five minutes before I got there.

Q. Okay. All right. Did you understand all of the questions that I asked you today, Doug?

A. Yes. I understand.

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Q. Okay. Were all your answers true to the best of your knowledge?

A. Yes.

Q. Okay. Was this conversation recorded with your permission?

A. Yes, sir.

Q. Okay. Going forward as I continue to investigate in this matter, are you willing to cooperate and continue to answer questions for us if we have more questions to ask?

A. I will help to find out who did this and prove to you guys and to Reymon or to whoever needs to be proven to that it wouldn't be something I would have done.

Q. Okay. All right. And, again, was this conversation recorded with your permission today?

A. Yes. It was recorded with my permission.

Q. Okay. And I will end the recording at this time.

A. Thank you.

Linda A. Fowler

**ARBELLA**

THE FIRST AMENDED STATUTE

ARBELLA ANHEIMER GROUP

46-0154  
P.O. Box 55392  
Boston, MA 02205-5392

**NOTICE OF CANCELLATION OF THE MASSACHUSETTS  
AUTOMOBILE INSURANCE POLICY**  
CANCELLATION OF ENTIRE POLICY - THIS NOTICE ALSO COVERS  
NON-COMPULSORY COVERAGES

Policy Number	Policy Type	Policy Term	Date of Notice	Effective Date of Cancellation
[REDACTED]	Commercial Auto	12/28/2015 - 12/28/2016	09/08/2016	09/30/2016

Mail To:  
SAFE STONES MASONRY CORPORATION

Insured:  
SAFE STONES MASONRY  
CORPORATION

Agent: 46-0154  
POINT INS INC  
1103 COMMONWEALTH AVE  
BOSTON, MA 02215  
978-275-0997

**Specific Reason(s) for the Cancellation:**  
Non-payment of the insurance premium for the policy identified above.

This cancellation will not take effect if at least the minimum amount due is paid on or prior to the effective date of the cancellation.

Total Amount Premium and Fees Due	Minimum Amount Premium and Fees Due
\$1,746.70	\$1,160.70

You are hereby notified that the Massachusetts Automobile Insurance Policy issued to you by the above company is hereby cancelled in accordance with its terms, as of 12:01 A.M. on the effective date of cancellation. Section 113A of Chapter 175 of the General Laws requires 20 days' advanced written notice of cancellation. The premiums earned on this policy to the effective date of cancellation will be adjusted in accordance with the terms of the policy. In accordance with the provisions of Section 113A of Chapter 175 of the General Laws, a notice of this cancellation will be sent to the Registrar of Motor Vehicles of the Commonwealth of Massachusetts on the effective date of cancellation stated above.

This cancellation will be rescinded if the minimum amount shown is received by the effective date of cancellation. This notice applies to this policy only. Additional fees may be posted on your next bill. Please contact your agent if you have questions regarding this notice.

Registration Number:

V.I. Number: REFER TO POLICY

By

*[Signature]*  
Authorized Representative

**Important Notice:** Read carefully the information on the reverse side of this notice, which outlines your legal rights under the compulsory insurance law relative to this cancellation.

Detach the stub below and return it with your payment in the envelope provided. Write your Policy Number on your check, payable to Arbella Insurance Group.

Company Copy

SAFE STONES MASONRY CORPORATION



Policy Number	Payment Due Date	To Pay in Full	Minimum Amount Due	Amount Enclosed
[REDACTED]	09/30/2016	\$1,746.70	\$1,160.70	

Arbella Insurance Group  
P.O. Box 55392  
Boston, MA 02205-5392

006612054682 [REDACTED] 0100001160700000174670PN3

### Information About Minimum Insurance Requirements

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The registrar of Motor Vehicle will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice you obtain minimum motor vehicle insurance from another company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your vehicle. If you are unable to obtain motor vehicle insurance from another insurance company, you may be able to obtain motor vehicle insurance through the Massachusetts residual market plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or
3. Before the effective date of cancellation shown in this notice you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the above actions occur, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

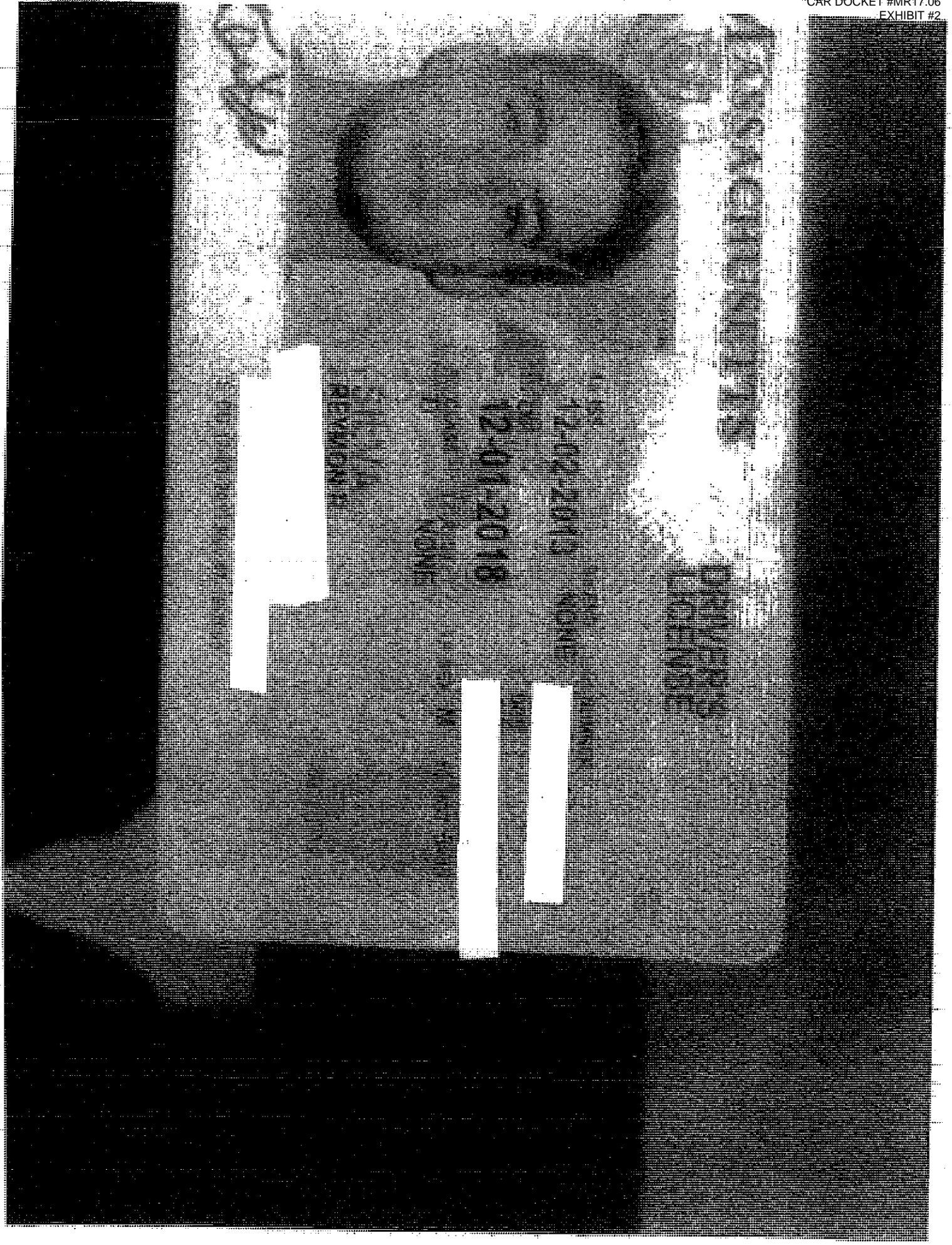
### Right of Appeal After Cancellation And Revocation-Statutory Insurance

If you have failed to take appropriate action as above indicated under items 1, 2, and 3, before the effective date of cancellation, you have a right to file a written complaint with the Commissioner of Insurance within 10 days after the effective date of cancellation of your policy and revocation of your plates.

The filing of such a complaint shall not affect the operation of the cancellation and your license plates should not be used on or after said effective date of cancellation but should be returned to the Registry of Motor Vehicles at once. If a finding is made in your favor the insurance will be reinstated, the Registrar will be notified and the license plates and certificate of registration will again be issued to you.

### Check Processing

When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.



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Q. All right. This is Ed Spellman, and I'm speaking with Reymon Silva from

That is the location for Papa Leguas Auto Repair, P-a-p-a, L-e-g-u-a-s.

And Reymon is R-e-y-m-o-n. Today's date is November 15, 2016, and the

time is now approximately 2:45 p.m. Rey, this conversation is being

recorded. Is this being done with your permission, sir?

A. Yes.

Q. Rey, what's your date of birth, sir?

A.

Q. And what's your current address?

A.

Q. And do you know your driver's license number?

A. Yes

Q. And what is your affiliation with Papa Leguas Auto Repair? Are you the owner? Are you an employee?

A. I'm the owner.

Q. And is Papa Leguas, is it a d/b/a for you? Are you a corporation?

A. It's a d/b/a.

Q. And do you run Papa Leguas out of your Social Security or IT number or does it have its own separate tax number?

A. It has its own separate tax number.

Q. Okay. And I'm here today talking to you about a policy of insurance with Arbella Protection for a Safe Stones Masonry. Do you know that company at all?

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A. No, I don't.

Q. I'm going to show you a filing with the Massachusetts Secretary of State.

Let me just find this here. This is a copy of a filing with the Secretary of State where it says, Safe Stones Masonry Corporation. It looks like it was originated on November 16, 2013, and it lists your name, Reymon R. Silva, , as the vice president of this corporation. Have you ever seen this document before?

A. No. I've never seen it.

Q. Are you the vice president for Safe Stones Masonry Corporation?

A. No, I'm not.

Q. Do you have any knowledge of how you became listed as the vice president?

A. No idea.

Q. Do you know the gentleman who is listed on here as president, treasurer, secretary and director, a Douglas Camilo De Matos?

A. Yes. I know him.

Q. How do you know Douglas?

A. He's a friend of mine.

Q. A customer? Personal friend? Both?

A. Both.

Q. How long have you guys been friends?

A. Approximately four years.

Q. And do you know what kind of vehicles Doug drives?

A. I know he drives a Toyota Prius.

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Q. And do you know of any other vehicles that he operates or just the Prius, as far as you know?

A. As far as I know, that's the only car that I see him driving.

Q. What does Doug do for work? Do you know?

A. I don't know. He does, you know, painting and carpets. He does kind of a helper guy.

Q. Okay.

A. He helps all kinds of businesses.

Q. To your knowledge, does he have a company of his own?

A. I do not know.

Q. All right. And what I'm going to do is, I'm going to -- actually, as we go through -- actually, can I just get you to sign and date this for me, this corporate articles. That way it will -- anywhere on there.

A. So am I responsible for this?

Q. No. This is just verifying that this is the actual piece of paper I showed you today. That's why you are going to sign it. So that way I can say that this is what I actually showed him, he signed and dated it to authenticate that this is --

A. So I'm not going to be responsible for this company whatsoever?

Q. Right now you are listed as the vice president.

A. I'm not the vice president.

Q. Right. I understand that. I'm trying to figure out how it is that you got put on there as the vice president at this time. And today, again, is November 15th. Okay. And then, yeah, it looks like this application

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for insurance for Safe Stone Masonry was November 1, 2016. Yup. That's the effective date; November 2, 2016. But the date on the application says November 1st, with effective dates November 2, '16 to November 2, '17. The agent listed on this application is the Point Insurance Agency.

Have you ever been to that agent, Rey?

A. Never.

Q. Do you have an insurance agent who you use for your own business and cars and stuff?

A. Yeah. I go to Monica -- Monica Agency Insurance.

Q. Okay. Where is that located?

A. It's located on I think it's Center Street in Lowell.

Q. Okay. Yeah. It says here the business is for masonry services. Do you ever operate as a mason?

A. I don't even know what that is, for Christ sakes.

Q. Okay. And what I'm going to show you here is the section here that's attached to the application for, List all drivers. Is that your name, date of birth and license number there, Rey?

A. That is.

Q. Could you sign and date that for me just so I can authenticate that that's the piece of paper I showed you today? And you don't drive for this company either. Is that correct?

A. Never.

Q. Have you even ever driven one of Douglas's cars?

A. I drove it once, maybe twice.

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Q. Okay. The Prius?

A. The Prius.

Q. Okay. What was the capacity you drove that for, just like two buddies hanging out or was it for work or --

A. No. We just went to -- we just went out to the bar and we went to the pizza place.

Q. Okay.

A. Yeah.

Q. All right. So nothing business-related?

A. No. Nothing whatsoever.

Q. Okay. All right. And then we had a prior policy for this Safe Stones Masonry which listed a Douglas Barbosa, Douglas C. Barbosa. Do you know a Douglas Barbosa at all?

A. Nope.

Q. We also have a policy of insurance here for Ronair Caldeira Martins from Auburndale. Do you know this gentleman or woman? I'm not sure.

A. No, I do not.

Q. Okay. And, again, it's from the Point Agency, Policy Number [REDACTED].

And, again, it lists Reymon R. Silva, date of birth

And is that your license number?

A. Yes.

Q. Okay. Sorry.

A. Yes.

Q. Would you sign and date that for me? Okay. Now, prior to this

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conversation here, you had indicated -- actually, let me just ask. Do you have any idea of how you got on a policy for Ronair -- actually, hold on. Here it is right here. Yeah. Ronair's d/b/a Martin's Carpentry and Cleaning, do you have any idea how you would have gotten on that policy?

A. No.

Q. Okay. And it says it's a 2002 Ford, a 2005 Acura, and a 2016 trailer for Ronair.

A. I have no idea.

Q. Okay. So the only person that you know in any of this is who?

A. Douglas De Matos.

Q. Okay. And actually, prior to this you had indicated that he actually has a jet ski trailer that he keeps here. Correct?

A. Yes.

Q. All right. Do you have any idea how Doug might have gotten your information to put you on his policy at least?

A. On November 2nd I texted him my copy of my driver's license. He said he needed it for something, something on his insurance or something like that, but I didn't know it was this kind of damage.

Q. Did he call you or did he actually -- did he call you or did he text you?

A. He called me. He called me and I texted him the copy of my driver's license.

Q. What did he explain to you when he called you?

A. He said that he was having an issue with his insurance and I guess he had to put somebody as a driver on, you know, so he could -- in order for him

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to get insurance.

Q. And he asked you for a copy of your license?

A. Yes.

Q. And then you sent that to him via text message?

A. Yes. It was just a way to help -- well, I didn't know there was -- that I could be responsible for anything or fraud, you know.

Q. Okay. Did you know that he was going to or that you were going to end up as a vice president on a corporation?

A. Never. Never.

Q. Did you actually talk to anyone at the insurance agent or was it just to Doug?

A. Just to Doug.

Q. All right. So, as far as you knew, you knew that he was just going to put you on as a driver but that you weren't going to be driving any of his vehicles? It was just to help him with the insurance?

A. Just to help him with the insurance. That was it. I was going to be the driver or something.

Q. Just on paper. You weren't actually going to be driving anything. Correct?

A. No.

Q. Okay. All right. Since you sent him your license, have you talked to Doug at all about any of this?

A. No. Never.

Q. All right. So as far as you were concerned, that was the end of it? You

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sent your license and that was it?

A. Yeah. I didn't know it was this -- I didn't know it was all of this.

Q. All right. Did you understand all of the questions that I asked you here today, Rey?

A. Yes, I did.

Q. Were all of your answers true and accurate to the best of your knowledge?

A. Yes, sir.

Q. Okay. Was this conversation recorded with your permission?

A. Yes.

Q. Okay. And going forward as I look into this further, are you agreeable to continue to cooperate and, you know, answer any questions that we may have regarding this matter?

A. Yes. Of course. They have no proofs of my signature ever. I did not sign anything. I did not -- I'm not a vice president of the company. I have no idea where this is going to, but we got to get it fixed.

Q. Okay. We are going to continue to investigate and look into it. As far as today goes, was this conversation recorded with your permission?

A. Yes.

Q. And I will end the recording at this time if that's all right with you.

A. Yes.

Linda A. Fowler

**BUSINESS CONFIRMATION**

**General Information**  
 Policy #:   
 Status:  Manually Printed

**Agency Information**  
 Agency Name: **101506**  
 Agency Name: POINT INS INC  
 Producer Code: 0134

**Submission Summary**  
 Reference #: CA-NB-64505  
 Applicant Name: SAFE STONES MASONRY CORPORATION  
 Policy Term: 11-02-2016 to 11-02-2017  
 Agency Customer ID:  
 Date Submitted: 11/02/2016

**Prior Carrier Information**  
 Applicant's Prior Carrier: No Prior Carrier for this Applicant

Masonry  
 3 PPTs.  
 1 driver = MA license  
 No website  
 Listed on MA corporate database. In business since 11/16/2013

Prior Pol's  
 CX 9/30/16

This policy had  
 • 4 PPTs w/ 1 trailer  
 • 2 drivers w/ Foreign license  
 • 1 driver not listed on new license app

MG 11/3/16  
 MG 11/4/16 issued

✓  
 Logged

Estimated Premium **4159**

Total Policy Premium: \$4,129

To review with an underwriter contact Commercial Auto team at 1-617-789-5280

Policy Optional Coverages

Coverages		Premium	
Coverage	Limit	Deductible	Premium
<b>Vehicle # 1 Premium: \$1,347</b>			
2014 HONDA ACCORD EX 13ACRHR34M461882 <b>PAN 140885</b>			
Compulsory Insurance:			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$270
Compulsory Personal Injury Protection	\$8,000		\$39
Compulsory Damage To Someone Else's Property	\$100,000		\$419
Compulsory Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$4
Optional Insurance:			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$29
Optional Medical Payments	\$10,000		\$9
Collision	\$500		\$29
Whichever of Deductible:	Yes		
Comprehensive	\$500		\$102
Rental Reimbursement	30/90 Days		\$88
Towing and Labor	\$100		\$16
Optional Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$0
<b>Risk Characteristics:</b>			
Gauging City	LOWELL		
Territory	14		
Class Code	75910		
Anti-Theft Device:	20%		
<b>Vehicle # 2 Premium: \$1,432</b>			
2007 FORD EDGE SEL AWD 2FMDK68H78D <b>PAS TCM30X</b>			
Compulsory Insurance:			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$270
Compulsory Personal Injury Protection	\$8,000		\$39
Compulsory Damage To Someone Else's Property	\$100,000		\$419
Compulsory Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$4
Optional Insurance:			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$29
Optional Medical Payments	\$10,000		\$9
Collision	\$500		\$29
Whichever of Deductible:	Yes		
Comprehensive	\$500		\$123
Rental Reimbursement	30/90 Days		\$88
Towing and Labor	\$100		\$16
Optional Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$0
<b>Risk Characteristics:</b>			
Gauging City	LOWELL		
Territory	14		
Class Code	75910		
Anti-Theft Device:	20%		
<b>Vehicle # 3 Premium: \$1,347</b>			
2015 TOYOTA PRIUS JTKR211U6619440 <b>PAN 59L495</b>			
Compulsory Insurance:			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$270
Compulsory Personal Injury Protection	\$8,000		\$39
Compulsory Damage To Someone Else's Property	\$100,000		\$419
Compulsory Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$4
Optional Insurance:			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$29
Optional Medical Payments	\$10,000		\$9
Collision	\$500		\$39
Whichever of Deductible:	Yes		
Comprehensive	\$500		\$102
Rental Reimbursement	30/90 Days		\$88
Towing and Labor	\$100		\$16
			\$0



Optional Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident
Risk Characteristics	
Garaging City	LOWELL
Tariff	14
Class Code	73810
Anti-theft Device	208

301K  
N/A



Reference# CA-NB-64505

Submitted Date 11-02-2016

**COMMERCIAL INSURANCE APPLICATION**

**APPLICANT INFORMATION SECTION**

DATE (MM/DD/YYYY)  
11-01-2016

<b>AGENCY</b> POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 Lucas Lemes		<b>CARRIER</b> NAC CODE:	<b>UNDERWRITER</b> UNDERWRITER OFF:
<b>PHONE</b> (A/C No. Ext.): <b>FAX</b> (A/C No.): <b>E-MAIL ADDRESS:</b> lucas@pointinsure.com <b>CODE:</b> SUB CODE: 0134		<b>POLICIES OR PROGRAM REQUESTED</b> CAR - Arbella (ceded)	<b>POLICY NUMBER</b>
<b>STATUS OF TRANSACTION</b> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> SOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL		<b>INDICATE SECTIONS ATTACHED</b> PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO	<b>EQUIPMENT FLOATER</b> INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER
		<b>GARAGE AND DEALERS</b> VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA	

<b>ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.</b>				
<b>PROPOSED EFF DATE</b> 11-02-2016	<b>PROPOSED EXP DATE</b> 11-02-2017	<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<b>PAYMENT PLAN</b>	<b>AUDIT</b> No Audit

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds)  
SAFE STONES MASONRY CORPORATION

MAILING ADDRESS (INCL ZIP+4 (of First Named Insured))  
B

PHONE (A/C No. Ext.):  
E-MAIL ADDRESS:

WEBSITE ADDRESS:

INDIVIDUAL	<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER 5 CORPORATION	<input type="checkbox"/>	LIC	<input type="checkbox"/>	CRE/BUREAU NAME	ID NUMBER	DATE BUS STARTED
PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS				

INSPECTION CONTACT: DOUGLAS DEMATOS  
ACCOUNTING RECORDS CONTACT: DOUGLAS DEMATOS

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NOV 03 2016

NO PRIOR SUBMISSIONS FOUND

PREVIOUSLY SUBMITTED ON

BY

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

MASONRY SERVICES

~~22225 STATE - MARY - 2016 ISSUE~~

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN MO), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In FL, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 816 for Liability Exposure and/or ACORD 816 for Property Exposure.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; In DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 126 (2005/06)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1993-2005

Submitted Date 11-02-2015

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	RETRO DATE	EFF-EXP DATE	GENERAL AGGREGATE	PRODUCTS COMP OP AGGREGATE	PERSONAL & ADVI	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	BODILY OCCURRENCE INJURY	PROPERTY OCCURRENCE DAMAGE	COMBINED SINGLE LIMIT	MODIFICATION FACTOR	TOTAL PREMIUM
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADVI																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY																
	PROPERTY OCCURRENCE DAMAGE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILITY	CARRIER	No prior carrier															
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	SA PERSON															
		SA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING AMT																
	PERS PROP AMT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 3 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS: STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states; consult your agent or broker for your state's 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.

ACORD 125 (2005/06)

**Name and Address**  
SAFE STONES MASONRY CORPORATION

Submitted Date 11-02-2016

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Issuance

Any other Anella 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: \$900.00

**MISCELLANEOUS INFORMATION :**

Sic Code

**UNDERWRITER REMARKS :**

**AGENT REMARKS :**

LUCAS@POINTINSURE.COM

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1



VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles Submitted Date 11-02-2016

VEH #	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYNAGE	COST NEW				
0001	2004	ACORD	ACCORD EX		1HGCN55694AD41093			21700				
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
		MA	14	73910				50	49			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE		X	X	X				X	X	X	
15 MILES +	FARM	X	NO FAULT	NO FAULT	NO FAULT	FT	COMP	FG				
NET VEH PRICE												\$ 500
TOTAL PREM \$												\$ 500
0002	2007	FORD	EDGE SEL AWD		2FMDK48CX7BA67985			28965				
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
		MA	14	73910				50	49			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE		X	X	X				X	X	X	
15 MILES +	FARM	X	NO FAULT	NO FAULT	NO FAULT	FT	COMP	FG				
NET VEH PRICE												\$ 500
TOTAL PREM \$												\$ 500
0004	2006	TOYOTA	PRIUS		JTDKB20U863191840			21725				
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
		MA	14	73910				50	49			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE		X	X	X				X	X	X	
15 MILES +	FARM	X	NO FAULT	NO FAULT	NO FAULT	FT	COMP	FG				
NET VEH PRICE												\$ 500
TOTAL PREM \$												\$ 500
0005												
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE											
15 MILES +	FARM											
NET VEH PRICE												\$
TOTAL PREM \$												\$
0006												
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE											
15 MILES +	FARM											
NET VEH PRICE												\$
TOTAL PREM \$												\$
0007												
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE											
15 MILES +	FARM											
NET VEH PRICE												\$
TOTAL PREM \$												\$
0008												
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE											
15 MILES +	FARM											
NET VEH PRICE												\$
TOTAL PREM \$												\$
0009												
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE											
15 MILES +	FARM											
NET VEH PRICE												\$
TOTAL PREM \$												\$
0010												
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDERS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES	PLEASURE											
15 MILES +	FARM											
NET VEH PRICE												\$
TOTAL PREM \$												\$

ACORD 127 (2003/08)

Submitted Date 11-02-2016

**Name and Address**

SAFE STONES MASONRY CORPORATION

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : RYAN R SILVA  
DOB : 02

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C.: NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
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  
Is this a Leased Vehicle : No

VEHICLE # : 0002  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
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  
Is this a Leased Vehicle : No

VEHICLE # : 0004  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000

Acord Additional Info (2004/08)

OverflowPageNumber : 1

Submitted Date 11-02-2016

**Name and Address**

SAFE STONES MASONRY CORPORATION

**Additional Information**

Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor : 100  
Anti-Theft Device : 200  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document

Accord Additional Info (2004/06)

OverflowPageNumber : 2



Submitted Date 11-02-2016

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	REDUCTIBLE			
BODILY INJURY LIABILITY	61	BI EACH PERSON \$	62	67		
	62	BI EACH ACCIDENT \$	63	68		
	63		64	71		
	64					
COMPULSORY PERSONAL INJURY PROTECTION	65	PER PERSON \$				
	67	DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>				
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	EACH ACCIDENT \$	62	64	71	
	62		63	67		
	63		64	68		
OPTIONAL MEDICAL PAYMENTS	62	EACH PERSON \$	63	64		
COMPULSORY UNINSURED MOTORIST	62	CSL <input type="checkbox"/> EA PER \$	63	68		
	63	BI EACH ACCIDENT \$	64	67		
	64	PROPERTY DAMAGE \$				
OPTIONAL BODILY INJURY TO OTHERS	61	CSL <input type="checkbox"/> EA PER \$	62	64	71	
	62	BI EACH ACCIDENT \$	63	67		
	63	MOTORCYCLE GUEST OCCUPANT EXCLUSION	64	68		
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	COST OF HIRE \$				
	NO	IF ANY BASIS				
OPTIONAL TRUCKERS HIRED/BORROWED	YES	COST OF HIRE \$				
	NO	IF ANY BASIS				
OPTIONAL NON-OWNED AUTO LIABILITY	YES	GROUP TYPE				
	NO	NUMBER OF				
OTHER		EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
OTHER			COVERAGE IS: PRIMARY SECONDARY			

COVERED AUTO SYMBOLS	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(61) ANY AUTO	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY
(62) OWNED AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	
(63) 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 under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the piece 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 137 MA (2005/04)

Submitted Date 11-02-2016

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE							
	61	62	63	67	68	62	63	64	67	68	69	70	71
BODILY INJURY LIABILITY					BI EACH PERSON \$								
					BI EACH ACCIDENT \$								
COMPULSORY PERSONAL INJURY PROTECTION					PER PERSON \$								
					DED \$								
					<input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS								
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY					EACH ACCIDENT \$								
OPTIONAL MEDICAL PAYMENTS					EACH PERSON \$								
COMPULSORY UNINSURED MOTORIST					CSL \$								
					BI EA PER \$								
					BI EACH ACCIDENT \$								
					PROPERTY DAMAGE \$								
OPTIONAL BODILY INJURY TO OTHERS					CSL \$								
					BI EA PER \$								
					BI EACH ACCIDENT \$								
					MOTORCYCLE GUEST OCCUPANT EXCLUSION								
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES			COST OF HIRE \$								
	NO				IF ANY BASIS								
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES			COST OF HIRE \$								
	NO				IF ANY BASIS								
OPTIONAL NON-OWNED AUTO LIABILITY		STATES			GROUP TYPE								
	YES				EMPLOYEES								
	NO				VOLUNTEERS								
					PARTNERS								
OTHER													

COVERAGES	SYMBOL	TRAILERS	SALES TAX	# DAYS	RADIUS	DEDUCTIBLE
OPTIONAL COMPREHENSIVE	69					
OPTIONAL SPECIFIED CAUSES OF LOSS	69					
	70					
OPTIONAL COLLISION	69					
	70					

COVERAGES	SYMBOL	TRAILERS	SALES TAX	# DAYS	RADIUS	DEDUCTIBLE
OPTIONAL HIRED PHYSICAL DAMAGE						

COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	PHYSICAL DAMAGE
(61) ANY AUTO	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS
(62) OWNED AUTOS ONLY	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY
(63) OWNED PRIVATE PASS. AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
		(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
		(71) NON-OWNED 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 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 Motor Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
ACORD 137 MA (2006/04)			

Submitted Date 11-02-2016

**Name and Address**

SAFE STONES MASONRY CORPORATION

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

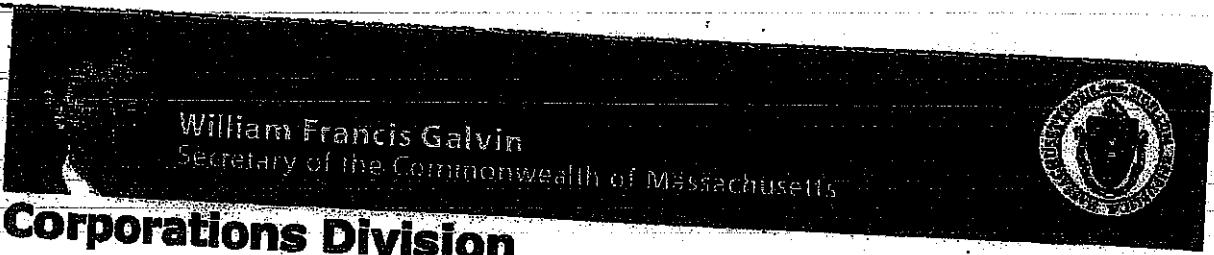
**Locations**

Address :  
Limit :  
Coverage Options :  
Collision Deductible :  
OTC Type : Coverage Not Requested

End of Document

Acord Additional Info (2004/06)

OverflowPageNumber : 1



## Corporations Division

### Business Entity Summary

ID Number: 001121044

[Request certificate](#)

[New search](#)

Summary for: **SAFE STONES MASONRY CORPORATION**

<b>The exact name of the Domestic Profit Corporation:</b> SAFE STONES MASONRY CORPORATION		
<b>Entity type:</b> Domestic Profit Corporation		
<b>Identification Number:</b> _____		
<b>Date of Organization in Massachusetts:</b> 11-16-2013		
<b>Current Fiscal Month/Day:</b> 12/31		<b>Last date certain:</b> _____
<b>Previous Fiscal Month/Day:</b> 01/31		
<b>The location of the Principal Office:</b>		
Address: _____		
City or town, State, Zip code, _____		
Country: _____		
<b>The name and address of the Registered Agent:</b>		
Name: DOUGLAS CAMILO DE MATOS		
Address: _____		
City or town, state, Zip code, _____		
Country: _____		
<b>The Officers and Directors of the Corporation:</b>		
Title	Individual Name	Address
PRESIDENT	DOUGLAS C MATOS	_____
TREASURER	DOUGLAS C MATOS	_____
SECRETARY	DOUGLAS C MATOS	_____
VICE PRESIDENT	REYMON R SILVA	_____
DIRECTOR	DOUGLAS C MATOS	_____

# Exhibit 2

## VH Improvement/Marcelo De Santos

Arbella Insurance Group  
Claim No. 1020061599

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Q. This is Ed Spellman, and I'm speaking with Marcelo Dos Santos from .  
Today's date is January 5, 2016,  
and the time is now approximately 4:15 p.m. Marcelo, this conversation  
is being recorded. Is this being done with your permission, sir?

A. Yes.

Q. Okay. Marcelo, are you the president and director of VH Improvement,  
Incorporated?

A. Yes.

Q. Okay. And how long has that been in business?

A. Six years.

Q. Okay. And what is it that that company does?

A. Construction. General construction.

Q. Okay. Everything? Exterior? Interior? Framing? Everything?

A. Uh-huh.

Q. Okay. And do you have employees, Marcelo?

A. No.

Q. Okay. So you kind of --

A. I subcontract everybody.

Q. Okay. Marcelo, do you have a driver's license currently?

A. No.

Q. Okay. And how long have you been living in Massachusetts, Marcelo?

A. 17 years.

Q. Okay. And always in [REDACTED]?

A. Always in [REDACTED].

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Arbella Insurance Group  
Claim No. 1020061599

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Q. Okay. And where did you come from before you came to [REDACTED]?

A. From Brazil.

Q. Okay. So from Brazil directly to [REDACTED]?

A. Right to [REDACTED], yeah.

Q. All right. And, Marcelo, with regards to this policy for insurance -- this is an auto policy -- do you also have a workers' compensation policy and a commercial liability policy?

A. Yes.

Q. Okay.

A. I do.

Q. All right. And prior to we were talking and you actually emailed me copies of a couple of binders for those so I could have the policy information. Is that correct?

A. Yes.

Q. Okay. Where did you get your workers' comp and commercial liability insurance? Did you get that from the same agent you got your auto?

A. No.

Q. Okay. Do you remember the name of the agent that you got those from?

A. TRU Insurance.

Q. Okay. And where are they located?

A. In [REDACTED] I think it's [REDACTED]

Q. Okay. Perfect. With regards to this policy, it looks like this auto policy was taken out on December 22nd. And this is a new policy with Arbella for you?

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Claim No. 1020061599

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A. Yes.

Q. Have you ever had a policy with Arbella before?

A. No.

Q. Okay. Prior to this on this policy it says that we have a Chevy Silverado 2500 and a Chevy Traverse. Were those vehicles -- excuse me. Who were those vehicles insured with before Arbella?

A. Travelers.

Q. Travelers. Okay. Did you have Travelers for a long time or --

A. No, just a short period.

Q. Okay. What happened to cause you to come to Arbella and this insurance agent? Can you just take me through the history?

A. Price.

Q. There you go. That will do it. Prior to when we were talking, did you used to have Commerce you had said before we --

A. Yes, Commerce. I used Commerce for three years before they transferred to Travelers and it was good. I tried to get Commerce back, but it appears in Framingham I think nobody works with Commerce anymore.

Q. Okay. With regards to this conversation we are having right now, I did forget when I opened the statement, but for the purposes of this statement are you comfortable having it in English?

A. Uh-huh.

Q. Yes or no?

A. Yes.

Q. Okay. And just for the record, let it be known that I did offer you the

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Claim No. 1020061599

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use of a interpreter?

A. Yes.

Q. But you refused. Correct?

A. Yeah.

Q. I don't have a problem, but just to get it on the record. Is English a second language for you?

A. Yes.

Q. Your primary language would be Portuguese?

A. Portuguese.

Q. Okay. With regards to this insurance agent that you went to, Point Insurance, how did you find that insurance agent?

A. Just walking on the street and I saw the sign.

Q. Okay. You just happened to walk in?

A. Yeah.

Q. Okay. What was -- so at that time you were with Travelers and just looking to get a different company?

A. Get a different company, yeah.

Q. What happened when you went in there the first time? You said it was in Framingham?

A. Uh-huh.

Q. Yes or no, sir?

A. Yes.

Q. Okay. And when you went in there, just kind of what happened?

A. What happened? I sit down in the waiting room for a little while. He

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Claim No. 1020061599

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called me. Andrew called me. I ask him, I need -- I told him, I'm with Travelers and I need insurance for these two cars. I gave him a copy of -- I gave him my registration for the truck and then I have a photo of the registration for the Traverse.

Q. Okay.

A. And I showed him. I asked him to calculate how much it is going to cost my insurance. He is done. After he is done with the calculation, I agreed with the price. He was asking me for a bunch of things to verify my company and everything.

Q. Like what?

A. Like a business card, bank account, a letter from my company -- I don't know what they call that.

MR. FRANK HART: Letterhead?

A. Not the letterhead for the company. The letter we get from the government.

Q. For the tax number?

A. Yes, for the company.

Q. And the driver's license.

A. The driver's license.

Q. Did he say that the driver's license had to be from Massachusetts or did it just have to be valid from anywhere?

A. No. He said it had to be Massachusetts.

Q. Okay. And did you have all of that at that time or did you have to go and --

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Claim No. 1020061599

A. No. I didn't have all of that. I have to -- I told him, I will come back this afternoon to finish, I will go get everything and come back.

Q. Okay. Now, you had business cards and the tax info and everything you needed for the business since it's been around for six years. Correct?

A. Yes.

Q. So you just had to go get that?

A. Uh-huh.

Q. Okay. Yes or no, sir?

A. Yes.

Q. Just when the lady transcribes it, that uh-huh, she is not going to be able to type it out. That's all.

A. Okay.

Q. That's why I ask. I'm not trying to be a pain.

A. No problem.

MR. FRANK HART: Did you tell him you didn't have a Massachusetts license at that time?

A. Yes, I did.

Q. And what did he say to you?

A. Can be an employee with a driver's license or a friend.

Q. Okay. So essentially was it your understanding, then, it could be anybody as long as it was a valid Mass license?

A. From my understanding, yes.

Q. So the driver on this policy is a Robert Foley. Do you know Robert?

A. Yes. I know him.

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Q. Okay. How do you know him? Is he a friend?

A. He's a friend, a longtime friend.

Q. Okay. And so how does that come about? So did you call Robert? Like, what happened? Did you call other people first?

A. No. I just called him, Hey, Bob, can I use your license to open new insurance policy insurance, and he says okay.

Q. Okay.

A. He was asking me, Do I need to come down there and sign something? I said to him, no, because the guy says you don't need to sign nothing.

Q. Okay. Did he say you actually had to come back to the agent with the license or you could just have a picture or what did he say?

A. I didn't ask him that and he didn't tell me that. I just showed up with a picture.

Q. Okay. A picture of, like, in your hand or on your phone?

A. On the phone.

Q. Okay. How did you get the picture of I'm assuming it's of Bob's license?

A. Yes.

Q. When we say Bob, we are referring to Robert Foley?

A. Robert Foley, yes.

Q. How did you get the picture of Bob's license?

A. I came down to the restaurant and asked him and I took a picture.

Q. Okay. So he works at a restaurant or was at a restaurant?

A. That's the restaurant is the place I remodeling for him.

Q. Oh, okay. So does he -- so does he, like, run the restaurant or was he

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just there because you were --

A. His son owns the restaurant.

Q. Okay. So was he down there eating or was he down there working or --

A. He's down there all the time.

Q. Just hanging out?

A. Yes.

MR. FRANK HART: What's the name of it?

A. Bourbon's.

Q. What is it?

A. Bourbon's.

Q. Yeah. We drove by it earlier.

A. I done the remodeling over there. Good drink. Good food. I go there  
and hang out.

MR. FRANK HART: Who owns that?

Q. His son, he said.

A. His son.

MR. FRANK HART: His son owns it.

Q. So you just use subcontractors?

A. Yeah.

Q. Okay. So Bob is not an employee of yours? He's just a friend?

A. Yes.

Q. Okay. Yeah. That's fine. So you went down there. You took a picture  
with your phone of Bob's license?

A. Uh-huh.

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Arbella Insurance Group  
Claim No. 1020061599

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Q. Yes or no?

A. Yes. Sorry.

Q. That's okay. No problem. And then do you go right back to the insurance agent that same day or do you --

A. The same day.

Q. Okay. So you went in the morning and then went back in the afternoon kind of thing?

A. Yes.

Q. So what happens when you go back in there a second time?

A. I gave to him everything he asked me for the car and for the bank card.

Q. Where did you get all of that stuff? Did you have it on you or did you have to come home and get that?

A. Oh, I had to come home and get it.

Q. Okay.

A. I come home, get it, got the picture of Bob's license, and then I run down there and he was filling out all the paper.

Q. Okay. How did you -- so how did they get a copy of Bob's license?

A. I forward that picture for him.

Q. From your phone?

A. Yeah.

Q. Did you email it to them or texted him?

A. By email. No.

Q. And did they ask you anything about it at that point? Did they ask you if Bob was an employee or anything like that?

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A. No.

Q. Okay. Did they ask you where you got it or how you knew him?

A. Nope.

Q. All right. And what happened after? Did they take money from you for a down payment or something like that?

A. Yes.

Q. Do you know how much? Do you remember?

A. 850 something, I think.

Q. Okay. Did they give you a receipt telling you what all that money was for?

A. Yes. They gave it and I don't know what they say but --

Q. Okay. No problem. Maybe afterwards we can take a peek. Did they tell you, like, verbally what everything was going to go towards?

A. No.

Q. All right. When you went there and signed, did you sign actual documents or did you sign, like, one of those electronic signature blocks?

A. I signed once electronic. That's all.

Q. Just once on the electronic block?

A. Yes.

Q. So you didn't actually sign every piece of paper or anything like that?

A. No.

Q. Okay. Just so I understand, one electronic signature and that was it?

A. Yes.

Q. Okay.

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A. One for the documents and one for the receipt.

Q. Okay. All right. Now, with the two vehicles -- and it was Andre you had met with. Is that correct?

A. Uh-huh.

Q. Yes or no?

A. Yes.

Q. Did Andre ever ask you if anyone else drives the vehicles?

A. No. He just asked me to put another license over there, like my -- if I have a Brazil license or let's say my brother's license, get his license from Brazil to put it over there.

Q. Okay. So Andre told you that you could get, like, your brother's license?

A. Uh-huh.

Q. Did he specifically tell you your brother?

A. No. No. He just said you can for second driver.

Q. Okay. Why did he tell you that? Do you know?

A. No. He just -- he just curious. Like, I asked him for that.

Q. Say that again. You asked him for what?

A. For, like, a second driver because I know it's, like, if I have a policy if somebody else drives my car the things come back on me but not on them, and that's why I ask him for the second driver. I ask for my brother. He has a license from Brazil. I told him, Can I use that? Yes, you can use that.

Q. Okay. So you wanted to put Bob on this because -- let me make sure I

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understand. So you --

A. Bob just opened the policy.

Q. Right. So you could get a policy?

A. A policy.

Q. And you got that information from who, that you needed --

A. From Andrew.

Q. Andre?

A. Andre.

Q. Okay. Then when you go back there, you open the policy. Then you ask Andre about adding your brother?

A. Uh-huh.

Q. Yes or no?

A. Yes.

Q. Okay.

A. Like a second driver.

Q. Okay. And was the reason you did that because you have two cars?

A. Yes.

Q. Okay. Would your brother be driving either of the cars or --

A. Sometimes.

Q. Okay. Does your brother live here as well?

A. Yes.

Q. There we go. Okay. So does -- so your brother uses both cars?

A. No. Mostly the truck.

Q. Okay. Is he one of the subcontractors who you subcontract to?

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A. No. He just take care of the contracts for me. He is actually just now in the winter he is doing this because he has tree service company.

Q. Say that again. He has a tree service company normally?

A. Yeah.

Q. Okay. All right. So you are just kind of helping out while business is slow with the trees, I'm assuming?

A. Yes. In the wintertime, yeah.

Q. Okay. Does your wife or girlfriend drive the cars?

A. My wife, no.

Q. I'm sorry. What is your wife's name, just for the record?

A. Helena.

Q. Helena. Last name?

A. Villos Novas.

Q. Okay. And she drives --

A. The Traverse.

Q. The Traverse?

A. Yes.

Q. Okay. So primarily your wife would drive the Traverse and you would drive the truck?

A. Yeah.

Q. Okay. But you would drive both?

A. Both.

Q. Okay. But most of the time your wife is driving -- so is, like, the Traverse the family car and the other is the work truck?

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A. Yes.

Q. I'm sorry. That's how I classify it.

A. Uh-huh. That's right. I had a van too but it's broke down. I want to sell it. Pretty much I'm going to buy another one.

Q. And that would be the one, like, you know, the work van that carries all the stuff and stays at the job site and all of that?

A. Yes.

Q. Okay. I saw that name. Did you used to have a different company? On the application for the corporation it says Is that an old address?

A. Yes. Really old. I have to call them and change it. It take like three hours on the phone to change that. That's why it's never done.

Q. Okay. I was just curious. That's actually when I stopped here, I was heading over there because I'm, like, I don't know which address. I assumed it was here because I saw the truck in the driveway, but you just happened to come home right after.

A. I told them to send all the mail here.

Q. No. No. No. That is -- you told who, Andre?

A. Yeah.

Q. Yeah. That is the address on your policy, but when we checked it with the Secretary of State for the corporation, the corporate address was different.

A. Yeah.

Q. So we weren't sure which one you were actually operating out of. So for

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insurance it's this one. You will get the mail and whatnot.

A. Yes.

Q. The corporate registry was just different. I just wanted to see -- nope.

I could have sworn I saw it. Well, so just to be clear, then, so Bob's whole purpose of being on this policy was just to get it open, then. Is that correct?

A. Yup.

Q. And you did that at the direction of Andre Silva. Is that correct?

A. Yes.

Q. And was it your understanding -- I just want to be sure. It was your understanding that it could have been anybody with a Massachusetts license? Is that how you understood it?

A. Yeah.

Q. Okay. You laugh. I mean, was it that clear that that's what --

A. Yeah. That's -- I think that's how they work with everybody.

Q. What makes you say that?

A. It's, like, you don't need to have a license -- he told me if you have an employee that works for you, that's good because the policy is going to be under your company name. But if you have a friend too, that's fine.

Q. Okay. So he actually told you that?

A. Yeah.

Q. Okay. Yes?

A. Yes.

Q. Okay. So just so I understand, so Andre at Point Insurance, that's who

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~~we are talking about~~, the place where you went to take the insurance out?

A. Basically.

Q. Huh?

A. Basically, yes.

Q. Well, basically, like -- I just want to be clear. So when you went -- when you went to the insurance agent, you went to Point. Correct? Is that the name of it?

A. If Point Insurance is his insurance. I don't know. I have to go to the office and see.

Q. Do you remember where it was?

A. I don't remember exactly the name of the place. I'm terrible with names.

Q. No problem. All right. Well, on the application there that's what it lists as your agent is Point. That's the name of the agency. That's why I'm saying that.

A. Uh-huh.

Q. Do you remember the gentleman being Andre?

A. Yeah. Andre, I know him.

Q. Okay. So it was definitely who you met with was Andre?

A. Yeah.

Q. Okay. Then it's probably right because it says Andre.

A. Uh-huh.

Q. Okay. So say it again what -- so you said basically that that's what they do down there?

A. I don't know. I'm saying, like, if you go there to open insurance, he is

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going to tell you the same thing he told me.

Q. And what is that?

A. It's, like, if you have a guy with a license, you can open if you want to.

Q. Okay. And that's because you didn't have a license here?

A. On my own.

Q. Okay. Well, so just to be clear -- yes or no -- is that because you didn't have a license of your own?

A. Yes.

Q. Okay. Did he actually say the words to you that it could be a friend, it's better if it's an employee but it can be anybody?

A. Not exactly those words, but he says somebody work for you or if you have somebody with a driver's license it will work.

Q. Okay. All right.

A. It's, like, I can have anyone, you know.

Q. Okay. So that was clearly your understanding of that conversation --

A. Yes.

Q. -- when you left is it doesn't matter who it is, it can be anybody, you just have to have a Massachusetts license?

A. Yes.

Q. Yeah. Was this you too, this VH Improvement Services?

A. No. That's old.

Q. That's old?

A. That's old thing. That's because VH Improvement, Inc., it's my company.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061599

Q. Yup.

A. This address, with this address in Marlborough --

Q. Uh-huh.

A. -- it's a guy that used to be my partner. We split it.

Q. Okay. I asked just because it's got your wife as the officer and director. I know I saw that name before.

A. That was my partner.

Q. Okay. So it's you and your partner and then you stopped doing that and opened VH Improvement, Inc.

A. Yes. That's what it was before. We tried to do something else but it didn't work out.

Q. Okay. No problem. All right. Now, you had indicated that you are in the process of trying to get a Maryland license. Is that correct?

A. Yes.

Q. Okay. How do you go about doing that? Are you just going to drive down there and get one?

A. Pretty much.

Q. Okay. And why is that, that you have to go to Maryland?

A. I'm here for 17 years. Every year they say Massachusetts driver do something to get the immigrant's license, and they never do it.

Q. Okay.

A. I'm just waiting because that's my ID too. Over there I can get license from them in Maryland and that can be ID from anywhere --

Q. Okay.

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A. -- in the country, you know.

Q. Did they tell you that at the agent or is that just something you've learned?

A. No. That's just something I learned.

Q. Okay. All right. Did you understand all of the questions that I asked you today?

A. Yes.

Q. Okay. Were all of your answers true and accurate to the best of your knowledge?

A. Yes.

Q. Okay. And was this conversation recorded with your permission?

A. Yes.

Q. Okay. And just to clarify, again, I know English is a second language. I didn't have any trouble conversing with you, but I did offer you the use of an interpreter.

A. Yes.

Q. Okay. Was there any kind of language problem or anything like that understanding my questions because of --

A. No.

Q. Okay.

A. It was clear.

Q. Okay. And, again, you refused the use of a Portuguese interpreter?

A. Yes.

Q. But acknowledge I did offer it?

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Claim No. 1020061599

A. Yes.

Q. Okay. Thank you. And, again, this conversation was recorded with your permission?

A. Yes.

Q. All right. And what I will do at this time, Marcelo, is I will end the recording at this time if that's okay with you.

A. Okay.

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1

Q. This is Ed Spellman, and I'm speaking with Robert Foley from

Today's date is January 6, 2017, and  
the time is now approximately 1:30 p.m. Robert, this conversation is  
being recorded. Is this being done with your permission, sir?

A. It is.

Q. And, Robert, what is your date of birth, sir?

A.

Q. And is this your current address, the ?

A. Correct. Yes.

Q. And I'm here today talking to you about a policy of insurance that we  
have for VH Improvement, Incorporated. Do you know that corporation at  
all?

A. I do.

Q. And how is it that you know of it?

A. I know the owner, what I assume to be the owner; Marcelo Santos.

Q. And how long have you known Marcelo?

A. A couple of years.

Q. And do you have a business relationship with Marcelo or a personal  
friendship? Both?

A. Friendship, personal, as well as he's done some business for me.

Q. Okay. What do you do for work, Bob? I'm sorry. May I call you Bob?

A. Yes.

Q. What do you do for work?

A. I actually own some restaurants, rental properties, different businesses

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Like that, but Marcelo has done work on some of those properties.

Q. And what kind of work does Marcelo do? Construction?

A. Construction, carpentry. He's a fix it all. He has done work in restaurants and residential properties.

Q. Okay. When he does work, does he receive payment directly from you or from others?

A. Both. Yeah.

Q. Is he paid as VH Improvement, Incorporated, or is he paid directly to him or both?

A. Both, actually. Over the time period, yeah. Sometimes in the beginning it was Marcelo, you know, and sometimes I paid even probably cash, you know.

Q. Okay.

A. He gave us a bill.

Q. With regards to this policy, were you aware that you were listed as a driver on this policy -- excuse me -- listed as the only driver on this policy?

A. I was aware that my license was being -- I was asked to use my license for an insurance policy.

Q. Okay. Who asked you?

A. Marcelo.

Q. And did he call you? Did he talk to you in person?

A. He had called me and then he came by and I gave him a copy of the license.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061599

Q. Okay. And did he say why he needed it or what it was for or --

A. My best recollection, he needed a Mass driver license to put on and list on his insurance policy.

Q. Okay. And you did that voluntarily?

A. Yes.

Q. Did he go into more depth as to, you know, who advised him of that or who he spoke with or anything like that with you?

A. No, just that he needed to get one.

Q. Okay. And because of your relationship and whatnot, that was not an issue?

A. It was not an issue at all. He asked me if I would do him a favor and he could put me on the policy.

Q. With regards to the vehicles on this policy, it's a Chevy pickup truck and a Chevy Traverse. Do you drive those vehicles at all?

A. I do not, no.

Q. Have you ever driven them?

A. No.

Q. I'm assuming you have your own vehicles.

A. I do.

Q. Are your own vehicles insured through Arbella?

A. No. They are with Fallon Insurance. I don't know the agent. I don't believe Arbella is one of the underwriters.

Q. No problem. Have you ever been to this Point Insurance Agency?

A. Never.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061599

Q. Has anyone ever contacted you from that agency?

A. No.

Q. So just so I understand --

A. I mean, I don't know who Point Insurance is or I don't know where they even are, but if someone called that I don't know, I'm just saying, I don't know the people --

Q. Okay.

A. -- that I'm aware.

Q. That's just the agent on this policy.

A. Yeah.

Q. So what I'm trying to understand is that you never physically either spoke with or went down to that insurance agency for the acquisition of this policy?

A. That's correct.

Q. So it was merely a call from Marcelo, I need someone with a license. You gave him yours, no problem, and that was the end of it as far as you were concerned?

A. That was the end of it.

Q. I'm sorry. Those are my words. But is that how you would surmise it?

A. Yes. Yes. There was nothing more to it than I gave him a copy of my license. He took a picture of my license.

Q. Okay. Are you an employee of VH Improvement, Incorporated?

A. No.

Q. Have you ever been an employee of Marcelo's or VH Improvement?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061599

A. No.

Q. Okay. Is there anything that you wanted to add on your own, if you wish.  
It's kind of an open statement if you want.

A. Just he's a personal friend. I think we, you know, I was doing him a favor and, as far as I know, that's all we did.

Q. Okay. Did you understand all of the questions that I asked you today, Bob?

A. I did.

Q. Okay. Were all your answers true and accurate to the best of your knowledge?

A. They were.

Q. And was this conversation recorded with your permission, sir?

A. Yes, it was.

Q. And with your permission I will end the recording at this time.

A. Okay.

Linda A. Fowler



Submitted Date 12-22-2016  
**COMMERCIAL INSURANCE APPLICATION**  
APPLICANT INFORMATION SECTION

AGENCY <b>POINT-INS INC</b> 1103 COMMONWEALTH AVE. BOSTON MA 02215 Andre Silva		CARRIER NAIC CODE:	UNDERWRITER UNDERWRITER OFF.	DATE (MM/DD/YYYY) 12-22-2016
PHONE (AG. No. Ext.): FAX (AG. No.): E-MAIL ADDRESS: <b>andre@pointinsure.com</b> CODE: <b>SUB CODE: 0127</b> AGENCY CUSTOMER ID:		POLICIES OR PROGRAM REQUESTED <b>CAR - Arbella (ceded)</b>		POLICY NUMBER:
INDICATE SECTIONS ATTACHED PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKER & MOTOR CARRIER	GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA	

STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL		PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. PROPOSED EFF DATE: <b>12-22-2016</b> PROPOSED EXP DATE: <b>12-22-2017</b> BILLING PLAN: <input checked="" type="checkbox"/> DIRECT BILL PAYMENT PLAN: AGENCY BILL AUDIT: NO			
---	--	---	--	--	--

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) <b>VH IMPROVEMENT INC</b>		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) <b>B</b>	
FEIN OR SOC SEC # (of First Named Insured): E-MAIL ADDRESS:		PHONE (AG. No. Ext.): WEBSITE ADDRESS:	
INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> LLC <input type="checkbox"/>	OR BUREAU NAME:	ID NUMBER:	DATE BUS STARTED:
INSPECTION CONTACT: PHONE (AG. No. Ext.): E-MAIL ADDRESS:		ACCOUNTING RECORDS CONTACT: <b>MARCELO B. DOSSANTOS</b> PHONE (AG. No. Ext.): E-MAIL ADDRESS:	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
		<b>MV</b>	INSIDE	OWNER				
		<b>DEC 22 2016</b>	OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**  
**CONSTRUCTION**

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN HI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In HI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>		10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach AGORD 815 for Liability Exposure and/or AGORD 815 for Property Exposure)			<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>				
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			<input checked="" type="checkbox"/>				
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			<input checked="" type="checkbox"/>				

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

Submitted Date 12-22-2016

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	
GENERAL COMMERCIAL LIABILITY													
	AUTOMOBILE												
PROPERTY													

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS
	Ins. Auto	See additional information page					OPEN/CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

See Additional Pages.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

ACORD 125 (2005/08)



Submitted Date 12-22-2016

**Name and Address**

VH IMPROVEMENT INC

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Issuance

Any other Axelia Commercial policy(ies): No

List Policy Number(s):

**ADDITIONAL LOSS HISTORY INFORMATION :**

Policy Number :  
# of Losses :  
Total Losses (\$) :  
Loss History Remarks :

**PAYMENT PLAN :**

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Electronic Payment  
Down Payment Amount: \$850.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : CCF\_001660.pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1



Submitted Date 12-22-2016

<b>ACORD BUSINESS AUTO SECTION</b>			DATE (MM/DD/YYYY) 12-22-2016
AGENCY PHONE (A/C, No. Ext.) FAX TAX No.	APPLICANT: <b>VEH IMPROVEMENT INC</b> (First Name Initial)		
POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 Andre Silva	EFFECTIVE DATE 12-22-2016	EXPIRATION DATE 12-22-2017	<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL
CODE AGENCY CUSTOMER ID	SUB CODE: 0127	PAYMENT PLAN	
FOR COMPANY USE ONLY			

**COVERAGES/LIMITS**  
 USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION  
 DRIVER INFORMATION ACORD 183 attached for additional drivers

DRIVER #	NAME (include address, if required)	DOB (MM/YY)	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRED	GRANDER EMPLOYER	DOC	USE VEH	% USE
1	ROBERT E FOLEY						MA	12-22-2016		NO		

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		<input checked="" type="checkbox"/>		8. ANY HOLD HARMLESS AGREEMENTS?			<input checked="" type="checkbox"/>
2. DO OVER 60% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>		9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.			<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?			<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			<input checked="" type="checkbox"/>
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>		14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS		<input checked="" type="checkbox"/>		15. HAS AGENT INSPECTED VEHICLES?			<input checked="" type="checkbox"/>

<b>ADDITIONAL INTEREST/CERTIFICATE RECIPIENT</b>		ACORD 45 attached for additional names		MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$
INTEREST	RANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED
<input type="checkbox"/> ADDITIONAL INSURED		ALLY FINANCIAL		
<input type="checkbox"/> LOSS PAYEE				INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> LIENHOLDER				VEHICLE: 0001 (1G02K0B62FZ547632)
<input type="checkbox"/> EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
<input type="checkbox"/> OWNER				OTHER
<input type="checkbox"/> REGISTRANT				
ITEM DESCRIPTION:				

**REMARKS**

ACORD 127 (2003/08)

Submitted Date 12-22-2016

VEHICLE DESCRIPTION		ACORD 129 attached for additional vehicles											
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW					
0001	2015	CHEVROLET	SILVERADO K2500HD		1GC2K0B02F2547632	GVW/GCW		\$ 36445					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
		MA	17	01-182				50	49				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF I	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF I
< 15 MILES													
15 MILES +		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP	FG	AA	ST AMT		
NET VEH PRICE		TOTAL PREM \$											
		\$ 500											
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW					
0002	2014	CHEVROLET	TRAVERSE 2LT		1GNKVKHD6J161986	GVW/GCW		\$ 38865					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
		MA	9	73910				50	49				
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF I	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF I
< 15 MILES													
15 MILES +		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP	FG	AA	ST AMT		
NET VEH PRICE		TOTAL PREM \$											
		\$ 500											
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW					
						GVW/GCW		\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
		MA											
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF I	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF I
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		\$											
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW					
						GVW/GCW		\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
		MA											
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15 MILES +		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP	FG	AA	ST AMT		
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		\$											
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW					
						GVW/GCW		\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
		MA											
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF I	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF I
< 15 MILES													
15 MILES +		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP	FG	AA	ST AMT		
NET VEH PRICE		TOTAL PREM \$											
		\$											
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW					
						GVW/GCW		\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
		MA											
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF I	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF I
< 15 MILES													
15 MILES +		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP	FG	AA	ST AMT		
NET VEH PRICE		TOTAL PREM \$											
		\$											
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW					
						GVW/GCW		\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
		MA											
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF I	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF I
< 15 MILES													
15 MILES +		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP	FG	AA	ST AMT		
NET VEH PRICE		TOTAL PREM \$											
		\$											
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW					
						GVW/GCW		\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM				
		MA											
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF I	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF I
< 15 MILES													
15 MILES +		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY		FT	COMP	FG	AA	ST AMT		
NET VEH PRICE		TOTAL PREM \$											
		\$											

ACORD 127 (2003/08)

<b>Name and Address</b> VE IMPROVEMENT INC	Submitted Date 12-22-2016
---	---------------------------

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : ROBERT B POLEY  
SDIP : 99

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.S.C. : NO

**ADDITIONAL INTEREST INFORMATION :**

VEHICLE # : 0002 (1GNEVHDE3161986)  
Interest : Lienholder  
Name : FIRST HELP FINANCIAL LLC  
Address :

Reference # :  
Certificate Required : No

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Vehicle Type : Light Truck  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor : 100  
Anti-Theft Device : 04  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

VEHICLE # : 0002  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor : 100  
Anti-Theft Device : 204  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

**Name and Address**  
VH IMPROVEMENT INC

Submitted Date 12-22-2016

**Additional Information**

End of Document

Acord Additional Info (2004/06)

OverFlowPageNumber : 2



Submitted Date 12-22-2016  
**MASSACHUSETTS COMMERCIAL AUTO  
COVERAGES/LIMITS SECTION**

AGENCY: **POINT INS INC**  
 APPLICANT (First Named Insured): **VE IMPROVEMENT INC**  
 DATE (MM/DD/YYYY): **12-22-2016**

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	5 <input checked="" type="checkbox"/> 7 <input type="checkbox"/>	PER PERSON \$ 8000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 <input type="checkbox"/> 7 <input type="checkbox"/>	\$
OPTIONAL MEDICAL PAYMENTS	2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	\$500
COMPULSORY UNINSURED MOTORIST	2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	
OPTIONAL BODILY INJURY TO OTHERS	1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL COLLISION	2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/> STATES	COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/> STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE: COMP \$, SPEC \$, COFL \$		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.S. LAW	COVERED AUTO SYMBOLS: (7) AUTOS SPECIFIED ON SCHEDULE, (8) HIRED AUTOS, (9) NON-OWNED AUTOS		

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>		\$
COMPULSORY PERSONAL INJURY PROTECTION	44 <input checked="" type="checkbox"/> 45 <input type="checkbox"/>	PER PERSON \$ DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	CSL FT LSP F FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	EACH ACCIDENT \$	OPTIONAL COLLISION	42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>		\$
OPTIONAL MEDICAL PAYMENTS	42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	EACH PERSON \$	OPTIONAL TOWING & LABOR	48 <input type="checkbox"/>		\$
COMPULSORY UNINSURED MOTORIST	42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48 <input type="checkbox"/>		
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/> STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48 <input type="checkbox"/>		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/> STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48 <input type="checkbox"/>		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/> STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	STATES # DAYS # VEH			
OTHER			OTHER: COVERAGE IS: PRIMARY SECONDARY			
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) 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	

ACORD 137 MA (2008/04)

PLEASE COMPLETE REVERSE SIDE

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Submitted Date 12-22-2016

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE					
BODILY INJURY LIABILITY	61	BI EACH PERSON \$	COVERAGES	62	LIMITS	DEDUCTIBLE		
	62	BI EACH ACCIDENT \$		63				
	63			64				
	64							
COMPULSORY PERSONAL INJURY PROTECTION	66	PER PERSON \$	COVERAGES	62	LIMITS	DEDUCTIBLE		
	67	YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		63				
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	EACH ACCIDENT \$	COVERAGES	62	LIMITS	DEDUCTIBLE		
	62			63				
	63			64				
OPTIONAL MEDICAL PAYMENTS	62	EACH PERSON \$	COVERAGES	62	LIMITS	DEDUCTIBLE		
	63			63				
COMPULSORY UNINSURED MOTORIST	62	CSL <input type="checkbox"/> EA PER \$	COVERAGES	62	LIMITS	DEDUCTIBLE		
	63	BI EACH ACCIDENT \$		63				
	64	PROPERTY DAMAGE \$		64				
OPTIONAL BODILY INJURY TO OTHERS	61	CSL <input type="checkbox"/> EA PER \$	COVERAGES	62	LIMITS	DEDUCTIBLE		
	62	BI EACH ACCIDENT \$		63				
	63	MOTORCYCLE GUEST OCCUPANT EXCLUSION		64				
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS	COVERAGES	69	LIMITS	DEDUCTIBLE		
NO STATES	\$			70				
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS	COVERAGES	69	LIMITS	DEDUCTIBLE		
NO STATES	\$			70				
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	COVERAGES	69	LIMITS	DEDUCTIBLE		
	NO STATES	NUMBER OF		70				
		EMPLOYEES						
		VOLUNTEERS						
		PARTNERS						
OTHER			OTHER	COVERAGE IS:	PRIMARY	SECONDARY		

COVERED AUTO SYMBOLS  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED AUTOS ONLY

**ENDORSEMENTS**

*(This area is currently blank in the image)*

**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 under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of engaging 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.

**I 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 WRITING.**

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------



Submitted Date 12-22-2016

**Name and Address**  
VE IMPROVEMENT INC

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations .**

Address	:
Limit	:
Coverage Options	:
Collision Deductible	:
ORC Type	: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1





Date Last Updated: 12/22/2016

**Workers' Compensation Proof of Coverage - Employer Details**

Search Name: VH IMPROVEMENT  
 Employer: VH IMPROVEMENT INC.  
 Address:  
 City/Town:

Back To Results Page 1 of 1

Policy Number	Insurer	Policy Term
[REDACTED]	TRAVELERS PROPERTY CAS CO OF AM 2420 LAKEMONT AVE STE 200 ORLANDO, FL 32814	11/18/2016 11/18/2017
[REDACTED]	TRAVELERS PROPERTY CAS CO OF AM 2420 LAKEMONT AVE STE 200 ORLANDO, FL 32814	12/02/2016 05/14/2016
[REDACTED]	TRAVELERS PROPERTY CAS CO OF AM PO BOX 3666 ORLANDO, FL 32802	05/16/2014 03/16/2014

Back To Results

**Limitations of Search Results**

This Proof of Coverage Application allows the public to search workers' compensation insurance coverage information for policies in the Voluntary Market and Assigned Risk Pool. Do not assume that an employer is operating without coverage if your search results do not return policy information. An employer may still have a valid workers' compensation policy under a different business name or may have an alternate method of coverage which includes licensing as a self insurer or membership in a self insurance group. Use the following links to view listings of Self-Insured Employers and Self-Insurance Groups (Excel) in Massachusetts.

With limited exceptions, every employer in the Commonwealth with one or more employees is required by law to have a valid workers' compensation insurance policy at all times. If you are unable to find an employer or suspect an employer is wrongfully operating without workers' compensation insurance, please submit a Workers' Compensation Investigation Referral Form or contact the Office of Investigations at 617-727-4900 x214 or toll free at 1-877-MASSAFE (627-7233).

**Navigation Links**

POC Disclaimer  
 New POC Search

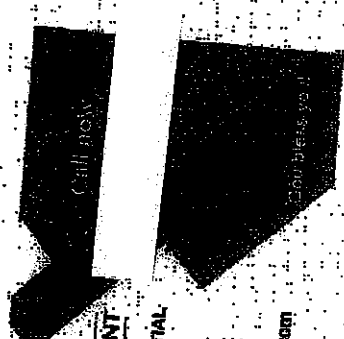



**Education Links**

Who Needs WC Insurance?  
 Employer's Guide to WC  
 Employer's FAQs About WC  
 Injured Worker's Guide to WC  
 Injured Worker's FAQs About WC

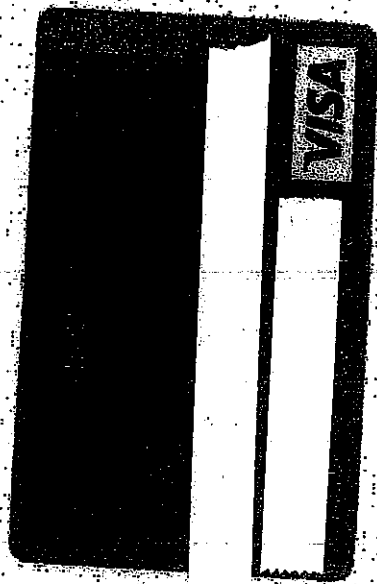
**Related Links**

Experience Rating History  
 Connecticut POC Search  
 New Hampshire Workers Comp  
 New York POC Search  
 Classification Request Form



 **VITEC IMPROVEMENT**  
COMMERCIAL & RESIDENTIAL  
FULLY INSURED

[vitecimprovement@gmail.com](mailto:vitecimprovement@gmail.com)



# Exhibit 3

## Chun Restaurant Maintenance

Arbella Insurance Group  
Claim No. 1020051455

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Q. All right. This is Ed Spellman, and I'm speaking with Roberto Escalante

Chun from

Today's

date is January 24, 2017, and the time is now approximately 12:45 p.m.

Roberto, this conversation is being recorded. Is this being done with your permission, sir?

A. Yes.

Q. And also present is Roberto's wife, Mirna Chavez Escalante. Mirna, this conversation is being recorded. Is this being done with your permission, Miss?

MS. ESCALANTE: Yes.

Q. Thank you. Roberto, what's your date of birth, sir?

A.

Q. And do you live here at

?

A. Yes, I am.

Q. And do you live here with your wife, Mirna?

A. Yes.

Q. And do you have a Massachusetts driver's license?

A. Yes.

Q. Do you know approximately how long you've had that license?

A. Two years.

Q. And, Mirna, do you live here at

?

MS. ESCALANTE: Yes.

Q. And do you have a Massachusetts driver's license?

MS. ESCALANTE: Yes.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020051455

Q. And what is your date of birth?

MS. ESCALANTE:

Q.

MS. ESCALANTE: Yes.

Q. And do you know how long you've had the Massachusetts driver's?

MS. ESCALANTE: Around one year and a half.

Q. Okay. And just to be clear -- I will start with you, Roberto -- is your primary language Spanish?

A. Yes.

Q. Okay. But I've offered you the use of a Spanish interpreter, and you've elected to continue in English?

A. Yeah. That's fine.

Q. Okay. And, Mirna, is your primary language Spanish?

MS. ESCALANTE: Yes.

Q. Okay. And is it okay if I continue the same as Roberto, if I continue this conversation in English? I can get an interpreter if we need to, but I understand you perfectly.

MS. ESCALANTE: Yes.

Q. Okay.

MR. HART: If you feel the question -- we will get an interpreter. If there is a certain question you don't understand --

Q. If you don't understand anything I ask, just tell me. I can get an interpreter or, you know, what have you at any moment. Okay?

MS. ESCALANTE: Okay.

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Claim No. 1020051455

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Q. Okay. Roberto, are you currently employed?

A. Yes.

Q. Okay. What do you do for work, sir?

A. I cook at [REDACTED] in Gloucester, Massachusetts.

Q. And how long have you been working there?

A. I work for that company seven years.

Q. Okay. So at the time you took out this policy originally for your RAV4 -- the date on this application says January 27, 2016 -- were you working for [REDACTED] in Gloucester?

A. Yes.

Q. Okay. It says here you're a business as a restaurant cleaner as Chun Restaurant Maintenance. Is that accurate?

A. I have no business.

Q. Okay. Have you ever had a business on your own?

A. Nope.

Q. Okay. Mirna, are you employed, Miss?

MS. ESCALANTE: Yes.

Q. Okay. What do you do for work?

MS. ESCALANTE: I work in a gas station.

Q. And how long have you worked at that gas station?

MS. ESCALANTE: A year and a half.

Q. Okay. And have you ever worked as a restaurant cleaner?

MS. ESCALANTE: No.

Q. Okay. Roberto, do you remember where you purchased this Toyota RAV4

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Arbella Insurance Group  
Claim No. 1020051455

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from, where you bought it?

A. John's Auto Sales.

Q. And where is that located?

A. In Somerville.

Q. And would that have been about January of 2016 when you bought that car,  
last January?

A. Last January, yeah.

Q. So about a year ago?

A. Yes.

Q. Does that sound right?

A. Yeah.

Q. When you went there, what did you tell them? Did you tell them that you  
had a business or you were looking to get business insurance or a vehicle  
for your business? Did you tell them anything like that?

A. No. Nothing.

Q. What did you say? How did you get to John's?

A. We were looking on the -- for dealers to buy a car, and we find this  
dealer and then that's where we bought.

Q. Okay. And did you have to go to an insurance agent to get insurance for  
that car?

A. No. They said that they were going to have everything set up for us.

Q. Okay. When you got everything set up, did you pay the dealer for the  
insurance and everything?

A. Yes. We did pay all the money there and they take care of everything.

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Arbella Insurance Group  
Claim No. 1020051455

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Q. Okay. Did you have to go to the insurance agent and sign paperwork or anything like that or was everything done at the dealer?

A. Everything was done.

Q. Okay. At the dealership?

A. Yes.

Q. Okay. When -- I have here a renewal application dated January 4, 2017.

I'm going to show this to you. It's addressed to you here. This was faxed to us from the Point Insurance Agency. It says is the number on Wednesday, January 4th, 133419, 2017 is the time. Have you seen this before other than me bringing it with me today and showing you?

A. That's where I find out I cannot insure it anymore with Arbella, but the person who was there didn't explain to me about that paper.

Q. Okay. It says here, Provide a detailed description of your business. It says, Restaurant maintenance. Did you write that?

A. No.

Q. Okay. You don't have a business. Correct?

A. I don't have a business.

Q. It says, How do you use your vehicle in business? It says, Service. Did you write that?

A. No.

Q. Your vehicle, is it just used for personal use, to get to and from work and, you know, personal?

A. Just to go to work.

Q. Okay. And, you know, an errand on the weekend or something?

Linda A. Fowler

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A. Yeah.

Q. Okay. Do you have your own business? Someone had circled, Yes, with a Y indicating yes. Did you do that?

A. No. I don't have a business.

Q. Okay. It says, Do you work for others? You circled, Yes.

A. No. I didn't circle anything.

Q. Okay. And it lists that you have one full-time employee in this business, but you don't have any employees. Is that correct?

A. No. I don't have employees.

Q. Okay. All right. Now, down here there is a signature.

A. I did sign. I did sign it there, but she didn't explain to me --

Q. Okay. This would have been you signed this January 4th of this year, 2017, a couple weeks ago?

A. Yes. I went to Lowell.

Q. Okay. So you went to Lowell?

A. Yeah.

Q. Why did you go to Lowell when you live in ?

A. Because that's where when I insured the second vehicle, that's where I went.

Q. Okay.

A. Yeah.

Q. When you say a second vehicle, is that the Honda van?

A. That's the Honda.

Q. The Honda Odyssey?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020051455

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A. Yes.

Q. Okay. When did you insure the Honda Odyssey?

A. It was, like, a month or two weeks later after I got the RAV4.

Q. Okay. When you got the RAV4, you said the dealer took care of everything for you?

A. Yeah. When I went for the RAV4 they take care of everything, so I just went to pick up the vehicle with the plates on it and everything.

Q. Okay. When you did that, did they give you the location of your insurance agent and the name? Is that why you went to Lowell?

A. Yeah. They send me over there.

Q. Okay. Who was it at the time? On one of these it says Point Insurance on the renewal, but it says Rapo & Jepsen on the original application.

Do you know if those are different or if they are the same?

A. From Lowell they send me to Revere.

Q. Okay. When you say Revere, is that the place --

A. That's the Point Insurance.

Q. Okay. When you -- so here's my question. When you went to -- when you went to Lowell to add the Honda Odyssey, the van, that was maybe a month or two after you got the RAV4?

A. Yes.

Q. Okay. So you go in there. Any issue or anything at that time? Did they tell you that you have a business? Did they tell you that you have a commercial policy? Did they tell you any of that?

A. No. The only thing they told me was, like, they adding the Honda to the,

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Arbella Insurance Group  
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to the same policy, and that's it.

Q. Okay. Did they tell you at that time that you didn't have to go to Lowell, that they had another office?

A. Last year they didn't tell me that, but when I went this year they told me they have another office in Revere.

Q. In Revere?

A. Yeah.

Q. Okay.

A. Yeah.

Q. So when you went to Lowell this year, what made you go to the insurance company in Lowell this year?

A. What led me to go there was because my insurance was going to be over, and I tried to go to renew it, the policy.

Q. Did you get a letter from Arbella saying that we weren't going to renew your policy?

A. Yes. I got the letter saying they can't renew the insurance again because I think they asking me for some stuff from my business, but I don't have a business so I don't have anything to prove.

Q. Okay. So just to be clear, you got a letter from Arbella asking you for proof of a business?

A. Yes.

Q. Okay. And you said I don't have a business?

A. Yeah.

Q. Okay. And that's what made you go to the agent to try and figure out

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what was going on. Is that right?

A. Yes. Yes.

Q. Okay. I just want to make sure I understand.

A. Yup. Yup.

Q. When you do that, do you go to Lowell first?

A. I went to Lowell first.

Q. Okay.

A. And they send me to Revere.

Q. What did they tell you when you went to Lowell? Did you tell them you didn't have a business or --

A. Yeah. I told him and they was, like, you don't have to come out here to Lowell, go to Revere, it's closer for you, and then when I went there so I ask for the same thing.

Q. When you went where? To Revere?

A. Yeah.

Q. Now, when you say Revere, is that the place that's next to the Dunkin Donuts and near --

A. Yes.

Q. -- the motorcycle shop?

A. Yup. Yes.

Q. All right. Is it possible that may actually be in Everett?

A. Oh, Everett?

Q. I'm asking. I don't know. It's definitely the one right next to the Dunkin Donuts?

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A. Yeah.

Q. On Route 16?

A. Yes, on Route 16.

Q. Okay. We are talking about --

A. Yeah.

Q. I think it might be in Everett, but I just want to make sure we are talking about the same place.

A. Yeah. The same, yeah.

Q. Okay. So you go to the one in Revere or Everett. And what do you tell them?

A. I said, The person from Lowell send me over here and I'm trying to renew my insurance again. Then they was, like, oh, we cannot do that for you anymore because you have a commercial insurance, and I was, like, so how come we cannot do that? They was, like, you have to show the tax, tax numbers or something like that. I said, I don't have it. So they told me, If you like it, we can do it for you but we can do some tax number for you and then if you want to do it we can do it for you here.

Q. Did they offer to charge you to do that for you?

A. 450.

Q. \$450?

A. Yes.

Q. Did you tell them that you don't have a business?

A. I told them I don't have a business.

Q. Okay. After knowing that, after you told them that you don't have a

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business, did they then offer you to get a tax number for \$450 and make a business?

A. Yeah.

Q. Did you tell them that you had a driver's license?

A. I told them I have a driver's license.

Q. Was it before or after telling them you had a driver's license did they offer to make you a new business?

A. They saw my driver's license first.

Q. Okay. Why didn't you have them make a new business?

A. Like, what do you mean new business?

Q. Did you want to stay with Arbella?

A. I want to stay with Arbella because I didn't have any problem with them.

Q. Right. Okay. And then when they offered to make you a new business, what did you tell them?

A. I said -- I said -- I asked them if that thing is not going to affect me to my taxes. They said, No, nothing is going to affect you because your business is not running.

Q. Okay.

A. So they said, You are not going to have any problem because they can't prove you have a business.

Q. When they said they can't prove you have a business, were they referring to Arbella?

A. So that's why I said because they was -- they said I need to have \$2,000 to start again with the insurance, and I didn't have the money.

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Claim No. 1020051455

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Q. So they were just going to make a new one for you?

A. Yeah.

Q. But you said no to that. Correct?

A. Yeah, because I didn't have all of the money and imagine, \$2,000 plus the 450. I need to have, like, 2,500.

Q. Right.

A. You know.

Q. Okay. Do you know who you met with when you went to that location, who you spoke with?

A. I think it was a lady, but I don't remember very well because I was, like, so frustrated and, like, yeah.

Q. Now, was that the -- that was the Point location you went to?

A. Yes.

Q. Next to the Dunkin Donuts?

A. Yeah.

Q. When you went there after you told them that you don't have the money to do a business, not the business that you had originally but the one they offered to set up for you and you told them no, what did they tell you after that?

A. They didn't say anything. They said, Oh, it's okay.

Q. Did they tell you we can get you a personal policy or anything like that?

A. Yeah. They say we can get you a personal policy but they said it's going to be expensive because, like, it's totally different, and I was, like, it doesn't make sense, like, I already had one year insurance here and,

Linda A. Fowler

Arbella Insurance Group  
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like, you guys are trying to make me confused.

Q. Okay.

A. Yeah.

Q. Now, that year of insurance that you had, did you know that you had insurance as a business?

A. Well, I find out when they send me the letter.

Q. Okay. When we sent you the letter asking --

A. Yeah.

Q. -- for proof of your business?

A. Yeah.

Q. All right. And when you say when they sent you the letter, it came from Arbella?

A. Yeah.

Q. So what did you do? I'm assuming you didn't create a new business with a different tax number.

A. No. No. No.

Q. So you left Point that day and what did you do? Did you try to go to a different insurance?

A. I went to a different insurance.

Q. Where did you go?

A. I went to David Zeller on the

Q. And what did they tell you there?

A. They told me why they do that to you and, like, they tried to help me.

Q. Okay. And how did they try and help you? Did they -- what did they do

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Arbella Insurance Group  
Claim No. 1020051455

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for you?

A. Explaining to me how they find the number for the business.

Q. The tax number?

A. Yeah.

Q. Okay. And did they give you anything? I saw in your paperwork earlier -- did they print out an article from the internet for you?

A. Yeah. Yeah.

Q. Did they explain what that article said?

A. And then they told me, When you go to registry, show them.

Q. Show them what? The article?

A. Yeah.

Q. Okay.

A. Because that way she says maybe you can -- they can help out with reduce the taxes because you got scammed.

Q. Okay. So the agent over at David Zeller's when you went there to fix the problem, their opinion was that you got scammed by the agency, whether it be Rapo & Jepsen or Point?

A. Yeah, because they cannot believe it the way the titles are.

Q. All right. The titles are in the name of the business. Right?

A. Yeah.

Q. Okay. Now, when you go to the -- did you try to go to the registry to fix this problem like they suggested?

A. Yes.

Q. What happened there? What registry did you go to?

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Claim No. 1020051455

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A. What's that? Revere?

Q. Yup.

A. Yeah.

Q. So you go to the registry in Revere. And what do you tell them?

A. They said that they are going to investigate on the titles.

Q. Okay.

A. And then they want to call me back.

Q. Okay. So did you try to transfer a title from this business, Chun Restaurant Maintenance, to you individually?

A. Yeah.

Q. And the registry wouldn't let you do it?

A. Yes.

Q. Okay. Yes, they did let you do it, or no, they wouldn't?

A. They didn't do it because they said that's the first time they see it or this stuff happening like that.

Q. Did you show them the article that Zeller's gave you?

A. Yeah. Yeah.

Q. What did you have to do after -- so do you have a loan on this RAV4?

A. Yes.

Q. Who is the loan with?

A. First Help Financial.

Q. Okay. And did you have to go there to them to try and fix a problem with your policy or with your vehicle title?

A. Well, the only thing that they told me to go to do there is sign the

Linda A. Fowler

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title and then they take care of everything else.

Q. Okay. So you went to the bank when? Today?

A. Today.

Q. Okay.

A. Yeah.

Q. When you went there, did they charge you? Did you give them any money for anything?

A. I gave them three money orders.

Q. Okay. And do you have copies of those with you?

A. Yes.

Q. Can I see them? Did they tell you what these money orders were for?

A. Actually, one is for the taxes and the other one is for the title, I think so, and the other one is for --

Q. 50 will probably be for the title. So there is three money orders that you are showing me for January 24, 2017. One is for \$693, one is for \$50, and one is for \$135. None of them are made out to anybody or signed. Is that -- why is that?

A. Because they told me to leave it like that.

Q. They told you to leave it open like that?

A. Yes.

Q. Did you ask them why?

A. They say they will take care of that.

Q. Okay.

MS. ESCALANTE: (Inaudible)

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020051455

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A. Yeah. I think this is for taxes.

Q. Now, when you say taxes, is that excise tax on the vehicle or is that --

A. Yeah. Yeah.

MS. ESCALANTE: I go to get my son.

MR. HART: Okay.

Q. Okay. That's okay. One second. Let the record indicate that Mirna has to go and pick up her son. Mirna, up to this point has this portion of the statement been recorded with your permission? Did I have your permission to record?

MS. ESCALANTE: Yes.

Q. Okay. And was all of the answers you gave me true to the best of your knowledge?

MS. ESCALANTE: Yes.

Q. Okay. Thank you. I just wanted to get that on the record before you left.

MS. ESCALANTE: All right. Thank you.

Q. Thank you. Excuse me. And let the record indicate that she has now left the room. So did they explain -- so the 693 was for excise tax?

A. Yeah. That's what -- that's what I have to pay again for the taxes for the car.

Q. Okay.

A. I think it's right there.

Q. Yeah. Because -- oh, perfect. Okay. So the 135 is 60 for the plates, 75 for the title. And then a \$50 fee. Who wrote on this?

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Claim No. 1020051455

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A. That's from the --

Q. The people at the bank?

A. No, the insurance.

Q. The agent?

A. Yeah. They told me to have the money ready.

Q. Okay.

MR. HART: The insurance? Zeller?

A. Yeah.

MR. HART: David Zeller?

A. Yeah.

Q. For the RAV4. Right?

A. Yeah.

Q. Okay. Let's see. And then what is this, a quote they gave you for Progressive?

A. Yeah.

Q. But you didn't end up going with Progressive?

A. Yeah.

Q. You did?

A. I'm going to.

Q. You are going with Progressive?

A. Yeah. Because after, like, running around, like --

Q. Right.

A. -- nothing has been fixed.

Q. So it was your intention to take it out of this business d/b/a and put it

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Claim No. 1020051455

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in your own name?

A. Yeah, but I was, like, what I'm saying is I don't have a business so.

Q. Right. Why would you insure it in a business name?

A. Because they do it like that.

Q. You had no knowledge of that, though. Correct?

A. No.

Q. You never asked for that?

A. I didn't -- I've been a cook for 17 years. Yeah.

Q. Okay. All right. So when you go back to Point now, is it different than when you went originally? Originally you went to this Rapo & Jepsen Insurance.

A. Yeah.

Q. When you go back to that place next to the Dunkin Donuts on Route 16, is it different? Is it the same people? The same? Like, do you --

A. I think it's the same people because one day I went to Lowell and it's the same person and they send me to the closest agency.

Q. Did you ask them why with the name change or why did they change the name?

A. I asked them and they said, oh, it's the same thing.

Q. They said it was the same thing?

A. Yeah.

Q. Where did you ask them that? Was it at Lowell or --

A. Lowell.

Q. Okay. And they told you it was the same thing?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020051455

- A. Yeah. She's, like, go to the Revere, it's closer for you, same thing.
- Q. Okay. And when you say Revere, that's the one on Route 16?
- A. Yeah.
- Q. Okay. Is there anything you want to add on your own, Roberto?
- A. Just make sure they don't do that same thing to other people, you know, because, like, it's something, like, everybody trying to work hard in this country and doing the things in the right way needs to be, and if Arbella some day give me the chance to come back to the insurance --
- Q. Okay.
- A. -- I come back.
- Q. Okay. Now, when you -- when you had this policy originally, do you remember how much they charged you?
- A. All the money, I pay it to the dealer.
- Q. Okay. Do you remember how much it was?
- A. I give them 3,000 on money orders.
- Q. Okay.
- A. Yeah.
- Q. All right. And when you went back in January of this year because we had nonrenewed your policy looking for proof of your business --
- A. Yeah.
- Q. -- did you have to give them any more money?
- A. No. No. I didn't give them money this time.
- Q. Okay. But they said for \$450 they could get you a new policy?
- A. Yeah, on the second one here on Route 16.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020051455

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Q. Okay. And when they did that, it was clear that they were going to set you up a new IRS number and a new business?

A. Yes.

Q. Okay. And you refused?

A. I refused and I said no because I was thinking on how much it's going to affect me on my taxes and, being honest with you, I don't have a business and, like, I have nothing to show IRS.

Q. Okay. So you don't have a business and you don't want to do it is pretty much what it comes down to?

A. Yeah.

Q. Okay. All right. Did you understand all of the questions that I asked you today?

A. I did, yes.

Q. Were all of your answers true to the best of your knowledge?

A. Yes.

Q. Okay. And was this conversation recorded with your permission?

A. Yes.

Q. Okay. And just to be clear, I did offer the use of a Spanish interpreter, but you elected to proceed in English?

A. Yeah. That's fine.

Q. Was that an issue? Did you understand all of my questions?

A. I did understand it all.

Q. And I understood you perfectly, so I just want to make sure we are clear on that. Okay. And, again, this was recorded with your permission,

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020051455

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Roberto?

A. Yes.

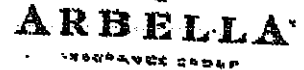
Q. And with your permission I will end the recording at this time.

A. Sure.

Linda A. Fowler

Arbella Insurance Group  
P.O. Box 699174  
Quincy, MA 02269-99174

Renewed



To: SIU

NO proof of Biz

ROBERTO ESCALANTE-CHUN  
DBA: CHUN RESTAURANT MAINTENANCE  
LYNN, MA 01902

Agent: 460154  
Policy Number: [REDACTED]  
Expiration Date: 01/27/2017

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed.

Provide a detailed description of your business:

Restaurant Maintenance Service

How is your vehicle used in business?

Do you have your own business? Y OR N

Do you work for others? Y OR N If yes please provide:

Employer Name: MA

Address: MA

Phone: MA

If you have your own business, what is the address for your principal place of business?

Lynn MA 01902

If the ganging of your vehicle is different, please explain:

Same as above

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have? 1 Full-time  Part-time

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

ROBERTO C ESCALANTE-CHUN

Provide legible color copies of all licenses of operators of the insured vehicle.

Files are attached with original APP  
Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury

Insured Signature: [Signature]

Print Name: Roberto Carlos Escalante Chun

Agent Signature: \_\_\_\_\_

Date: 1-4-17

Date: \_\_\_\_\_

26 AP 1110 08 16

01/04/2017 3:36PM (GMT-05:00)

5 JAN 17 10:33





Date of this notice: 01-25-2016

Employer Identification Number:

Form: 99-4

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.

ROBERTO ESCALANTE-CHUJ

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. 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](http://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 ESCA. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.





From Point Insurance 1.978.275.0589 Wed Jan 4 13:34:19 2017 MST Page 3 of 4

(IRS USE ONLY) 575G

01-25-2016 ESCA C 999999999 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

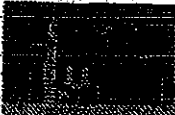
Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-25-2016  
EMPLOYER IDENTIFICATION NUMBER:  
PCPN: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45266-0023  
[Barcode]

ROBERTO ESCALANTE-CHIN

01/04/2017 3:36PM (GMT-05:00)





home applications overview

Enter Home/URI

AVC Registry Access

01/04/2017 10:04 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGRA068  
REGISTRATION/TITLE INQUIRY

FUNCTION: **RI** MSG: INQUIRY PROCESS COMPLETE.

PLT TYP: **PAN** REG#: **7EVL90** CLR: **R** VIN#: **2T3DF4D77A0076261** TTL#: **80863466** -E

LIC #1 :  LIC #2 :  FID#:

LESSEE :  
OWNER1 NAME :  
OWNER2 NAME :  
CORP/CO NAME: **ROBERTO ESCALANTE CHUN**  
MAIL ADDR  
BLDG/APT  
RESID ADDR  
BLDG/APT :

REG STATUS-DT: **ACTV/** - 01/28/2016  
LIFE PD: N STKR#-DT: 171298650 - 02/08/2016 INSP RSLT: P REG EXP DT: 10/2017  
2010 TOYOTA RAV4 MODEL#: 4452 STYLE: WAGON CLR: WHITE /  
CYL: 4 PASS: 5 ODOBS : 4 TRAN : A PWR: G BUS: SEATS: WGT:  
TTL STATUS-DT: **ACTV** - 02/12/2016 TTL DT: 01/28/2016 PRINT DT:  
PURCH DT: 01/25/2016 CD: 0099697 N/U: U PREV TTL ST/#: MA BMS60657  
TTL TYPE: C BRAND: REASON CD: TTL RTN ST:  
LIEN1 TYPE/CD: C / 36841 NAME: **FIRST HELP FINANCIAL LLC**  
LIEN2 TYPE/CD: / NAME:  
INS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 01/28/2016 NONPROF: N VALUE:  
PLT ORDER STATUS/DY: - LAST-NEXT BILL: 02/2016 - 01/2017

REG ONLY MAIL: N  
ZIP:  
PACKAGE:

# Exhibit 4

## Pilar Obergon

**ARBELLA**  
SUBMISSION CONFIRMATION

**General Information**

Policy #:

Status:

*PH* [Redacted]  
*B# 61205520H*

**Agency Information**

Agency Name: **RAPO & JEPSEN INS SERVICES INC**  
 Producer Code: **0154**

**AMP**  
JAN 13 2016

**Submission Summary**

Reference #: **CA-NB-58117**  
 Applicant Name: **PILAR OBREGON**  
 Policy Term: **01-13-2016 to 01-13-2017**  
 Agency Customer ID:  
 Date Submitted: **01/13/2016**

**Prior Carrier Information**

Applicants Prior Carrier: **No Prior Carrier for this Applicant**

**Estimated Premium**

Total Policy Premium: \$1,337  To review with an underwriter contact Commercial Auto team at 1-817-788-3880

*Paw 3DP451*

**AMP**  
JAN 14 2016

*at NOT REG.*  
 *UPH. N/A*  
 *WIP*  
 *ISSUE*

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

Amount: \$280.00

Payment Mailing Address: Arbella Insurance Group  
P.O. Box 85382  
Boston, MA 02205-5382

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

**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 



Submitted Date 01-13-2016  
**COMMERCIAL INSURANCE APPLICATION**

**APPLICANT INFORMATION SECTION**

<b>AGENCY</b> RAPO & JEPSEN INS SERVICES INC 724 CHELMSFORD ST LOWELL, MA 01851 daniel.delima		<b>CARRIER</b> NAIC CODE: _____ UNDERWRITER: _____ UNDERWRITER OFF: _____	DATE (MM/DD/YYYY) 01-13-2016
<b>PHONE (A/C No. Excl):</b> (A/C No.) <b>FAX (A/C No.):</b> (A/C No.) <b>E-MAIL ADDRESS:</b> daniel@rapoandjepsen.com <b>CODE:</b> _____ <b>SUB CODE:</b> 0154		<b>INDICATE SECTIONS ATTACHED</b> PROPERTY _____ GLASS AND SIGN _____ ACCOUNTS RECEIVABLE/ VALUABLE PAPERS _____ CRIME/MISCELLANEOUS CRIME _____ TRANSPORTATION/ MOTOR TRUCK CARGO _____	<b>POLICIES OR PROGRAM REQUESTED</b> CAR - Arbella (ceded)
<b>AGENCY CUSTOMER ID:</b> _____		<b>EQUIPMENT FLOATER</b> INSTALLATION/BUILDERS RISK _____ ELECTRONIC DATA PROC _____ COMMERCIAL GENERAL LIABILITY _____ BUSINESS AUTO _____ TRUCKERS/MOTOR CARRIER _____	<b>POLICY NUMBER</b> GARAGE AND DEALERS _____ VEHICLE SCHEDULE _____ BOILER & MACHINERY _____ WORKERS COMPENSATION _____ UMBRELLA _____

**STATUS OF TRANSACTION**

**PACKAGE POLICY INFORMATION**

<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY DATE: _____ TIME: _____ <input type="checkbox"/> RENEW AM _____ PM _____	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
<input type="checkbox"/> PROPOSED EFF DATE: 01-13-2016 <input type="checkbox"/> PROPOSED EXP DATE: 01-13-2017	<input checked="" type="checkbox"/> BILLING PLAN: DIRECT BILL <input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> PAYMENT PLAN: _____	<input type="checkbox"/> AUDIT: No Audit	<input type="checkbox"/>

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds): **PILAR OBREGON**  
 DBA: **PILAR CATERING**

MAILING ADDRESS (incl ZIP+4) (of First Named Insured): \_\_\_\_\_

PHONE (A/C No. Excl): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

INDIVIDUAL  
 PARTNERSHIP  
 CORPORATION  
 JOINT VENTURE  
 SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG  
 LLC  
 NO OF MEMBERS AND MANAGERS: \_\_\_\_\_  
 CR BUREAU NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_  
 DATE BUS STARTED: 2015

INSPECTION CONTACT: \_\_\_\_\_ ACCOUNTING RECORDS CONTACT: **PILAR OBREGON**

PHONE (A/C No. Excl): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ PHONE (A/C No. Excl): \_\_\_\_\_ MAIL ADDRESS: \_\_\_\_\_

**PREMISES INFORMATION**

LOC #	BLDG	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NO PRIOR SUBMISSIONS FOUND  
 PREVIOUSLY SUBMITTED ON \_\_\_\_\_ BY \_\_\_\_\_

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

**CATERING SERVICES**

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>	6. DURING THE LAST FIVE YEARS (TEN IN FL), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In FL, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	8. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 6 YEARS?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PRODUCER'S SIGNATURE: \_\_\_\_\_ NATIONAL PRODUCER NUMBER: \_\_\_\_\_

Submitted Date: 8-2016

**Name and Address**  
PILAR OREGON

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Underwriting review

**PAYMENT PLAN :**

Billing Method : Direct Bill - Mail-in Check

**Down Payment Information**

Down Payment Type: Electronic Payment  
Down Payment Amount: \$280.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : PILAR OREGON APP.pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

End of Document

Award Additional Info (2004/08)

OverflowPageNumber : 1



# ACORD BUSINESS AUTO SECTION

Submitted Date 01-13-2016

DATE (MM/DD/YYYY)  
 01-13-2016

**AGENCY** PHONE: ( ) ( ) ( ) ( ) ( ) ( )  
 FAX: ( ) ( ) ( ) ( ) ( ) ( )  
 LBS. No:

**RAPO. & JEPSEN INS SERVICES INC**  
 724 CHELMSFORD ST  
 LOWELL, MA 01851  
 Daniel Delima

**CODE:** SUB CODE: 0154

**AGENCY CUSTOMER ID:**

**APPLICANT** PILAR OBRAGON  
 (First Named Insured)

**EFFECTIVE DATE** 01-13-2016    **EXPIRATION DATE** 01-13-2017     **DIRECT BILL**    **PAYMENT PLAN**  
 **AGENCY BILL**    **AIRBIT**  
 No Audit

**FOR COMPANY USE ONLY**

**COVERAGES/LIMITS**

**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION**

**ACORD 163 attached for additional drivers**

DRIVER #	NAME (include address, if required)	SEX	STAT	DATE OF BIRTH	YRS EXP	YEAR LG	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER	STATE LG	DATE HIRED	INCLUDED AS EMPLOYEE?	DOC	USE VEH #	% USE
1	PILAR OBRAGON											NO		

**GENERAL INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

QUESTION	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENDUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		X	8. ANY HOLD HARMLESS AGREEMENTS?		X
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		X	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		X
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		X	10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		X
4. ARE ANY VEHICLES LEASED TO OTHERS?		X	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		X
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		X	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		X
6. ARE ANY ICC, PUC OR OTHER FILINGS REQUIRED?		X	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		X
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		X	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		X
DESCRIPTION OF GARAGE/STORAGE LOCATIONS		X	15. HAS AGENT INSPECTED VEHICLES?		X

MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**    **ACORD 45 attached for additional names**

<b>INTEREST</b>	<b>RANK:</b>	<b>NAME AND ADDRESS</b>	<b>REFERENCE #:</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST IN ITEM NUMBER</b>
<input type="checkbox"/> ADDITIONAL INSURED		ROCKLAND FEDERAL CREDIT UNION			VEHICLE: 0001 (2NDFGL2868E580605)
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input checked="" type="checkbox"/> LIENHOLDER					OTHER:
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
<b>ITEM DESCRIPTION:</b>					

**REMARKS**

**Name and Address**  
PILAR OBREGON

Submitted Date 03-2016

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : PILAR OBREGON  
SDIF : 05

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C. : NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Type : EAN  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor : 100  
Anti-Theft Device : 154  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document

Record Additional Info (2004/08)

OverflowPageNumber : 1



**MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION**

Submitted Date 01-13-2016

AGENCY  
**RAPO & JEPSEN INS SERVICES INC**

APPLICANT (First Named Insured)  
**PILAR OREGON**

DATE (MM/DD/YYYY)  
**01-13-2016**

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 9 2 X 7 3 8	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 <input checked="" type="checkbox"/> BI EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	6 X 7	PER PERSON \$ 8000 DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 9 2 4 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 6 3 X 7	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 6 3 X 7 4	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 3 8	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE		
OPTIONAL NON-OWNED LIABILITY	NO STATES	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	STATES #DAYS #VEH	COVERAGE/DEDUCTIBLE COMP \$ SPEC COFL \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERED AUTO SYMBOLS	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	COVERAGES IS: PRIMARY SECONDARY

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
BODILY INJURY LIABILITY	41 45 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMPULSORY PERSONAL INJURY PROTECTION	45 46	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL COMPREHENSIVE	42 46 43 47	\$	
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 45 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
OPTIONAL MEDICAL PAYMENTS	42 45	EACH PERSON \$	OPTIONAL COLLISION	42 46 43 47	\$	
COMPULSORY UNINSURED MOTORIST	42 45 43	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	46	\$	
OPTIONAL BODILY INJURY TO OTHERS	41 45 42 47 43 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	TRAILER INTERCHANGE			
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COVERAGES	SYMBOL	# TRAILERS (PART ZONE)	# DAYS RADUS DEDUCTIBLE
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	46		
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL SPECIFIED CAUSES OF LOSS	46		
OTHER			OPTIONAL COLLISION	46		\$
			STATES #DAYS #VEH	OPTIONAL HIRED PHYSICAL DAMAGE		
			COVERAGES IS: PRIMARY SECONDARY			
COVERED AUTO SYMBOLS			OTHER			
(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY		(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) 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	

ACORD 137 MA (2006/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1996-2005

Submitted Date 03-2016

**Name and Address**  
PILAR OSREGON

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address :  
Limit :  
Coverage Options :  
Collision Deductible :  
OC Type : Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

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

Date of this notice: 01-11-2016

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

PILAR OBRIZON

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 [REDACTED]. 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](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TDD) or 1-800-829-4059 (TDD) 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 OBRIZON. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Arbella Insurance Group  
Claim No. 1020061996

1

Q. All right. This is Ed Spellman, and I'm speaking with Pilar Obergon from [REDACTED] Massachusetts. Today's date is January 14, 2017, and the time is now approximately 9:30 a.m. Pilar, this conversation is being recorded. Is this being done with your permission, sir?

A. Yes.

Q. Okay. And for the purposes of this statement we will be utilizing Edwin, Interpreter Number 6630297, as a Spanish interpreter, as Mr. Obergon's primary language is Spanish. Pilar, what's your date of birth, sir?

A. )

Q. And do you have a driver's license, sir?

A. Yes.

Q. And what state or country is that from?

A. Massachusetts.

Q. Oh, okay. Let the record show -- let the record show that Pilar has handed me his Massachusetts driver's license, Massachusetts Driver's

. It says Obergon, O-b-e-r-g-o-n, first name Pilar, P-i-l-a-r,

. And there is no change of address label or endorsements on the back. It's issued February 17, 2015. And it lists his date of birth as

. Let the record show that I've handed the license back to Pilar. Pilar, are you currently employed, sir?

A. Yes. I work. Just not today.

Q. Say that again, interpreter.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061996

2

A. Yes. I work. Just not today.

Q. Okay. Okay. Where is it that you work, Pilar?

A. Rita's Catering in

Q. What is the name of the company, again?

A. Rita's Catering.

Q. Rita's Catering?

A. Rita's Catering, yeah.

Q. Okay. And how long have you been working for Rita's?

A. 16 years.

Q. Six years or 16 years?

A. 16 years.

Q. And how long have you been living in Massachusetts?

A. 16 years. I came in in 2000.

Q. Oh, where did you come from?

A. El Salvador.

Q. And for that time he's been an employee of Rita's Catering. Has he ever had his own catering business?

A. No.

Q. Okay. Where did he go to purchase this insurance? Does he remember?

A. Arbella in Everett.

Q. Okay. Is the location next to the Dunkin Donuts near Parkway Cycles? Is that the location he's talking about?

A. Correct. The place next-door --

Q. Okay. And is he aware that that's the insurance agent and not Arbella

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061996

3

itself? Is he aware of that?

A. That's the -- office.

Q. Okay. Does he know who he met with when he went there for the first time to take out insurance?

A. Not the first time, but just recently when I got it again, it's Leandro.

Q. Okay. And is he aware of the insurance agency that he went to? Does he know the name of it?

A. No. Sorry.

Q. Okay. Here I have his application for his most recent policy of January 4th of 2017, and it does list a Mr. Leandro Rodriguez of Point Insurance Agency. Does that refresh his memory or does that sound like it could be it?

A. I don't remember the exact date, but yes, it's Leandro. He had called me in yesterday to advise me that everything was finalized on the policy.

Q. Okay. And when he went to see Leandro, did he tell Leandro that he works as an employee of Rita's and doesn't have his own business?

A. Yes. We talked about it because that's when I found out that I guess previously they put down I had a business with Rita. I don't own the business with Rita's.

Q. Okay. Is he aware why they did that? Was it because at the time he first took out insurance did he not have a license or he had trouble getting financing for a vehicle or does he have any idea as to why they did that?

A. Yes. I had a license at that time. I think it was just so I could get

Linda A. Fowler



Arbella Insurance Group  
Claim No. 1020061996

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an affordable rate.

Q. Okay. So the reason when he went last year, they went so that they could get him cheaper insurance. Is that what he is saying to me?

A. Could be or probably just a mistake on their behalf. I don't have any business with them. I work for them.

Q. Okay. So he's an employee of Rita's? He doesn't have his own business?

THE INTERPRETER: Correct.

MR. SPELLMAN: No. Interpret that to him.

A. Yes. I work for them.

Q. Did he explain that to them in January of 2017 when he met and went and met with Leandro?

A. Yes. We spoke about that for a while. That was a mistake.

Q. Okay. Did Leandro tell him that they were going to put the policy through as a business again so he could keep getting the cheaper rate?

A. Yes. He told me that there was some paper or a lot of paperwork I had to get filled out, but he told me that he was going to do it some other way so to avoid that.

Q. Okay. So just to be clear, he told Leandro he had no business. Correct?

A. Correct.

Q. And Leandro told him that he was going to file paperwork a different way as a business anyways so he could keep getting a cheaper rate?

A. Yes.

Q. Okay. Now, he has two vehicles on this policy, a Honda Civic and a Nissan Pathfinder. Which one does he drive primarily?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061996

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A. I drive both, but mostly or mainly the Nissan.

Q. Okay. Does anyone else drive the vehicles other than you, Pilar?

A. The Honda, sometimes my daughter.

Q. Okay. And what's your daughter's name, just for the record?

A. Claudia Catalina Obergon.

Q. Okay. And was that the woman I just saw leave in the white Honda Civic out there?

A. That's right.

Q. Okay. And does he know, does she have a Massachusetts license as well or does she have a license from a different country or state?

A. From here.

Q. Okay. Is the Honda essentially her vehicle? I saw maybe, like, a pink logo on the front. Does he insure that car for her?

A. Actually, they are both under my name, but she rarely drives it. I use it more.

Q. Okay. Does his wife drive?

A. No.

Q. All right. Did you understand all of the questions that I asked you today, Pilar?

A. Yes.

Q. Okay. Was there any trouble with the interpreter? Did you understand the interpreter's interpretations clearly and accurately?

A. Yes, but I have a question, like, in regards to, like, the damages, actually, and the pictures they were going to take.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061996

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Q. Okay. So you had an accident or a claim since you took out this policy in January?

A. No.

Q. What is your question, then? I don't understand. To take pictures of the car? Oh, just simply because you got a new policy?

A. Once again someone struck my vehicle when it was parked. They told me they were going to send someone out to take a look at it so I could get it repaired, but that hasn't happened yet.

Q. Okay. Does he have a claim number or anything that he could possibly give me that I could try and help him with?

A. No.

Q. When did the accident happen or the incident? When did you find the damage?

A. It was last Saturday. Well, I saw it on Sunday.

Q. All right. And did he talk to Arbella or did he call his agent, the place over next to the Dunkin Donuts and the motorcycle shop?

A. I went to the agency and reported it there, and then from there I think Arbella was going to call me.

Q. Okay. Yeah. That's usually how it works. They will send someone out to the house here to take a look at the car, but what I will do is before I leave I will give you a couple of addresses where you can go and take the vehicle and they will take the pictures there to speed it along if you would rather take it somewhere and have it done. I will give you a couple of addresses where you can go get that done, no problem.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061996

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A. (Inaudible) I will have to pay basically a deductible of \$500, and then from there the insurance covers the rest.

Q. That's typically how it works, but without actually looking at his claim, I don't know if he had coverage at that time, if this policy was in effect when the accident happened. His claims adjuster will help him with all of that and look at the claim. But in generally speaking, that's sort of how it works, yes.

A. Okay.

Q. So just to be clear with him, I want to make sure he understands, as we stand here today I can't confirm if we are going to cover that claim, not cover that claim, as I don't know anything about the claim itself. So I just want to be clear with him. I don't want to mislead him in any way.

A. That's fine.

Q. Okay. And today did he understand all of the questions that I asked him?

A. Yes. That's fine.

Q. Were all of your answers true to the best of your knowledge, Pilar?

A. Yes.

Q. And was this conversation recorded with your permission, sir?

A. That's fine. Yes.

Q. And with your permission I will end the recording at this time.

A. That's fine.

Linda A. Fowler

TRANSMISSION VERIFICATION REPORT

TIME : 12/16/2016 09:48  
NAME :  
FAX :  
TEL :  
SER.# : U63274K5J159608

DATE, TIME : 12/16 09:45  
FAX NO./NAME : 6177452980  
DURATION : 08:02:36  
PAGE(S) : 05  
RESULT : OK  
MODE : FINE  
ECM

Arbella Insurance Group  
P.O. Box 699174  
Quincy, MA 02269-99174



PILAR OBREGON  
DBA PILAR CATERING



Agent: 460154  
Policy Number: [Redacted] 1  
Expiration Date: 01/13/2017

Commercial Auto Renewal Application

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail.  
If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above,  
a non-renewal notice will be processed.

Provide a detailed description of your business:

See attached

How is your vehicle used in business?

Pleasure - See endorsement

Do you have your own business?  Y /  N OR

Do you work for others?  Y /  N If yes please provide:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If you have your own business, what is the address for your principal place of business?

Chelsea, MA 02150

If the garaging of your vehicle is different, please explain:

Same as Above

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have?

Full-time |

Part-time \_\_\_\_\_

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

Arbella Insurance Group  
P.O. Box 699174  
Quincy, MA 02269-99174



PILAR OBREGON  
DBA PILAR CATERING

Agent: 460154  
Policy Number: [REDACTED] 1  
Expiration Date: 01/13/2017

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed.

Provide a detailed description of your business:

See attached

How is your vehicle used in business?

Pleasure - See endorsement

Do you have your own business?  Y /  N OR  
Employer Name: \_\_\_\_\_

Do you work for others?  Y /  N If yes please provide:  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have your own business, what is the address for your principal place of business?  
Chelsea MA 02150

If the garaging of your vehicle is different, please explain:

Same as above

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have?

Full-time 1 Part-time \_\_\_\_\_

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

Pilar Obregon

Provide legible color copies of all licenses of operators of the insured vehicle.

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury,

Insured Signature: Pilar Obregon

Print Name: Pilar Obregon

Agent Signature: \_\_\_\_\_

Date: 12-16-16

Date: \_\_\_\_\_

[REDACTED]

[REDACTED] 01-11-2012

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

EXHIBIT 105B  
EXHIBIT 105C

EXHIBIT 105D  
EXHIBIT 105E  
EXHIBIT 105F  
EXHIBIT 105G  
EXHIBIT 105H  
EXHIBIT 105I  
EXHIBIT 105J  
EXHIBIT 105K  
EXHIBIT 105L  
EXHIBIT 105M  
EXHIBIT 105N  
EXHIBIT 105O  
EXHIBIT 105P  
EXHIBIT 105Q  
EXHIBIT 105R  
EXHIBIT 105S  
EXHIBIT 105T  
EXHIBIT 105U  
EXHIBIT 105V  
EXHIBIT 105W  
EXHIBIT 105X  
EXHIBIT 105Y  
EXHIBIT 105Z



Arbella RMV Access

12/16/2016 09:23

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES  
REGISTRATION/TITLE INQUIRY

UGR4060

FUNCTION:  RT

MSG: INQUIRY PROCESS COMPLETE

PLT TYP: PAN

REG#: SDP451

CLR: R

VIN#: 2HGFC1286BB580605

TTL#: 90827189 -E

LIC #1 : [ ]

LIC #2 : [ ]

FID#: [ ]

LESSEE :

OWNER1 NAME :

OWNER2 NAME :

CORP/CO NAME : PILAR OREGON

MAIL ADDR :

BLDG/APT :

RESID ADDR :

BLDG/APT :

REG STATUS-DT: ACTV/ - 01/13/2016

LIFE PD: N STRK#-DT: 170599135 - 01/18/2016

2008 HOND CIVIC MODEL#: USEX

CYL: 4 PASS: 5 DOORS: 2

TTL STATUS-DT: ACTV - 01/29/2016

PURCH DT: 01/13/2016 OD: 0106035

TTL TYPE: C BRAND:

LIEN1 TYPE/CD: C / 01905

LIEN2 TYPE/CD: /

INS CO: 154 ARBELLA PROTECTION

PLT ORDER STATUS/DT:

RMV-1 BATCH #: 01601374186113

DOB:

DOB:

ST: ZIP:

REG ONLY MAIL: N

ST: ZIP:

GARAGE: CHELSEA

REG EFF DT: 01/13/2016

REG EXP DT: 01/2017

INSP RSLT: P

CLR: WHITE /

TRAN: A

PWR: G

BUS: SEATS: WGT:

TTL DT: 01/13/2016

PRINT DT:

N/U: U

PREV TTL ST/#:

MA RM605002

REASON CD:

TTL RTN ST:

NAME: ROCKLAND FEDERAL CREDIT UNION

NAME:

ORIG ISS DT:

01/13/2016 NONPROF: N VALUE:

LAST-NEXT BILL: 01/2016 - 01/2017

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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Arbella RMV Access

Page 1 of 1

12/16/2016 09:24

MASSACHUSETTS REGISTRY OF MOTOR VEHICLES  
REGISTRATION/TITLE INQUIRY

UGR4060

FUNCTION: **RT** MSG: **INQUIRY PROCESS COMPLETE.**

PLT TYP: **EAN** REG#: **3NB622** CLR: **R** VIN#: **ENLAR18W76C629413** TTL#: **BR038156**

LIC #1 : [ ] LIC #2 : [ ]

LESSEE : [ ] FID#: [ ]  
OWNER1 NAME : [ ] RMV-1 BATCH #: **01607509520117**  
OWNER2 NAME : [ ] DOB: [ ]  
CORP/CO NAME: **PILAR OBERGON** DOB: [ ]

MAIL ADDR : [ ] CITY: [ ] ST: [ ] ZIP: [ ]  
BLDG/APT : [ ] CITY: [ ] ST: [ ] ZIP: [ ]  
RESID ADDR : [ ] CITY: [ ] ST: [ ] ZIP: [ ]  
BLDG/APT : [ ] CITY: [ ] ST: [ ] ZIP: [ ]

REG STATUS-DT: **ACTV/ - 03/15/2016** GARAGE: **CHELSEA**  
LIFE PD: **N** STKR#-DT: **170599980 - 04/13/2016** INSP RSLT: **P** REG EFF DT: **03/15/2016**  
2006 NISS **RATHFI** MODEL#: [ ] STYLE: **UTIL** CLR: **GRAY /** REG EXP DT: **02/2016**

CYL: **6** PASS: **5** DOORS: **4** TRAN: **A** FWR: **G** BUS: [ ] SEATS: [ ] WGT: [ ]  
TTL STATUS-DT: **ACTV - 04/01/2016** TTL DT: **03/15/2016** PRINT DT: **04/01/2016**

PURCH DT: **03/14/2016** OD: **0100000** N/U: **U** PREV TTL ST/#: **MA EN574811**  
TTL TYPE: **C** BRAND: [ ] REASON CD: [ ] TTL RIN ST: [ ]

LIEN1 TYPE/CD: [ ] NAME: [ ]  
LIEN2 TYPE/CD: [ ] NAME: [ ]  
INS CO: **154 ARBELLA PROTECTION** ORIG ISS DT: **03/15/2016** NONPROF: **N** VALUE: [ ]  
PLT ORDER STATUS/DT: [ ] LAST-NEXT BILL: **03/2016 - 01/2017**

**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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# Policy Change Request Confirmation

**Endorser/Insured:** PILAR OREGON      **Mgr:**      **Policy No.:** [REDACTED]  
**Mailing Address:**      **Policy Status:** ACTIVE  
      **Agency Name:** POINT INS INC  
      **Producer Code:** 45-0154

**Effective from:** 01-15-2016 to 01-15-2017

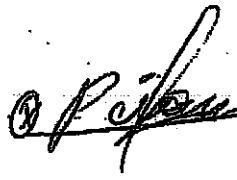
**YOU HAVE SUCCESSFULLY POSTED YOUR POLICY CHANGE REQUEST.**

**Date:** Fri Dec 16 09:25:33 EST 2016  
**Agency:** POINT INS INC  
**Agency code:** 101506  
**Policy number:** [REDACTED]  
**Policy holder:** PILAR OREGON  
**Date of change:** 12-16-2016  
**Changes:** PLEASE CHANGE THE USE FROM SERVICE TO PLEASURE. THANK YOU - leandro@pointinsure.com

Your endorsement change request has been sent to Arbella via the Internet. This request will be reviewed and, if acceptable, will be processed with regular endorsements. If additional information is needed, we will contact you.

Thank you for doing business with Arbella.

Please print this page and keep it for your records.

 12-16-16

**ARBELLA** P. O. BOX 9103  
BOSTON, MA 02289-9103  
PROTECTION INSURANCE COMPANY

**NOTICE OF NON-RENEWAL  
OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY**

Registration Number
V. I. Number REFER TO POLICY

Date of this Notice: 11/29/2016  
Policy Expiration at 12:01 A.M.: 01/13/2017  
Policy Number: [REDACTED] 01

Mail to: PILAR OBREGON  
DBA PILAR CATERING

Insured: PILAR OBREGON  
DBA PILAR CATERING  
[REDACTED]

Agent: 46-0154  
POINT INS INC  
1103 COMMONWEALTH AVE  
BOSTON, MA 02215

We are notifying you that your policy will not be renewed when it expires.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status, or principal place of garaging of the vehicle.

Our Reason(s) for Not Renewing Your Policy:

COMPANY REQUEST  
FAILURE TO SUBMIT THE RENEWAL APPLICATION TO THE INSURANCE CARRIER.

IF THE INSURED FURNISHES THE NECESSARY ITEM(S) PRIOR TO THE EFFECTIVE DATE OF THE CANCELLATION (NON-RENEWAL), THE CANCELLATION (NON-RENEWAL) MAY BE RESCINDED.

By William J. Hughes  
AUTHORIZED REPRESENTATIVE

28AP1090 08 09

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with its permission.



INSURED COPY

**Avitabile, Felicia**

**From:** AgencyPOINT\_INS\_INC.PolicyChangeRequest@arbella.com  
**Sent:** Friday, December 16, 2016 9:26 AM  
**To:** APPfax (CL Operations Fax Mailbox)  
**Subject:** PILAR OBREGON - Policy Change Request

Policy Change Request

AGENCY: POINT INS INC  
CODE: 101506  
POLICY NUMBER:  
POLICY TYPE: CAUTO

POLICY HOLDER INFORMATION:  
FIRST NAME:  
LAST NAME: PILAR OBREGON

EFFECTIVE DATE OF CHANGE:  
12-16-2016

DESCRIPTION:  
PLEASE CHANGE THE USE FROM SERVICE TO PLEASURE. THANK YOU - [leandro@pointinsure.com](mailto:leandro@pointinsure.com)

SUBMITTED BY:  
FIRST NAME: leandro  
LAST NAME: rodrigues  
PHONE: 6173816240  
EMAIL: [leandro@pointinsure.com](mailto:leandro@pointinsure.com)

already ppt classes

no changes to be made

**DLF**  
DEC 19 2016

**Runci, Katie**

**From:** AgencyRAPO\_AMP\_JEPSEN\_INS\_SERVICES\_INC.PolicyChangeRequest@arbella.com  
**Sent:** Wednesday, February 17, 2016 11:37 AM  
**To:** APPfax (CL Operations Fax Mailbox)  
**Subject:** PILAR OBREGON - Policy Change Request

**Policy Change Request**

**AGENCY:** RAPO & JEPSEN INS SERVICES INC  
**CODE:** 101506  
**POLICY NUMBER:**  
**POLICY TYPE:** CAUTO

**POLICY HOLDER INFORMATION:**  
**FIRST NAME:**  
**LAST NAME:** PILAR OBREGON

**EFFECTIVE DATE OF CHANGE:**  
02-17-2016

**DESCRIPTION:**  
**PLEASE ADD VEHICLE:**

2006 NISSAN PATHFINDER - VIN: 5N1AR18W76C629413

*T PAW STREET*

*AP-5 1305*

**NRM**  
**FEB 18 2016**

**COVERAGE:**

**Liability Insurance:**

Compulsory Bodily Injury	\$ 20,000 Per Person	\$ 40,000 Per Accident	\$ 284.00
Personal Injury Protection	\$ 8,000 Per Person		\$ 40.00
Optional Bi	\$ 20,000 Per Person	\$ 40,000 Per Accident	\$ 92.00
Property Damage	\$ 100,000 Per Accident		\$ 441.00
Auto Medical Payments	\$ 10,000 Per Person		\$ 8.00
Uninsured Motorist	\$ 20,000 Per Person	\$ 40,000 Per Accident	\$ 4.00
Underinsured Motorist	\$ 20,000 Per Person	\$ 40,000 Per Accident	\$ 0.00

**Physical Damage Insurance:**

(Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.)

Comprehensive	\$ 500 Deductible	\$ 95.00
Collision	Waiver of Deductible Y \$ 500 Deductible	\$ 294.00
Substitute Trans.	Up To \$30 Per Day	\$ 900 Maximum \$ 63.00
Towing and Labor	\$ 100 Per Disablement	\$ 16.00

**SUBMITTED BY:**  
**FIRST NAME:** daniel  
**LAST NAME:** delima

PHONE: 6173816240  
EMAIL: [daniel@rapocandlese.com](mailto:daniel@rapocandlese.com)



**Spellman III, Edward**

**From:** BRUNO ROZEMBARQUE <[bruno@pointinsure.com](mailto:bruno@pointinsure.com)>  
**Sent:** Wednesday, December 21, 2016 11:38 AM  
**To:** Hammond; Mayre C.  
**Cc:** 'Joshua Lewin'  
**Subject:** RE: Pilar Catering

Hi Mayre,

Per rule 61 client is eligible for a commercial policy.

Sincerely,

Bruno Rozembarque  
1103 Commonwealth Ave  
Boston, MA 02215  
P: (617) 783-1160  
F: (617) 783-2062

**POINTINSURANCE**

This communication, including attachments, is confidential, may be subject to legal privileges, and is intended for the sole use of the addressee. Any use, duplication, disclosure or dissemination of this communication, other than by the addressee, is prohibited. If you have received this communication in error, please notify the sender immediately and delete or destroy this communication and all copies.

**From:** Hammond, Mayre C. [<mailto:Mayre.Hammond@Arbella.com>]  
**Sent:** Tuesday, December 20, 2016 11:09 AM  
**To:** 'BRUNO ROZEMBARQUE' <[bruno@pointinsure.com](mailto:bruno@pointinsure.com)>  
**Subject:** RE: Pilar Catering [REDACTED]

You are correct but it seems odd that this type of business would not. What is my proof that this is a legitimate business and not someone who may simply work for a caterer?

**From:** BRUNO ROZEMBARQUE [<mailto:bruno@pointinsure.com>]  
**Sent:** Tuesday, December 20, 2016 9:20 AM  
**To:** Hammond, Mayre C.  
**Cc:** 'Lewin, Joshua'  
**Subject:** RE: Pilar Catering

Hi Mayre,

The Client is not required to have a general liability policy in order to obtain a commercial auto policy.

Sincerely,



**Bruno Rozembarque**  
**1103 Commonwealth Ave**  
**Boston, MA 02215**  
**P: (617) 783-1160**  
**F: (617) 783-2052**

## **POINTINSURANCE**

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**From:** Hammond, Mayre C. [<mailto:Mayre.Hammond@Arbella.com>]  
**Sent:** Monday, December 19, 2016 4:28 PM  
**To:** [bruno@pointinsure.com](mailto:bruno@pointinsure.com)  
**Subject:** Pilar Catering

Hello Bruno

Here is another incomplete renewal application. This insured has a catering business and no general liability policy?

Mayre

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**Spellman III, Edward**

---

**From:** Hammond, Mayre C.  
**Sent:** Tuesday, December 27, 2016 4:22 PM  
**To:** Callinan, Amanda  
**Subject:** FW: SOUTH RESTORATION : and MARCIA REGINA CARDOSO -

---

**From:** Hammond, Mayre C.  
**Sent:** Tuesday, December 27, 2016 12:57 PM  
**To:** 'Leandro Rodrigues'  
**Subject:** RE: SOUTH RESTORATION - and MARCIA REGINA CARDOSO -

Leandro

One purpose of the renewal application is to confirm that there is a legitimate, ongoing business and that the vehicles on the policy are used primarily to support the business. That is why we ask for copies of workers compensation or general liability policies. Insureds in a type of trade such as South Restoration would have a general liability policy to protect them should they be sued for damages while doing their work and if the insured has employees then workers compensation coverage is needed.

A self-employed insured such as a house cleaning service may not have these policies, but if they have a legitimate business and have established an FID number then there should be a tax return confirmation for 2015.

Without this information, the validity of the business is questionable and we will not re-instate until the proper information is provided.

Mayre Hammond

---

**From:** Leandro Rodrigues [<mailto:leandro@pointinsure.com>]  
**Sent:** Tuesday, December 27, 2016 11:31 AM  
**To:** Hammond, Mayre C.  
**Subject:** RE: SOUTH RESTORATION -

The insured does home restorations as stated in his company's name. but he doesn't need to provide any other proof of business, the vehicle is owned by a Company, SOUTH RESTORATION, and the vehicle is registered to that Fid# : , rule 61 applies.

Thank you  
Leandro\

---

**From:** Hammond, Mayre C. [<mailto:Mayre.Hammond@Arbella.com>]  
**Sent:** Tuesday, December 27, 2016 11:16 AM  
**To:** 'Leandro Rodrigues' <[leandro@pointinsure.com](mailto:leandro@pointinsure.com)>  
**Subject:** RE: SOUTH RESTORATION -

Leandro

The application is incomplete. There is no description of the business or proof such as a copy of other commercial policies or proof of a 2015 tax return.

Mayre

**From:** Leandro Rodrigues [mailto:leandro@pointinsure.com]

**Sent:** Tuesday, December 27, 2016 10:56 AM

**To:** Hammond, Mayre C.

**Subject:** SOUTH RESTORATION -

Good morning Mayre

I know I promised not to email you anymore renewal applications, but this insured's policy is up for renewal next week so we don't have much time left.

Please find attached his renewal app to renew his policy.

Thank you

Leandro Rodrigues  
1885 Revere Beach Pkwy  
Everett, MA 02149  
P: (617) 381-6240  
F: (617) 381-6326

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**Spellman III, Edward**

---

**From:** Callinan, Amanda  
**Sent:** Wednesday, December 28, 2016 11:31 AM  
**To:** 'Leandro Rodrigues'  
**Cc:** Corcoran, Daniel  
**Subject:** RE: PILAR OBREGON -  
**Attachments:** FW: SOUTH RESTORATION - [redacted] and MARCIA REGINA CARDOSO -

Hello Leandro,

Please refer to Mayre's attached email from Tuesday regarding South Restoration. This is the same situation applies.

Thank you,

Amanda Callinan  
Commercial Lines Underwriting  
Arbella Insurance Group  
1100 Crown Colony Drive  
Quincy, MA 02169  
P: 617-689-2381  
F: 617-745-2914

---

**From:** Leandro Rodrigues [<mailto:leandro@pointinsure.com>]  
**Sent:** Wednesday, December 28, 2016 11:21 AM  
**To:** Callinan, Amanda  
**Cc:** Corcoran, Daniel  
**Subject:** RE: PILAR OBREGON -

Good morning Amanda

The insured is still here in the office.

Can you please email me anything that I can show him that he is required to produce his tax return in order for his policy to be renewed?

Thank you

Leandro

---

**From:** Callinan, Amanda [<mailto:Amanda.Callinan@Arbella.com>]  
**Sent:** Wednesday, December 28, 2016 11:17 AM  
**To:** [leandro@pointinsure.com](mailto:leandro@pointinsure.com)  
**Cc:** Corcoran, Daniel <[Daniel.Corcoran@Arbella.com](mailto:Daniel.Corcoran@Arbella.com)>  
**Subject:** RE: PILAR OBREGON -

Hi Leandro,

Sorry about that, I sent the email to Bruno this morning rather than to you. Per the attached email, the information provided is not proof of filing a recent tax return, therefore the nonrenewal will stand.

Amanda Callinan  
Commercial Lines Underwriting  
Arbella Insurance Group

1100 Crown Colony Drive  
Quincy, MA 02169  
P: 617-689-2381  
F: 617-745-2914

---

**From:** Leandro Rodrigues [<mailto:leandro@pointinsure.com>]  
**Sent:** Wednesday, December 28, 2016 11:13 AM  
**To:** Corcoran, Daniel  
**Subject:** FW: PILAR OBREGON -

Good morning Dan  
Do you have a position on this one?  
It's been 24 hrs and the insured is back at the office eager to know the status of his renewal?  
Thank you  
Leandro

---

**From:** Leandro Rodrigues [<mailto:leandro@pointinsure.com>]  
**Sent:** Tuesday, December 27, 2016 11:50 AM  
**To:** 'Corcoran, Daniel' <[Daniel.Corcoran@Arbella.com](mailto:Daniel.Corcoran@Arbella.com)>  
**Subject:** PILAR OBREGON -

Please find attached a copy of the renewal app for the insured mentioned above.  
Thank you  
Leandro

**This email message is intended only for the addressee(s) and contains information that may be confidential. If you are not the intended recipient please notify the sender by reply email and immediately delete this message. Use, disclosure or reproduction of this email by anyone other than the intended recipient(s) is strictly prohibited.**

**Callinan, Amanda**

**From:** Callinan, Amanda  
**Sent:** Wednesday, December 28, 2016 10:11 AM  
**To:** bruno@pointinsure.com  
**Subject:** Pilar Obregon  
**Attachments:** DOCL22816-12282016111026.pdf

Hello Bruno,

We received a new renewal application for the above referenced policy. The information attached to the application is not proof of filing a recent tax return, therefore the nonrenewal will stand.

**Amanda Callinan**  
Commercial Lines Underwriting  
Arbella Insurance Group  
1100 Crown Colony Drive  
Quincy, MA 02169  
P: 617-689-2381  
F: 617-745-2914

Arbella

**SUBMISSION CONFIRMATION**

**General Information**

Policy #:   
Status: **Manually Printed**

**Agency Information**

Agency Name: **POINT INS INC**  
Producer Code: **0127**

**JAN 1-1 2017**  
**CXD**

**Submission Summary**

Reference #: **CA-NB-65800**  
Applicant Name: **PILAR OBREGON**  
Policy Term: **01-13-2017 to 01-13-2018**  
Agency Customer ID:  
Date Submitted: **01/11/2017**

**Prior Carrier Information**

Applicant's Prior Carrier: **No Prior Carrier for this Applicant**

**Estimated Premium**

Total Policy Premium: **\$2,881**

To review with an underwriter contact Commercial Auto team at 1-817-788-8888

*Not on commonwealth website*

AR171111

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: Check  
Amount: \$540.00  
Payment Mailing Address: Arbella Insurance Group  
P.O. Box 66392  
Boston, MA 02205-6392

**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 126 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 





**Name and Address**

PILAR OBREGON

Submitted Date 01-11-2017

**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: Check

Down Payment Amount: \$540.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : PolicyDocumentViewServlet.pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code

**UNDERWRITER REMARKS :**

**AGENT REMARKS :**

RE-WRITE OF POLICY NUMBER [REDACTED] PER ARBELLA PROCEDURE #6 TO POINT, PLEASE FIND ATTACHED A COPY OF THE PREVIOUS POLICY DEC PAGE.

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber : 1



Reference# CA-NB-65600

Submitted Date 01-11-2017

**Name and Address**

PILAR OREGON

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : PILAR OREGON  
SOIF : 06

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C. : NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number :  
Bodily Injury Limit : Unknown  
Personal Injury Limit : 20000/40000  
Property Damage Limit : 6000  
Property Damage Deductible : \$100,000  
Uninsured Motorist Limit :  
Medical Payment Limit : 25000/50000  
Bodily Injury To Others Limit : Coverage Not Requested  
Underinsured Motorist Limit : 25000/50000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor : 100  
Anti-Theft Device : 204  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

VEHICLE # : 0002  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number :  
Bodily Injury Limit : Unknown  
Personal Injury Limit : 20000/40000  
Property Damage Limit : 6000  
Property Damage Deductible : \$100,000  
Uninsured Motorist Limit :  
Medical Payment Limit : 25000/50000  
Bodily Injury To Others Limit : Coverage Not Requested  
Underinsured Motorist Limit : 25000/50000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor : 100  
Anti-Theft Device : 204  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document

Acord Additional Info (2004/06)

OverflowPageNumber :1



Reference# CA-KB-65600

Submitted Date 01-11-2017

**MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION**

AGENCY  
POINT INS. INC.

APPLICANT (First Named Insured)  
PILAR O'BREGON

DATE (MM/DD/YYYY)  
01-04-2017

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 9 2 X 7 3 8	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$25000 Each Person \$50000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	5 X 7	PER PERSON \$ 8000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 8 2 4	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 8 X 7 4	CSL <input checked="" type="checkbox"/> BI EA PER \$ 25000 BI EACH ACCIDENT \$ 50000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 3 8	CSL <input checked="" type="checkbox"/> BI EA PER \$ 25000 BI EACH ACCIDENT \$ 50000	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	TRAILER INTERCHANGE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE COMP \$ SPEC COFL \$
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERED AUTO SYMBOLS	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	COVERAGES IS: PRIMARY SECONDARY

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 46 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 48 43 47		\$
COMPULSORY PERSONAL INJURY PROTECTION	44 45	PER PERSON \$ DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	42 48 45 47	SCL FT LSP F FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 49 50	EACH ACCIDENT \$	OPTIONAL COLLISION	42 48 45 47		\$
OPTIONAL MEDICAL PAYMENTS	42 48 43	EACH PERSON \$	OPTIONAL TOWING & LABOR	46		\$
COMPULSORY UNINSURED MOTORIST	42 48 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 46 42 47 43 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	48		
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	STATES # DAYS # VEH		
OTHER			OTHER		COVERAGES IS: PRIMARY SECONDARY	
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) 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		

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1996-2005

**Name and Address**  
PILAR OBREGON

Submitted Date 01-11-2017

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address	:
Limit	:
Coverage Options	:
Collision Deductible	:
OTC Type	: Coverage Not Requested

End of Document

Accord Additional Info (2004/06)

OverflowPageNumber : 1

Office / Agent: 46-0154  
Tax I.D. No.:  
Policy Number: [REDACTED] 01

**DECLARATIONS - MASSACHUSETTS  
BUSINESS AUTO COVERAGE FORM  
MM 00 07 05 98**



**ITEM ONE - NAMED INSURED AND ADDRESS**  
PILAR GREGON  
DBA: PILAR CATERING

Producer Name and Address: 46-0154  
RAPO & JEPSEN INS SERVICES INC  
724 CHELMSFORD ST  
LOWELL, MA 01851

**POLICY PERIOD:** Policy Covers FROM 01/13/2016 TO 01/13/2017 12:01 A.M. Standard Time at the Named Insured's Address stated above  
**Reason for Declaration:** ENDORSEMENT  
**Named Insured's Business:** INDIVIDUAL  
**Effective Date:** 02/17/2016  
**DIRECT BILL**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages which a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos" for a particular coverage by the entry of one or more codes which appear in the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	LIABILITY INSURANCE		PREMIUM
	COVERED AUTOS Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form which autos are covered autos.	LIMIT The limit we will pay for any one accident or loss.	
Compulsory Bodily Injury	7	20,000 Each Person 40,000 Each Accident	560
Personal Injury Protection	7	8,000 Each Person	80
Optional Bodily Injury	7	20,000 Each Person 40,000 Each Accident	124
Property Damage (COMPULSORY LIMIT \$5,000)	7	100,000 Each Accident	582
Auto Medical Payments Insurance	7	10,000 Each Person	16
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	20,000 Each Person 40,000 Each Accident	8
Uninsured Motorists	7	20,000 Each Person 40,000 Each Accident	INCL

PHYSICAL DAMAGE INSURANCE		
Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.		
Comprehensive Coverage	7	SEE SCHEDULE Deductible 213
Specified Perils Coverage		SEE SCHEDULE Deductible 671
Collision Coverage	7	SEE SCHEDULE Deductible 126
Limited Collision Coverage		SEE SCHEDULE Deductible 32
Loss of Use/Rental Reimbursement	7	100 for each disablement of a private passenger auto
Towing and Labor	7	

Forms and Endorsements attached to this Coverage Form:

- 26 AP 1011 (07/99)
- CA 98 17 (07/97)
- MM 99 17 (09/95)
- 26 AP 1047 (05/98)
- IL 00 17 (01/85)
- MM 99 18 (09/98)
- 26 AP 1102 (04/11)
- IL 00 21 (04/98)
- MM 99 23 (09/98)
- CA 00 01 (10/01)
- MM 99 11 (10/11)
- MM 99 38 (09/98)
- CA 23 86 (01/06)
- MM 98 13 (09/98)
- MM 99 54 (09/98)

<b>PREMIUM FOR ENDORSEMENTS</b>	
<b>ADDITIONAL OR RETURN PREMIUM</b>	1,305
<b>ESTIMATED TOTAL PREMIUM</b>	2,780

\* This policy may be subject to final audit.

Includes copy of material of insurance services. Other than permission.

Contract signed by:

Authorized Representative

Office / Agent: 46-0154  
 Tax I.D. No.:  
 Policy Number: [REDACTED] 01

**DECLARATIONS - MASSACHUSETTS  
 BUSINESS AUTO COVERAGE FORM  
 (Continued) - MM 00 97 09 98**



**ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS  
 LIABILITY COVERAGE - RATING BASIS - COST OF HIRE**

State	Estimated Cost of Hire for each State	Rate per each \$100 Cost of Hire		Factor (If hab. cov. is primary)	Premium	
		Bod. Injury	Prop. Damage		Bod. Injury	Prop. Damage
<b>Total Premium:</b>						

Cost of hire means the total amount you incur for the hire of autos you don't own (not including "clubs" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**PHYSICAL DAMAGE COVERAGE**

Coverage	Limit of Insurance The most we will pay. Deductible	Estimated Annual Cost of Hire	Rate per each \$100 Annual Cost of Hire	Premium
Comprehensive	Whichever is less, either: - depending on coverage selected, but no deductible applies to loss caused by theft and - Whichever is less, either: - actual cash value, or - cost of repair, or - actual cash value, minus deductible for business use only			
Specific Causes of Loss				
Collision				
<b>Total Premium:</b>				

**ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY**

Named insured's business Other than a Social Services Agency	Rating Basis	Number	Premium	
			Bod. Injury	Prop. Damage
	No. of Employees			
Social Services Agency	No. of Permits			
	No. of Employees			
	No. of Volunteers			
<b>Total Premium:</b>				

**ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS  
 LIABILITY COVERAGE - PUBLIC AUTO LEASING RENTAL CONCERNS**

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	Rates		Premiums	
	Per \$100 of Gross Receipts	Per Mile	Liability Coverage	Auto Medical Payments
<b>Total Premiums:</b>				
<b>Minimum Premiums:</b>				

When used as a premium basis FOR PUBLIC AUTOS

- Gross receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross receipts does not include:
- A. Amount you pay to railroads, steamship lines, airlines and other motor carriers operating under their own IGC or RUC permits.
  - B. Taxes which you collect as a separate item and remit directly to a governmental division.
  - C. C.O.D. collections for cost of mail or merchandise including collection fees.
  - D. Advertising Revenue.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.  
 Mileage means the total of live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

**Driver Information:**

Div. No.:	Driver Name	Date of Birth	License Number	State

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MM 99 17 09 98

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF DEDUCTIBLE - MASSACHUSETTS**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The deductible amount shown on the Declarations for Collision Coverage does not apply to any "auto" to which this endorsement applies as shown on the Declarations if:

1. That "auto" was legally parked when struck by another "auto" owned by an identified person.
2. That "auto" was struck in the rear by another "auto" moving in the same direction and owned by an identified person.
3. The operator of the other "auto" was convicted of any of the following violations:
  - a. Operating under the influence of alcohol, marijuana, or a narcotic drug.
  - b. Driving the wrong way on a one-way street.
  - c. Operating at an excessive rate of speed.
  - d. Any similar violation of any similar law of another state in which the accident occurs.

However, we will not pay if the operator of the "auto" insured under this Coverage was also convicted of one of the violations.

4. You are entitled to recover in court against an identified person for some reason other than those listed above.

(Description of Auto)

(Premium)

MM 99 39 09 98

- C. Our payment is limited to the lesser of the following amounts:
1. Necessary and actual expenses incurred.
  2. The maximum payment stated in the schedule applicable to "any one day" or "any one period."
- D. This coverage does not apply while there are spare or reserve autos available to you for your operations.
- E. If loss results from the total theft of a covered auto of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expense which is not already provided for under Comprehensive Coverage or Specified Causes of Loss Coverage.

MM 99 39 09 98

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Page 2 of 2

# Exhibit 5

## Jean Claude Nadege

Arbella

MACA

CST

ARBELLA

SUBMISSION CONFIRMATION

General Information

Policy #:   
 Status: **Manually Printed**

Agency Information

Agency Name: **RAPO & JEPSEN INS SERVICES INC**  
 Producer Code: **0134**

Submission Summary

Reference #: **CA-NB-45578**  
 Applicant Name: **NADEGE JEAN CLAUDE**  
 Policy Term: **10-13-2014 to 10-13-2015**  
 Agency Customer ID:  
 Date Submitted: **10/13/2014**

Estimated Premium

Total Policy Premium: \$1,516

\$1489

Policy Optional Coverages

Coverages	Limit	Deductible	Premium
<b>Vehicle # 1 Premium: \$1,516</b>			
2007 BMW 320XI GULEV			
WBAVCT3837KP31725			
<b>Compulsory Insurance:</b>			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident	✓	\$284
Compulsory Personal Injury Protection	\$2,500	✓	\$40
Compulsory Damage To Someone Else's Property	\$100,000	✓	\$441
Compulsory Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident	✓	\$4
<b>Optional Insurance:</b>			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident	✓	\$82
Optional Medical Payments			
Collision			
Waiver of Deductible:	Yes	\$500	\$445
Comprehensive		\$500	\$145
Rental Reimbursement	30/90 Days	✓	\$88
Optional Underinsured Motorist	\$20,000 Per Person / \$40,000 Per Accident	✓	60
<b>Risk Characteristics:</b>			
Gauging City	EVERETT		
Territory	15		
Class Code	78910		
Anti-theft Device:	20%		

Policy #

Billing #

429  
\$32

OCT 14 2014

M.R.

OCT 23 2014

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: **\$220.00**      **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 65382**  
**Boston, MA 02209-6382**

**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 157MA PDF**
- View/Print Other** 



**COMMERCIAL INSURANCE APPLICATION**  
 APPLICANT INFORMATION SECTION

Submitted Date 10-13-2014

AGENCY RAO & JEPSEN INS SERVICES INC 1103 COMMONWEALTH AVE BOSTON MA 02215 DANIEL EVERETT		CARRIER NAIC CODE:	UNDERWRITER UNDERWRITER OFF.	DATE (MM/DD/YYYY) 10-13-2014
POLICY OR PROGRAM REQUESTED CAR - Arbella (ceded)		POLICY NUMBER		
INDICATE SECTIONS ATTACHED PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION MOTOR TRUCK CARGO		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER		GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA
PHONE (AG. No. Exh) FAX (AG. No.) E-MAIL ADDRESS: CODE: SUB CODE: 0134 AGENCY CUSTOMER ID:				

STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL		PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
		PROPOSED EXP DATE 10-13-2014	PROPOSED EXP DATE 10-13-2015	BILLING PLAN X DIRECT BILL AGENCY BILL
				PAYMENT PLAN ADDIT

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds) MAILING ADDRESS INCL ZIP+4 (of First Named Insured)

NADEGE JEAN CLAUDE  
 DBA: NADEGE JEWELRY

FEIN OR SOC SEC# (of First Named Insured): PHONE (AG. No. Exh)

E-MAIL ADDRESS/ES: WEBSITE ADDRESS/ES:

INDIVIDUAL	<input checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/>	LLC	<input type="checkbox"/>	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>							

INSPECTION CONTACT: ACCOUNTING DEPT CONTACT: NADEGE

PHONE (AG. No. Exh): PHONE (AG. No. Exh):

E-MAIL ADDRESS: E-MAIL ADDRESS:

**PREMISES INFORMATION**

LOC #	BLDG #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

KVIH  
OCT 13 2014

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

REPAIR AND SALES

PREVIOUSLY SUBMITTED ON \_\_\_\_\_ BY \_\_\_\_\_

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	2. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	3. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	4. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	5. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>	7. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 816 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input checked="" type="checkbox"/>

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
ACORD 125 (2005/06)			

**PRIOR CARRIER INFORMATION**

Submitted Date 03-2014

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		
GENERAL COMMERCIAL LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	RETRO DATE													
	EFF-EXP DATE													
	GENERAL AGGREGATE													
	PRODUCTS COMP OP AGGREGATE													
	PERSONAL & AD/VI													
	EACH OCCURRENCE													
	FIRE DAMAGE													
	MEDICAL EXPENSE													
	BODILY INJURY	EA PERSON												
	PROPERTY DAMAGE	EA ACCIDENT												
	COMBINED SINGLE LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														
AUTOMOBILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	COMBINED SINGLE LIMIT													
	BODILY INJURY	EA PERSON EA ACCIDENT												
	PROPERTY DAMAGE													
	MODIFICATION FACTOR													
	TOTAL PREMIUM													
	PROPERTY	CARRIER												
POLICY NUMBER														
POLICY TYPE														
EFF-EXP DATE														
BUILDING AMT														
FERS PROP AMT														
MODIFICATION FACTOR														
TOTAL PREMIUM														
PROPERTY		CARRIER												
		POLICY NUMBER												
	POLICY TYPE													
	EFF-EXP DATE													
	LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 3 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

ACORD 125 (2008/08)

**Name and Address**  
WALDEGE JEAN CLAUDE

Submitted Date 03-2014

**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: Electronic Payment

Down Payment Amount: \$280.00

**ADDITIONAL ATTACHEMENTS INFORMATION :**

File : CRD.pdf

Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

ATTACHED PROOF OF THE BUSINESS,...THANKS.

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1





Submitted Date: 3-2014

**VEHICLE DESCRIPTION** ACORD 129 attached for additional vehicles

VEH # 0001		YEAR 2007	MAKE: BWR	MODEL: 328XI SULEV	BODY TYPE:		VEHICLE TYPE		SYN/AGE	COST NEW			
CITY, STATE, ZIP WHERE GARAGED: GARDNER, MA 02149					LIC STATE: MA	TERR: 15	GVW/GCW	CLASS: 73910	SIC: X	FACTOR: PP	SEAT CP: SPEC	RADIUS: COML	FARTHEST TERM: \$ 34300
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE	RETAIL	X									
15 MILES +		FARM	X SERVICE	LIAB NO-FAULT	MED PAY		FT	X COMP	X FG	AA	ST AMT	\$ 500	
NET VEH PRICE:											TOTAL PREM \$	\$ 500	COLL

NET VEH PRICE: \$ 500 COLL

ACORD 127 (2003/08)

Submitted Date 8-2014

**Name and Address**

NADEGE JEAN CLAUDE

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : NADEGE JEANCLAUDE  
SDIF : 08

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : Coverage Not Requested  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor :  
Anti-Theft Device : 20%  
Pollution type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber : 1



**MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION**

Submitted Date 3-2014

AGENCY  
RAPO & JEPSEN INS SERVICES INC

APPLICANT (First Named Insured)  
NADEGE JEAN CLAUDE

DATE (MM/DD/YYYY)  
10-13-2014

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 7 8 2 X 7 3 8	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	X 7	PER PERSON \$ 8000 DED. \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 8 2 4 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 8 3 X 7 4	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 7 8 2 X 7 3 8	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	COMP \$ SPEC COFL \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS
			COVERAGES IS:	PRIMARY	SECONDARY

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 48 42 47 43 50	<input type="checkbox"/> BI EACH PERSON \$ <input type="checkbox"/> BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 48 43 47		\$
COMPULSORY PERSONAL INJURY PROTECTION	44 48	PER PERSON \$ DED. \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	42 48 43 47	CSL FT LSP	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 48 50	EACH ACCIDENT \$	OPTIONAL COLLISION	42 48 43 47		\$
OPTIONAL MEDICAL PAYMENTS	42 48 43	EACH PERSON \$	OPTIONAL TOWING & LABOR	43		\$
COMPULSORY UNINSURED MOTORIST	42 48 43 45	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 48 42 47 43 50	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	48	# TRAILERS PARKING ZONE # DAYS RADIUS	DEDUCTIBLE
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	48		
OTHER			STATES # DAYS # VEH			
			COVERAGES IS:	PRIMARY	SECONDARY	
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	OTHER			
			COVERAGES IS:	PRIMARY	SECONDARY	
			(46) 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		

ACORD 137 MA (2006/04)

PLEASE COMPLETE REVERSE SIDE

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**MOTOR CARRIER SECTION**

Submitted Date 3-2014

COVERAGES		COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE									
		81	87		BI EACH PERSON	\$	COVERAGES		COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE		
BODILY INJURY LIABILITY		82	88		BI EACH ACCIDENT	\$	OPTIONAL COMPREHENSIVE		82	87						
		83	89				OPTIONAL SPECIFIED CAUSES OF LOSS		82	87		BCL	FT	LSP		
		84	91				OPTIONAL COLLISION		82	87		F	FTW			
COMPULSORY PERSONAL INJURY PROTECTION		65			PER PERSON \$	DED \$	OPTIONAL TOWING & LABOR		82	87						
		67			<input type="checkbox"/> YOURSELF	<input type="checkbox"/> YOURSELF AND FAMILY MEMBERS			83	88						
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY		81	84	71	EACH ACCIDENT	\$	TRAILER INTERCHANGE		COVERAGES		SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
		82	87				OPTIONAL COMPREHENSIVE		89							
		83	88				OPTIONAL SPECIFIED CAUSES OF LOSS		89							
OPTIONAL MEDICAL PAYMENTS		82	84		EACH PERSON	\$	OPTIONAL COLLISION		89							
		83	87						90							
COMPULSORY UNINSURED MOTORIST		82	88		CSL	BI EA PER \$			90							
		83	87		BI EACH ACCIDENT	\$			90							
		84			PROPERTY DAMAGE	\$			90							
OPTIONAL BODILY INJURY TO OTHERS		81	84	71	CSL	BI EA PER \$			90							
		82	87		BI EACH ACCIDENT	\$			90							
		83	88		MOTORCYCLE GUEST OCCUPANT EXCLUSION				90							
OPTIONAL NON-TRUCKERS HIRED/BORROWED		YES	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS			90							
		NO			\$				90							
OPTIONAL TRUCKERS HIRED/BORROWED		YES	STATES		COST OF HIRE	<input type="checkbox"/> IF ANY BASIS			90							
		NO			\$				90							
OPTIONAL NON-OWNED AUTO LIABILITY		YES	STATES		GROUP TYPE	NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE		STATES	# DAYS	# VEH					
		NO			<input type="checkbox"/> EMPLOYEES											
					<input type="checkbox"/> VOLUNTEERS											
					<input type="checkbox"/> PARTNERS											
OTHER							OTHER		COVERAGE IS:		PRIMARY		SECONDARY			

**COVERED AUTO SYMBOLS**

(81) ANY AUTO  
(82) OWNED AUTOS ONLY  
(83) OWNED PRIVATE PASS AUTOS ONLY

(84) OWNED COMMERCIAL AUTOS ONLY  
(85) OWNED AUTOS SUBJECT TO NO-FAULT  
(86) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(87) SPECIFICALLY DESCRIBED AUTOS  
(88) HIRED AUTOS ONLY  
(89) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(90) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
(91) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

ACORD 137 MA (2005/04)

**Name and Address**  
NADEGE JEAN CLAUDE

Submitted Date 03-2014

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

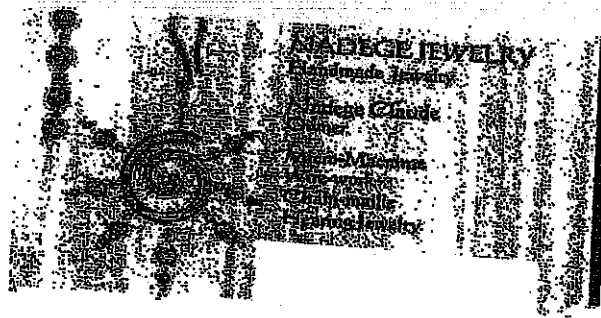
**Locations**

Address	:
Limit	:
Coverage Options	:
Collision Deductible	:
OTC Type	:
	: Coverage Not Requested

End of Document

Acord Additional Info (2004/00)

OverflowPageNumber :1



IRS DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45209-0028

Date of this notice: 11-01-2011

Employee Identification Number:

Form: 55-1

Number of this notice: 01-075-20

Employer Identification Number:

Do you want to receive this notice by first class mail?

PLEASE MAIL TO: DIRECTOR, INTERNAL REVENUE SERVICE

1111 MARKET STREET, SUITE 1000, CINCINNATI, OH 45202

IF YOU WANT TO RECEIVE THIS NOTICE BY FIRST CLASS MAIL, CHECK THE BOX BELOW.

YES  NO

PLEASE PRINT OR TYPE YOUR NAME AND ADDRESS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Other information: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

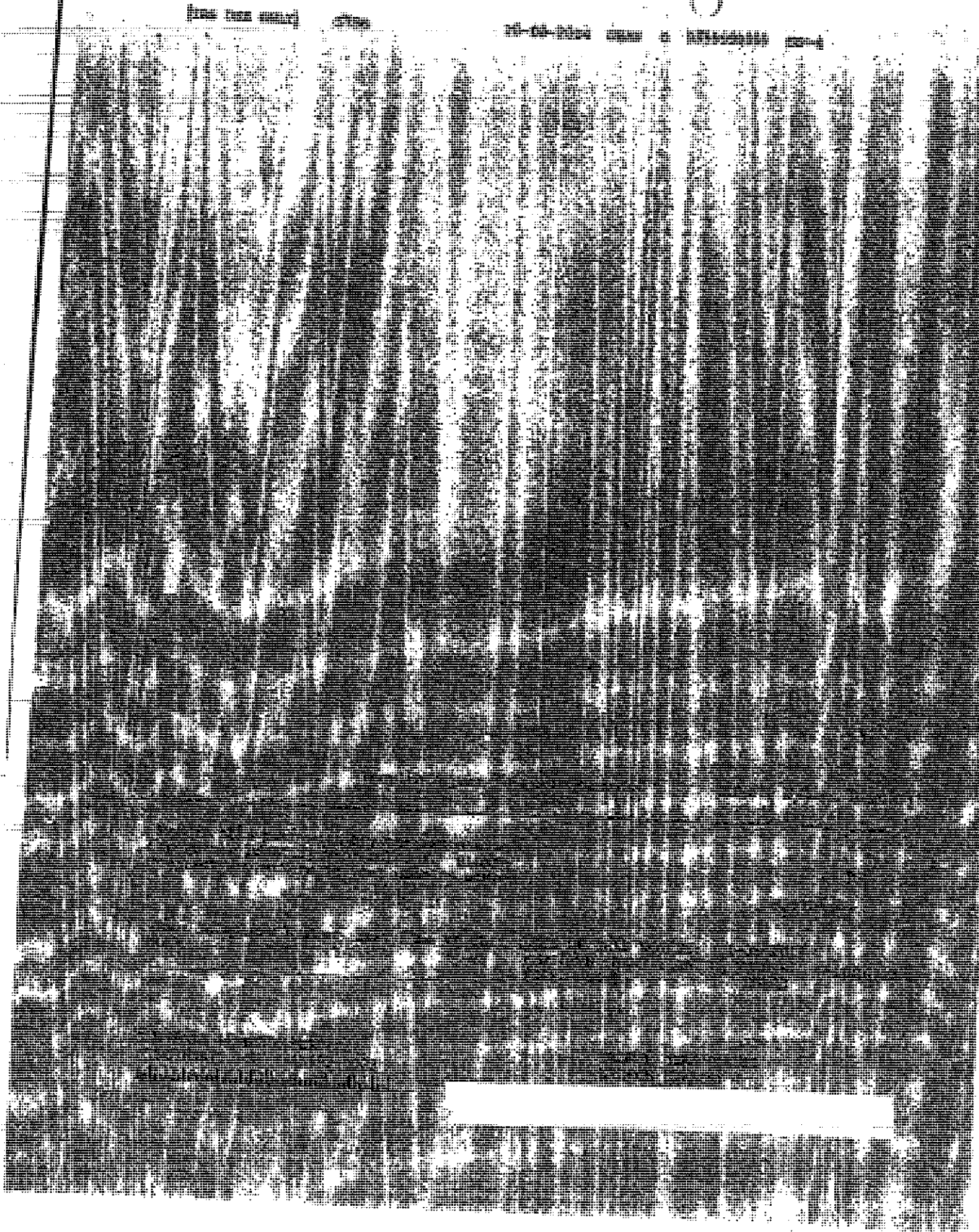
Other information: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_





Arbella Insurance Group  
Claim No. 1020062256

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Q. This is Ed Spellman and I'm speaking with Nadege Jean Claude from  
Today's date is February 7,  
2017. The time is now approximately 5:00. Nadege, this conversation is  
being recorded. Is this being done with your permission, Miss?

A. Okay.

Q. Okay. Yes or no?

A. Yes.

Q. Okay. Thank you. And let the record show that Nadege just handed me her  
Massachusetts driver's license as her identification. The last name on  
the license is Jean Claude J-e-a-n, C-l-a-u-d-e. First name Nadege,  
N-a-d-e-g-e. Address on the front of the license is



Street spelled out S-t-r-e-e-t, i

Her driver's license number is

. It has a date of birth of \_\_\_\_\_ and it was issued  
on January 13, 2017. There is no change of the address on the back, and  
there are no endorsements and no restrictions on the license. Thank you.  
You can have that back. Let the record show that I've handed the license  
back to Nadege. Nadege, is all of the information on your license  
accurate, to the best of your knowledge?

A. Yes.

Q. Okay. And, Nadege, are you currently employed?

A. Yes.

Q. And what do you do for work?

A. I'm a nursing assistant.

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Q. At a, like, a nursing home or a hospital or --

A. A homemaking. Going to client's house.

Q. So you are actually, like, a home health aide?

A. Yes.

Q. You actually go to their house?

A. Yes.

Q. Is that through a agency or an agency, I guess? I don't know.

A. Yes. It is an agency.

Q. Perfect. What's the name of the agency?

A. It's Supportive Care.

Q. Supportive Care?

A. Yes.

Q. Okay. And you are an employee of Supportive Care?

A. Yes.

Q. Okay. And do you have your own home health aide company?

A. No.

Q. Okay. And do they provide you with a vehicle or anything like that?

A. No.

Q. Okay. When you do the Supportive Care, do you use the BMW that is insured with Arbella that we have on the policy?

A. Yes.

Q. Okay. Do you transfer patients or anything in the vehicle?

A. No.

Q. Okay. So it's, just so I understand, it's strictly you go to the

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person's house, take care of them there, and then, you know, come home in the car?

A. Yes.

Q. Okay. Do you have any other jobs?

A. I'm a hairdresser.

Q. A hairdresser?

A. Yeah.

Q. Where are you a hairdresser?

A. At Shears Me.

Q. And Shears Me is S-h-e-a-r-s, second word Me, M-e?

A. Yeah.

Q. And what's the address for Shears Me?

A. It's

Q.

A. Yes.

Q. And what city is that in?

A.

Q. And how long have you been a hairdresser there?

A. I've been there a year.

Q. About a year?

A. Yes.

Q. And do you have a -- do you, like, do you rent a station there or do you own that business?

A. It's my chair, rental chair.

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Q. Okay. You rent monthly? Weekly?

A. Weekly.

Q. Okay.

A. Yes.

Q. All right. So are you employed by Shears Me or do you just pay to rent the chair and then, you know, whatever you make, you make?

A. I pay. Whatever I make. Sometimes I give but I pay weekly.

Q. Okay. And with regards to the BMW we have on this policy, you use that vehicle to get to and from that location?

A. Yeah.

Q. Do you remember when you first got Arbella Insurance?

A. (No verbal response)

Q. If you don't remember, that's okay.

A. No. I don't remember.

Q. Okay. Do you remember when you purchased -- well, let me ask you this. Let me see the paperwork here. So what I'm going to do is this might be easier to do it this way. So I have here three applications of insurance with Arbella. What I would like to do is go through them one by one with you. This first application -- now, just to be clear, this is just the first page of the application. The application itself is probably, I don't know, eight, ten pages. There is more to it than just this. It's not just the first page. But rather than show you everything, the first page really has the information. Okay. So you are aware that there is more than just this page for each of these. I just made you aware of

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that?

A. I wasn't aware.

Q. Okay. Are you aware now?

A. Now I'm aware.

Q. I just wanted to make sure that you knew -- I just wanted to make sure that you knew in full disclosure that there is probably eight to ten pages with each one of these pages, but rather than go through 30 pages of stuff the first page just has the info. Okay?

A. Okay.

Q. This first one I'm going to show you here is dated October 13, 2014, and it's from the Rapo & Jepsen Insurance Company. Are you familiar with them? See where it says on top Rapo & Jepsen Insurance Services. You can hold it. Do you know them at all or have you ever heard of them?

A. I know by the name of Anabella -- Arbella.

Q. Arbella is your insurance company. This would be Rapo & Jepsen is an insurance agent where you would, like, go and buy your insurance, and they would sell you Arbella or a different company.

A. Okay. No.

Q. Okay. You are not familiar with it?

A. No.

Q. Okay. No problem. So on this application it says here that this is a commercial insurance application. Were you aware of that?

A. Yes.

Q. Okay. How did you know it was a commercial insurance application?

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A. Because that's what I always have. It was suggested to me --

Q. Okay. Say that again. Who suggested you to do it?

A. Where I bought my car.

Q. Okay. Where did you buy your car?

A. It's in Malden, Eastern Ave.

Q. Okay. Do you know the name of the dealership?

A. AMG.

Q. AMG. Oh, right by the gas station there. Like, on that main street, take a right and it's maybe three down on the right?

A. Yes.

Q. Could it possibly be AGM and not AMG?

A. AGM, yes.

Q. Does that sound better?

A. Yes.

Q. Okay. We were just driving down there today and we drove by it. I figured that might be it since the names are so close. Now, this says, Nadege Jean Claude, doing business as Nadege Jewelry, and it lists here where it says, Nature of business, Repair and sales. Were you aware of any of this. Did you tell anybody this when you first bought a vehicle?

A. No. No.

Q. Okay. Did you ever work in jewelry or sell jewelry?

A. No.

Q. And this one is a printout. No. Sorry. The same one here is a printout so there is no signature on it or anything. But if you could, could

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you -- here. You can take my folder. I will use something to write on.  
Could you just sign and date that anywhere on that that this is the one I  
showed you today to authenticate it? You can sign anywhere. It doesn't  
matter. I would suggest somewhere in the white. You don't have to sign  
there, but you can --

A. Sign anywhere.

Q. Anywhere on there, yup. Yeah. Normally that's where you would sign but,  
you know -- and date it, please. Today is February 7th. Okay. Can you  
hang on to that. We'll just go through them. Now, this next -- so let  
me backtrack. So when you went to AGM, they suggested to you to do a  
commercial policy?

A. Yes.

Q. Okay. And did they say why they were going to do that or why you should  
do that?

A. Because it was, according to my income, he said it was best for me.

Q. Okay. So when you first bought a vehicle from AGM, did you take out a  
loan?

A. From -- yes.

Q. From a bank, I'm guessing.

A. Yes.

Q. Okay. So did the dealer say it was best to set up the business for,  
like, credit, for the income?

A. Yes.

Q. Okay. When -- now, this is your -- when I was looking earlier through

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your policy, that was a different BMW that you bought originally. Right?

A. Yes. Yeah. That's not -- yeah.

Q. It was, like, a 3 Series, I think.

A. Yeah.

Q. And now you have a 5 Series?

A. Yes. Yes.

Q. Where did you get the 5 Series? Did you go back to the same place?

A. To the same.

Q. Dealer?

A. Yes.

Q. And traded it in and got a new one?

A. Yes.

Q. When you first bought that 3 Series, did you ever go to an insurance agent or did the dealer handle everything?

A. The dealer handle everything.

Q. Okay. So you paid the money, everything was all done at the dealership?

A. Yes.

Q. Okay. When you picked up the car, did they give you information on who your insurance company was, who your insurance agent was? Any of that? Did they give you any paperwork for that?

A. Yes.

Q. Okay. Did they tell you that you had commercial insurance or did you ask?

A. Commercial insurance.

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Q. Okay.

A. Yeah.

Q. All right. Now, at that time when they did that, were you aware that, you know, you didn't have a jewelry business. Right?

A. No. It wasn't a jewelry business.

Q. Okay. This next application that we have is dated January 20, 2015.

A. Yes.

Q. It is also from the Rapo & Jepsen Insurance Agency.

A. Okay.

Q. And it lists Nadege Jean Claude d-b-a Nadege Jewelry, [REDACTED] and now under the nature of business and operations, it just says the word, Jewelry. Do you remember this or did you tell anyone that you were in jewelry on January 20, 2015?

A. No. I didn't tell anyone I'm in jewelry.

Q. Could you just authenticate that and sign and date that anywhere for me. Thank you. Now, since that time did you have to go back to the agent when you transferred the vehicles when you got the BMW that you drive now?

A. If I had to go back?

Q. Yeah. Did you go to the agent when you switched vehicles, when you traded in one BMW for the other, or did the dealer handle everything that time too?

A. Yes. They did.

Q. The dealer handled it again?

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A. Yes.

Q. Okay. So do you remember when your first time was that you went to your insurance agent?

A. It was before my insurance got expired.

Q. Okay. So when you say expired, so this last policy that you had you got a notice saying that it was going to non-renew or that it was going to be -- it said non-renew. Right?

A. Yes.

Q. You weren't going to renew it?

A. Yeah.

Q. And you had until the --

A. January 1st -- January 20, 2017.

Q. Okay. So you got a notice from Arbella saying on January 20, 2017, that --

A. Yes.

Q. -- it was going to be done?

A. Yes.

Q. Do you remember why it said that?

A. If I didn't renew it on time.

Q. Okay. Do you remember getting an application in the mail from Arbella to fill out asking you for information?

A. Yes.

Q. Did you fill that out?

A. I did.

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Q. And you sent that back in?

A. Yes.

Q. Did you send that in with anything, any kind of proof of business or anything like that, or was it just the paper?

A. No, just fill the paper.

Q. Okay. You did not send any proof of business because you don't have any. Correct?

A. I didn't have any proof.

Q. Right. Is that because the dealer set it up?

A. Well, it's just because I didn't make much money, like, to set up income --

Q. So for, like, taxes or anything like that?

A. Yes. Yes.

Q. With regards to any other type of insurance, do you have any kind of business insurance? Any kind of worker's comp. insurance? Anything like that?

A. No.

Q. Okay.

A. No.

Q. All right. So the notice said that your policy was going to not be active anymore after January 20, 2017?

A. Yes.

Q. Do you then go to -- because you got a notice from your agent, from Point, saying the same thing and to call them?

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A. Could you repeat?

Q. Sure. Did you get a letter from your agent telling you the same thing, that it was going to non-renew? Didn't they send you something in the mail as well in that envelope that you had in your purse?

A. I don't remember. Whatever I have in there, yes.

Q. Okay. So whatever you have in there is what they sent you?

A. Yes.

Q. Okay. Can I see it, actually? Yeah. Okay. That's exactly what I was saying. So this right here says -- so this here is a letter dated December 21, 2016. See at the top where it says Point Insurance?

A. Okay.

Q. Do you know them or have you heard of them?

A. I didn't know them until --

Q. You got the letter.

A. I got the letter, yup.

Q. So this letter is dated December 21, 2016. It's addressed to Nadege Jean Claude d-b-a Nadege Jewelry at \_\_\_\_\_ It says, Regarding non-renewal. And it says, you know, We received notice from Arbella that it is non-renewing your insurance policy because you failed to return the commercial auto renewal application which Arbella sent to you. Your policy will be non-renewed if you do not properly complete and return the renewal app. Your policy will expire on January 20, 2017. Please contact Bruno Rozembarque \_\_\_\_\_, as soon as possible if you need help. Sincerely. And it's not signed by anybody.

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Did you call that number?

A. I did.

Q. And what did they tell you?

A. I did talk to him.

Q. You talked to Bruno?

A. Yeah.

Q. Okay. And what did Bruno tell you? Did he tell you to go somewhere  
or --

A. He told me to go to that address in Everett, Revere --

Q. He gave you an address in Everett to go to?

A. Revere.

Q. Is it on Route 16?

A. In Revere.

Q. Oh, you wrote it down. Let me see the envelope. Maybe you wrote it down  
on the envelope there. He gave you an address to go to in Revere?

A. Yeah.

MR. HART: That's the name of the street?

A. (Inaudible)

Q. Okay. The address he told you to go to, was it on Route 16? Do you  
know?

A. Route 16? Like --

Q. Was it next to a Dunkin Donuts?

A. Yes.

Q. Near a motorcycle shop? You might not know the -- Parkway Cycles is kind

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of right there. It's a --

A. It's right across to Dunkin Donuts.

Q. It's right next to Dunkin Donuts.

A. Yeah, across the street.

Q. Okay. When you went there -- so Bruno gave you the address. You went there.

A. In Revere.

Q. Was that your first time going there?

A. Yes.

Q. Okay. When you went there, what happened? So you went in. Do you know who you talked with?

A. I talked to one of those agents in there.

Q. And do you know if it was a man or a woman?

A. It was a man.

Q. Okay. The man you talked to, what did he say? So you went in there. What did you have with you? Did you have any paperwork with you when you went in?

A. I had my bag with me.

Q. No. Not your bag. I'm sorry. Did you show him this letter that Bruno had sent? Did you bring that with you?

A. Yeah. Yeah. This one.

Q. Okay. So you brought him this non-renewal notice from Arbella --

A. Yes.

Q. -- stating that we were non-renewing?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020062256

15

A. Yes.

Q. Okay. And what did he say to you when you gave him this?

A. He said to me that he would have to sign me under a new policy because it was about to expire.

Q. Okay. Did he charge you additional monies that day? Did he charge you money that day?

A. I pay about 350.

Q. About 350?

A. Yeah.

Q. Okay. Did you pay check? Cash? Credit card?

A. Cash.

Q. Okay. When you were there, do you remember signing paperwork or did you sign, like, an electronic signature box?

A. Electronic.

Q. Okay.

A. Electronic.

Q. So you never actually signed any papers? You just signed an electronic square?

A. Yeah. Yeah. Electronic.

Q. Okay. Did that person, that gentleman, did they ask you if you had any kind of jewelry business or anything like that?

A. No.

Q. Okay. Did they ask you what you used your vehicle for?

A. No.

Linda A. Fowler



Arbella Insurance Group  
Claim No. 1020062256

Q. Okay. Did they ask you if you had a driver's license?

A. Yes.

Q. Okay. Did you give them a copy of your license?

A. Yes.

Q. Okay. Did they ask you anything else regarding what your commercial policy was or what it was for?

A. No.

Q. All right. So basically, just so I understand, the only question that they asked you was if you had a driver's license?

A. Yes.

Q. And to have a copy of it?

A. Yes.

Q. This -- can you hold on to that for a second. Just hold it. That's okay. I want to look at this next paper that we have here. This next paper is dated January 19, 2017, and this is a application, again just the first page. This one is done by a Leandro Rodrigues from the Point Insurance Agency. You see it says it there on the top left?

A. Okay.

Q. Okay. And it says now the name on the license -- the license. Excuse me. The name on the application says Nadege Jean Claude. It no longer says anything about a d-b-a or anything like that. Still [REDACTED]. And the nature of the business and operations down here says, Jewelry sales.

A. Yes.

Linda A. Fowler

Arbella Insurance Group

Claim No. 1020062256

Q. Again, but you don't have a jewelry business. Right?

A. No jewelry business.

Q. Okay. And when you went there on January 19th and talked with I'm guessing Leandro since his name is on this, he never asked you about any kind of business or anything like that. Correct?

A. Yeah. Never. No.

Q. Okay.

A. Never asked me.

Q. He never asked you?

A. Never asked me.

Q. Okay. All right. Could you sign and date that for me as well? Anywhere on there is fine. Now, when you went -- I'm sorry. When you went back there to talk with them, I know he didn't ask you anything, but did he ask for any kind of documentation from you, like, similar to what I ask for? If you had a worker's comp.? A general liability policy? Maybe tax returns? Anything like that?

A. No.

Q. Did he ask you for any kind of paperwork or any proof of a business or anything?

A. No.

Q. Okay. So just, Did you have a license?

A. I do have a license.

Q. No. I know. But is that the only question that he asked you, if you had a license and if he could see it?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020062256

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A. Yes.

Q. All right. So nothing about, What do you use the vehicle for?

A. No.

Q. Did he ask you that?

A. No.

Q. Did he ask you where you worked?

A. No.

Q. Did he ask you if you work for yourself or work for others?

A. No.

Q. Did he ask you -- yeah. Did he ask you if you sold jewelry?

A. No. He didn't ask me.

Q. Okay. All right. Nadege, did you understand everything that I asked you today?

A. Yes.

Q. And were all your answers true to the best of your knowledge?

A. Yes.

Q. And was this conversation recorded with your permission?

A. Yes.

Q. And what I will do at this time if it's okay with you is I will end the recording.

A. Okay.

Q. Thank you.

Linda A. Fowler

Arbella Insurance Group  
P.O. Box 699174  
Quincy, MA 02269-99174



DEC 16 13:06

NADEGE JEAN CLAUDE  
DBA: NADEGE JEWELRY

Agent: 4601243  
Policy Number: [REDACTED]  
Expiration Date: 01/20/2017

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail.  
If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above,  
a non-renewal notice will be processed.

Provide a detailed description of your business:

Hairstyling

How is your vehicle used in business?

Using it to carry my products

Do you have your own business? Y  N OR  
Employer Name: \_\_\_\_\_

Do you work for others? Y  N If yes please provide:  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have your own business, what is the address for your principal place of business?

DOB to Jean

If the garaging of your vehicle is different, please explain:

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have?

Full-time \_\_\_\_\_

Part-time 1

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

Provide legible color copies of all licenses of operators of the insured vehicle.

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury,

Insured Signature:

Print Name:


Agent Signature:

Nadese Jean Claude  
Nadese Jean Claude

Date:

12/12/2016

Date:

  
**ARBELLA** P. O. BOX 9103  
BOSTON, MA 02269-9103  
MEMBER OF THE ARBELLA GROUP

**NOTICE OF NON-RENEWAL**  
OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

<b>Registration Number</b>
<b>V-I Number REFER TO POLICY</b>

**Date of this Notice:** 12/05/2016  
**Policy Expiration at 12:01 A.M.:** 01/20/2017  
**Policy Number:** [REDACTED]

02

**Mail to:** NADEGE JEAN CLAUDE  
DBA: NADEGE JEWELRY  
[REDACTED]

**Insured:** NADEGE JEAN CLAUDE  
DBA: NADEGE JEWELRY

**Agent:** 46-0127  
POINT INS INC  
1103 COMMONWEALTH AVE  
BOSTON, MA 02215

We are notifying you that your policy will not be renewed when it expires.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status, or principal place of garaging of the vehicle.

**Our Reason(s) for Not Renewing Your Policy:**

COMPANY REQUEST  
FAILURE TO SUBMIT THE RENEWAL APPLICATION TO THE INSURANCE CARRIER.

IF THE INSURED FURNISHES THE NECESSARY ITEM(S) PRIOR TO THE EFFECTIVE DATE OF THE CANCELLATION (NON-RENEWAL), THE CANCELLATION (NON-RENEWAL) MAY BE RESCINDED.

By William S. Hayden  
AUTHORIZED REPRESENTATIVE

**IMPORTANT NOTICE**

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. You must have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You must contact an insurance company directly or work with a licensed insurance agent to obtain new insurance from a company the agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of Chapter 175 of the General Laws of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond.

**TO AGENTS AND BROKERS**

If this notice is sent to any agent or broker, the agent or broker must forward it to the insured within fifteen days of its receipt unless another company has executed a new certificate of insurance. Failure to do so may result in revocation of your insurance agent's or broker's license.

**Spellman III, Edward**

**From:** Callinan, Amanda  
**Sent:** Tuesday, January 10, 2017 8:34 AM  
**To:** 'felipe@pointinsure.com'  
**Subject:** Nadege Jean Claude

Hello Felipe,

At this time the above policy is still nonrenewed. We received the renewal application, however there was no proof of business attached. The driver is a step 8, her policy with us has a DBA of Nadege Jewelry and the business description had been Jewelry, however the renew application mentioned hair dressing.

Can you provide proof of business (Workers Compensation or General Liability Policy, or proof of the filing of your recent tax return for the named insured shown)?

Thank you,

**Amanda Callinan**  
Commercial Lines Underwriting  
Arbella Insurance Group  
1100 Crown Colony Drive  
Quincy, MA 02169  
P: 617-689-2381  
F: 617-745-2914

FILE

MA-CA

SUBMISSION CONFIRMATION

General Information

Policy #:   
 Status: **Manually Printed**

JAN 21 2015

612047275  
DP \$ 280.00

Agency Information

Agency Name: **RAPO & JEPSEN INS SERVICES INC**  
Producer Code: **0127**

Submission Summary

Reference #: **CA-NB-47750**  
Applicant Name: **NADEGE JEAN CLAUDE**  
Policy Term: **01-20-2015 to 01-20-2016**  
Agency Customer ID:  
Date Submitted: **01/20/2015**

FILE  
JAN 21 2015

Estimated Premium

Total Policy Premium: \$1,497

NO POLICY \$ 1497.00

Policy Optional Coverages

Coverages	Limits	Deductible	Premium
<b>Vehicle # 1 Premium: \$1,497</b>			
<b>2007 BMW 320XI SULEV</b>			
<b>WBAVC7353/KP-81725</b>			
<b>Compulsory Insurance:</b>			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$284
Compulsory Personal Injury Protection	\$8,000		\$40
Compulsory Damage To Someone Else's Property	\$100,000		\$441
Compulsory Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$4
<b>Optional Insurance:</b>			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$82
Optional Medical Payments			\$428
Collision			\$138
Waiver of Deductible:		\$800	\$65
Comprehensive	Yes		\$8
Rental Reimbursement		\$500	
Towing and Labor	30/30 Days	\$50	
Optional Underinsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		
<b>Risk Characteristics:</b>			
Garaging City			
Territory			
Class Code	15		
Anti-theft Device:	73910		
	20%		

prior carum  
Arbella

prior policy

UNAWA req  
11/15/2014

Billing susp

5YSY 30



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**  
Amount: **\$280.00**  
Payment Mailing Address: **Arbella Insurance Group  
P.O. Box 55382  
Boston, MA 02205-5382**

**Make electronic payment now.**  
You have elected to make an Electronic Payment. Click the link to process the down payment.

**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 



Submitted Date 20-2015  
**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

**AGENCY**  
RAFO & JEPSEN INS SERVICES INC  
19 MILL ST  
LOWELL, MA 01852  
DANIEL EVERETT

**CARRIER** \_\_\_\_\_ **NAIC CODE:** \_\_\_\_\_ **UNDERWRITER** \_\_\_\_\_

**DATE (MM/DD/YYYY)**  
01-20-2015

**UNDERWRITER OFF** \_\_\_\_\_

**POLICIES OR PROGRAM REQUESTED**  
CAR - Arbelia (ceded)

**POLICY NUMBER** \_\_\_\_\_

**INDICATE SECTIONS ATTACHED**

<input type="checkbox"/> PROPERTY	<input type="checkbox"/> EQUIPMENT-FLOATER	<input type="checkbox"/> GARAGE AND DEALERS
<input type="checkbox"/> GLASS AND SIGN	<input type="checkbox"/> INSTALLATION/BUILDERS RISK	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROC	<input type="checkbox"/> BOILER & MACHINERY
<input type="checkbox"/> CRIME/SCHEMATIC/CRIME	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> WORKERS COMPENSATION
<input type="checkbox"/> TRANSPORTATION MOTOR TRUCK CARGO	<input type="checkbox"/> BUSINESS AUTO	<input type="checkbox"/> UMBRELLA
	<input type="checkbox"/> TRUCKERS/MOTOR CARRIER	

**PHONE (AG, No, Ext):** \_\_\_\_\_  
**FAX (AG, No):** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_  
**CODE:** \_\_\_\_\_ **SUB CODE: 0127**

**AGENCY CUSTOMER ID:** \_\_\_\_\_

**STATUS OF TRANSACTION**

QUOTE  ISSUE POLICY  RENEW

BOUND (Give Date and/or Attach Copy): \_\_\_\_\_

CHANGE  DATE \_\_\_\_\_  TIME \_\_\_\_\_  AM  PM

CANCEL

**PACKAGE POLICY INFORMATION**

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

<b>PROPOSED EFF DATE</b> 01-20-2015	<b>PROPOSED EXP DATE</b> 01-20-2016	<b>BILLING PLAN</b>	<b>PAYMENT PLAN</b>	<b>AUDIT</b> No Audit
		<input type="checkbox"/> DIRECT BILL		
		<input type="checkbox"/> AGENCY BILL		

**APPLICANT INFORMATION**

**NAME (First Named Insured & Other Named Insureds)**  
NADEGE JEAN CLAUDE  
DBA: NADEGE JEWELRY

**MAILING ADDRESS INCL ZIP+4 (of First Named Insured)**  
\_\_\_\_\_

**FBI OR SOC SEC # (of First Named Insured)** \_\_\_\_\_ **PHONE (AG, No, Ext):** \_\_\_\_\_

**E-MAIL ADDRESS(ES):** \_\_\_\_\_

INDIVIDUAL  CORPORATION  SUBCHAPTER S CORPORATION NOT FOR PROFIT ORG  LLC  CR BUREAU NAME \_\_\_\_\_ **WEBSITE ADDRESS(ES):** \_\_\_\_\_

PARTNERSHIP  JOINT VENTURE  NO. OF MEMBERS AND MANAGERS \_\_\_\_\_ **ID NUMBER** \_\_\_\_\_

**INSPECTION CONTACT:** \_\_\_\_\_ **ACCOUNTING RECORDS CONTACT: NADEGE**

**PHONE (AG, No, Ext):** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_ **DATE BUS STARTED** \_\_\_\_\_

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**  
JEWELRY

**GENERAL INFORMATION**

10/13/14 - 5000 - MA-09 - bond issue C

**EXPLAIN ALL "YES" RESPONSES**

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	<b>EXPLAIN ALL "YES" RESPONSES</b>	YES	NO					
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X		8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		X				
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?					
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X				10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		X		
4. ANY CATASTROPHE EXPOSURE?		X					11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		X	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X						12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 615 for Liability Exposure and/or ACORD 616 for Property Exposure)		X
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	X									
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X								

**REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)**  
\_\_\_\_\_

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)**

**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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ **PRODUCER'S SIGNATURE** \_\_\_\_\_ **NATIONAL PRODUCER NUMBER** \_\_\_\_\_

ACORD 125 (2005/06)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1983-2005

**PRIOR CARRIER INFORMATION**

Submitted Date 10-2015

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OF AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY OCCURRENCE												
	BODILY INJURY AGGREGATE												
	PROPERTY DAMAGE OCCURRENCE												
	PROPERTY DAMAGE AGGREGATE												
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
AUTOMOBILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY EA PERSON												
	BODILY INJURY EA ACCIDENT												
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING AMT												
	PERS PROP AMT												
	MODIFICATION FACTOR												
TOTAL PREMIUM													
	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
MODIFICATION FACTOR													
TOTAL PREMIUM													

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NV)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS
							OPEN/CLOSE

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

**ATTACHMENTS**

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)  
 STATE SUPPLEMENT(S) (if applicable)  
 See additional pages.

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.  
 ACORD 125 (2005/06)

**Name and Address**  
NADEGE JEAN CLAUDE

Submitted Date 20-2015

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Issuance

**PAYMENT PLAN :**

Billing Method : Direct Bill - Automated Payment Plan (EFT)

**Down Payment Information**

Down Payment Type: Electronic Payment  
Down Payment Amount: \$280.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : CARD (2015\_01\_17 12\_42\_59 UTC).pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

ATTACHED PROOF OF THE BUSINESS, THANKS, DANIEL.

End of Document

Acord Additional Info (2004/05)

OverflowPageNumber :1

# ACORD BUSINESS AUTO SECTION

Submitted Date 20-2015

AGENCY <b>RAPO &amp; JENSEN INS SERVICES INC</b> 19 MILL ST LOWELL, MA 01852 DANIEL EVERETT	PHONE (Alt. No. Ext.) FAX E-MAIL	APPLICANT <b>NADEGE JEAN CLAUDE</b> (First Name Insured)	DATE (MM/DD/YYYY) <b>01-20-2015</b>
CODE: AGENCY CUSTOMER ID:	SUB CODE: <b>0127</b>	EFFECTIVE DATE <b>01-20-2015</b>	EXPIRATION DATE <b>01-20-2016</b>
COVERAGES/LIMITS		DIRECT BILL	PAYMENT PLAN
FOR COMPANY USE ONLY		AGENCY BILL	AUDIT No Audit

**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION**  
**ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	HAIR	SEX	STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER	STATE	DATE HIRE	EMPLOYED NO-EMPLOYED	DOC	USE VEH #	% USE
1	NADEGE JEANCLAUDE											No	8	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		X	8. ANY HOLD HARMLESS AGREEMENTS?		X
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	X		9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		X
4. ARE ANY VEHICLES LEASED TO OTHERS?	X		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		X
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?	X		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		X
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?	X		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		X
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	X		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		X
DESCRIPTION OF GARAGE/STORAGE LOCATIONS	X		14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		X
			15. HAS AGENT INSPECTED VEHICLES?		X

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE: 0001 (WBAVC73537K23 1725)
<input type="checkbox"/> LOSS PAYEE		FIRST HELP FINANCIAL			SCHEDULED ITEM NUMBER:
<input checked="" type="checkbox"/> LENDHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
ITEM DESCRIPTION:					

**REMARKS**

**VEHICLE DESCRIPTION**

Submitted Date 20-2015

VEH#	YEAR	MAKE: BMW	MODEL: 328XI SULEV	V.I.N.: WBAVC73537KP31725	VEHICLE TYPE	SYN/AGE	COST NEW
0001	2007						\$ 34300
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR
EVERETT MA 02149		MA	15		73910		
DRIVE TO WORK/SCHOOL	USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR	F	LSP
< 15 MILES	PLEASURE						
15 MILES +	FARM	RETAIL	LIAB NO-FAULT	MED PAY UNINS MOTOR		FT	COMP
NET VEH PRICE	VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/AGE	COST NEW

ACORD 127 (2003/08)

**Name and Address**

NADEGE JEAN CLAUDE

Submitted Date 20-2015

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : NADEGE JEANCLAUDE  
SDIF : 08

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : Coverage Not Requested  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor : 50  
Anti-Theft Device : 200  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document



**MASSACHUSETTS COMMERCIAL AUTO COVERAGE/LIMITS SECTION**

Submitted Date 01-20-2015

AGENCY: **RAPO & JEPSEN INS SERVICES INC**  
 APPLICANT (First Named Insured): **NADEGE JEAN CLAUDE**  
 DATE (MM/DD/YYYY): **01-20-2015**

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 7 8	BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	5 7	PER PERSON \$ 8000 YOURSELF <input type="checkbox"/> DED \$ YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 4 7 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON \$	OPTIONAL COMPREHENSIVE	2 3 4 7 8	\$500
COMPULSORY UNINSURED MOTORIST	2 3 4 7	CSL <input type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 3 4 7 8	\$
OPTIONAL BODILY INJURY TO OTHERS	1 2 3 4 7 8	CSL <input type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL COLLISION	2 3 4 7 8	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	STATES	# DAYS	# VEH
COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS	

(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.S. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 45 47 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 43 47 48	\$	\$
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	42 43 47 48	CSL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/>	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 50	EACH ACCIDENT \$	OPTIONAL COLLISION	42 43 47 48	\$	\$
OPTIONAL MEDICAL PAYMENTS	42 43 46	EACH PERSON \$	OPTIONAL TOWING & LABOR	49	\$	\$
COMPULSORY UNINSURED MOTORIST	42 43 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 42 43 47 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48 49	# TRAILERS	# DAYS
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48 49	RADIUS	DEDUCTIBLE
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48 49	\$	\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	OPTIONAL HIRED PHYSICAL DAMAGE			
OTHER			STATES	# DAYS	# VEH	
COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS		COVERED AUTO SYMBOLS

(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) 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

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

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**MOTOR CARRIER SECTION**

Submitted Date 02-20-2015

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	61	62	67	BI EACH PERSON	\$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
BODILY INJURY LIABILITY	61	62	67	BI EACH ACCIDENT	\$	OPTIONAL COMPREHENSIVE	62	67				
	63	64	71				63	68				
	65	66				OPTIONAL SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
	67			PER PERSON \$	DED \$		63	68	F	FTW		
COMPULSORY PERSONAL INJURY PROTECTION	65	67		YOURSELF		OPTIONAL COLLISION	62	67				
	67			YOURSELF			63	68				
	67			YOURSELF AND FAMILY MEMBERS			64	68				
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	71	EACH ACCIDENT	\$	OPTIONAL TOWING & LABOR	63					
	62	67					67					
	63	68					67					
OPTIONAL MEDICAL PAYMENTS	62	64		EACH PERSON	\$	TRAILER INTERCHANGE						
	63	67				COVERAGES	SYMBOL	# TRAILERS	FIRTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMPULSORY UNINSURED MOTORIST	62	66		CSL	\$	OPTIONAL COMPREHENSIVE	69					
	63	67		BI EACH ACCIDENT	\$		70					
	64	67		PROPERTY DAMAGE	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	69					
	64	67					70					
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	CSL	\$	OPTIONAL COLLISION	69					
	62	67		BI EACH ACCIDENT	\$		70					
	63	68		MOTORCYCLE GUEST OCCUPANT EXCLUSION								
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS	OPTIONAL HIRING PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO			\$								
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS							
	NO			\$								
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF							
	NO			EMPLOYEES								
				VOLUNTEERS								
				PARTNERS								
OTHER						OTHER	COVERAGES IS:	PRIMARY	SECONDARY			

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED 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 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.

**I 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 WRITING.**

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**Name and Address**  
NADIGE JEAN CLAUDE

Submitted Date 20-2015

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

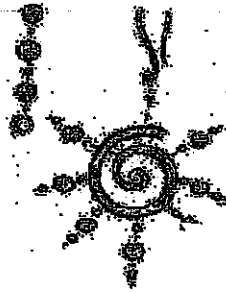
OTC Type

:  
:  
: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1



**MADEGE JEWELRY**

Handmade jewelry

Necklace Chain  
Earrings

Watches/Bracelets  
Wire work

Chain-maille  
Hanging jewelry



**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45209-0023

Date of this notice: 10-08-2014

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575-C

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

NADEGE JEAN CLAUDE  
NADEGE JEWELRY

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 [REDACTED]. 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 accounts, 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 out 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 a 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](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3376 (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 JEAN. 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)

5756

10-08-2014 JEAN O 999999999 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: 10-08-2014  
EMPLOYEE IDENTIFICATION NUMBER:  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45229-0023  
\*\*\*\*\*

NADEGE JEAN CLAUDE  
NADEGE JEWELAY

**ARBELLA**

**SUBMISSION CONFIRMATION**

**General Information**

Policy #:

Status: **Manually Printed**

**Agency Information**

Agency Name: **POINT INS INC**  
 Producer Code: **0127**

**Submission Summary**

Reference #:

Applicant Name: **NADEGE JEAN CLAUDE**  
 Policy Term: **01-20-2017 to 01-20-2018**  
 Agency Customer ID:   
 Date Submitted: **01/19/2017**

**Prior Carrier Information**

Applicant's Prior Carrier: **No Prior Carrier for this Applicant**

**Estimated Premium**

Total Policy Premium: **\$1,816**  To review with an underwriter contact Commercial Auto team at 1-877-788-3850

Policy #

Not Jewelry Sales  
EJ Spillman already listed

~~Jewelry Sales~~ Jewelry Sales  
1 PPT = Individual name on corp AID w/ FID  
1 driver = MA license

Previously written:   
↳ Nonrenewal as there was no proof of legit business

Sent to SIU 02/01/2017  
DC

KXH  
JAN 19 2017

(non renew)

19 JAN 17 12:20

Policy Optional Coverages			
Coverages	Premium		
Coverages	Limits	Deductible	Premium
<b>Vehicle #1 Premium: \$1,818</b>			
2008 BMW 335X			
WVANV88548CZ26133			
<b>Compulsory Insurance:</b>			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$284
Compulsory Personal Injury Protection	\$5,000		\$40
Compulsory Damage To Someone Else's Property	\$100,000		\$441
Compulsory Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$8
<b>Optional Insurance:</b>			
Optional Bodily Injury To Others	\$50,000 Per Person / \$100,000 Per Accident		\$220
Optional Medical Payments	\$25,000		\$11
Collision		\$500	\$469
Waiver of Deductible:	Yes		
Comprehensive		\$500	\$180
Rental Reimbursement	48/30 Days		\$95
Towing and Labor	\$100		\$18
Optional Underinsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$22
<b>Risk Characteristics:</b>			
Garaging City			
Territory	16		
Class Code	73810		
Anti-theft Device:	20%	<input checked="" type="checkbox"/>	

PAN 818430

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 90 days.

**Down Payment Information**

Type: Check  
Amount: \$325.00  
Payment Mailing Address: Arbella Insurance Group  
P.O. Box 55392  
Boston, MA 02205-5892

**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 126 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 







Submitted Date 01-19-2017  
**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

<b>AGENCY</b> POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 LEANDRO RODRIGUES		<b>CARRIER</b> NAIC CODE: UNDERWRITER	<b>DATE (MM/DD/YYYY)</b> 01-19-2017 UNDERWRITER OFF.
<b>PHONE (A/C No, Ext):</b> <b>FAX (A/C No):</b> <b>E-MAIL ADDRESS:</b> leandro@pointinsure.com <b>CODE:</b> SUB CODE: 0127 <b>AGENCY CUSTOMER ID:</b>		<b>POLICIES OR PROGRAM REQUESTED</b> CAR - Arbella (ceded)	<b>POLICY NUMBER</b>
<b>INDICATE SECTIONS ATTACHED</b> PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION MOTOR TRUCK CARGO		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER	GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA

<b>STATUS OF TRANSACTION</b> <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL		<b>PACKAGE POLICY INFORMATION</b> ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
		<b>PROPOSED EFF DATE</b> 01-20-2017	<b>PROPOSED EXP DATE</b> 01-20-2018	<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	<b>PAYMENT PLAN</b> No Audit

<b>APPLICANT INFORMATION</b> NAME (First Named Insured & Other Named Insureds) NADRE JEAN CLAUDE		MAILING ADDRESS INCL ZIP+4 (if First Named Insured) JT JAN 19 2017	
<b>PERSON OR SOCIETY # (of First Named Insured):</b> E-MAIL ADDRESS(ES): PHONE (A/C No, Ext):		WEBSITE ADDRESS(ES): CRIBURNAL NAME: IDNUMBER:	
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER S CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> LLC NO OF MEMBERS AND MANAGERS:	DATE SUB STARTED
<b>INSPECTION CONTACT:</b> PHONE (A/C No, Ext): E-MAIL ADDRESS:		<b>ACCOUNTING RECORDS CONTACT: NADRE JEAN CLAUDE</b> PHONE (A/C No, Ext): E-MAIL ADDRESS:	

PREMISES INFORMATION		STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
LOC #	BLD #		INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NO PRIOR SUBMISSIONS FOUND  
PREVIOUSLY SUBMITTED ON

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

JEWELRY SALES BY

GENERAL INFORMATION						
EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			<input checked="" type="checkbox"/>	b. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICATED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>			
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	c. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>			
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>	10. ANY BANKRUPTCY, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>		11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		<input checked="" type="checkbox"/>
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			<input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input checked="" type="checkbox"/>

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (ANY SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 125 (2005/06)

PLEASE COMPLETE REVERSE SIDE

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Submitted Date 01-19-2017

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	RETRO DATE	EFF-EXP DATE	GENERAL AGGREGATE	PRODUCTS COMP OP AGGREGATE	PERSONAL & ADV INJ	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	BODILY INJURY	PROPERTY DAMAGE	COMBINED SINGLE LIMIT	MODIFICATION FACTOR	TOTAL PREMIUM
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY																
	PROPERTY DAMAGE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER	No prior carrier															
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
BROKER	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING AMT																
	PERS PROP AMT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
LIMIT	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NV)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS  
 STATE SUPPLEMENT(S) (if applicable)  
 See Additional pages.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.  
 ACORD 125 (2006/08)

Submitted Date 01-19-2017

**Name and Address**  
NADEGE JEAN CLAUDE

**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: Check

Down Payment Amount: \$225.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : NADEGE.pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code

**UNDERWRITER REMARKS :**

**AGENT REMARKS :**

SEE ARBELLA'S PROCEDURES #6 TO POINT, PLEASE FIND ATTACHED THE COPY OF THE PREVIOUS POLICY.

End of Document

Acord Additional Info (2004/03)

OverflowPageNumber : 1



Submitted Date 01-19-2017

<b>ACORD BUSINESS AUTO SECTION</b>		DATE (MM/DD/YYYY) <b>01-19-2017</b>
AGENCY: <b>POINT INS INC</b> PHONE (AG No, Ext): FAX: MAIL NO: <b>1103 COMMONWEALTH AVE</b> <b>BOSTON MA 02215</b> <b>LEANDRO RODRIGUES</b>	APPLICANT: <b>NADEGE JEAN CLAUDE</b> (First Name Insured)	
CODE: AGENCY CUSTOMER ID:	SUB CODE: <b>0127</b>	EFFECTIVE DATE: <b>01-20-2017</b> EXPIRATION DATE: <b>01-20-2018</b> <input checked="" type="checkbox"/> DIRECT BILL    PAYMENT PLAN AGENCY BILL    AUDIT No Audit
FOR COMPANY USE ONLY		

**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION**

**DRIVER INFORMATION**      **ACORD 163 attached for additional drivers**

**LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.**

DRIVER #	NAME (Include address, if required)	MARK SEX/STAT	DATE OF BIRTH	YES EXP	YEAR LIC	DRIVERS LICENSE NUMBER SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADENED NO-FAULT	DOC	USE VEH #	% USE
1	NADEGE JEANCLAUDE									NO		

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?			<input checked="" type="checkbox"/>
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>		9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.			<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?			<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			<input checked="" type="checkbox"/>
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>		14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS:				15. HAS AGENT INSPECTED VEHICLES?			<input checked="" type="checkbox"/>
							MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**      **ACORD 45 attached for additional names**

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED		<b>GATEWAY ONE LENDING AND FINANCE</b>			<b>VEHICLE: 0001 (WRANT93548CZ66538)</b>
<input checked="" type="checkbox"/> LOSS PAYEE					<b>SCHEDULED ITEM NUMBER:</b>
<input type="checkbox"/> LIENHOLDER					<b>OTHER:</b>
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
ITEM DESCRIPTION:					

**REMARKS**

Submitted Date 01-19-2017

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW						
0001	2008	BMW	535XI				\$ 51,600						
CITY, STATE, ZIP WHERE GARAGED		EVERETT WA 02149		LIC STATE	TERR	GVR/GCW	CLASS						
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C O F L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C O F L
< 15 MILES		PLEASURE	RETAIL	X	X	X	FT	X	COMP	X	AA	ST AMT	\$
15 MILES +		FARM	SERVICE	LIAB NO-FAULT	UNINS MOTOR		FTW	X	COLL				\$ 500
NET VEH DRGGE							TOTAL PREM \$	\$ 500	COLL				
VEH #	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVR/GCW	CLASS						
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C O F L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C O F L
< 15 MILES		PLEASURE	RETAIL	X	X	X	FT	X	COMP	X	AA	ST AMT	\$
15 MILES +		FARM	SERVICE	LIAB NO-FAULT	UNINS MOTOR		FTW	X	COLL				\$
NET VEH DRGGE							TOTAL PREM \$	\$	COLL				
VEH #	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVR/GCW	CLASS						
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C O F L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C O F L
< 15 MILES		PLEASURE	RETAIL	X	X	X	FT	X	COMP	X	AA	ST AMT	\$
15 MILES +		FARM	SERVICE	LIAB NO-FAULT	UNINS MOTOR		FTW	X	COLL				\$
NET VEH DRGGE							TOTAL PREM \$	\$	COLL				
VEH #	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVR/GCW	CLASS						
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C O F L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C O F L
< 15 MILES		PLEASURE	RETAIL	X	X	X	FT	X	COMP	X	AA	ST AMT	\$
15 MILES +		FARM	SERVICE	LIAB NO-FAULT	UNINS MOTOR		FTW	X	COLL				\$
NET VEH DRGGE							TOTAL PREM \$	\$	COLL				
VEH #	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVR/GCW	CLASS						
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C O F L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C O F L
< 15 MILES		PLEASURE	RETAIL	X	X	X	FT	X	COMP	X	AA	ST AMT	\$
15 MILES +		FARM	SERVICE	LIAB NO-FAULT	UNINS MOTOR		FTW	X	COLL				\$
NET VEH DRGGE							TOTAL PREM \$	\$	COLL				
VEH #	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVR/GCW	CLASS						
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C O F L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C O F L
< 15 MILES		PLEASURE	RETAIL	X	X	X	FT	X	COMP	X	AA	ST AMT	\$
15 MILES +		FARM	SERVICE	LIAB NO-FAULT	UNINS MOTOR		FTW	X	COLL				\$
NET VEH DRGGE							TOTAL PREM \$	\$	COLL				
VEH #	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVR/GCW	CLASS						
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C O F L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C O F L
< 15 MILES		PLEASURE	RETAIL	X	X	X	FT	X	COMP	X	AA	ST AMT	\$
15 MILES +		FARM	SERVICE	LIAB NO-FAULT	UNINS MOTOR		FTW	X	COLL				\$
NET VEH DRGGE							TOTAL PREM \$	\$	COLL				

ACORD 127 (2003/08)

**Name and Address**

Submitted Date 01-19-2017

**MADEGE JEAN CLAUDE**

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : MADEGE JEANCLAUDE  
SDIF : 08

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C. : NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0801  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 50000/100000  
Medical Payment Limit : 25000  
Bodily Injury To Others Limit : 50000/100000  
Underinsured Motorist Limit : 50000/100000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 45  
Towing and Labor : 100  
Anti-Theft Device : 20%  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document



Submitted Date 01-19-2017

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE									
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH PERSON \$ BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$	<input type="checkbox"/>	DED \$	<input type="checkbox"/>	YOURSELF <input type="checkbox"/>		YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	<input type="checkbox"/>	IF ANY BASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	<input type="checkbox"/>	IF ANY BASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES	<input type="checkbox"/>	<input type="checkbox"/>	GROUP TYPE	<input type="checkbox"/>	NUMBER OF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COVERED AUTO SYMBOLS  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

Submitted Date 01-19-2017

**Name and Address**

NADEGE JEAN CLAUDE

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

DTC Type

:  
:  
:  
: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverFlowPageNumber : 1

Page 276 of 601

Office / Agent: 46-0127  
Tax I.D. No.:  
Policy Number: [REDACTED] 02

**DECLARATIONS - MASSACHUSETTS  
BUSINESS AUTO COVERAGE FORM  
MM 00 97 08 98**



**ITEM ONE - NAMED INSURED AND ADDRESS**  
NADEGE JEAN CLAUDE  
DBA: NADEGE JEWELRY

Producer Name and Address: 46-0127  
POINT INS INC  
1103 COMMONWEALTH AVE  
BOSTON, MA 02215

**POLICY PERIOD:** Policy Covers FROM 01/20/2016 TO 01/20/2017 12:01 A.M. Standard Time at the Named Insured's Address stated above  
**Reason for Declaration:** ENDORSEMENT  
**Named Insured's Business:** CORPORATION  
**Effective Date:** 10/21/2016  
**DIRECT BILL**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos" to a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIABILITY INSURANCE	
		LIMIT The most we will pay for any one accident or loss	PREMIUM
Compulsory Bodily Injury	7	20,000 Each Person 40,000 Each Accident	284
Personal Injury Protection	7	8,000 Each Person	40
Optional Bodily Injury	7	20,000 Each Person 40,000 Each Accident	82
Property Damage (COMPULSORY LIMIT: \$5,000)	7	100,000 Each Accident	44.1
Auto Medical Payments Insurance		Each Person	
Uninsured Motorists (COMPULSORY LIMITS: \$20,000/\$40,000)	7	20,000 Each Person 40,000 Each Accident	4
Underinsured Motorists	7	20,000 Each Person 40,000 Each Accident	INCL

**PHYSICAL DAMAGE INSURANCE**

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage	7	SEE SCHEDULE	Deductible	190
Specified Parts Coverage				
Collision Coverage	7	SEE SCHEDULE	Deductible	489
Limited Collision Coverage			Deductible	
Loss of Use-Rental Reimbursement	7	SEE SCHEDULE		63
Towing and Labor	7		\$0 For each disablement of a private passenger auto.	8

Forms and Endorsements attached to this Coverage Form:

- 26 AP 1011 (07/99)
- 26 AP 1047 (05/98)
- 26 AP 1102 (04/11)
- CA 00 01 (10/01)
- CA 23 86 (01/08)
- IL 00 17 (11/85)
- IL 00 21 (04/98)
- MM 98 11 (10/11)
- MM 99 17 (09/98)
- MM 99 18 (09/98)
- MM 99 23 (09/98)
- MM 99 39 (09/98)
- MM 99 54 (09/98)

PREMIUM FOR ENDORSEMENTS	
ADDITIONAL OR RETURN PREMIUM	28
ESTIMATED TOTAL PREMIUM	1,611

\* This policy may be subject to final audit.

Includes copy of the Manual of Insurance Services Office with its permission.

Countersigned by:

Authorized Representative

Office / Agent: 46-0127  
 Tax I.D. No.:  
 Policy Number:

**DECLARATIONS - MASSACHUSETTS  
 BUSINESS AUTO COVERAGE FORM  
 SCHEDULE - MM 00 97 09 98**



ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

**VEHICLE INFORMATION**

Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)	Original Cost New	Size, GVW, GCM or Seating Capacity	Territory, City, & State where the covered auto will be garaged
002	2008 BMW 335i SEDAN 4 DR. WBANV93548CZ66538	51,600		

**CLASSIFICATION**

Auto No.	Business Use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip.	Inspection Code	Loss of Use Amt/Days
002		10	9	73910			WAIVED	30 / 30

**LIABILITY LIMITS (Limit(s) in thousands)**

Auto No.	Compulsory Bodily Injury (\$20,000/\$40,000 each pers/each acc)		Personal Injury Protection \$5,000 Ea Person		Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)		Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium	
002	284	40	20 40	92	100		441			20 40	4	20 40	INCL	

**PHYSICAL DAMAGE**

Auto No.	Value Type and Limit	** Specified Perils			Comprehensive		Collision		Limited Collision	
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
002	ACV				500	190	500	489		

Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor
002		20%	Y	63	B

\*\* F - Fire Coverage, T - Theft Coverage, E&T - Fire and Theft, C&C - Combined Additional Coverage.  
 \*\*\* YES Designates Waiver of Deductible.  
 # Designates Policy Level Additional Insured - Lessor applies.  
 @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.

Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.  
 002 GATEWAY ONE LENDING & FINANCE, I

Includes copyrighted material of Insurance Services Office with its permission.

Office / Agent: 48-0127  
 Tax I.D. No.:  
 Policy Number:

**DECLARATIONS - MASSACHUSETTS  
 BUSINESS AUTO COVERAGE FORM  
 (Continued) - MM 00 97 09 98**



**ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.  
 LIABILITY COVERAGE - RATING BASIS, COST OF HIRE**

State	Estimated Cost of Hire for each State	Rate per each \$100 Cost of Hire:		Factor (If Veh. cov. is Primary)	Premium:	
		Bod. Injury	Prop. Damage		Bod. Injury	Prop. Damage
<b>Total Premium:</b>						

**Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of Hire does not include charges for services performed by motor carriers of property or passengers.**

**PHYSICAL DAMAGE COVERAGE**

Coverages:	Limit of Insurance The most we will pay. Deductible	Estimated Annual Cost of Hire	Rate per each \$100 Annual Cost of Hire	Premium:
Comprehensive	Whichever is less, minus \$ deductible already covered auto, but no deductible applies to loss caused by fire or lightning			
Specific causes of Loss	Whichever is less, minus \$ deductible for each covered auto for loss caused by theft or vandalism			
Collision	Whichever is less, minus \$ deductible for each covered auto			
<b>Total Premium:</b>				

**ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY**

Named Insured's Business	Rating Basis	Number	Premium	
			Bodily Injury	Prop. Damage
Other than a Social Services Agency	No. of Employees			
Social Services Agency	No. of Ratings			
	No. of Employees			
	No. of Volunteers			
<b>Total Premium</b>				

**ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS.  
 LIABILITY COVERAGE PUBLIC AUTO LEASING RENTAL CONCERNS**

Estimated Yearly	Rates:		Premiums:	
	Liability Coverage	Auto Medical Payments	Liability Coverage	Auto Medical Payments
<input type="checkbox"/> Gross Receipts				
<input type="checkbox"/> Mileage				
<b>Total Premiums</b>				
<b>Minimum Premiums</b>				

When used as a premium basis:  
**FOR PUBLIC AUTOS**

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross receipts does not include:

- A. Amount you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Taxes which you collect as a separate item and remit directly to a governmental division.
- C. C.O.D. collections for cost of mail or merchandise including collections fees.
- D. Advertising Revenue.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

**FOR RENTAL OR LEASING CONCERNS**

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

**Driver Information:**

Drv. No.	Driver Name	Date of Birth	License Number	State

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MM 99 17 09 98

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF DEDUCTIBLE - MASSACHUSETTS**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The deductible amount shown on the Declarations for Collision Coverage does not apply to any "auto" to which this endorsement applies as shown on the Declarations if:

1. That "auto" was legally parked when struck by another "auto" owned by an identified person.
2. That "auto" was struck in the rear by another "auto" moving in the same direction and owned by an identified person.
3. The operator of the other "auto" was convicted of any of the following violations:
  - a. Operating under the influence of alcohol, marijuana, or a narcotic drug.
  - b. Driving the wrong way on a one-way street.
  - c. Operating at an excessive rate of speed.
  - d. Any similar violation of any similar law of another state in which the accident occurs.

However, we will not pay if the operator of the "auto" insured under this Coverage was also convicted of one of the violations.

4. You are entitled to recover in court against an identified person for some reason other than those listed above.

(Description of Auto)

(Premium)



MM 99 39-09 98

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LOSS OF USE/RENTAL REIMBURSEMENT COVERAGE  
 MASSACHUSETTS**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective 10/21/2016	
Named Insured:	Countersigned by
	(Authorized Representative)

**SCHEDULE**

Auto No.	Designation or Description of Covered "Auto" to Which This Insurance Applies	Maximum Payment Each Covered "Auto"			Premium
		Any One Day	No. of Days	Any One Period	
		\$		\$	\$
		\$		\$	\$
Total Premium					\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. We will reimburse you in the event of loss to a covered auto for expenses incurred for the rental, not including any mileage or gasoline charges, of a substitute auto of equivalent type and purpose, including taxicabs, buses, and other means of transportation.
- B. We will pay only for those expenses incurred during the policy period beginning 24 hours after the loss and ending, regardless of the policy's expiration, with the lesser of the following number of days:
  1. The number of days reasonably required to repair or replace the covered auto.
  2. The number of days in the schedule.

MM 99 39-09 98

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MM 99 39 09 98

C. Our payment is limited to the lesser of the following amounts:

1. Necessary and actual expenses incurred.
2. The maximum payment stated in the schedule applicable to "any one day" or "any one period."

D. This coverage does not apply while there are spare or reserve autos available to you for your operations.

E. If loss results from the total theft of a covered auto of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expense which is not already provided for under Comprehensive Coverage or Specified Causes of Loss Coverage.

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TRANSFER 2007 BMW (1725) TO 2008 BMW (6538)

Issued to		Policy Effective Date	Producer Code
Policy Number	End. Number	01/20/2016	46-0127
	End Effective Date	Authorized Countersignature	
	10/21/2016		

26AP1047 05 98

# Exhibit 6

## Edilson Lopez

Arbella

ARBELLA MACA

SUBMISSION CONFIRMATION

General Information

Policy #:   
Status: Manually Printed

CHE

Agency Information

Agency Name: RAPO & JEPSEN INS SERVICES INC  
Producer Code: 0134

Submission Summary

Reference #:   
Applicant Name: EDILSON LOPEZ  
Policy Term: 02-11-2015 to 02-11-2016 OK  
Agency Customer ID:   
Date Submitted: 02/11/2015

DBA:  
LOPEZ Iron work

Estimated Premium

Total Policy Premium: \$1,540

\$1513

Policy Optional Coverages

Coverages	Limits	Deductible	Premium
<b>Coverages</b>			
Vehicle # 1 Premium: \$1,540			
2010 HONDA PILOT EXL 6FNYF4HS4AB20621			
<b>Compulsory Insurance:</b>			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$284
Compulsory Personal Injury Protection		\$0	\$40
Compulsory Damage To Someone Else's Property	\$100,000		\$441
Compulsory Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$4
<b>Optional Insurance:</b>			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$82
Optional Medical Payments	\$10,000		\$8
Collision		\$500	\$430
Waiver of Deductible	Yes		\$500
Comprehensive		\$500	\$151
Rental Reimbursement	30/30 Days		\$63
Optional Uninsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$0
<b>Risk Characteristics:</b>			
Gauging City			
Territory	18		
Class Code	73810		

Issued \$1513  
FAP Suspended

AQC  
FEB 24 2015

CJP  
FEB 12 2015

15% ATD

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

Arbella

This quote is valid for 30 days.

**Down Payment Information**

Type: Electronic Payment

**Make electronic payment now.**

Amount: \$250.00

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 53392  
Boston, MA 02206-5392

**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 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 



Submitted Date 1-2015  
**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

<b>AGENCY</b> RAPO & JEPSEN INS SERVICES INC 19 MILL ST LOWELL, MA 01852		<b>CARRIER</b> NAIC CODE:	<b>UNDERWRITER</b> UNDERWRITER OFF.	<b>DATE (MM/DD/YYYY)</b> 02-11-2015
<b>PHONE (A/C No. Ext):</b> <b>FAX No.:</b> <b>E-MAIL ADDRESS:</b> <b>CODE:</b> SUB CODE: 0134		<b>POLICIES OR PROGRAM REQUESTED</b> CAR - Arbella (ceded)		<b>POLICY NUMBER</b>
<b>AGENCY CUSTOMER ID:</b>		<b>INDICATE SECTIONS ATTACHED:</b> <input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO	<input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER	<input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA

<b>STATUS OF TRANSACTION</b> <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL		<b>PACKAGE POLICY INFORMATION</b> ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
		<b>PROPOSED EFF DATE</b> 02-11-2015	<b>PROPOSED EXP DATE</b> 02-11-2016	<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL
		<b>PAYMENT PLAN</b>		<b>AUDIT</b> No Audit

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds)  
 EDILSON LOPEZ  
 DBA: LOPEZ IRON WORK

MAILING ADDRESS (GL ZIP+4 (of First Named Insured))  
 CHELSEA MA 02150

PHONE (A/C No. Ext):  
 E-MAIL ADDRESS:

WEBSITE ADDRESS:

<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER S CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> OR BUREAU NAME	<input type="checkbox"/> ID NUMBER	<input type="checkbox"/> DATE BUS STARTED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> NO OF MEMBERS AND MANAGERS			

INSPECTION CONTACT: EDILSON LOPEZ  
 ACCOUNTING RECORDS CONTACT: EDILSON LOPEZ

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT		BRS		
			INSIDE	OWNER		FEB 12 2015		
			OUTSIDE	TENANT				

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

IRON WORK

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 616 for Liability Exposure and/or ACORD 616 for Property Exposure)			<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>				
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MD)			<input checked="" type="checkbox"/>				
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			<input checked="" type="checkbox"/>				

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD AN INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN RI) SUBSTANTIAL CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

Submitted Date 11-2015

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
GENERAL LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	RETRO DATE													
	EFF-EXP DATE													
	GENERAL AGGREGATE													
	PRODUCTS COMP OP AGGREGATE													
	PERSONAL & ADV IM													
	EACH OCCURRENCE													
	FIRE DAMAGE													
	MEDICAL EXPENSE													
	BODILY INJURY													
	PROPERTY DAMAGE													
	COMBINED SINGLE LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														
AUTOMOBILE	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	COMBINED SINGLE LIMIT													
	BODILY INJURY	EA PERSON												
		EA ACCIDENT												
	PROPERTY DAMAGE													
	MODIFICATION FACTOR													
	TOTAL PREMIUM													
PROPERTY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	BUILDING AMT													
	PERS PROP AMT													
MODIFICATION FACTOR														
TOTAL PREMIUM														
PROPERTY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	LIMIT													
	MODIFICATION FACTOR													
TOTAL PREMIUM														

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS  
 STATE SUPPLEMENT(S) (if applicable)  
 see additional pages.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.  
 ACORD 125 (2005/06)



Submitted Date 1-2015

**Name and Address**

EDILSON LOPEZ

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Underwriting review

**PAYMENT PLAN :**

Billing Method : Direct Bill - Mail-in Check

**Down Payment Information**

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

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : BUSINESS.pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code

**AGENT REMARKS :**

ATTACHED PROOF OF THE BUSINESS, THANKS, DANIEL.

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

Submitted Date: 11-2015

<b>ACORD<sup>TM</sup> BUSINESS AUTO SECTION</b>			DATE (MM/DD/YYYY) 02-11-2015	
AGENCY PHONE (A/E, No. Ext.) FAX FAC. No.:	APPLICANT: EDILSON LOPEZ (First Name) (Insured)			
RAPO & JENSEN INS SERVICES INC 19 HILL ST LOWELL, MA 01852	EFFECTIVE DATE: 02-11-2015	EXPIRATION DATE: 02-11-2016	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	PAYMENT PLAN
CODE: AGENCY CUSTOMER ID:	SUB CODE: 0134	FOR COMPANY USE ONLY		
AUDIT No Audit				

**COVERAGES/LIMITS**

**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION**

**ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	RACE (SEX/STAT)	DATE OF BIRTH	YES EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	ORGAN/ RETIRED	DOC	USE VEH #	% USE
1	EDILSON LOPEZ									No		

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?			<input checked="" type="checkbox"/>
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>		8. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.			<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>		10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?			<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>		11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>		12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			<input checked="" type="checkbox"/>
6. ARE ICG, PUC OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>		13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>		14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS				15. HAS AGENT INSPECTED VEHICLES?			<input checked="" type="checkbox"/>
						MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$	

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**      ACORD 45 attached for additional names

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED	FIRST HELP FINANCIAL		<input type="checkbox"/>	VEHICLE-0001 (5F8YF4H54AB020621)
<input type="checkbox"/>	LOSS PAYEE			<input type="checkbox"/>	SCHEDULED ITEM NUMBER:
<input checked="" type="checkbox"/>	LENDHOLDER			<input type="checkbox"/>	OTHER
<input type="checkbox"/>	EMPLOYEE AS LESSOR			<input type="checkbox"/>	
<input type="checkbox"/>	OWNER			<input type="checkbox"/>	
<input type="checkbox"/>	REGISTRANT	ITEM DESCRIPTION:			

**REMARKS**

VEHICLE DESCRIPTION

Submitted Date 1-2015

VEH # 0001		YEAR 2010		MAKE HONDA		MODEL PILOT EXL		BODY TYPE		VEHICLE TYPE		SYN/AGE		COST NEW											
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL		USE		COMM/L		CHECK COVERAGES		ADD'L NO-FAULT		LINDRINS MOTOR TOWING & LABOR		F		LSP		RENT REIMB		DEDUCTIBLES		ACV		COMP		SPEC C OF L	
< 15 MILES		PLEASURE		RETAIL		LIAB NO-FAULT		MED PAY UNINS MOTOR		FT		COMP		FG		AA		ST AMT		\$ 500		\$ 500		COLL	
15 MILES +		FARM		SERVICE		NO-FAULT		UNINS MOTOR		FTW		COLL		FG											
NET VEH PRICE																									
VEH #		YEAR		MAKE		MODEL		BODY TYPE		VEHICLE TYPE		SYN/AGE		COST NEW											
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR		GVW/GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS		FARTHEST TERM							
DRIVE TO WORK/SCHOOL		USE		COMM/L		CHECK COVERAGES		ADD'L NO-FAULT		LINDRINS MOTOR TOWING & LABOR		F		LSP		RENT REIMB		DEDUCTIBLES		ACV		COMP		SPEC C OF L	
< 15 MILES		PLEASURE		RETAIL		LIAB NO-FAULT		MED PAY UNINS MOTOR		FT		COMP		FG		AA		ST AMT		\$		\$		COLL	
15 MILES +		FARM		SERVICE		NO-FAULT		UNINS MOTOR		FTW		COLL		FG											
NET VEH PRICE																									

ACORD 127 (2003/08)

<b>Name and Address</b> EDILSON LOPEZ	<b>Submitted Date</b> 1-2015
--	---------------------------------

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : EDILSON LOPEZ  
SNIP : 03

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor :  
Anti-Theft Device : 04 IS/  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document



**MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION**

Submitted Date: 11-2015

<b>AGENCY</b> RAPO & JEPSEN INS SERVICES INC	<b>APPLICANT (First Named Insured)</b> EDILSON LOPEZ	<b>DATE (MM/DD/YYYY)</b> 02-11-2015
---	---	--

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS								
BODILY INJURY LIABILITY	1 4 8 2 X 7 3 8	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident								
COMPULSORY PERSONAL INJURY PROTECTION	X 7	PER PERSON \$ 8000 YOURSELF <input type="checkbox"/> DED \$ YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	<b>PHYSICAL DAMAGE</b>										
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 9 X 7 8 2 4 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$								
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500								
COMPULSORY UNINSURED MOTORIST	2 6 3 X 7 4	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7									
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 3 8	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL COLLISION	2 4 8 3 X 7	\$500								
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>STATES</td> <td># DAYS</td> <td># VEH</td> <td>COVERAGE/DEDUCTIBLE</td> </tr> <tr> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> COMP \$  <input type="checkbox"/> SPEC C OF L \$                 </td> </tr> </table>			STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE				<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$
STATES	# DAYS	# VEH				COVERAGE/DEDUCTIBLE							
			<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$										
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE										
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	<b>COVERED AUTO SYMBOLS</b>	COVERAGE IS:	PRIMARY SECONDARY								

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 46 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 46 43 47		\$
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 48 50	EACH ACCIDENT \$	OPTIONAL COLLISION	42 46 43 47		\$
OPTIONAL MEDICAL PAYMENTS	42 48 43	EACH PERSON \$ CSL <input type="checkbox"/> BI EA PER \$	OPTIONAL TOWING & LABOR	48		\$
COMPULSORY UNINSURED MOTORIST	43 45	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	<b>TRAILER INTERCHANGE</b>			
OPTIONAL BODILY INJURY TO OTHERS	41 46 42 47 43 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48		
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
OTHER			OTHER	COVERAGE IS:	PRIMARY SECONDARY	
<b>COVERED AUTO SYMBOLS</b>	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) 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		

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

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Submitted Date 1-2015

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	81	82	83	84	85	86	87	88	89	90	91	92
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DED \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YOURSELF <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EA PER \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EA PER \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOTORCYCLE GUEST OCCUPANT EXCLUSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IF ANY BASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IF ANY BASIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUP TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VOLUNTEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARTNERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COVERED AUTO SYMBOLS  
 (81) ANY AUTO  
 (82) OWNED AUTOS ONLY  
 (83) OWNED PRIVATE PASS AUTOS ONLY  
 (84) OWNED COMMERCIAL AUTOS ONLY  
 (85) OWNED AUTOS SUBJECT TO NO-FAULT  
 (86) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (87) SPECIFICALLY DESCRIBED AUTOS  
 (88) HIRED AUTOS ONLY  
 (89) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (90) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (91) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 137 MA (2005/04)

Submitted Date 1-2015

**Name and Address**

EDILSON LOPEZ

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

ORC Type

:

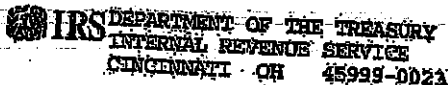
:

: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1



Date of this notice: 02-04-2015

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.

EDILSON LOPEZ  
LOPEZ IRON WORK

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned your EIN [REDACTED]. This EIN will identify you, your business accounts, tax returns, and records, 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](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3576 (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 LOPE. 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

02-04-2015 LOPEZ C 999999999 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: 02-04-2015  
EMPLOYER IDENTIFICATION NUMBER:  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
██

EDISON LOPEZ  
LOPEZ IRON WORK

Arbella Insurance Group  
Claim No. 1020038245

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Q. All right. This is Ed Spellman, and I am speaking with Edilson Lopez from . Today's date is February 14, 2017, and the time is now approximately 4:20 p.m. For the purposes of this conversation we will be utilizing the assistance of Edilson's son, Brian Morales, who is going to translate from Spanish to English for us. Edilson, this conversation is being recorded. Is this being done with your permission, sir?

A. Okay. Yup. Yes.

MR. SPELLMAN: And, Brian, this conversation is being recorded. Is this being done with your permission, sir?

MR. MORALES: Yes.

Q. Edilson, we're here because you have a commercial policy of insurance for us, with us rather, for a Honda Pilot and a Nissan Rogue. Is that correct?

A. That's correct.

Q. Edilson, what is your date of birth, sir?

A.

Q. And do you have a driver's license, sir?

A. Yes.

Q. And what state or country is it from?

A. Massachusetts.

MR. SPELLMAN: Brian, what's your date of birth, sir?

MR. MORALES:

MR. SPELLMAN: And, Brian, do you have a driver's license?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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MR. MORALES: Yes, I do.

MR. SPELLMAN: Is it from a different state or Massachusetts?

MR. MORALES: It's from Massachusetts.

Q. Okay. Edilson, this paper I have here, this renewal application dated January 18, 2017, do you know this application at all?

A. Yes.

Q. Okay. And do you remember filling out this application or how the information on here got put on there?

A. Yes. The insurance agent that helped me explained to me what was on there.

Q. Okay. And that insurance agent, where are they located? Do you know?

A. Yes.

Q. Yes. Well, where are they located?

A. In Everett.

Q. Do you know where in Everett?

A. I know it's in Everett. I don't remember what the street address is.

Q. Okay. Is it next to a Dunkin Donuts and near a motorcycle shop?

A. On the side of Dunkin Donuts.

Q. Do you know the name of your agent?

A. No.

Q. Why did you go there with this paperwork?

A. I went to them because I wanted -- it seemed right to go to them to see if they can give me a little bit more of an explanation of what was going on.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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Q. What did you need an explanation on?

A. I received a letter from Arbella stating that I would not be able to renew my insurance until I fix what was going on with my insurance.

Q. And what was the problem with your insurance? What needed to be fixed? Do you know?

A. Yeah. The problem is that it came up to me that I have a company, but that's all a lie. I don't have a company. I only have one job.

Q. And what do you do for work?

A. My job is cutting meat. I'm a butcher.

Q. Let me see that. Let the record show that he has a business card for Gourmet Specialty Foods,

. And the card is for a Tom Costa. Is this your boss?

A. Yeah. He is saying there is two. There is one that they call Tommy and the other one they call Dan.

Q. Okay. So how long have you been working for a butcher?

MR. MORALES: As in, like, in that same business or with the same company?

MR. SPELLMAN: With that company we'll start with.

A. Since I came to the United States. Roughly around 30 years.

Q. 30?

A. Or more.

Q. Is that correct? 30?

A. Maybe more. I worked in that kind of company since 1997.

Q. Okay. Was he working as a butcher when he got this original policy of insurance back in February of 2015?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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A. Yes.

Q. Does he have any idea where this Lopez Ironwork business came from?

A. No.

Q. Did he ever give anyone permission to set up a business for him?

A. No.

Q. Did he ever give anyone permission to file for a tax number with the IRS for him?

MR. MORALES: File what? I'm sorry.

MR. SPELLMAN: Tax number for the IRS for him.

A. No.

Q. When he went there to his agent, what was that conversation like? What did he tell them? Did he tell them, I don't have a business, It's a lie? What did he specifically say?

A. I went to the insurance company stating -- asked them what was going on. My insurance agent came and he started looking things up in the computer, and he figured out what was wrong. He was asking the same questions as you are asking him now, that if he had his own company or something like that. He said no. He also said that the only job I have is the one I have now which is my butcher job.

Q. Okay. And what was that -- the person you met with at the agency, was it a man? A woman? Do you remember?

A. At first I talked to a woman. The woman said wait here and talk to the male.

Q. And that gentleman, do you remember where he sits in that agency or where

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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you met with him?

A. Coming into the -- coming into the store, into the insurance company, this male sits to the front left near the wall.

Q. Okay. The gentleman, does he have a beard?

A. Yes.

Q. Was that gentleman, did he speak to you in Spanish or English?

A. In Spanish.

Q. And did you know if his Spanish was, like, was he Spanish or was he from a different country or whatnot? I'm not sure -- some people I talk to, you know, there is different types of Spanish. They are able to pick up on the dialect as to where they are from.

A. He believes he's Brazilian the way he spoke Spanish. He kind of assumes that he was Brazilian.

Q. Okay. All right. And prior to us sitting down for the interview today I had showed you a picture of a gentleman that matched the description that you gave. Was the photo I showed you the gentleman that you met with that day?

A. Yes. That's correct.

Q. And just for the record, let the record indicate that Edilson had identified Leandro Rodriguez as the gentleman he met with that day. Now, after you told Leandro you don't have a business, you've never had a business, you work as a butcher, what did he tell you about the insurance or how did he proceed from there?

A. When we started the process he said that I have to fill out the

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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application, send it to Arbella, and wait for an answer, and they told him to come back the 1st of February, of this month, of this year, to see what the answer was.

Q. Okay. Let me just make sure I understand. So after the gentleman asked you all of the questions similar to what I'm asking, do you have a business, your answer was no. Correct?

A. Yes.

Q. Okay. Yes, his answer was no. Correct?

MR. MORALES: Yes. His answer was no. Yes.

MR. SPELLMAN: Could you just clarify that for me?

A. My answer was, No, I do not have a company.

Q. Did he ask you if you had any employees or anything like that?

A. No.

Q. Did he ask you if you had a driver's license?

A. No.

Q. After you told him that you don't have a business, did he then fill out this renewal application for you?

A. After that he did fill out the application.

Q. Okay. And what did he tell you he was filling it out for?

A. What he had told me was that he was going to send it to Arbella to see if the insurance is going to be able to get renewed or not.

Q. Okay. So are you able to read English at all?

A. No.

Q. So I want to make sure I understand. So after you told him you had no

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Arbella Insurance Group  
Claim No. 1020038245

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business, he then filled out this renewal application and sent it to  
Arbella to see if we would renew this business policy. Is that correct?

A. That's correct.

Q. Is this his signature here? Did he sign this?

A. Yes.

Q. What I would like you to do if you could is could you just sign and date  
down here anywhere just to authenticate that this is what I showed him  
today? Now, when he sent this in, have you been back there since January  
18th? When he filled this out, it was January 18th.

A. I went back the 1st.

Q. On February 1st. Why did he go back on February 1st?

A. Because the insurance agent told him that he was going to have the answer  
from Arbella by then.

Q. The answer to what, if the policy had renewed or not?

A. Yes, to see if the policy was going to get renewed.

Q. Okay. All right. And what did he tell him when he went back on the 1st?

A. I went back the 1st. I waited for him to be open so I could go talk to  
him. I asked him what my response was from the company, from Arbella.  
He bent down, started digging through some paperwork. He pulled up. He  
asked for his name. I gave him my name, My name is Edilson Lopez. He  
looked up and he said, Oh, yes, you are going to get renewed, the down  
payment for your insurance policy is going to be \$840.

Q. And at that time did you give him \$840?

A. No. At the time I didn't give him the money. I did not give him the

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Arbella Insurance Group  
Claim No. 1020038245

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\$840. He told me that I had to give it in by the 11th, by February 11th, so I went back the 11th to give him the \$840. I went back Friday, February 10th, because to give him the money for the insurance policy because I didn't know if the 11th on a Saturday they close or not.

Q. Okay. Now, did he deal with the same gentleman every time when he went back on the 1st and when he went back on the 11th?

A. No. When I went back the 10th a female in the agency, she had helped me with the policy.

Q. Okay. When he went back on the 1st, did he go with the same gentleman who he met with on the 18th?

A. Yes. It was the same man.

Q. The same gentleman you told that you don't have a business and you work for the butcher?

A. That's correct.

Q. Did ask you him about getting another type of policy since you don't have a business?

A. Yes. I did ask that question, that if I can switch into a different kind of policy. His answer was that, yes, I can but it would be like if I'm starting all over again.

Q. Okay. Did he tell you that that was going to incur money and cost or anything like that or did he tell you not to do that or what did he tell you specifically about that?

A. No. He didn't say anything about that.

Q. Did he say anything about money or cost of insurance or anything like

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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that?

A. He says that if he was to switch the policy, he was going to have to start all over which would include all kinds of payments to renew the new policy, basically start a new policy.

Q. Okay. Let me ask you this. So I guess why didn't you do that knowing that you didn't have a business?

A. When I first went in to insure -- when I first went to get the vehicle and I insure the company, he doesn't know if it was the dealer that made the mistake or what happened there, but when he got the car and he got his registration he realized that his registration said that he had commercial insurance. First thing he did was call the insurance company, the agency, and ask why does he have insurance -- commercial insurance and regular plates. The agent's response, he doesn't remember who the agent was, who the agent was, but the agent's response was, That's fine, not to worry about it.

Q. Okay. So are you saying that because you questioned it before and the agent said that it was okay that when you went to the agent this time you just assumed what the agent told you was okay again?

A. No. I didn't over think it.

Q. Okay. Is that because he relies on what the agent tells him?

A. Yes, and it gives confidence to him because he did tell me that everything was okay, so I left it at that. I then asked him again if he was sure that everything was okay. He said yes, that everything was fine, not to worry about it.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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Q. And this was when he went back in January of 2017 and February 1st of 2017?

A. No. That was not the time.

Q. Just initially when you got your registration when you first purchased the vehicle?

A. He said, Yeah, it was only at the beginning, and that the only time he came back to realize something was wrong was when Arbella sent us the letter saying that we weren't going to be able to renew.

Q. Okay. And when you went back in 2017, you told the agent you don't have a business. Correct?

A. Yes. I did tell the agent that I did not have a company, that I've only had one job since I've gotten to the United States.

Q. Okay. And after knowing that, did you know that they were still going to apply for commercial insurance for you?

A. When I went to him and I asked him what was going on, I asked if I am going to have to switch the policy over or if I'm going to be able to keep the policy. He said, yeah, I would be able to keep the policy, no problem. All and always, if Arbella accepts it.

Q. Okay. So after you told him you don't have a business, his response to you was you will be able to keep this policy, you don't have to change it as long as Arbella accepts it?

MR. MORALES: Sorry. Can you repeat that?

MR. SPELLMAN: Sure.

Q. After you told him you don't have a business, the agent's response to you

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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was you can keep this kind of policy and you don't have to switch it as long as Arbella accepts it?

A. Yes. Yes. There wouldn't be any problems and that, yes, he can keep the same policy all as long as Arbella accepts it.

Q. And then at that point he filled out this form that I showed you here today and, to your knowledge, sent it to Arbella?

A. Yes.

Q. And when I say he, it's the gentleman who I showed you the photograph of earlier, correct, the gentleman you dealt with with the beard who you believe to be Brazilian?

A. Yes.

Q. Okay. And, again, for the record, that gentleman's been previously identified as Leandro Rodriguez. One quick thing. On this form -- just to clarify, you don't read or write English. Correct?

A. No. I cannot read and write in English.

Q. With regards to the vehicles, Edilson, am I correct in that you drive the red Honda Pilot mostly? That's your primary vehicle?

A. Yes.

Q. And you use that to, you know, go back and forth to work and whatnot?

A. Yes.

Q. So it's essentially your personal vehicle. Correct?

A. Yes.

Q. Then this other vehicle we have here, this Nissan Rogue, who drives that, Edilson?

Linda A. Fowler

Arbella Insurance Group  
Claim No: 1020038245

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A. It's the one that Brian drives.

MR. SPELLMAN: Brian, that Nissan Rogue, do you use it for any kind of iron work or anything like that?

MR. MORALES: No, I don't.

MR. SPELLMAN: Is it basically your personal vehicle?

MR. MORALES: It is my personal vehicle.

MR. SPELLMAN: And are you currently employed?

MR. MORALES: I am.

MR. SPELLMAN: What do you do for work?

MR. MORALES: I am a tow truck driver. I tow for AAA.

MR. SPELLMAN: Okay. How long have you been doing that?

MR. MORALES: Nine months.

MR. SPELLMAN: Okay. And I think we already discussed prior to this, do you do any other type of work on the side with the vehicle?

MR. MORALES: I have done Uber.

MR. SPELLMAN: Do you still currently do Uber or --

MR. MORALES: Not as much, but I still have it there in case I do need to go back.

MR. SPELLMAN: Okay. So you have an active account and if the need arises you will, you know, pick up some fares and whatnot?

MR. MORALES: Yes.

MR. SPELLMAN: Okay. When was the last time you operated as an Uber? Do you remember?

MR. MORALES: I believe it was April last year, and that was because my

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020038245

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schedule at AAA literally took that all away and I couldn't do it.

MR. SPELLMAN: So your primary job picked up?

MR. MORALES: Yes.

MR. SPELLMAN: And then Uber just fell off?

MR. MORALES: Yeah.

Q. All right. Edilson, did you understand all of the questions that I asked you today?

A. Yes.

Q. Were all of your answers true and accurate to the best of your knowledge?

A. That's correct.

Q. And was this conversation recorded with your permission, sir?

A. Yes.

MR. SPELLMAN: And, Brian, were all of the answers that you gave today true and accurate to the best of your knowledge?

MR. MORALES: Yes, sir.

MR. SPELLMAN: And did you understand everything that I asked you?

MR. MORALES: Yes.

MR. SPELLMAN: Okay. And was this conversation recorded with your permission?

MR. MORALES: Yes.

Q. Okay. And what I will do at this time is I will end the recording.

Linda A. Fowler

Arbella Insurance Group

TO: SIU

Renewed

PO has MA license



EDILSON LOPEZ  
DBA LOPEZ IRON WORK

Agent: 46-0134  
Policy Number: [REDACTED]  
Expiration Date: 02/11/2017

CHELSEA, MA 02150

18 JAN 17 14:14

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed. If you have questions, call your agent: 617-783-1160

Provide a detailed description of your business: See attached

How is your vehicle used in business? See attached

Do you have your own business?  Y  N OR Do you work for others?  Y  N If yes please provide:  
Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have your own business what is the address for your principal place of business?  
Chelsea MA 02150

If the garaging of your vehicle is different, please explain:  
Same as Above

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have? Full-time 2 Part-time \_\_\_\_\_

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

Edilson Lopez ✓ MA LIC      Brian Morales ✓ MA LIC

Provide legible color copies of all licenses of operators of the insured vehicle.

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury,

Insured Signature: X EDILSON LOPEZ Date: 1-18-17  
Print Name: \_\_\_\_\_  
Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Exhibit 7

## JSantana Plastering



Arbella

**ARBELLA**

**SUBMISSION CONFIRMATION**

**General Information**  
Policy #:   
State: **Arkansas**

**Agency Information**  
Agency Name: **POINT INS INC**  
Producer Code: **0127**

**Submission Summary**  
Reference #: **CA-RE-6445D**  
Applicant Name: **JSANTANA PLASTERING LLC**  
Policy Term: **10-28-2016 to 10-28-2017**  
Agency Customer ID:  
Date Submitted: **10/28/2016**

**Prior Carrier Information**  
Applicant's Prior Carrier: **No Prior Carrier for this Applicant**

*\$5,256.00*

**CVC**  
**OCT 31 2016**

*2 v on the app  
and v not yet register PAN 5DP369.*



Submitted Date 10-28-2016  
**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

AGENCY: POINT INS INC.  
1103 COMMONWEALTH AVE  
BOSTON MA 02215  
LEANDRO RODRIGUES

PHONE (A/C No. Ext):  
FAX (A/C No. Ext):  
E-MAIL: leandro@point-insure.com  
ADDRESS:  
CODE:  
AGENCY CUSTOMER ID: SUB CODE: 0127

CARRIER: NAC CODE: UNDERWRITER: UNDERWRITER OFF:

POLICIES OR PROGRAM REQUESTED: CAR - Arbellia (ceded) POLICY NUMBER:

INDICATE SECTIONS ATTACHED:

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA
GLASS AND SIGN	INSTALLATION/BUILDERS RISK	
ACCOUNTS RECEIVABLE/ PAYABLE PAPERS	ELECTRONIC DATA PROC	
CRIME/MISCELLANEOUS CRIME	COMMERCIAL GENERAL LIABILITY	
TRANSPORTATION/ MOTOR TRUCK CARGO	BUSINESS AUTO	
	TRUCKER/MOTOR CARRIER	

**STATUS OF TRANSACTION**

QUOTE  ISSUE POLICY  RENEW

BOUND (Give Date and/or Attach Copy):

CHANGE DATE TIME AM PM

CANCEL

**PACKAGE POLICY INFORMATION**

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
10-28-2016	10-28-2017	X DIRECT BILL		No Audit
		AGENCY BILL		

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds): JSANTANA PLASTERING LLC

MAILING ADDRESS INCL ZIP+4 (of First Named Insured):

FEEL OR SOC SEC # (of First Named Insured):

E-MAIL ADDRESS(ES):

PHONE (A/C No. Ext):

INDIVIDUAL  CORPORATION  PARTNERSHIP  JOINT VENTURE

SUBCHAPTER "S" CORPORATION  LLC  CR/BUREAU NAME: ID NUMBER: WEBSITE ADDRESS(ES):

NO. OF MEMBERS AND MANAGERS:

INSPECTION CONTACT: PHONE (A/C No. Ext): EMAIL ADDRESS: ACCOUNTING RECORDS CONTACT: MARIAM BEUREKJIAN

PHONE (A/C No. Ext): EMAIL ADDRESS:

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NO PRIOR SUBMISSIONS FOUND

PREVIOUSLY SUBMITTED ON

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

PLASTERING BY

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X			X
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X			X
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X			X
4. ANY CATASTROPHE EXPOSURE?		X			X
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X			X
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		X			X
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X			X
8. DURING THE LAST FIVE YEARS (TEN IN FL), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In FL, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)					
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?					
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 3 YEARS?					
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:					
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACCORD 815 for Liability Exposure and/or ACCORD 816 for Property Exposure)					

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, IA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE: DATE: PRODUCER'S SIGNATURE: NATIONAL PRODUCER NUMBER:

ACORD 125 (2005/06)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1993-2005

**Name and Address**

Submitted Date 10-28-2016

JHANTANA PLASTERING LLC

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Issuance

Any other Archella Commercial policy(ies): No

List Policy Number(s):

**PAYMENT PLAN :**

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Check

Down Payment Amount: \$1,100.00

**MISCELLANEOUS INFORMATION :**

Sic Code

**AGENT REMARKS :**

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

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: Check  
Amount: \$1,100.00  
Payment Mailing Address: Arbella Insurance Group  
P.O. Box 88992  
Boston, MA 02276-6892

**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  [ACCORD 123 PDF](#)

To View/Print Commercial Auto - MA Application click this icon  [ACCORD 127 PDF](#)

To View/Print Commercial Auto - MA Application click this icon  [ACCORD 157MA PDF](#)

# ACORD BUSINESS AUTO SECTION

Submitted Date 10-28-2016

AGENCY PHONE (A/C No. Ext.) FAX (A/C No.) POINT INS INC 1103 COMMONWEALTH AVE BOSTON-MA-02215 LEANDRO RODRIGUES	APPLICANT (First Name) (Insured) JSANTANA PLASTERING LLC	DATE (MM/DD/YYYY) 10-28-2016
CODE AGENCY CUSTOMER ID	EFFECTIVE DATE 10-28-2016	EXPIRATION DATE 10-28-2017
SUB CODE: 0127	<input checked="" type="checkbox"/> DIRECT BILL	PAYMENT PLAN
	<input type="checkbox"/> AGENCY BILL	AUDIT No Audit
FOR COMPANY USE ONLY		

## 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.

DRIVER	NAME (include address, if required)	SEX	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRED	INCLUDES NON-FAMILY	DOC	USE VEH 2	36 USE
1	MARIAN N BRUREKJIAN					04				NO		

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		<input checked="" type="checkbox"/>
6. ARE ICC, PUD OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS		<input checked="" type="checkbox"/>	15. HAS AGENT INSPECTED VEHICLES?		<input checked="" type="checkbox"/>

<b>ADDITIONAL INTEREST/CERTIFICATE RECIPIENT</b>		<b>ACORD 45 attached for additional names</b>		MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED
<input checked="" type="checkbox"/> ADDITIONAL INSURED		CITIZENS BANK		<input checked="" type="checkbox"/>
<input type="checkbox"/> LOSS PAYEE				
<input checked="" type="checkbox"/> LIENHOLDER				
<input type="checkbox"/> EMPLOYEE AS LESSOR				
<input type="checkbox"/> OWNER				
<input type="checkbox"/> REGISTRANT				
REMARKS		ITEM DESCRIPTION:		

ACORD 127 (2003/08)

PLEASE COMPLETE REVERSE SIDE

**Name and Address**

Submitted Date 10-28-2016

JSANTANA PLASTERING LLC

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : MARIAM M BEURKOTIAN  
SDIP : 04

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C. : NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Vehicle Type : Light Truck  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 50000/100000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 50000/100000  
Underinsured Motorist Limit : 50000/100000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement :  
Towing and Labor :  
Anti-Theft Device : 08  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

VEHICLE # : 0002  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 50000/100000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 50000/100000  
Underinsured Motorist Limit : 50000/100000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 45  
Towing and Labor : 100  
Anti-Theft Device : 208  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document

Record Additional Info (2004/08)

OverflowPageNumber : 1



**MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION**

Submitted Date 10-28-2016

AGENCY  
POINT INS INC

APPLICANT (First Named Insured)  
JSANTANA PLASTERING LLC

DATE (MM/DD/YYYY)  
10-28-2016

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 8 2 X 7 3 6	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$50000 Each Person \$100000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	5 X 7	PER PERSON \$ 8000 <input type="checkbox"/> YOURSELF <input type="checkbox"/> DED \$ <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 8 2 4 6	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$ 500
COMPULSORY UNINSURED MOTORIST	2 6 3 X 7 4	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 50000 <input type="checkbox"/> BI EACH ACCIDENT \$ 100000 <input type="checkbox"/> PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 8 2 X 7 3 6	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 50000 <input type="checkbox"/> BI EACH ACCIDENT \$ 100000	OPTIONAL COLLISION	2 4 8 3 X 7	\$ 500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES NUMBER OF VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE		
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERED AUTO SYMBOLS	COVERAGES	PRIMARY SECONDARY

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	
BODILY INJURY LIABILITY	41 48 42 47 43 50	<input type="checkbox"/> BI EACH PERSON \$ <input type="checkbox"/> BI EACH ACCIDENT \$	PHYSICAL DAMAGE				
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> DED \$ <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL COMPREHENSIVE	42 48 43 47		\$	
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 48 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 48 43 47	<input type="checkbox"/> CSL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> F <input type="checkbox"/> FTW	\$	
OPTIONAL MEDICAL PAYMENTS	42 48 43	EACH PERSON \$	OPTIONAL COLLISION	42 48 43 47		\$	
COMPULSORY UNINSURED MOTORIST	42 48 43 45	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ <input type="checkbox"/> PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	46		\$	
OPTIONAL BODILY INJURY TO OTHERS	41 48 42 47 43 50	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$	TRAILER INTERCHANGE				
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	COVERAGES	SYMBOL	# TRAILERS (FARETS) / # DAYS	RADIUS DEDUCTIBLE	
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	48			
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES NUMBER OF VOLUNTEERS PARTNERS	OPTIONAL SPECIFIED CAUSES OF LOSS	48			
OTHER			OPTIONAL COLLISION	48		\$	
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	OTHER	COVERAGES	PRIMARY SECONDARY		

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1988-2005

**Name and Address**

Submitted Date 10-28-2016

JSANTANA PLASTERING LLC

**Additional Information**

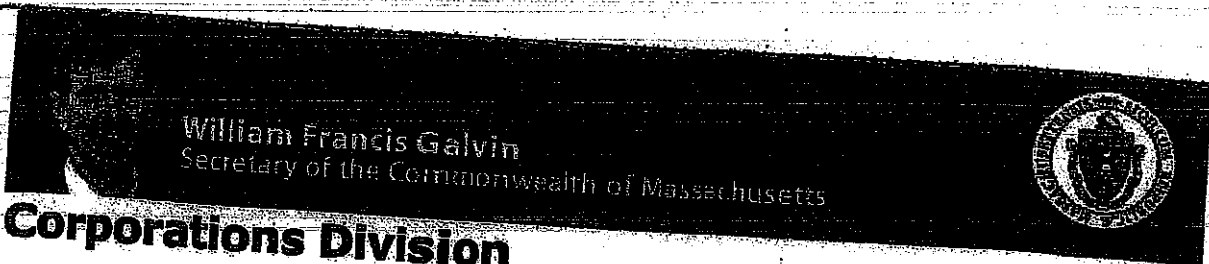
**GARAGEKEEPERS COVERAGE:**

**Locations**

Address	:
Limit	:
Coverage Options	:
Collision Deductible	:
OTC Type	:
	: Coverage Not Requested

End of Document





# Corporations Division

## Business Entity Summary

ID Number: \_\_\_\_\_

Request certificate

New search

Summary for: **JSANTANA PLASTERING, LLC**

The exact name of the Domestic Limited Liability Company (LLC): **JSANTANA PLASTERING, LLC**

Entity type: Domestic Limited Liability Company (LLC)

Identification Number: \_\_\_\_\_

Date of Organization in Massachusetts:  
**06-01-2016**

Last date certain: \_\_\_\_\_

The location or address where the records are maintained (A PO box is not a valid location or address):

Address:

City or town, State, Zip code  
Country:

*NOT listed  
as a domestic  
where the records?*

The name and address of the Resident Agent:

Name: **UNITED STATES CORPORATION AGENTS, INC.**

Address:

City or town, State, Zip code,  
Country:

The name and business address of each Manager:

Title	Individual name	Address

In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:

Title	Individual name	Address
<b>SOC SIGNATORY</b>	<b>JAIME SANTANA</b>	

The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:

Title	Individual name	Address

Mass. Corporations, external master page

REAL PROPERTY	JAMIE SANTANA		
<input type="checkbox"/> Consent	<input type="checkbox"/> Confidential Data	<input type="checkbox"/> Merger Allowed	<input type="checkbox"/> Manufacturing
<b>View filings for this business entity:</b>			
Annual Report Annual Report - Professional Articles of Entity Conversion Certificate of Amendment Certificate of Incorporation			
<a href="#">View filings</a>			
<b>Comments or notes associated with this business entity:</b>			
<a href="#">New search</a>			

Arbella Insurance Group  
Claim No. 1020060376

1

Q. This is Ed Spellman, and I'm speaking with Jaime Santana and Mariam -- is it Mariam or Marian?

MS. BEUREKJIAN: Mariam.

Q. Mariam --

MS. BEUREKJIAN: Beurekjian.

Q. Beurekjian. Thank you. That's B-e-u-r-e-k-j-i-a-n. Jaime and Mariam, this conversation is being recorded. Is this being done with your permission?

MS. BEUREKJIAN: Yes.

MR. SANTANA: Okay.

Q. Just to make sure, Mariam, because you are far away from the recording, this conversation is being recorded with your permission?

MS. BEUREKJIAN: Yes.

Q. Okay. Thank you. And we're here at this your home address, Mariam?

Is

MS. BEUREKJIAN: This is Jaime's home address.

Q. Okay. Jaime, is this your home address?

MR. SANTANA: Yes.

Q. Let the interpreter interpret.

MR. SANTANA: Yes.

Q. Okay. And, Mariam, what is your home address?

MS. BEUREKJIAN: It is .

Q. Okay. And, Jaime, do you work? Are you employed?

(No verbal response)

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Claim No. 1020060376

Q. Go ahead, Karen. Jaime, are you currently employed?

MR. SANTANA: I'm the owner, the company's owner.

Q. And what's the name of the company?

MR. SANTANA: It's J. Santana Plastering, LLC.

Q. And how long have you been operating that business?

MR. SANTANA: For less than a year.

Q. And was he working before that as a different business name or a d/b/a?

MR. SANTANA: Yes.

Q. Okay. And what was the name of that company?

MR. SANTANA: JS Plastering.

Q. Okay. Did -- how did Jaime create the LLC? Did he go to a tax place?

Did he have a friend do it? Did the agent do it? How did he create the business?

MR. SANTANA: No. I create myself the LLC because the d/b/a go bankrupt and that's why I create it as well.

Q. Okay. Did he himself apply for the corporation or did he have someone do it for him?

MR. SANTANA: With my girlfriend I did that.

Q. Okay. And is that Mariam who is sitting here? Is that his girlfriend?

MR. SANTANA: Yes.

Q. Okay. And do you have any employees, Jaime?

MR. SANTANA: No.

Q. Okay. On this policy you have three vehicles, a -- you have two vehicles, sorry -- a Chevy Express van and a Nissan Pathfinder. Is that

Linda A. Fowler

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Claim No. 1020060376

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correct?

~~THE INTERPRETER:~~ The interpreter requires verification. Can you repeat the cars, please?

Q. Sure. It's a Chevy Express van and a Nissan Pathfinder.

MR. SANTANA: Yes.

Q. And the Chevy Express van, is that the work van essentially? Is that the one he uses mostly every day?

MR. SANTANA: Yes.

Q. And what about the Pathfinder, who uses that vehicle?

MR. SANTANA: I do. My girlfriend, Mariam.

Q. Does anyone else use it other than Mariam or Jaime?

MR. SANTANA: No.

Q. Okay. Where is it now?

MR. SANTANA: At a friend's house.

Q. Okay. Does the friend ever use it?

(No verbal response)

Q. Karen, does the friend ever use the vehicle?

MR. SANTANA: Not always, but he used to just take the car before.

Q. Okay. Okay. Does he remember where he bought this policy of insurance from when he took out the policy?

MR. SANTANA: Point Insurance.

Q. And how did he find out about Point Insurance? Did he -- how did he end up going to that agent versus another?

MR. SANTANA: Because when we bought the car, the van, the place referred to

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the office in Framingham, but I tried to call there and no one answered and they say there is another branch here in Everett that's close to my house so.

Q. Okay. So he ended up going to the Everett location. Is that what he is saying?

MR. SANTANA: Yes.

Q. Okay. Does he remember who he saw when he went there for the first time?

MR. SANTANA: Alejandro.

Q. Well, we have here on the application a Leandro. Is that his name, Leandro or Alejandro?

MR. SANTANA: Leandro. It's Leandro in Portuguese and Leandru in English.

Q. Okay. And when he went there, did he go by himself or did he go with someone else the first time?

MR. SANTANA: By myself.

Q. Okay. And what did he tell Leandro or what happened that first time?

MR. SANTANA: Yes. I say that -- I told Leandro that I would like to open my insurance, and they asked me if I have a driver's license and I said I have one from Brazil. They say that I need to have someone that has a driver's license from here.

Q. Okay. And when you say from here, are you referring to Massachusetts?

THE INTERPRETER: The interpreter requires clarification. The interpreter will repeat.

A. A Massachusetts license.

Q. Okay. And how long has Jaime been living in Massachusetts?

Linda A. Fowler

Arbella Insurance Group  
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A. 13 years.

Q. And so what did Jaime do? Did Jaime tell him that he didn't have a Massachusetts driver's license or what did Leandro tell him that he could do?

MR. SANTANA: They say they would like him to look for someone that has the Massachusetts driver's license so they can add them on the policy.

Q. Okay. So just to be clear, he had to go find someone with a Massachusetts license in order to get the policy? Was that Jaime's understanding?

MR. SANTANA: Yes.

Q. Okay. And so did he leave there and have to go find somebody?

MR. SANTANA: Yes. Then my girlfriend, then I called her, and then they went together.

Q. Okay. All right. And so, Mariam, did you go with Jaime to purchase this vehicle or do you --

MS. BEUREKJIAN: Yes.

Q. Okay. So do you remember where you went?

MS. BEUREKJIAN: We went to Herb Chambers in Framingham.

Q. Okay. And when you went there, did you -- did you purchase the vehicle or cosign?

MS. BEUREKJIAN: I cosigned.

Q. Okay.

MS. BEUREKJIAN: It was purchased through the LLC.

Q. Okay. And did Jaime cosign as well or did you --

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Claim No. 1020060376

MS. BEUREKJIAN: Just me.

Q. Okay. Was it a credit thing? Is that why you --

MS. BEUREKJIAN: It was a credit thing.

Q. Okay. So you had to cosign on the loan --

MS. BEUREKJIAN: Yes.

Q. -- because the LLC couldn't get the loan on its own?

MS. BEUREKJIAN: Right.

Q. Okay. Just so I understand.

MS. BEUREKJIAN: Yes.

MR. HART: And who financed that?

MS. BEUREKJIAN: Citizen's Bank.

Q. When you were at the dealership getting the van, do you remember getting anything or being directed to this insurance agent?

MS. BEUREKJIAN: Well, they just asked if we needed any recommendations for insurance. We said yes and they handed us the Point Insurance card.

Q. Okay. Did they give you any other cards or was it just the Point?

MS. BEUREKJIAN: Just the Point.

Q. Okay. Did you guys leave Herb Chambers and then go to the Point or --

MS. BEUREKJIAN: No. We tried calling the Framingham location a few times, but nobody would call us back.

Q. Was that the card that you had was for that office specifically or do you remember?

MS. BEUREKJIAN: I think it was for the Framingham office specifically.

Q. Do you remember if there was a name on that card or anything?

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Arbella Insurance Group  
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MS. BEUREKJIAN: I do but I wouldn't be able to tell you the name.

Q. Sure. Do you know if you still have the card?

MS. BEUREKJIAN: I don't have the card anymore.

Q. Okay. No problem. When was your first time going to a Point Insurance location?

MS. BEUREKJIAN: When I went with Jaime.

Q. Okay. And where was that location?

MS. BEUREKJIAN: The Everett location.

Q. Okay. And when you went to Everett, did you know that Jaime had gone before or was this your --

MS. BEUREKJIAN: I didn't know, no.

Q. Okay. And when you go, what happened? Just kind of take me through what happened.

MS. BEUREKJIAN: I don't know if he had spoken to them beforehand or not, but he knew that we needed to go with a license so I had my license.

Q. Who knew? Jaime knew?

MS. BEUREKJIAN: Jaime knew that I had to go with a license, so I had my license with me. I think we were leaving one of the appointments that we had for the car in Framingham, so we were together and naturally we just drove to the insurance agency.

Q. Were you driving the van or a different --

MS. BEUREKJIAN: No. I was driving my other car.

Q. Okay. And just for the record, are you currently employed?

MS. BEUREKJIAN: Yes.

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Q. Okay. What do you do for employment?

MS. BEUREKJIAN: I'm a real estate agent.

Q. Okay. Do you have any direct affiliation with J. Santana Plastering, LLC?

MS. BEUREKJIAN: No.

Q. Okay. Just to be clear, you are not an employee either at --

MS. BEUREKJIAN: I'm not an employee of JS Plastering, no.

MR. SANTANA: My dream. Secretary.

Q. When you go to the Point location, kind of take me through your perspective of what happened when you went your first time.

MS. BEUREKJIAN: I had the paperwork from the car sales with me.

Q. Okay.

MS. BEUREKJIAN: And I had the company information with me. So I --

Q. I'm assuming you got that from Jaime or did you have it or --

MS. BEUREKJIAN: Which part?

Q. Good question. The company paperwork.

MS. BEUREKJIAN: No. I had that with me. I helped him set it up online so I had it with me.

Q. Okay.

MS. BEUREKJIAN: So he just asked for the information for the company. I gave him the information for the company. He asked for the information about the car. I gave him the information about the car. He asked for my license. I gave him my license. That was pretty much the long and short of it.

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Q. Okay. How long were you there total time when you went, if you want to guesstimate?

MS. BEUREKJIAN: 15 minutes or so.

Q. Do you know the person who you met with at that agency, the person's --

MS. BEUREKJIAN: I don't know, no.

Q. Did they ask you to sign anything?

MS. BEUREKJIAN: Yeah. I believe we signed some paperwork.

Q. Okay. Do you remember if you signed actual paperwork or if you signed just, like, an electronic --

MS. BEUREKJIAN: It was actual paperwork.

Q. Okay. Now, when you went there, did they ask if you were an employee of the company?

MS. BEUREKJIAN: No, they did not.

Q. Did they ask if you were going to be driving this van?

MS. BEUREKJIAN: No, they did not.

Q. Did they ask if you drove the Pathfinder?

MS. BEUREKJIAN: No, they did not.

Q. What did they ask for? Just a copy of your license?

MS. BEUREKJIAN: A copy of the insurance policy. Not the insurance policy. The company policy, a copy of the paperwork from the actual dealership, which he faxed something over to them while we were there.

Q. Okay.

MS. BEUREKJIAN: And my license. That's it.

Q. Okay. Did he explain anything to you? Did you know that he was going to

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be adding you as the only driver on this policy?

MS. BEUREKJIAN: I didn't know that, no.

Q. Okay. All right. Jaime, did you know when you went back to the Point Insurance agency with Mariam that they were going to be adding her as the only driver on this policy?

MR. SANTANA: If they told me?

Q. Yeah.

MR. SANTANA: No. I don't recall that.

Q. Okay. Did Jaime think that he was going to be listed as a driver on this policy?

MR. SANTANA: Yes. I thought so.

Q. Is he aware that he is not?

THE INTERPRETER: The interpreter requires verification, sir. Would you repeat the question?

Q. Sure. Is Jaime aware of the fact that he is not listed as a driver on this policy for his business?

MR. SANTANA: No.

Q. Now, when he went back there with Mariam, was it because she had the paperwork and that she had a driver's license?

MR. SANTANA: Yes.

Q. And he went and got someone with a Mass license because that's what Leandro at the Point Agency told him he had to do? Is that -- am I understanding that correctly?

MR. SANTANA: Yes. He told me that I need someone that has the license and

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020060376

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I called her.

Q. Okay.

MR. SANTANA: I ask her.

Q. Okay. Did he tell him if he didn't get someone with a Massachusetts license that he wouldn't be able to get insurance?

MR. SANTANA: Yes.

Q. All right. Okay. And, Jaime, this conversation was recorded. Was this done with your permission, sir?

MR. SANTANA: Yes.

Q. Were all of the answers you gave true and accurate to the best of your knowledge?

MR. SANTANA: Yes. So there's no need for me to lie.

Q. Okay. Was there any problem with the interpreter? Did you understand her interpretations?

MR. SANTANA: Yes. Yes. I understood.

Q. And, Mariam, did you understand that this conversation was being recorded today?

MS. BEUREKJIAN: Yes.

Q. And was this conversation recorded with your permission?

MS. BEUREKJIAN: Yes.

Q. Okay. And did you understand all of the questions that I asked you today?

MS. BEUREKJIAN: Yes.

Q. Okay. Were all of your answers true and accurate to the best of your

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Arbella Insurance Group  
Claim No. 1020060376

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knowledge?

MS. BEUREKJIAN: Yes.

Q. Okay. And at this time what I'm going to do is I'm going to turn the recorder off. And just for the record, I don't know if I identified before, but today is January 19, 2017. The time is now approximately 6:20 p.m., and we are speaking at  
Now I'm going to turn the recorder off. Thank you.

Linda A. Fowler

# Exhibit 8

## Darwin Collindres

Arbella Insurance Group  
Number 1020038498

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Q. All right. This is Ed Spellman and I'm speaking with Darwin Collindres from . . . Today's date is

February 23, 2017, and the time is now approximately eight a.m. Darwin, this conversation is being recorded. Is this being done with your permission, sir?

A. Yes.

Q. Okay. And for the purposes of this statement we will be utilizing a Spanish interpreter, Howard, Interpreter No. 335538, as Mr. Collindres's primary language is Spanish. Dar -- go ahead, interpreter. I'm sorry.

A. Okay.

Q. Darwin, what is your date of birth, sir?

A.

Q. And is this your current address,

?

. Sorry.

A. Yes.

Q. And how long have you lived here roughly?

A. Two years.

Q. And, Darwin, do you have a driver's license?

A. Yes.

Q. And what state is it from?

A. Massachusetts.

Q. And, Darwin, are you employed?

A. Yes.

Q. And what do you do for work?

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Number 1020038498

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A. I'm a pilot and I make deliveries, home deliveries.

Q. Okay. I'm confused. Clarification, please. You are a pilot that makes home deliveries?

A. Okay. Yeah. Like, I'm a delivery person. I take items to people's homes.

Q. Okay. What do you take the items to people's homes in? A vehicle or a, you know, like, a car? A truck? A plane?

A. It's a big box truck.

Q. And do you work for a company or is that your box truck?

A. No. I work for a company.

Q. Okay. And what is the name of that company?

A. SKM.

Q. Could you spell that for me?

A. Oh, okay. S-A-S-K-M.

Q. Just S-K-M. Is that correct?

A. S-K-M, yes.

Q. And where are they out of?

A. They are out of

Q. Okay. And how long has he been working for SKM?

A. Two and a half years.

Q. This policy of insurance was taken out on February 19th of 2015 on the original application. Was he working for them at that time?

A. Yes.

Q. Darwin, do you have your own business?

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Number 1020038498

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A. No.

Q. Have you ever had your own business?

A. Okay. Yeah. I used to have my own trucks and I used to have it insured and everything, but everything went kind of downhill and south so I had to sell a truck and then got employed by this other gentleman.

Q. Okay. I saw in the Secretary of State that he was associated with a prior corporation for Blue Taxi. Was that this business?

A. Yeah. I at one time signed a contract and drove for them for a while.

Q. Okay. All right. And that was not with his personal vehicle? That was with a, like a truck, a dumptruck or something like that?

A. Yes, another vehicle.

Q. This policy of insurance has a BMW on it. Does he ever use that BMW for that Blue Taxi business?

A. No.

Q. This paper I'm showing him here is a renewal application dated January 14, 2017. Does he remember this document?

A. Okay. I think that's the one when they asked me if I had a taxi or if I kept a taxi here or something like that. It was something like that. I don't remember.

Q. When he says they asked him, who is he referring to? Did he go somewhere and they asked him that?

A. The boy there, the guy there, he helped me fill out the application.

Q. Okay. And where did he go for that? Does he remember where that place was?

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Arbella Insurance Group  
Number 1020038498

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A. It's on Route 16 in Everett. It's right there on the corner.

Q. Okay. Is it next to a Dunkin Donuts?

A. Yes.

Q. Okay. Does he remember the name of this place?

A. No. I don't remember.

Q. Okay. Is that the place where he goes to pay his insurance?

A. Yes.

Q. Okay. All right. Did he bring this paper I'm showing him today with him to that location?

A. Okay. They came and said, Oh, let's look at this. When they looked at my policy they said, Well, where did you get this, Well, it looks like you are going to have to change, You are going to have to change insurance companies.

Q. Okay. What did they say to him? Did they ask him for any documentation or anything?

A. Okay. They asked for my license, they asked for my income tax, and they asked me if I had a company. I told them no. The only thing I had is my license and my income tax. Then they said, Okay, we are going to write something down here. They wrote something there and that was that.

Q. Okay. So did he tell them at that place on Route 16 that he didn't have a business? Did he tell them that?

A. Yes. Yes. I told them I didn't have a business.

Q. Okay. And I just want to understand. So when they asked him if he had taxes, were they looking for taxes for the business?

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A. Yeah, the taxes that show that you represent a company.

Q. And you told them what, that he didn't have those because there is no company? Is that what he told them?

A. Yeah. I told them. I said, No, I don't have the business but when they opened up the policy at the dealership they put it under a commercial policy.

Q. Okay. So when he originally bought the BMW, the dealer set up a commercial policy for him. Is that my understanding?

A. That's correct, yes.

Q. Did the dealer know that he didn't have a company?

A. Yeah. They knew I didn't have a company.

Q. Okay. When he first bought the car, did he ever go to the insurance agent or did the dealer handle everything?

A. Yeah. They fixed up everything. I just picked up the vehicle in the afternoon.

Q. Okay. Was there an issue as to why they did the commercial insurance? Was it because, like, he wouldn't have been able to buy the car or afford it if he wasn't able to get cheaper insurance?

A. Okay. They first, you know, they came and told me that I was going to get this policy with Arbella because it was going to make my payments cheaper and I would be able to afford it if they put it under a commercial policy.

Q. Okay. So the dealer told him that. Otherwise, he wouldn't have been able to purchase the car. Is that correct?

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Number 1020038498

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A. Yeah. They said that they would fix it up to where it wouldn't be as much if I went, if I went through Arbella Insurance.

Q. Okay. And when they said fix it up, did that mean to give him a commercial policy? Was that his understanding?

A. No. I didn't know they were doing that, they were putting it on a commercial account.

Q. Okay. When did he realize that he had a commercial account?

A. Okay. When I went to go renew the vehicle registration, they asked me that I needed to present my company taxes, and I said, What are you talking about? They said, Well, it's registered under a company.

Q. Okay. And what did he do at that point where the registry said he needed to show his company documentation? Where did he go to get it? What did he do?

A. Okay. They just told me that they would be able to fix it, I just need to sign here. They didn't really even explain to me. All they said is that, you know -- insurance company you will be going to make the payments. They didn't really explain to me anything whatsoever, what the policy was or anything like that.

Q. Okay. And when he says they told him, is that the place on Route 16?

A. Yes.

Q. The same place he goes to make his insurance payments, next to the Dunkin Donuts in Everett?

A. Yes.

Q. Okay. When he went back in January of 2017, did they fill out this paper

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Number 1020038498

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I'm showing him, this renewal application, or did he fill it out?

A. They filled it out.

Q. Does he read or write English?

A. No.

Q. Okay. So when they filled it out, did they ask him questions similar to what I'm asking him, if he has a business, how does he use the vehicle, things like that?

A. Okay. Yeah. When they asked me to get the insurance on the vehicle, they asked me if I had a company. I told them no. They said, Well, if you don't have a company, we can go with another insurance company but it's going to be very, very expensive.

Q. Okay. What did they tell him then at that point? Did they tell him how much more expensive it would be?

A. Like 10,000 or \$7,000 is what it would have cost approximately, the insurance, if I would have gone with somebody else.

Q. Okay. And he got that information from that agent on Route 16 in Everett?

A. Yes.

Q. Did they tell him why it would be so much more?

A. Because of the points.

Q. Oh, on his license?

A. Yes, sir.

Q. Ask him that, interpreter.

A. Yes.

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Number 1020038498

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Q. And did they tell you how many points you had on your license?

A. Yes.

Q. How many points did they tell you you had?

A. Nine.

Q. All right. So I just want to make sure I understand. So they asked him if he had a business, and he told them no. Correct?

A. That's right. I told them I didn't have a business.

Q. They asked him for taxes or documentation for the business, and he told them basically I can't provide it because I don't have a business.

A. Yes. Correct.

Q. After hearing all of that, they then filled out this renewal application that's dated January 14, 2017, that I'm showing him in front of us?

A. Yes.

Q. Okay. And he doesn't read or write English. Correct?

A. No.

Q. All right. It says here, Do you have your own business, yes or no, and they circled yes. That's not true, is it?

A. No.

Q. It says, Please provide a detailed description of your business. It just says, Driver. He doesn't have a business where he is a driver. He's employed as a driver by SKM. Correct?

A. That's correct.

Q. Is this his signature down the bottom here?

A. Yes.

Linda A. Fowler

Arbella Insurance Group  
Number 1020038498

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Q. Did they tell you to sign this?

A. Yeah. He said, Sign here.

Q. Does he remember who he met with when he went to this agency?

A. Yeah. I know the guy. I just don't know his name.

Q. Okay. Is the gentleman white? Black? Hispanic?

A. He was a white guy and he was, like, from Brazil.

Q. Okay. Did the gentleman have a beard?

A. No.

Q. Does he wear glasses?

A. No.

Q. Did that gentleman explain to him what it was that he was filling out on this application or did he merely fill it out and just say, Sign here?

A. Okay. He said, He first asked me if I had a company or if I had my income tax, and I told him no. And he said, Okay, Let me fill this out and you sign right here.

Q. Okay. And did he tell him that he was going to try and renew the commercial insurance even though he didn't have a business in order to save him money?

A. I'm just going to -- I'm going to fill it out and see what they say.

Q. When he says they, was he referring to Arbella Insurance?

A. Yes.

Q. Did he tell him anything about Arbella, if we would be talking to him, or did he tell him anything on what to expect or to come back to the agency?

A. He just said that Arbella had changed a lot of things, and that was it

Linda A. Fowler



Arbella Insurance Group  
Number 1020038498

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basically.

Q. Okay. Did he tell him to come back to the agency?

A. Yeah. When the policy gets close to, like, ten days of the expiring date to come back.

Q. Okay. Did he tell him what would happen if Arbella didn't accept it?

A. No. He didn't tell me anything.

Q. Okay. So, again, just to be clear, the agent filled out this renewal application after they knew that he did not have a business. Correct?

A. Uh-huh.

Q. Yes or no?

A. No.

Q. Maybe I'm confused. Let me re-ask the question. He said uh-huh and then he said no. I just want to be clear. The agent -- go ahead, interpreter. I'm sorry.

THE INTERPRETER: No. Go ahead, sir. I'll --

Q. Okay. The agent sent this renewal application to us after you told them that you did not have a business. Is that correct?

A. Okay. Yes. He said that he would fill out the application knowing that I didn't have a business.

Q. Okay. To see if Arbella would take it. Correct?

A. That's correct.

Q. Okay. All right. What I would like him to do is, if he could, just so I can refer that this is the piece of paper I showed him today, if he could just sign and date this renewal application anywhere on there, that would

Linda A. Fowler

Arbella Insurance Group  
Number 1020038498

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be -- that would be fine. He can sign anywhere.

A. Okay. I will sign.

Q. Anywhere on there is fine. Thank you. Okay. And, Darwin, did you understand all of my questions that I asked you today?

A. Yes.

Q. Okay. And were all of your answers true to the best of your knowledge?

A. Yes.

Q. Okay. And was this conversation recorded with your permission, sir?

A. Yes.

Q. Okay. And I will end the recording at this time if that's okay with you.

A. Okay.

Linda A. Fowler

Arbella Insurance Group



Renewed  
Sent To SUV, business  
says Construction, but  
vehicle is a PPT.

DARWIN COLINDRES  
CHELSEA, MA 02150

Agent: POINT INSURANCE INC  
Policy Number: [REDACTED]  
Expiration Date: 03-11-2017

15 JAN 17 9:22

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail.  
If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed. If you have questions, call your agent: 617-783-1160

Provide a detailed description of your business: DRIVER  
How is your vehicle used in business? TO BRING GOODS FROM ONE PLACE TO ANOTHER  
Do you have your own business?  Y OR  N OR Do you work for others?  Y /  N If yes please provide:  
Employer Name: \_\_\_\_\_ Address: N/A Phone: \_\_\_\_\_  
If you have your own business, what is the address for your principal place of business?  
CHELSEA, MA 02150

If the garaging of your vehicle is different, please explain:  
SAME AS ABOVE

- Attach a copy of one or more of the following to this application:
- Workers Compensation or General Liability Policy
  - Proof of the filing of your recent tax return for the named insured shown above.
  - If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have? Full-time 1 Part-time \_\_\_\_\_

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

DARWIN B COLINDRES

Provide legible color copies of all licenses of operators of the insured vehicle.

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

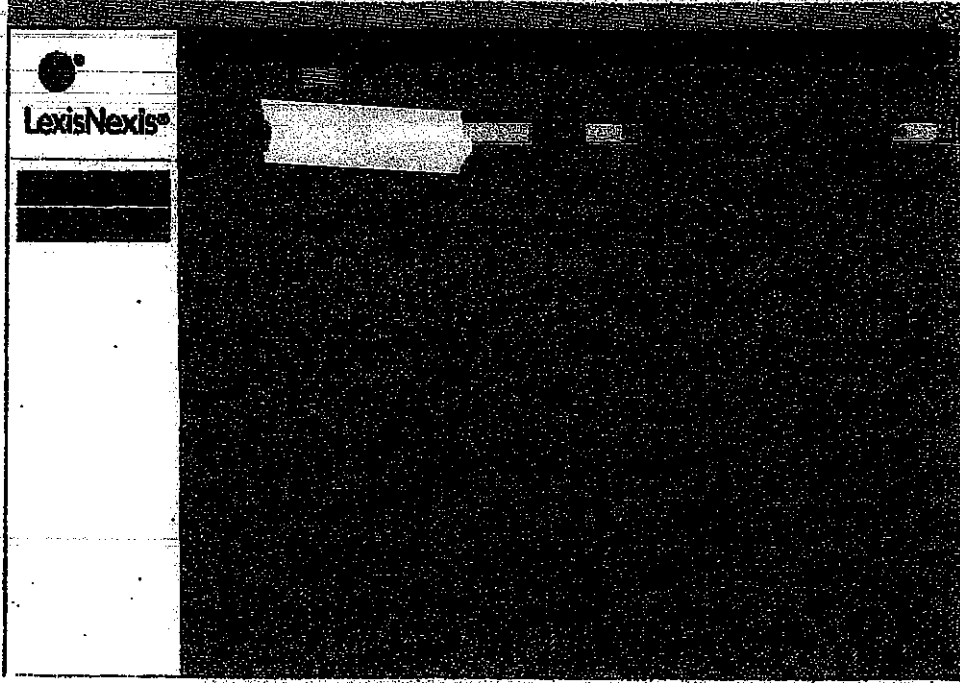
Signed under pains and penalty of perjury

Insured Signature: [Signature]  
Print Name: Darwin Colindres  
Agent's Signature: \_\_\_\_\_

Date: 01/14/2017  
Date: \_\_\_\_\_

**J Walk - Mass Xpress**

**(This image has been scaled to fit the page.)**



**Exhibit 9**  
**Joao Lima/W and J Painting**  
**Corp**

MA-CO

CAT

JAN 15 13:33

**SUBMISSION CONFIRMATION**

**General Information**

Policy #:   
 Status: **Manually Printed**

**Agency Information**

Agency Name: **RAPO & JEPSEN INS SERVICES INC**  
 Producer Code: **0127**

**Submission Summary**

Reference #:   
 Applicant Name: **W AND J PAINTING CORP**  
 Policy Term: **01-06-2015 to 01-06-2016**  
 Agency Customer ID: **08 08**  
 Date Submitted: **01/06/2015**

**Estimated Premium**

Total Policy Premium: **\$1,698**

**Policy Optional Coverages**

Coverages	Limits	Deductible	Premium
<b>Vehicle # 1 Premium : \$1,698</b>			
<b>2010 TOYOTA TUNDRA DOUBLE CAB SR5</b>			
<b>6TFUY0F14AX110054</b>			
<b>Compulsory Insurance:</b>			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$341
Compulsory Personal Injury Protection	\$8,000		\$28
Compulsory Damage To Someone Else's Property	\$100,000		\$547
Compulsory Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$8
<b>Optional Insurance:</b>			
Optional Bodily Injury To Others	\$50,000 Per Person / \$100,000 Per Accident		\$207
Optional Medical Payments	\$5,000		\$19
Collision		\$500	\$574
Comprehensive	Yes		\$181
Optional Underinsured Motorist	\$50,000 Per Person / \$100,000 Per Accident	\$500	\$14
<b>Risk Characteristics:</b>			
Geographic City	<b>MARLBOROUGH</b>		
Territory			
Class Code	<b>13</b>		
Anti-theft Device:	<b>01183</b>		
	<b>15%</b>		

Policy # 12055724  
 Issued \$ 189  
 FAB Suspended  
**AQC**  
 JAN 12 2015  
**KXH**  
 JAN 07 2015

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**  
Amount: **\$320.00**  
Payment Mailing Address: **Arbella Insurance Group  
P.O. Box 26382  
Boston, MA 02205-5382**

**Make electronic payment now.**  
You have elected to make an Electronic Payment. Click the link to process the down payment.

**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



Submitted Date 06-2015  
**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

AGENCY <b>RAPO &amp; JEPSEN INS SERVICES INC</b> 1103 COMMONWEALTH AVE BOSTON MA 02215 cristina@rapoandjepsen.com		CARRIER NAIC CODE: _____ UNDERWRITER _____	DATE (MM/DD/YYYY) 12-31-2014 UNDERWRITER _____
PHONE (A/C No. Ext): _____ FAX (A/C No.): _____ E-MAIL ADDRESS: _____ CODE: _____ SUB CODE: 0127 AGENCY CUSTOMER ID: _____		POLICIES OR PROGRAM REQUESTED CAR - Arbellia (ceded)	POLICY NUMBER _____
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKER/MOTOR CARRIER	GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA

<b>STATUS OF TRANSACTION</b> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): _____ CHANGE DATE _____ TIME _____ AM _____ PM CANCEL _____		<b>PACKAGE POLICY INFORMATION</b> ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. PROPOSED EFF DATE: 01-06-2015 PROPOSED EXP DATE: 01-06-2016 BILLING PLAN: <input checked="" type="checkbox"/> DIRECT BILL PAYMENT PLAN: _____ AGENCY BILL: _____ AUDIT: No audit	
--	--	--	--

<b>APPLICANT INFORMATION</b> NAME (First Named Insured & Other Named Insureds) _____ MAILING ADDRESS INCL ZIP+4 (of First Named Insured) _____	
FEIN OR SOC SEC # (of First Named Insured): _____ E-MAIL ADDRESS(ES): _____ PHONE (A/C No. Ext): _____	WEBSITE ADDRESS(ES): _____ INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> NO. OF MEMBERS AND MANAGERS: _____ OR BUREAU NAME: _____ ID NUMBER: _____
INSPECTION CONTACT: PHONE (A/C No. Ext): _____ E-MAIL ADDRESS: _____	ACCOUNTING RECORDS CONTACT: JOAO BATISTA JUNIOR PHONE (A/C No. Ext): _____ E-MAIL ADDRESS: _____ DATE BUS STARTED: 2014

PREMISES INFORMATION										
LOC#	BLD#	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED		
			INSIDE	OWNER						
			OUTSIDE	TENANT						
			INSIDE	OWNER						
			OUTSIDE	TENANT						

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**  
 PAINTING

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES			
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X	
4. ANY CATASTROPHE EXPOSURE?		X	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MD)		X	
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X	
EXPLAIN ALL "YES" RESPONSES		YES	NO
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)			X
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			X
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			X
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			X
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)			X

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PRODUCER'S SIGNATURE: \_\_\_\_\_ NATIONAL PRODUCER NUMBER: \_\_\_\_\_



Submitted Date: 06-2015

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	RETRO DATE	EFF-EXP DATE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
GENERAL COMMERCIAL LIABILITY	CARRIER															
	POLICY NUMBER															
	POLICY TYPE															
	RETRO DATE															
	EFF-EXP DATE															
	GENERAL AGGREGATE															
	PRODUCTS COMP OP AGGREGATE															
	PERSONAL & ADV INJ															
	EACH OCCURRENCE															
	FIRE DAMAGE															
	MEDICAL EXPENSE															
	BODILY INJURY															
	PROPERTY DAMAGE															
	COMBINED SINGLE LIMIT															
	MODIFICATION FACTOR															
TOTAL PREMIUM																
AUTOMOBILE	CARRIER															
	POLICY NUMBER															
	POLICY TYPE															
	EFF-EXP DATE															
	COMBINED SINGLE LIMIT															
	BODILY INJURY															
	PROPERTY DAMAGE															
	MODIFICATION FACTOR															
	TOTAL PREMIUM															
	PROPERTY DAMAGE															
PROPERTY	CARRIER															
	POLICY NUMBER															
	POLICY TYPE															
	EFF-EXP DATE															
	BUILDING AMT															
	PERS PROP AMT															
MODIFICATION FACTOR																
TOTAL PREMIUM																
CARRIER																
POLICY NUMBER																
POLICY TYPE																
EFF-EXP DATE																
LIMIT																
MODIFICATION FACTOR																
TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 3 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS  
 STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

**Name and Address**  
W AND J PAINTING CORP

**Submitted Date** 06-2015

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Underwriting review

**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 :**

End of Document



**VEHICLE DESCRIPTION**

ACORD 117 attached for additional vehicles

Submitted Date 06-2015

VEH # 0001	YEAR 2010	MAKE TOYOTA	MODEL TUNDRA DOUBLE CAB SRS	BODY TYPE	V.I.N. 5TFUY5F14AXL10954	VEHICLE TYPE	SYN/AGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED MARLBOROUGH MA 01752				LIC STATE MA	TERR 13	GVW/GCW 6400	CLASS 01183	\$ 28990				
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$ 500	
15 MILES +	FARM	SERVICE				FTW	COLL				\$ 500	
NET VEH DRGR:												
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW	TOTAL PREM \$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	\$	TOTAL PREM \$			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL				\$	
NET VEH DRGR:												
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW	TOTAL PREM \$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	\$	TOTAL PREM \$			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL				\$	
NET VEH DRGR:												
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW	TOTAL PREM \$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	\$	TOTAL PREM \$			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL				\$	
NET VEH DRGR:												
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW	TOTAL PREM \$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	\$	TOTAL PREM \$			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL				\$	
NET VEH DRGR:												
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW	TOTAL PREM \$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	\$	TOTAL PREM \$			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL				\$	
NET VEH DRGR:												
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW	TOTAL PREM \$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	\$	TOTAL PREM \$			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL				\$	
NET VEH DRGR:												
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW	TOTAL PREM \$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	\$	TOTAL PREM \$			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL				\$	
NET VEH DRGR:												
VEH #	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYN/AGE	COST NEW	TOTAL PREM \$			
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	\$	TOTAL PREM \$			
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE				FTW	COLL				\$	
NET VEH DRGR:												

ACORD 127 (2003/08)

**Name and Address**  
W AND J PAINTING CORP

**Submitted Date** 06-2015

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : WALKIRA JOTA  
SDIP :

Driver # : 2  
Name : JORO JUNIOR  
SDIP : 00

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Vehicle Type : Light Truck  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 50000/100000  
Medical Payment Limit : 5000  
Bodily Injury To Others Limit : 50000/100000  
Underinsured Motorist Limit : 50000/100000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement :  
Towing and Labor :  
Anti-Theft Device : 15%  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a leased vehicle : No

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber : 1



**MASACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION**

Submitted Date 06-2015

AGENCY  
**RAGO & JEPSEN INS SERVICES INC**

APPLICANT (First Named Insured)  
**W AND J PAINTING CORP**

DATE (MM/DD/YYYY)  
**12-31-2014**

**BUSINESS-AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 2 3 4 5 6 7 8 9	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$50000 Each Person \$100000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	6 7	PER PERSON \$ 8000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 2 3 4 5 6 7 8 9	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 3 4 5 6 7 8	EACH PERSON \$ 5000	OPTIONAL COMPREHENSIVE	2 3 4 5 6 7 8	\$500
COMPULSORY UNINSURED MOTORIST	2 3 4 5 6 7	CSL <input checked="" type="checkbox"/> BI EA PER \$ 50000 BI EACH ACCIDENT \$ 100000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 3 4 5 6 7 8	
OPTIONAL BODILY INJURY TO OTHERS	1 2 3 4 5 6 7 8 9	CSL <input checked="" type="checkbox"/> BI EA PER \$ 50000 BI EACH ACCIDENT \$ 100000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 3 4 5 6 7 8	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	COMP \$ SPEC COFL \$	

COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 42 43 44 45 46 47 48 49 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 43 44 45 46 47 48 49 50		\$
COMPULSORY PERSONAL INJURY PROTECTION	44 45 46 47 48 49 50	PER PERSON \$ DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	42 43 44 45 46 47 48 49 50	SCL FT LSP F FTW	\$
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41 42 43 44 45 46 47 48 49 50	EACH ACCIDENT \$	OPTIONAL COLLISION	42 43 44 45 46 47 48 49 50		\$
OPTIONAL MEDICAL PAYMENTS	42 43 44 45 46 47 48 49 50	EACH PERSON \$	OPTIONAL TOWING & LABOR	46	\$	
COMPULSORY UNINSURED MOTORIST	42 43 44 45 46 47 48 49 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 42 43 44 45 46 47 48 49 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	46 47 48 49 50	# TRAILERS # DAYS RADIUS DEDUCTIBLE	
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	46 47 48 49 50		
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	46 47 48 49 50		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) 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

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1996-2006

Submitted Date: 06-2015

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE									
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DED \$										
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YOURSELF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH PERSON \$										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$										
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/> BI EA PER \$										
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOTORCYCLE GUEST OCCUPANT EXCLUSION										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$										
OPTIONAL NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES	<input type="checkbox"/>	COST OF HIRE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES	STATES	<input type="checkbox"/>	COST OF HIRE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES	STATES	<input type="checkbox"/>	GROUP TYPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	NO		<input type="checkbox"/>	EMPLOYEES										
	<input type="checkbox"/>			<input type="checkbox"/>	VOLUNTEERS										
OTHER	<input type="checkbox"/>			<input type="checkbox"/>	PARTNERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER		COVERAGES		SYMBOL		# TRAILERS		PARTIAL ZONE		# DAYS		RADIUS		DEDUCTIBLE	
OTHER		STATES		# DAYS		# VEH									
OTHER		COVERAGES IS:		PRIMARY		SECONDARY									

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PRODUCER'S SIGNATURE \_\_\_\_\_ NATIONAL PRODUCER NUMBER \_\_\_\_\_

ACORD 137 MA (2005/04)

Submitted Date 06-2015

**Name and Address**

W AND J PRINTING CORP

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

ORC Type

: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1



**ARIZONA**

**SUBMISSION CONFIRMATION**

**General Information**

Policy #:

Status: **Manually Entered**

**Agency Information**

Agency Name: **POINT INS INC**

Producer Code: **0127**

**Submission Summary**

Reference #:

Applicant Name: **W AND J PAINTING CORP**

Policy Term: **01-08-2017 to 01-08-2018**

Agency Customer ID:

Date Submitted: **01/06/2017**

**Prior Carrier Information**

Applicant's Prior Carrier: **No Prior Carrier for this Applicant**

*Not an app -  
2. They drove no matter  
this guy added to  
this app -*

**NOCH**  
**JAN 11 2017**

Estimated Premium

Total Policy Premium: **\$2,468** To review with an underwriter contact Commercial Auto team at 1-817-769-4328

Policy Optional Coverages

Coverages	Limit	Deductible	Premium
<b>Vehicle # 1 Premium: \$2,468</b>			
<b>2015 TOYOTA TUNDRA DOUBLE CAB SR5R8</b>			
<b>5TFLV77K470388</b>			
<b>Compulsory Insurance:</b>			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$382
Compulsory Personal Injury Protection	\$2,000		\$27
Compulsory Damage To Someone Else's Property	\$100,000		\$583
Compulsory Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$10
<b>Optional Insurance:</b>			
Optional Bodily Injury To Others	\$50,000 Per Person / \$100,000 Per Accident		\$228
Optional Medical Payments	\$5,000		\$19
Collision		\$500	\$917
Waiver of Deductible:	Yes		
Comprehensive			\$228
Rental Reimbursement	\$200 Daily	\$500	\$185
Optional Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$11
<b>Risk Characteristics:</b>			
Garage City	MARLBOROUGH		
Territory	13		
Class Code	01183		
Anti-theft Device:	15%		

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:	\$300.00	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 83392 Boston, MA 02205-8392	

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 Arbell.

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 

6 JAN 17 12:28



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

CAR DOCKET #MR17.06  
EXHIBIT #2  
PAGE 366 OF 601

AGENCY <b>POINT INS INC</b> 1103 COMMONWEALTH AVE BOSTON MA 02215 Cristina Galvin		CARRIER	NAIC CODE:	UNDERWRITER	DATE (MM/DD/YY) <b>01-05-2017</b>
PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <b>cristina@pointinsure.com</b> CODE: SUB CODE: <b>0127</b>		POLICIES OR PROGRAM REQUESTED <b>CAR - Arbella (ceded)</b>		POLICY NUMBER	
STATUS OF TRANSACTION		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	
QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>		PROPERTY		INSTALLATION/BUILDERS RISK	
BOUND (Give Date and/or Attach Copy):		GLASS AND SIGN		ELECTRONIC DATA PROC	
CHANGE DATE TIME AM PM		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	
CANCEL		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	
APPLICANT CUSTOMER ID:		TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER	
				GARAGE AND DEALERS	
				VEHICLE SCHEDULE	
				BOILER & MACHINERY	
				WORKERS COMPENSATION	
				UMBRELLA	

PACKAGE POLICY INFORMATION		ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT	
<b>01-08-2017</b>	<b>01-08-2018</b>	<input checked="" type="checkbox"/> DIRECT BILL		No Audit	
		AGENCY BILL			

APPLICANT INFORMATION  
NAME (First Named Insured & Other Named Insureds)

**KMR**  
JAN 06 2017

PHONE OR SOC SEC # (of First Named Insured):		PHONE (A/C, No, Ext):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
E-MAIL ADDRESS:		WEBSITE ADDRESS(ES):			
INDIVIDUAL <input checked="" type="checkbox"/>	CORPORATION <input type="checkbox"/>	SUBCHAPTER "S" CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>	CR BUREAU NAME	ID NUMBER
PARTNERSHIP <input type="checkbox"/>	JOINT VENTURE <input type="checkbox"/>	NOT FOR PROFIT ORG <input type="checkbox"/>		NO. OF MEMBERS AND MANAGERS	
INSPECTION CONTACT:		ACCOUNTING RECORDS CONTACT: <b>JOAO LIMA</b>		DATE BEGUN 2014	
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):	
				E-MAIL ADDRESS:	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
<b>NO PRIOR SUBMISSIONS FOUND</b>								
<b>PREVIOUSLY SUBMITTED ON</b>								
<b>BY</b>								
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)  
**PAINTING**

GENERAL INFORMATION		EXPLAIN ALL "YES" RESPONSES		EXPLAIN ALL "YES" RESPONSES	
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES NO	1. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	YES NO	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	YES NO
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		4. ANY CATASTROPHE EXPOSURE?		10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	
4. ANY CATASTROPHE EXPOSURE?		5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNER IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**PRIOR CARRIER INFORMATION**

DUPLICATE DATE 01-06-2017

LINE	CATEGORY																
GENERAL COMMERCIAL LIMITS	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OF AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER	No prior carrier															
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	PROPERTY																
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
BUILDING AMT																	
PERG PROP AMT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS: STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

ACORD 125 (2005/06)

**Name and Address**  
W AND J PAINTING CORP

Submitted Date 01-08-2011

CAR DOCKET #MR17.06  
EXHIBIT #2  
PAGE 368 OF 601

**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: \$500.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : WANDJPAINTINGCORP.pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

End of Document







VEHICLE DESCRIPTION

Reference#

ACORD 127

ched for additional vehicles

Submitted Date 01-06-2017

CAR DOCKET #MR17.06

EXHIBIT #2

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VEH# 0001	YEAR 2015	MAKE: TOYOTA	MODEL: TUNDRA DOUBLE CAB SR/SR	BODY TYPE:	V.I.N.: 5TFUY5F17FX470386	VEHICLE TYPE	SYN/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$ 500	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL				\$ 500	
NET VEH DRGR:												TOTAL PREM \$	\$

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYN/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL				\$	
NET VEH DRGR:												TOTAL PREM \$	\$

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYN/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL				\$	
NET VEH DRGR:												TOTAL PREM \$	\$

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYN/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL				\$	
NET VEH DRGR:												TOTAL PREM \$	\$

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYN/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL				\$	
NET VEH DRGR:												TOTAL PREM \$	\$

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYN/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL				\$	
NET VEH DRGR:												TOTAL PREM \$	\$

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE	SYN/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC COFL	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC COFL
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	UNINS MOTOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL				\$	
NET VEH DRGR:												TOTAL PREM \$	\$

**Name and Address**  
W AND J PAINTING CORP

Submitted Date 01-06-2017

CAR DOCKET #MR17.06  
EXHIBIT #2  
PAGE 372 OF 601

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : STACEY A MATTERA  
SDIP : 99

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C.: NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Vehicle Type : Light Truck  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 6000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 50000/100000  
Medical Payment Limit : 5000  
Bodily Injury To Others Limit : 50000/100000  
Underinsured Motorist Limit : 50000/100000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor :  
Anti-Theft Device : 15+  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document





MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

AGENCY POINT INS INC

APPLICANT (First Named Insured) W AND J PAINTING CORP

BUSINESS AUTO SECTION

Form for Business Auto Section coverages including Bodily Injury Liability, Compulsory Personal Injury Protection, Compulsory Damage to Someone Else's Property, Optional Medical Payments, Compulsory Uninsured Motorist, Optional Bodily Injury to Others, Optional Hired/Borrowed Liability, and Optional Non-Owned Liability.

TRUCKERS SECTION

Form for Truckers Section coverages including Bodily Injury Liability, Compulsory Personal Injury Protection, Compulsory Damage to Someone Else's Property, Optional Medical Payments, Compulsory Uninsured Motorist, Optional Bodily Injury to Others, Optional Non-Truckers Hired/Borrowed, Optional Truckers Hired/Borrowed, and Optional Non-Owned Auto Liability.

**MOTOR CARRIER SECTION**

DUPLICATE DATE 01-06-2017

CAR DOCKET #MR17.06

EXHIBIT #2

PAGE 375 OF 601

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
BODILY INJURY LIABILITY	61	67	BI EACH PERSON	\$	OPTIONAL COMPREHENSIVE	62	67				
	62	68	BI EACH ACCIDENT	\$		63	68				
	63	71				64					
	64										
COMPULSORY PERSONAL INJURY PROTECTION	65		PER PERSON	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
	67		YOURSELF	<input type="checkbox"/>		YOURSELF AND FAMILY MEMBERS	63	68	F	FTW	
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	EACH ACCIDENT	\$	OPTIONAL COLLISION	62	67				
	62	67				63	68				
	63	68				64					
OPTIONAL MEDICAL PAYMENTS	62	64	EACH PERSON	\$	OPTIONAL TOWING & LABOR	63					
	63	67				67					
COMPULSORY UNINSURED MOTORIST	62	68	CSL	BI EA PER	\$	TRAILER INTERCHANGE					
	63	67	BI EACH ACCIDENT	\$	OPTIONAL COMPREHENSIVE	69					
	64		PROPERTY DAMAGE	\$		70					
OPTIONAL BODILY INJURY TO OTHERS	61	64	CSL	BI EA PER	\$	OPTIONAL SPECIFIED CAUSES OF LOSS	69				
	62	67	BI EACH ACCIDENT	\$	70						
	63	68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		70						
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	OPTIONAL COLLISION	69				
	NO		\$				70				
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
	NO		\$								
OPTIONAL NON-OWNED AUTO LIABILITY		STATES	GROUP TYPE	NUMBER OF		OTHER	COVERAGE IS:		PRIMARY	SECONDARY	
	YES		EMPLOYEES								
	NO		VOLUNTEERS								
OTHER			PARTNERS								

**COVERED AUTO SYMBOLS**

- (61) ANY AUTO
- (62) OWNED AUTOS ONLY
- (63) OWNED PRIVATE PASS AUTOS ONLY

- (64) OWNED COMMERCIAL AUTOS ONLY
- (65) OWNED AUTOS SUBJECT TO NO-FAULT
- (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

- (67) SPECIFICALLY DESCRIBED AUTOS
- (68) HIRED AUTOS ONLY
- (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

- (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
- (71) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 137 MA (2005/04)

**Name and Address**  
W AND J PAINTING CORP

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

OTC Type

:  
:  
: Coverage Not Requested

End of Document

Arbella Insurance Group  
Claim No. 1020061981

Q. All right. This is Ed Spellman, and I'm speaking with Joao Lima from 205

. Today's date is February 2, 2016,  
and the time is now approximately 3:45 p.m. Joao, this conversation is  
being recorded. Is this being done with your permission, sir?

A. Yes.

Q. And, Joao, do you go by a nickname or anything like that?

A. No.

Q. Okay. I have down here possibly Junior. Do you go by Junior?

A. Yeah. That's my last name, yeah.

Q. Is Junior?

A. Yeah.

Q. Is it Lima Junior?

A. Lima Junior.

Q. Okay. Do you have ID on you maybe? Is it in the car? Oh, perfect.  
That will help me. Okay. Thank you. Let the record show that Joao has  
handed me a Brazilian passport. It lists his date of birth as

The name listed is Joao Battista De Lima Junior. Is that  
correct?

A. Yes.

Q. Okay. I want to make sure I got it right. Passport Number  
And the photograph resembles this gentleman who presented himself here  
today as Joao Battista De Lima Junior. Joao, do you go by Joao or can I  
call you Joao?

A. Yes. That's fine. Yup.

Linda A. Fowler



Arbella Insurance Group  
Claim No. 1020061981

Q. Okay. Joao, this conversation is being recorded. Is this being done with your permission, sir?

A. Yes.

Q. Okay. And, Joao, I'm here today to talk to you about a policy of insurance. I have here an insurance application dated January 5, 2017, for a W and J Painting Corporation. Are you familiar with that corporation?

A. Yup.

Q. Okay. And how do you know that corporation?

A. My company.

Q. It's your company?

A. Yeah. That's my company.

Q. And what I'm going to do here is I'm going to hand you a printout from the Secretary of State website for W and J Painting Corporation. If you want to just look at that. It's a couple of pages. And on this page, Number 2, it lists you, Joao Battista De Lima Junior, at  
as president, treasurer, secretary, vice president,  
and director. You are the owner of the company. No one else. Just you?

A. Yeah. Just me, yup.

Q. Okay. Did you file this paperwork with the Secretary of State or did someone help you do that?

A. No. I don't think so.

Q. You don't remember doing it?

A. No. No. No.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

Q. Okay. Do you know if maybe a tax person or someone else may have done it for you?

A. No.

Q. Okay. Did you used to be a d-b-a before you were a corporation?

A. Yup.

Q. What was the name of your d-b-a?

A. It's WJ Painting.

Q. And when you incorporated, did someone help you at all, whether it be an agent? A dealer? A tax place? A friend?

A. A friend.

Q. A financial advisor? A friend?

A. A friend, yeah.

Q. A friend?

A. Yeah.

Q. Do you know your friend's name who helped?

A. It's Paulo Manuel.

Q. That's his name, Paulo Manuel?

A. Yeah.

Q. Do you know if maybe Paulo filed these?

A. I'm not sure.

Q. Okay. But he is the one who helped you incorporate?

A. Yeah.

Q. Okay. Can you just sign and date that, all three of them, actually.

Just that way it will --

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

A. Where?

Q. Anywhere you want on there on all three pages. That way it will just show that that's what I showed you today. Perfect. Thank you. And, Joao, do you remember where you purchased this insurance from, your insurance broker or agent?

A. In Marlborough.

Q. In Marlborough. Do you remember the name of it?

A. Point Insurance.

Q. Point?

A. Insurance.

Q. At the Marlborough location?

A. Yeah. I think it was Jepsen & Rapo before. Right now it's Point Insurance.

Q. Okay, So they changed the name?

A. Yeah.

Q. Is it the same building?

A. The same building. The same place.

Q. Okay. The same people or different people?

A. The same people.

Q. Okay. All right. Do you know who you normally deal with when you go there?

A. Christina Alagario.

Q. Christina Alagario?

A. Yes.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

Q. Oh, great. You have a first and last name.

A. Yeah.

Q. Okay. So when you go -- this application looks like it's -- I'm just going to show you the first page, but it's January 5, 2017.

A. Uh-huh.

Q. And it's for a W and J Painting Corp. at

A. Uh-huh.

Q. Do you still operate out of that address?

A. No.

Q. Okay. Is the new address the

A.

Q. Is that where you live? Is that your personal address?

A. Yeah. That's my new address, yeah.

Q. But it's not updated on --

A. No. No. I think I need to go to --

Q. On the Secretary of State or something?

A. Yeah.

Q. How long have you been living at

A. For a year and a half.

Q. A year and a half now?

A. Yeah.

Q. Okay. On this it says here painting. Is that what you do? Are you a painter?

A. Yes.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

Q. Obviously for the record, we're at a construction site. You know, he's got a generator going for a sprayer.

A. Yeah.

Q. All right. And he's covered in paint. So with regards -- do you remember when you went in in January and talked with Christina?

A. I went to Boston first. I talked to the guy over there. I don't know his name.

Q. Okay.

A. And then they sent me back to Marlborough.

Q. Why did you go to Boston if you normally deal in Marlborough?

A. Because they called me first. The guy in Boston called me, You need to come here to see a couple of papers, and I went over there and I don't know why they sent me back to Marlborough.

Q. That was weird.

A. Yeah.

Q. So you got a phone call from a guy at the Boston location?

A. Yeah. Arbella, yeah.

Q. From Arbella or from Point?

A. They said Arbella when they called me. I don't know why.

Q. When he called you, was he speaking English or Portuguese?

A. Portuguese and English.

Q. Okay.

A. It's Christina Galvin, the girl in Boston. In Marlborough.

Q. Yup. Okay. So it's Christina Galvin?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

A. Yeah.

Q. And you noticed that off of the application that I gave you?

A. Yeah. That's the girl who helped me to do the other application.

Q. Okay. Despite my notes from today and whatnot, if you could just sign on that. Just sign and date it. This is the cover sheet to your application, the first page. And as I was making phone calls to you today and whatnot, I was just jotting down notes on it. So when we were talking outside you had indicated that -- well, let me ask you. Do you have a Massachusetts driver's license?

A. No.

Q. Do you have a license from another country or state?

A. From Brazil.

Q. And how long have you been living in Massachusetts?

A. For ten years.

Q. Okay. And you can see I wrote that down, Ten years with a Brazilian license. Is your Brazilian license active or is it expired?

A. Active.

Q. Okay. Do you have that with you?

A. I just have the translation from --

Q. What's the translation? I don't know what that is. Excuse me.

A. The translation from Brazilian license to --

Q. Oh, okay.

A. It's better for all the people to see.

Q. Okay. Yeah. No problem. What I would like to do is I'm going to put

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

this up here with your passport. After the statement, just because we don't have copies of these, I would just like to take a photograph of it and put it in your file so that way we have it on your record. I don't know if it came over or not, but I don't have it with this assignment. So now my question is you used to have a policy before this one with Arbella for this truck too. Correct?

A. Yup.

Q. Okay. Do you know what happened with that policy? I know it canceled, but do you know why it canceled?

A. No. It never happened before.

Q. Okay. On the other policy it was -- well, here's a screen shot of one of the policies. It looks like the old policy that was nonrenewed. Now, this one list two drivers on it, Walkira Jota, W-a-l-k-i-r-a, and yourself, Joao Junior.

A. Yup.

Q. And it shows that neither one of you have a Massachusetts license. Do you know Walkira?

A. Yeah. She was my ex-girlfriend.

Q. Okay. Was she your wife or girlfriend?

A. Wife. She was. My ex-wife.

Q. Did she work for the company at all?

A. No.

Q. Okay. So she was just your wife?

A. Yes. She was my wife, yeah.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

Q. Okay. So here this shows that it was nonrenewed, but it also shows that it was just the two of you as drivers.

A. Yup.

Q. Okay. Can you sign and date that for me? Okay. And this is just a screen shot -- the date. Today is the 2nd. 2017. Perfect. And can you just go back on the -- I just noticed on the Secretary of State's stuff and just date it. Okay. And also on the application it looks like we missed a date on that too. So on where it shows just you and Walkira -- This here as you see on this paper, it's dated the same date as the application, January 5, 2017, it lists a Stacey Mattera as the driver. Was Stacey an employee?

A. No. She is not an employee.

Q. Who is Stacey to you?

A. She is my girlfriend.

Q. So she is your current girlfriend?

A. Yes.

Q. Okay. And but she is not an employee?

A. No. No. She is not an employee.

Q. Could you sign and date that for me? So when you went back this most recent time in January of 2017 to Point, did you talk with Christina? Is that who you dealt with that time?

A. Yup.

Q. What was that conversation like? What is the reason that Stacey is on the policy now but just prior to that it was just you and Walkira? What

Linda A. Fowler



Arbella Insurance Group  
Claim No. 1020061981

10

changed?

A. Well, it changed because we got separated with Walkira.

Q. Yup.

A. She's going to Florida. She moved to Florida. And Stacey, she has a Massachusetts driver's license. That's why she said to me if I have people who has a Florida license I can't renew my policy.

Q. Okay. Who said to you -- so let me just back track.

A. That was Christina Galvin.

Q. So Christina Galvin at Point, that's the employee there?

A. Yup.

Q. Okay. She said to you what about the license?

A. Yup. If I have a valid license, a Massachusetts valid license --

Q. If you had a valid license?

A. No, or a friend or, like, Stacey.

Q. Okay. Anybody?

A. Anybody. Yup.

Q. Okay. So I just want to make sure I understand and I don't get confused.

A. Okay.

Q. So Christina works for the agency at Point?

A. Uh-huh.

Q. Yes or no?

A. Yes.

Q. Okay. When you went there because your old policy got canceled --

A. Yup.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

Q. -- she told you in order to open a new policy, you had to get someone with a Massachusetts license?

A. Yup.

Q. Okay. And she told you it could be anybody. Is that correct?

A. Yup.

Q. Okay. So did she ask you if Stacey was an employee?

A. I really don't remember if she asked me that. I'm not sure.

Q. Okay. Did you ever tell her that Stacey was an employee?

A. No. No. No.

Q. Okay. So you are not sure if she asked, but you definitely didn't tell her that she was an employee?

A. No. No. No.

Q. She is your girlfriend?

A. Yup.

Q. Was it your understanding after talking with Christina that it could be anybody, it just had to be a Massachusetts license?

A. Yup.

Q. When -- how did you get Stacey's license? Did you just ask her?

A. I asked her first. I called her and asked for the license, if she can help me with that.

Q. What did you tell her?

A. That my policy was canceled, it is going to be canceled if I don't have any valid license on my policy. That's the reason.

Q. Okay. So she knew when you called her that --

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

A. Yeah. Yeah. She knows everything. Yup.

Q. -- that it was just going to be just to open insurance?

A. Yeah. Just to open insurance, yeah.

Q. Okay. All right. How did you actually get the license? Did you physically take a picture of it or --

A. No. She sent me a picture.

Q. A text message or something?

A. Yeah. Uh-huh.

Q. Do you have that on your phone?

A. No. No. No.

Q. You got rid of it?

A. Yup.

Q. How did you get that to Christina?

A. I showed her a picture and she take the numbers and that's how she give it. She asked me.

Q. Did Christina even take a copy of the license or did she just write down the numbers?

A. Just write down the numbers, yeah.

Q. Are you sure? Maybe you emailed it to her --

A. No. No. No. No.

Q. -- or texted it?

A. No.

Q. Not at all?

A. No.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

Q. Okay. So she didn't even take a copy of it? She just wrote down the numbers off of it?

A. Yeah. Just wrote the numbers, yeah.

Q. And then what happened? That was it or did you have to pay monies or what happened?

A. No. I just paid for the down payment for opening the policy. That's it.

MR. HART: Was Christina there when you called Stacey? Were you sitting with Christina when you called?

A. No. She asked me for the valid license first and then I called her later. Then when I went to the agency I have the license.

Q. Okay. So you went a couple times to the agency, then?

A. Yeah, but I don't have any valid license. Then she said, If you don't have any valid license, it's impossible to renew your insurance.

Q. Okay. So let me ask you this. So when you first went there, did Christina ask you if you had a valid license?

A. I said no.

Q. Okay. So she knew that you had a Brazilian license?

A. Yup.

Q. Okay. Did she ask you how long you were living in Massachusetts?

A. No.

Q. Did she ask you if you had left the country and came back or anything like that?

A. No.

Q. Okay. She just asked if you had a Massachusetts license?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

A. Yup.

Q. Okay. And you told her no. Correct?

A. Yeah. She knows already I don't have a valid license from Massachusetts.

Q. Okay. So then she told you, according to you, if you couldn't get someone with a valid license that she couldn't help you?

A. Yeah. Right.

Q. Okay. Then you left?

A. Then I left. And then after she said we need a valid license to get a renewed policy.

Q. So when you left Point that day, did you call Stacey immediately? Was that your first choice or did you ask some other friends?

A. I called her a couple of days later.

Q. Stacey?

A. Yeah.

Q. Okay. And then Stacey said that she would let you use the license and texted it or sent it to you?

A. I asked her if she can help me with that because my insurance was canceled, and she said, Yes, no problem.

Q. Okay. Stacey has her own job and her own vehicle?

A. Yes.

Q. Do you know what kind of car she has?

A. I think it's a Nissan Murano.

Q. Nissan Murano. Do you know what she does for work?

A. I think she works in a hotel, front desk.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

Q. Front desk at a hotel?

A. Yes.

Q. Okay. When you get the -- so is it a couple days later when you go back to Point?

A. Yes.

Q. And then you have her license on your phone?

A. Yes.

Q. And then you go back in. Do you go back to Christina again?

A. Yeah. Then I showed her the picture and then she did the application.

Q. And then she just took down the numbers? She didn't take a copy of it?

A. No.

Q. All right. So just to be clear, then, your understanding the first time when you left was it could be anybody, they just had to have a Massachusetts license, a friend, a stranger, anybody?

A. Yes. That's what she said to me; if you have a friend with a valid license it could work.

Q. Okay.

A. She was not sure if it will get a renewal policy, but it maybe works.

Q. Okay. But she was willing to put it through for you?

A. Yup.

Q. And she knew that it was a friend?

A. Yup.

Q. And she knew that you didn't have a license?

A. Yup.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

Q. But she knew that you would be driving the truck?

A. Yup.

Q. All right. Is there anything that you want to add, Joao?

A. I think that's all. That's everything I know.

Q. Okay. Perfect. Was everything you told me today true and accurate to the best of your knowledge?

A. Yup.

Q. Okay. Did you understand all of the questions that I asked you?

A. Yup.

Q. Okay. And I understood you fine. Is English a second language for you?

A. Yeah. English is a second language.

Q. Okay. I didn't feel there was any kind of language barrier. But just to be clear, you did not need a Portuguese interpreter or anything like that?

A. No. I think I can understand very well what you --

Q. And I can understand you too.

A. I know my English is not perfect.

Q. It's very good.

A. But I think we have a good conversation.

Q. Exactly. It's very good. I just want to make sure for the record that I get on there that you understood me and there was no language problems.

A. Yup.

Q. And you understood that I was recording this conversation today?

A. Yes. Yup.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020061981

17

Q. Okay. And I'm going to end the recording, but I just want to grab a photograph of your license and your passport there because we don't have copies of that.

A. All right. That's fine.

Q. Perfect.

Linda A. Fowler



Exhibit 10  
Onil Auto Care Inc.

Arbella

**ARBELLA**

**SUBMISSION CONFIRMATION**

**General Information**  
 Policy #:   
 Status: Manually Printed upn → no prior history

**Agency Information**  
 Agency Name: **RAPO & JEPSEN INS SERVICES INC**  
 Producer Code: **0154**

**Submission Summary**  
 Reference #:   
 Applicant Name: **ONEL AUTO CARE INC**  
 Policy Term: **03-04-2016 to 03-04-2017**  
 Agency Customer ID: **DANIEL**  
 Date Submitted: **03/04/2016**

**Prior Carrier Information**  
 Applicants Prior Carrier: **No Prior Carrier for this Applicant**

**Estimated Premium**  
 Total Policy Premium: **\$888** To review with an underwriter contact Commercial Auto team at 1-617-769-3850

**Policy Optional Coverages**

Coverages	Limits	Deductible	Premium
<b>Vehicles # 1 Premium: \$888</b>			
<b>1899 MITSUBISHI MONTERO SPORT LIMITED</b>			
<b>JA4L84R2XP02555</b>			
<b>Compulsory Insurance:</b>			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$284
Compulsory Personal Injury Protection	\$3,000		\$40
Compulsory Damage To Someone Else's Property	\$100,000		\$41
Compulsory Underinsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$4
<b>Optional Insurance:</b>			
Optional Bodily Injury To Others	\$20,000 Per Person / \$40,000 Per Accident		\$22
Optional Medical Payments	\$10,000		\$8
Waiver of Deductible	No		\$0
Optional Underinsured Motorist	\$20,000 Per Person / \$40,000 Per Accident		\$0
<b>Risk Characteristics:</b>			
Gauging City			
Territory	10		
Class Code	7891B		
Anti-theft Device	1596		

Policy #

**KXH**  
**MAR 04 2016**

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**  
Amount: **\$180.00**  
Payment Mailing Address: **Arbella Insurance Group  
P.O. Box 26382  
Boston, MA 02205-5382**

**Make electronic payment now.**  
You have elected to make an Electronic Payment. Click the link to process the down payment.

**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 137 PDF**

To View Print Commercial Auto - MA Application click this icon  **ACORD 137MA PDF**

15 MAR 4 10:50

15 MAR 4 10:50

15 MAR 4 10:50



Submitted Date 04-2016  
**COMMERCIAL INSURANCE APPLICATION**

**APPLICANT INFORMATION SECTION**

AGENCY: **RAPO & JEPSEN INC SERVICES INC**  
724 CHELMSFORD ST  
LOWELL, MA 01851  
Daniel delima

CARRIER: **NAIC CODE:** \_\_\_\_\_ UNDERWRITER: \_\_\_\_\_  
DATE (MM/DD/YYYY): **03-04-2016**  
UNDERWRITER OFF: \_\_\_\_\_

POLICIES OR PROGRAM REQUESTED:  
**CAR - Arbelia (ceded)**

INDICATE SECTIONS ATTACHED:

PROPERTY	EQUIPMENT FLOATER	GARAGE AND DEALERS
GLASS AND SIGN	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	ELECTRONIC DATA PROC	BOILER & MACHINERY
CRIMES/MISCELLANEOUS CRIME	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
TRANSPORTATION MOTOR TRUCK CARGO	BUSINESS AUTO	UMBRELLA
	TRUCKERS/MOTOR CARRIER	

PHONE (A/C No. Edit): \_\_\_\_\_  
FAX (A/C No.): \_\_\_\_\_  
E-MAIL ADDRESS: **daniel@rapoandjepsen.com**  
CODE: \_\_\_\_\_ SUB CODE: **0154**  
AGENCY CUSTOMER ID: **DANTEL**

**STATUS OF TRANSACTION**

QUOTE  ISSUE POLICY  RENEW   
BOUND (Give Date and/or Attach Copy): \_\_\_\_\_  
CHANGE DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM  PM   
CANCEL

**PACKAGE POLICY INFORMATION**

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EMP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
<b>03-04-2016</b>	<b>03-04-2017</b>	<input checked="" type="checkbox"/> DIRECT BILL		No Audit
		<input type="checkbox"/> AGENCY BILL		

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds):  
**ONIL AUTO CARE INC**

MAILING ADDRESS (incl ZIP+4) (if First Named Insured):  
**ONIL AUTO CARE INC**

FED OR SOC SEC # (if First Named Insured): \_\_\_\_\_ PHONE (A/C No. Edit): \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ WEBSITE ADDRESS: \_\_\_\_\_

INDIVIDUAL  CORPORATION  PARTNERSHIP  JOINT VENTURE  SUBCHAPTER S CORPORATION NOT FOR PROFIT ORG  LLO  CR BUREAU NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_

INSPECTION CONTACT: \_\_\_\_\_ ACCOUNTING RECORDS CONTACT: **ONIL MARTINEZ**

PHONE (A/C No. Edit): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ DATE BUS STARTED: **MAR 07 2016**

**PREMISES INFORMATION**

LOC#	BLD#	STREET, CITY, COUNTY, STATE, ZIP	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NO PRIOR SUBMISSIONS FOUND   
PREVIOUSLY SUBMITTED ON \_\_\_\_\_ BY \_\_\_\_\_

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

**BODY SHOP**

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	YES	NO
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 4 YEARS?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? (IF YES, NAME OF TRUST)		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 616 for Liability Exposure and/or ACORD 616 for Property Exposure)		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (BY SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; In DC, IA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PRODUCER'S SIGNATURE \_\_\_\_\_ NATIONAL PRODUCER NUMBER \_\_\_\_\_

ACORD 125 (2005/06)

PLEASE COMPLETE REVERSE SIDE

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**PRIOR CARRIER INFORMATION**

Submitted Date 03-04-2016

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OP AGGREGATE												
	PERSONAL & ADV INJ												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY OCCURRENCE INJURY AGGREGATE												
	PROPERTY OCCURRENCE DAMAGE AGGREGATE												
	COMBINED SINGLE LIMIT												
	MODIFICATION FACTOR												
TOTAL PREMIUM													
GENERAL LIABILITY	CARRIER	No prior carrier											
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EAPERSON											
		EACCCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDINGS	AMT											
	PERS PROP	AMT											
	MODIFICATION FACTOR												
TOTAL PREMIUM													
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	LIMIT												
	MODIFICATION FACTOR												
TOTAL PREMIUM													

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 3 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLASS	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SEE ATTACHED LOSS SUMMARY	CLASS STATUS
							OPEN/CLOS

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

ACORD 125 (2005/08)

**Name and Address**  
ONIL AUTO CARE INC

**Submitted Date** -04-2016

**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: \$186.00

**MISCELLANEOUS INFORMATION :**

Sic Code

**UNDERWRITER REMARKS :**

**AGENT REMARKS :**

INSURED HAS LICENSE FROM EL SALVADOR,

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

Submitted Date **04-2016**

## ACORD BUSINESS AUTO SECTION

AGENCY	PHONE (INC. No. Ext.) FAX (INC. No.) RAGO & JENSEN INS SERVICES INC 724 CHELMSFORD ST LOWELL MA 01851 Daniel Delima	APPLICANT ONIL AUTO CARE INC (Print Name) (Printed)	DATE (MM/DD/YYYY) 03-04-2016
CODE	SUB CODE: 0154	EFFECTIVE DATE 03-04-2016	EXPIRATION DATE 03-04-2017
AGENCY CUSTOMER ID: DANTEL		<input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> PAYMENT PLAN <input type="checkbox"/> AGENCY BILL <input type="checkbox"/> AUDIT To Be Made	
FOR COMPANY USE ONLY			

**COVERAGES/LIMITS**

**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION**

**ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	BAR SEX/STAY	DATE OF BIRTH	YES/NO	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NONPOLICY	DOC	USE VEH	96 USE
1	ONIL ISRAEL RIVAS MARTINEZ											

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES

YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
	<input checked="" type="checkbox"/>	1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	4. ARE ANY VEHICLES LEASED TO OTHERS?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	15. HAS AGENT INSPECTED VEHICLES?		<input checked="" type="checkbox"/>

DESCRIPTION OF GARAGE/STORAGE LOCATIONS

MAXIMUM DOLLAR VALUE SUBJECT TO LOSS  
\$

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER:
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
ITEM DESCRIPTION:					

**REMARKS**

ACORD 127 (2003/09)

PLEASE COMPLETE REVERSE SIDE

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Submitted Date 03-04-2016

VEHICLE DESCRIPTION		ACORD 129 attached for additional vehicles																		
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
0001	1999	MAZDA	MPV		JA4LS41R2XP022525	PP		30240												
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SEC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM										
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDERS MOTOR	TOWING & LABOR	SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L					
< 15 MILES		PLEASURE	RETAIL	LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	FTW	COMP	COLL	AA	ST AMT								
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	FTW	COLL													
NET VEH PRICE:												TOTAL PREM \$								
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												
VEH#	YEAR	MAKE	MODEL	BODY TYPE	VIN	VEHICLE TYPE	SYN/AGE	COST NEW												

ACORD 127 (2003/08)



**Name and Address**  
ONIL AUTO CARE INC

**Submitted Date** -04-2016

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : ONIL ISRAEL RIVAS MARTINEZ  
SOIP :

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.S.C. : ED

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # :  
Rate Physical Damage Only? : 0001  
Plate Type : No  
Plate Number :  
Bodily Injury Limit : Unknown  
Personal Injury Limit : 20000/40000  
Property Damage Limit : 8000  
Property Damage Deductible : \$100,000  
Uninsured Motorist Limit :  
Medical Payment Limit : 20000/40000  
Bodily Injury To Others Limit : 10000  
Underinsured Motorist Limit : 20000/40000  
Collision Type :  
Waiver of Collision Deductible : No  
\$100 Glass Deductible : No  
Rental Reimbursement :  
Towing and Labor :  
Anti-Theft Device : 154  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document

Accord Additional Info (2004/08)

OverflowPageNumber : 1



**MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION**

Submitted Date 04-2016

AGENCY  
RAPO & JERSEN INS SERVICES INC

APPLICANT (First Named Insured)  
ONIL AUTO CARE INC

DATE (MM/DD/YYYY)  
03-04-2016

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 9 2 X 7 3 8	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	5 X 7	PER PERSON \$ 8000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 8 2 4 6	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 4 6 3 7	
COMPULSORY UNINSURED MOTORIST	2 8 3 X 7 4	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 3 8	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL COLLISION	2 4 8 3 7	
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES NUMBER OF VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	COMP \$ SPEC COPL \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:	PRIMARY	SECONDARY

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 46 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42 46 43 47		\$
COMPULSORY PERSONAL INJURY PROTECTION	44 45	PER PERSON \$ DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 48 60	EACH ACCIDENT \$	OPTIONAL COLLISION	42 48 43 47		\$
OPTIONAL MEDICAL PAYMENTS	42 48	EACH PERSON \$	OPTIONAL TOWING & LABOR	48	\$	
COMPULSORY UNINSURED MOTORIST	42 48 43 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 48 42 47 43 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	48		
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48		\$
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES NUMBER OF VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
OTHER			OTHER	COVERAGE IS:	PRIMARY	SECONDARY
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) 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		

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1996-2005

Submitted Date 03-04-2016

**MOTOR CARRIER SECTION**

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE							
BODILY INJURY LIABILITY	81	87	BI EACH PERSON \$	82	88	BI EACH ACCIDENT \$	PHYSICAL DAMAGE						
	83	71					COVERAGES	COVERED AUTO SYMBOLS	LIMITS		DEDUCTIBLE		
	84						OPTIONAL COMPREHENSIVE	82	87				
							83	88					
COMPULSORY PERSONAL INJURY PROTECTION	85		PER PERSON \$	86		DED \$							
	87		YOURSELF <input type="checkbox"/>			YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>							
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	EACH ACCIDENT \$	62	67	EACH PERSON \$							
	63	68		CSL <input type="checkbox"/>	BA PER \$								
OPTIONAL MEDICAL PAYMENTS	62	64		BI EACH ACCIDENT \$	63		68	PROPERTY DAMAGE \$					
COMPULSORY UNINSURED MOTORIST	82	88	PROPERTY DAMAGE \$	83	87	BI EACH ACCIDENT \$							
	84			CSL <input type="checkbox"/>	BA PER \$								
OPTIONAL BODILY INJURY TO OTHERS	81	84		BI EACH ACCIDENT \$	82	87	PROPERTY DAMAGE \$						
	83	88	CSL <input type="checkbox"/>	BA PER \$									
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE \$	IF ANY BASIS <input type="checkbox"/>									
	NO												
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE \$	IF ANY BASIS <input type="checkbox"/>									
	NO												
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF									
	NO				EMPLOYEES								
			VOLUNTEERS										
			PARTNERS										
OTHER													
						TRAILER INTERCHANGE							
						COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
						OPTIONAL COMPREHENSIVE	69						
						OPTIONAL SPECIFIED CAUSES OF LOSS	70						
						OPTIONAL COLLISION	69					\$	
						OPTIONAL COLLISION	70					\$	
						OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
						OTHER	COVERAGE IS:		PRIMARY	SECONDARY			

**COVERED AUTO SYMBOLS**  
 (81) ANY AUTO  
 (82) OWNED AUTOS ONLY  
 (83) OWNED PRIVATE PASS AUTOS ONLY

(84) OWNED COMMERCIAL AUTOS ONLY  
 (85) OWNED AUTOS SUBJECT TO NO-FAULT  
 (86) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(87) SPECIFICALLY DESCRIBED AUTOS  
 (88) HIRED AUTOS ONLY  
 (89) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE

DATE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

ACORD 137 MA (2005/04)

<b>Name and Address</b> OMIL AUTO CARE - INC	<b>Submitted Date</b> 04-2016
---	-------------------------------

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address	:
Limit	:
Coverage Options	:
Collision Deductible	:
OTC Type	: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

Arbella Insurance Group  
Claim No. 1020053080

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Q. This is Ed Spellman and I'm speaking with Onil Martinez, O-n-i-l,  
Martinez, M-a-r-t-i-n-e-z, from

That is the location for A&M Auto Body where he works.

Today's date is March 10, 2017, and the time is now approximately  
10:30 a.m. We will be utilizing the assistance of Mr. Jose Hernandez, a  
coworker of Onil's, to interpret in Spanish for us. Onil, is this  
conversation being recorded with your permission, sir?

A. Yes.

Q. And, Onil, are you an employee here at A&M Auto Body in

A. Yes.

Q. Do you have your own auto body business?

A. No.

Q. And we have a auto policy here for you for two vehicles, a red Honda  
Civic and I think it's a gray Kia Sedona. Are those two vehicles yours?

A. Yes.

Q. And which vehicle do you drive?

A. He usually drives the Honda Civic.

Q. And the other vehicle, is that driven by a friend of yours?

A. Sometimes.

Q. And that friend, what's his name?

A. Jose Melgar.

Q. Okay. And that's M-e-l-g-a-r, for the interpreter. I have here the  
policy name for an Onil Auto Care, Incorporated. How did that  
corporation become -- who made it? Who created it for you?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020053080

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A. When he got his first car it was a Mitsubishi Montero, and he didn't have a driving license from Massachusetts. And then he talked with this guy from -- Tax Service, and the guy told him, Don't worry, If you don't have a driving license, just get me your passport and I will get the policy for your car, just give me \$1,100 and I will give you the policy for your car. And one week after I will get my policy for that car.

Q. Now, his policy came up for renewal and we sent out a renewal application to him which I have -- which I have here. Does he remember receiving this form?

A. Can you repeat the question?

Q. Sure. This form is a renewal application for his auto policy.

A. Yes, sir.

Q. Does he remember getting this form?

A. No.

Q. Did he go to his agent and did they fill this out for him?

A. I'm sorry. What did you say?

Q. Sure. His agent.

A. Okay. He said that he went to the office in Everett. I'm not sure of the name. But, you know, and he told the guy and the guy told him to renew that policy you got two options; to get the taxes from his company, supposedly company, or get the work insurance. In his case he will get the work insurance only for him because he doesn't have any other employees. And just he got to pay \$600 to get the work policy, work insurance, and they are going to send all of the information to the

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020053080

company if they approve or not. So the next day they call him and he said to Onil that the company accept the work insurance so to renew the policy he has to pay \$400 to renew the policy.

Q. Okay. So when Onil went to the place in Everett, did he meet with a man or a woman?

A. A man.

Q. Okay. And the man, did he have glasses and a beard?

A. Yes.

Q. Okay. Now, I showed you a photograph of a gentleman earlier when we were speaking. Was that the gentleman that you met with that day?

A. Yes.

Q. Okay. Just for the record, Onil identified Lucas Lemes of the Point Insurance Agency as the gentleman he met with. Did that gentleman fill out this form?

A. Yes. He filled it out, everything. He just signed on the bottom.

Q. And did you tell that gentleman that you didn't have your own business?

A. No. I don't say -- I don't say to the guy that I don't have the company.

Q. Okay. Did the guy ask you if you had your own company?

A. Yes. He asked me and I say no, just as I said, that I only use that way to get my policy to drive the car.

Q. Okay. So you told the gentleman over at Route 16 that the business was fake, you just used it just to get insurance?

A. Yes.

MR. HART: Did you tell him you wanted to change it over to your name?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020053080

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A. Yes.

MR. HART: What did he say?

A. Yes. He say the guy told him that because he got the new driving license from Massachusetts, with that license he will pay over \$5,000 per year. So to pay less money every month he has to get work insurance, everything that we speaking before, and to pay -- if he does, that way he will pay 130, \$130 per month.

Q. Okay. So rather than help you put the title and get everything in your name, he sold you a policy for a workers' compensation insurance for a business you don't have. Correct?

A. Yes. I believe that he does that one because he told me that's the best option that I have to pay less money.

Q. Okay. But he knew you didn't have a business at all, that you work at a body shop?

A. Yes. He told me that is the best option that I have. Besides, he told me that my driving license is going to be added to that form. And besides, he told him that from his payroll taxes they took out taxes.

Q. Okay. But you don't have taxes for a business because you don't have a business. Correct?

A. No.

Q. You told them that over at the place in Everett?

A. Yes.

Q. All right. This form right here, do you read or write English, Onil?

A. A little bit.

Linda A. Fowler



Arbella Insurance Group  
Claim No. 1020053080

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Q. Did you write the information on this or did the gentleman at the insurance place do it?

A. Yes. He did. Just he told me to sign it.

Q. Okay. But what I want to do is can I get you to sign and date this anywhere on there just so I can verify later on that this is the page I showed you? Anywhere on there is fine.

A. Can you repeat that?

Q. Sure. Can you just sign and date anywhere on there, just so it will verify that that's the page I showed him. And the date. Today is the 10th, March 10th. All right. And did he understand all of the questions that I asked him today?

A. Yes. I understand the question. The only thing that I would like to get is I would like to change everything under my name and so you guys can call me to change everything on my name and I don't want to get the paper on that old company because I don't have the company. That's what he said.

Q. Okay. Yeah. I'm not sure what we can do about that just yet, but I'm going to relay the information to the people who may be able to help and we have your number and, you know, we will see what happens. Right now I'm just gathering the information about, you know, what happened when you renewed your policy.

A. Okay. He said if possible if he can get the policy under his name and he don't want to use -- if something happens he would like to get contact directly with Arbella and he don't have to find out another, like,

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020053080

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company to talk with Arbella.

Q. Okay. I gotcha. Were all of your answers today true to the best of your knowledge, Onil?

A. Can you repeat?

Q. Sure. Were all of his answers true to the best of his knowledge?

A. Yes.

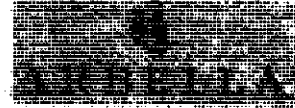
Q. And was this conversation recorded with your permission, sir?

A. Yes.

Linda A. Fowler

Arbella Insurance Group

*Renewed  
Ref to SIU*



ONIL AUTO CARE INC

CHELSEA, MA 02150

Agent: 46-0154

Policy Number: [REDACTED]

Expiration Date: 03/03/2017

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2986, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed. If you have questions, call your agent: 617-783-1160

Provide a detailed description of your business: Auto Body Services

How is your vehicle used in business? Pickup Supplies, Business Errands, Personal Errands

Do you have your own business?  N OR Do you work for others?  N If yes please provide:  
Employer Name: AEM Auto Body Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have your own business, what is the address for your principal place of business?  
Chelsea MA 02150

If the garaging of your vehicle is different, please explain:

N/A

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have? Full-time 1 Part-time 1

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members. Onil Issael Rivas - Martinez

Provide legible color copies of all licenses of operators of the insured vehicle. See attached

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury,

Insured Signature: [Signature]  
Print Name: Onil Issael Rivas - Martinez  
Agent's Signature: \_\_\_\_\_

Date: 03-02-17  
Date: \_\_\_\_\_

**From:** Lucas S. Lemes [mailto:lucas@pointinsure.com]  
**Sent:** Friday, March 03, 2017 10:54 AM  
**To:** Callinan, Amanda  
**Subject:** ONIL AUTO CARE INC -  
**Importance:** High - URGENT

Hello Amanda,

Please see attached the renewal application and supporting documents for the above mentioned policy.

Please let me know if the renewal will be approved.

Thank you!

Lucas S. Lemes  
724 Chelmsford Street  
Lowell, MA 01851  
P: (978) 275-0997 Ext. 512  
F: (978) 275-0589

# POINT INSURANCE

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**Callinan, Amanda**

**From:** Lucas S. Lemes <lucas@pointinsure.com>  
**Sent:** Friday, March 03, 2017 11:30 AM  
**To:** Callinan, Amanda  
**Subject:** RE: ONIL AUTO CARE INC - - URGENT

Hello Amanda,

He owns his own business (Onil Auto Care Inc) but also works for A&M Auto Body.

Thank you!

Lucas S. Lemes

**POINT INSURANCE**

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**From:** Callinan, Amanda (mailto:Amanda.Callinan@Arbella.com)  
**Sent:** Friday, March 03, 2017 11:26 AM  
**To:** 'Lucas S. Lemes' <lucas@pointinsure.com>  
**Subject:** RE: ONIL AUTO CARE INC : URGENT

Hi Lucas,

The insured is listed as Onil Auto Care Inc, but in the Employer Name field A & M Auto Body is listed. Can you please advise?

Thank you,

Amanda Callinan

**NOTICE OF ASSIGNMENT**

**EMPLOYER:** ONIL AUTO CARE INC  
**CONSO ID:**  
**STATUS OF EMPLOYER:** Corporation

**COVERAGE GROUP:**  
 1143235

The Waiver of Our Right to Recover from Others Endorsement is available on Pool policies. Contact your agent for details.

Coverage under this assignment applies to Massachusetts operations only. For coverage outside of Massachusetts, contact the appropriate Pool or Plan for that state.

**AGENT OR PRODUCER:** POINT INSURANCE INC  
 BRUNO ROZEMBARQUE  
 1885 REVERE BEACH PARKWAY  
 EVERETT, MA 02149

**INSURANCE COMPANY:**  
 TRAVELERS PROPERTY CAS CO OF AM  
 Jonathan Scharnberg

**AGENCY FEN:** 821817807

CLASSIFICATION OF OPERATION	CLASS CODE	ESTIMATED TOTAL ANNUAL REMUNERATION	RATE	ESTIMATED PREMIUM
AUTOMOBILE SERVICE OR REPAIR CENTER & DRIVERS EMPLOYERS LIABILITY 100/100/500 STANDARD PREMIUM	9380. 9845	\$10,920	3.08	\$336
LOSS CONSTANT				\$336
EXPENSE CONSTANT	0032			\$20
TERRORISM CHARGE	0900			\$250
TOTAL POLICY MINIMUM PREMIUM	9740			\$3
TOTAL ESTIMATED PREMIUM				\$287
DIA ASSESS. 5.6%				\$609
TOTAL EST. PREMIUM PLUS ASSESSMENT				\$19
INSTALLMENT BASIS: Annual				\$628
			DEPOSIT PREMIUM:	\$628

THIS IS NOT A BILL

**COMMENTS**  
 Coverage effective 12:01 AM on 03/03/17.

**DATE OF NOTICE:** 03/03/17

**PREPARED BY:** Paulette Hoffman  
 EXT 514

\* \* VOLUNTARY DIRECT ASSIGNMENT \* \*

**LETTER ID:** 4756753

The Workers' Compensation Rating and Inspection Bureau of Massachusetts  
 101 Arch Street - Boston, MA 02110  
 (617)439-9030 • FAX (617)439-6055 • www.wcribma.org

# Exhibit 11

## Carlos Desouza

Arbella

Page 1 of 3

**ARBELLA**

**SUBMISSION CONFIRMATION**

*PAU - VENEM*  
*NO POL HIT*

**General Information**

Policy #:

Status: **Manually Printed**

**Agency Information**

Agency Name: **RAPO & JEPSEN INS SERVICES INC**

Producer Code: **0154**

**Submission Summary**

Reference #: **CA-NB-61382**

Applicant Name: **CARLOS DESOUZA**

Policy Term: **05-11-2016 to 05-11-2017**

Agency Customer ID:

Date Submitted: **05/11/2016**

**Prior Carrier Information**

Applicant's Prior Carrier: **Prior Carrier/Loss History completed**

**Estimated Premium**

Total Policy Premium: **\$1,889** *(circled)*

To review with an underwriter contact Commercial Auto team at 1-817-769-9360

**FMA**  
**MAY 11 2016**



Arbella

Policy Optional Coverages			
Coverages	Premium		
Coverages	Limits	Deductible	Premium
<b>Vehicle # 1 Premium : \$1,689</b>			
2012 LAND ROVER RANGE RVR EVOQUE PURE PRE			
SALVR1B6CHR17661			
<b>Compulsory Insurance:</b>			
Compulsory Bodily Injury	\$20,000 Per Person / \$40,000 Per Accident		\$284
Compulsory Personal Injury Protection	\$9,000		\$40
Compulsory Damage To Someone Else's Property	\$100,000		\$441
Compulsory Uninsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		\$9
<b>Optional Insurance:</b>			
Optional Bodily Injury To Others	\$50,000 Per Person / \$100,000 Per Accident		\$220
Optional Medical Payments	\$25,000		\$11
Collision		\$500	\$57
Waiver of Deductible:	Yes	\$500	\$256
Comprehensive			\$63
Partial Reimbursement	30/50 Days		\$8
Towing and Labor	\$50		\$22
Optional Underinsured Motorist	\$50,000 Per Person / \$100,000 Per Accident		
<b>Risk Characteristics:</b>			
Garaging City			
Territory	15		
Class Code	7391D		
Anti-theft Device:	20%		

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 90 days.

Down Payment Information

Type: **Electronic Payment** **Make electronic payment now.**  
Amount: **\$210.00** **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 65392**  
**Boston, MA 02205-65392**

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 



Submitted Date 1-2016  
**COMMERCIAL INSURANCE APPLICATION**

**APPLICANT INFORMATION SECTION**

AGENCY <b>RAPO &amp; JEPSEN INS SERVICES INC</b> 1103 COMMONWEALTH AVS BOSTON MA 02215 fernanda.oliveira		CARRIER NAC CODE:	UNDERWRITER UNDERWRITER OFF.	DATE (MM/DD/YYYY) 05-11-2016
PHONE (A/C No. Ext.) FAX (A/C No.) E-MAIL Address: fernanda@rapoandjepsen.com CODE: SUB CODE: 0154 AGENCY CUSTOMER:		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)		POLICY NUMBER
INDICATE SECTIONS ATTACHED PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIMINAL/SCENARIOS/CRIME TRANSPORTATION/ MOTOR/TRUCK CARGO		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER	GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA	

**STATUS OF TRANSACTION**

QUOTE     ISSUE POLICY     RENEW  
 BOUND (Give Date and/or Attach Copy):  
 CHANGE    DATE    TIME     AM     PM  
 CANCEL

**PACKAGE POLICY INFORMATION**

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
05-11-2016	05-11-2017	<input checked="" type="checkbox"/> DIRECT BILL		No Audit
		<input type="checkbox"/> AGENCY BILL		

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insured) **CARLOS DESOZA**

MAILING ADDRESS (incl. ZIP+4) (of First Named Insured) **87**

PHONE (A/C No. Ext.) **MV MAY 11 2016**

INDIVIDUAL  CORPORATION  PARTNERSHIP  JOINT VENTURE  SUBCHAPTER S<sup>1</sup> CORPORATION  LLC  OR BUREAU NAME  NUMBER

INSPECTION CONTACT: **CARLOS DESOZA**    ACCOUNTING RECORDS CONTACT: **CARLOS DESOZA**

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

**MV MAY 13 2016**

NO PRIOR SUBMISSIONS FOUND   
PREVIOUSLY SUBMITTED ON BY

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

**PERSONAL TRAINER**

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input checked="" type="checkbox"/>	9. DURING THE LAST FIVE YEARS (TEN IN RI); HAS ANY APPLICANT BEEN INDICATED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (If RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input checked="" type="checkbox"/>	10. ANY UNCORRECTED FIRE CODE VIOLATIONS?		<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	11. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		<input checked="" type="checkbox"/>	12. HAS BUSINESS BEEN PLACED IN A TRUST? (IF YES, NAME OF TRUST)		<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?		<input checked="" type="checkbox"/>	13. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input checked="" type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input checked="" type="checkbox"/>				
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		<input checked="" type="checkbox"/>			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, Insurance benefits may also be denied)

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. HEREBY CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 125 (2005/06)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1993-2005

Submitted Date 05-11-2016

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE
GENERAL LIABILITY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	RETRO DATE													
	EFF-EXP DATE													
	GENERAL AGGREGATE													
	PRODUCTS COMP OP AGGREGATE													
	PERSONAL & ADV INJ													
	EACH OCCURRENCE													
	FIRE DAMAGE													
	MEDICAL EXPENSE													
	BODILY INJURY OCCURRENCE													
	BODILY INJURY AGGREGATE													
	PROPERTY DAMAGE OCCURRENCE													
	PROPERTY DAMAGE AGGREGATE													
COMBINED SINGLE LIMIT														
MODIFICATION FACTOR														
TOTAL PREMIUM														
AUTOMOBILITY	CARRIER	ARBELLA INSURANCE												
	POLICY NUMBER													
	POLICY TYPE	Prior												
	EFF-EXP DATE	08-15-2015   09-15-2016												
	COMBINED SINGLE LIMIT													
	BODILY INJURY EA PERSON													
	BODILY INJURY EA ACCIDENT													
PROPERTY DAMAGE														
MODIFICATION FACTOR														
TOTAL PREMIUM														
PROPERTY	CARRIER													
	POLICY NUMBER													
	POLICY TYPE													
	EFF-EXP DATE													
	BUILDING AMT													
	PERS PROP AMT													
MODIFICATION FACTOR														
TOTAL PREMIUM														
CARRIER														
POLICY NUMBER														
POLICY TYPE														
EFF-EXP DATE														
LIMIT														
MODIFICATION FACTOR														
TOTAL PREMIUM														

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS
	Emp. Auto	See additional information page						OPEN/CLEP

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

**ATTACHMENTS**

STATE SUPPLEMENT(S) (If applicable)  
 See Additional Pages:

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

<b>Name and Address</b> CARLOS DESOUZA	<b>Submitted Date</b> 1-2016
---	---------------------------------

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Issuance

Any other Archella Commercial policy(ies): No

List Policy Number(s):

**ADDITIONAL LOSS HISTORY INFORMATION :**

Policy Number :  
# of Losses :  
Total Losses (\$) :  
Loss History Remarks :

**PAYMENT PLAN :**

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Electronic Payment  
Down Payment Amount: \$210.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : CCF\_0004.pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1



**VEHICLE DESCRIPTION**

Submitted Date 05-11-2016

VEH#	YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/AGE	COST NEW	
0001	2012	LAND ROVER	ACORD 129 attached for additional vehicles				
CITY, STATE, ZIP WHERE GARAGED		EVERETT MA 02149		LIC STATE	TERR	MA 15	
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UND'RNG MOTOR TOWING & LABOR SPEC COFL	
< 15 MILES	PLEASURE	RETAIL	X	LIAB	X	F	
15 MILES +	FARM	X SERVICE		NO-FAULT	X	FT	
NET VEH PRICE				TOTAL PREM \$		\$ 48545	
VEH#		YEAR	MAKE	MODEL	VEHICLE TYPE <td>SYN/AGE</td> <td>COST NEW</td>	SYN/AGE	COST NEW
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR		
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UND'RNG MOTOR TOWING & LABOR SPEC COFL	
< 15 MILES	PLEASURE	RETAIL		LIAB		F	
15 MILES +	FARM	SERVICE		NO-FAULT		FT	
NET VEH PRICE				TOTAL PREM \$		\$ 49	

ACORD 127 (2003/08)

**Name and Address**

Submitted Date 11-2016

CARLOS DESOUZA

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : SINDY S BARKIN  
EDIP : 03

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C.: NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number :  
Bodily Injury Limit : Unknown  
Personal Injury Limit : 20000/40000  
Property Damage Limit : 2000  
Property Damage Deductible : \$100,000  
Uninsured Motorist Limit :  
Medical Payment Limit : 50000/100000  
Bodily Injury To Others Limit : 25000  
Underinsured Motorist Limit : 50000/100000  
Collision Type : 50000/100000  
Waiver of Collision Deductible : Full  
\$100 Glass Deductible : Yes  
Rental Reimbursement : No  
Towing and Labor : 30  
Anti-Theft Device : 50  
Pollution Type : 20%  
Is this a Leased Vehicle : No Pollution Liability Coverage-No Surcharge

End of Document

Record Additional Info (2004/08)

OverflowPageNumber : 1





**MASSACHUSETTS COMMERCIAL AUTO  
COVERAGES/LIMITS SECTION**

Submitted Date 11-2016

AGENCY  
**RAPO & JEPSEN INS SERVICES INC**

APPLICANT (First Named Insured)  
**CARLOS DE SOUZA**

DATE (MM/DD/YYYY)  
**05-11-2016**

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 9 2 X 7 3 8	X BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$25000 Each Person \$50000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	X 7	PER PERSON \$ 8000 DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 9 2 4 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 25000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 8 3 X 7 4	CSL X BI EA PER \$ 25000 BI EACH ACCIDENT \$ 50000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 3 8	CSL X BI EA PER \$ 25000 BI EACH ACCIDENT \$ 50000	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH COVERAGE/DEDUCTIBLE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	COMP \$ SPEC COF L \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERED AUTO SYMBOLS	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	COVERAGES IS: PRIMARY SECONDARY

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 46 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	PHYSICAL DAMAGE			
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS	OPTIONAL COMPREHENSIVE	42 48 43 47	\$	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 46 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 48 43 47	SCL FT LSP F FTW	\$
OPTIONAL MEDICAL PAYMENTS	42 48 43	EACH PERSON \$	OPTIONAL COLLISION	42 48 43 47	\$	\$
COMPULSORY UNINSURED MOTORIST	42 48 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	48	\$	
OPTIONAL BODILY INJURY TO OTHERS	41 48 42 47 43 50	CSL BI EA PER \$ BI EACH ACCIDENT \$	TRAILER INTERCHANGE			
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	MOTORCYCLE GUEST OCCUPANT EXCLUSION COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	48		
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48		
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL COLLISION	48		\$
OTHER			OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	OTHER	COVERAGES IS: PRIMARY SECONDARY		

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

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Submitted Date 11-11-2016

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS				LIMITS		PHYSICAL DAMAGE								
	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
BODILY INJURY LIABILITY								BI EACH PERSON \$							
								BI EACH ACCIDENT \$							
COMPULSORY PERSONAL INJURY PROTECTION								PER PERSON \$							
								YOURSELF <input type="checkbox"/>							
								DED \$							
								YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>							
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY								EACH ACCIDENT \$							
OPTIONAL MEDICAL PAYMENTS								EACH PERSON \$							
COMPULSORY UNINSURED MOTORIST								CSL <input type="checkbox"/>							
								BI EA PER \$							
								BI EACH ACCIDENT \$							
								PROPERTY DAMAGE \$							
OPTIONAL BODILY INJURY TO OTHERS								CSL <input type="checkbox"/>							
								BI EA PER \$							
								BI EACH ACCIDENT \$							
OPTIONAL NON-TRUCKERS HIRED/BORROWED								COST OF HIRE \$							
								IF ANY BASIS <input type="checkbox"/>							
OPTIONAL TRUCKERS HIRED/BORROWED								COST OF HIRE \$							
								IF ANY BASIS <input type="checkbox"/>							
OPTIONAL NON-OWNED AUTO LIABILITY								GROUP TYPE							
								EMPLOYEES							
								VOLUNTEERS							
								PARTNERS							
OTHER															

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	REDUCIBLE
OPTIONAL COMPREHENSIVE	69					
OPTIONAL SPECIFIED CAUSES OF LOSS	70					
OPTIONAL COLLISION	71					

COVERAGES	SYMBOL	# TRAILERS	# DAYS	# VEH
OPTIONAL HIRED PHYSICAL DAMAGE				

OTHER	COVERAGES	PRIMARY	SECONDARY

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

ACORD 137 MA (2005/04)

**Name and Address**

**Submitted Date** .1-2016

CARLOS DESOUZA

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address :  
Limit :  
Coverage Options :  
Collision Deductible :  
ORC Type : Coverage Not Requested

End of Document



Submitted Date 1-2016  
**MASSACHUSETTS COMMERCIAL AUTO  
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)  
05-11-2016

AGENCY  
RAPO & JEPSEN INS SERVICES INC

APPLICANT (First Named Insured)  
CARLOS DESOUZA

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 9 2 X 7 3 8	X BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$25000 Each Person \$50000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	X 7	PER PERSON \$ 8000 DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 8 2 4 6	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 25000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 6 3 X 7 4	CSL <input type="checkbox"/> BI EA PER \$ 25000 BI EACH ACCIDENT \$ 50000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	\$
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 3 8	CSL <input type="checkbox"/> BI EA PER \$ 25000 BI EACH ACCIDENT \$ 50000 MOTORCYCLE GUEST OCCUPANT EXCLUSION <input type="checkbox"/>	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE COMP \$ SPEC COFL \$
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M.L. LAW	COVERAGES IS:	PRIMARY	SECONDARY

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
BODILY INJURY LIABILITY	41 46 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	PHYSICAL DAMAGE			
COMPULSORY PERSONAL INJURY PROTECTION	44 48	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL COMPREHENSIVE	42 46 43 47		\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 45 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$
OPTIONAL MEDICAL PAYMENTS	42 48 43	EACH PERSON \$	OPTIONAL COLLISION	42 46 43 47		\$
COMPULSORY UNINSURED MOTORIST	42 46 43 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 46 42 47 43 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION <input type="checkbox"/>	OPTIONAL TOWING & LABOR	48		\$
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE			
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	NUMBER OF	STATES # DAYS # VEH		
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF			
OTHER			OTHER	COVERAGES IS:	PRIMARY	SECONDARY
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) 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	

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

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Submitted Date 05-11-2016

MOTOR CARRIER SECTION										
COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE				
	61	62	63	67	68	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL COMPREHENSIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL TOWING & LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRAILER INTERCHANGE				
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL COMPREHENSIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
OPTIONAL NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
OPTIONAL TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
OPTIONAL NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

COVERED AUTO SYMBOLS  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED 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.

IF YOU OR SOMEONE ELSE ON YOUR BEHALF GIVES US FALSE, DECEPTIVE, MISLEADING OR INCOMPLETE INFORMATION IN THIS APPLICATION AND IF SUCH FALSE, DECEPTIVE INFORMATION INCREASES OUR RISK OF LOSS, WE MAY REFUSE TO PAY CLAIMS UNDER ANY OR ALL OF THE OPTIONAL INSURANCE PARTS AND WE MAY INCLUDE THE DESCRIPTION AND THE PLACE OF GARAGING OF THE VEHICLE(S) TO BE INSURED, THE NAMES OF OPERATORS REQUIRED TO BE INSURED AND THE STATES IN THIS APPLICATION ABOUT ALL LISTED OPERATORS. CHECK TO MAKE CERTAIN THAT YOU HAVE CORRECTLY LISTED ALL OPERATORS AND THE STATES OF THEIR RESIDENCE RECORDS. THE MERIT RATING BOARD MAY VERIFY THE ACCURACY OF THE PREVIOUS DRIVING RECORDS OF ALL LISTED OPERATORS, INCLUDING

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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ACORD 137 MA (2005/04)

Submitted Date 1-2016

**Name and Address**

CARLOS DESOUZA

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

OTC Type

:  
:  
: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1

**Spellman III, Edward**

**From:** Hammond, Mayre C.  
**Sent:** Wednesday, March 08, 2017 1:27 PM  
**To:** Spellman III, Edward; Curley, Edward P.  
**Cc:** Fitzpatrick, Roberta  
**Subject:** FW: CARLOS DE SOUZA -

**From:** Leandro Rodrigues [mailto:leandro@pointinsure.com]  
**Sent:** Wednesday, March 08, 2017 12:55 PM  
**To:** Hammond, Mayre C.  
**Subject:** RE: CARLOS DE SOUZA - [REDACTED]

I'm amazed that SIU has already gone to this insured's home and now has also called him even though he has complied with everything Arbella has requested. It's very disappointing to know that you really don't want to work together and build a better relationship like you said a few weeks ago. Sad!

**From:** Leandro Rodrigues [mailto:leandro@pointinsure.com]  
**Sent:** Wednesday, March 08, 2017 10:30 AM  
**To:** 'Hammond, Mayre C.' <Mayre.Hammond@Arbella.com>  
**Subject:** RE: CARLOS DE SOUZA -

Good morning Mayre

We have followed every procedure Arbella has thrown our way, even though we are the only agency in Massachusetts that has to comply with these unique procedures!!! Is there anything else that Mr Desouza has provide for his policy to be renewed?

- 1- He has sent the renewal app
- 2- He has an employee with a MA license
- 3- He has one of the three required documents (General liability)

Is there anything else that we are missing here? Or is there anything else that Arbella needs Point to do?

**From:** Hammond, Mayre C. [mailto:Mayre.Hammond@Arbella.com]  
**Sent:** Wednesday, March 08, 2017 10:19 AM  
**To:** 'Leandro Rodrigues' <leandro@pointinsure.com>  
**Subject:** RE: CARLOS DE SOUZA -

Good morning

You do have the responsibility as Massachusetts licensed agent to make sure that your insureds both prospects and existing qualify for the policy for which they are applying or renewing. This is a good topic of discussion for our meeting next Wednesday.

Mayre

**From:** Leandro Rodrigues [<mailto:leandro@pointinsure.com>]  
**Sent:** Tuesday, March 07, 2017 5:56 PM  
**To:** Hammond, Mayre C.  
**Subject:** RE: CARLOS DE SOUZA -

Thanks for getting back to me Mayre.  
But you know I do not have the power nor the authority to decide if a policy renews or not. That power rests on Arbella alone. I requested you to review this insured's renewal app simply because he didn't want to make a purchase of a new vehicle without knowing if he would still be insured after May.  
This insured signed the Arbella renewal app and provided the requested information in order to have his policy renewed, therefore he has proved that he is in business. I am simply asking for an update so he can purchase a new vehicle or not. I'll wait for an email back from you before letting Mr Desouza know about Arbella's decision.  
On a second note, are you saying that from now on I will be included in the decision making of what policies are renewed and policies are non-renewed? Because all 903 policies from both January and February I was not included in the decision making process!

**From:** Hammond, Mayre C. [<mailto:Mayre.Hammond@Arbella.com>]  
**Sent:** Tuesday, March 07, 2017 4:31 PM  
**To:** 'Leandro Rodrigues' <[leandro@pointinsure.com](mailto:leandro@pointinsure.com)>  
**Subject:** RE: CARLOS DE SOUZA -

It is up to you as the agent to determine if there is a commercial use of these vehicles and that the MA licensed driver is really an employee

**From:** Leandro Rodrigues [<mailto:leandro@pointinsure.com>]  
**Sent:** Tuesday, March 07, 2017 1:27 PM  
**To:** Hammond, Mayre C.  
**Subject:** RE: CARLOS DE SOUZA -

Good afternoon Mayre  
I know that this policy does not renew until May, but he didn't want to purchase and finance a new vehicle if he knows that this policy will not be renewed, that's why I reached out to you guys. I also know that the insured does not have a MA license, but his employee is listed in the policy and she has a MA license. The GL policy is under his corporation's name, but he owns both the DBA and the CORP. Of course I did ask Mr Souza if the driver listed on his policy is his employee, this is precisely why she is listed there as a driver. He is a personal trainer, so he uses his vehicle to go visit his clients when he trains them, he also teaches at gyms. I did not ask for his tax returns because he already had his GL policy issued.

With all questions now answered I hope you can reconsider your decision!

Thank you  
Leandro

**From:** Hammond, Mayre C. [<mailto:Mayre.Hammond@Arbella.com>]  
**Sent:** Tuesday, March 07, 2017 1:18 PM  
**To:** 'Leandro Rodrigues' <[leandro@pointinsure.com](mailto:leandro@pointinsure.com)>  
**Subject:** RE: CARLOS DE SOUZA -

Hi

The policy does not come up for renewal until May. It will be non-renewed because the named insured is an individual and he does not have a MA license. The GL policy you sent me shows a completely different Named Insured. Did you ask Mr. De Souza if the listed operator is an employee? How does he use this car in business? Does he have a tax return?

This insured should be a class 30 on a PPA policy.



Mayre

**From:** Leandro Rodrigues [mailto:leandro@pointinsure.com]  
**Sent:** Tuesday, March 07, 2017 12:04 PM  
**To:** Hammond, Mayre C.  
**Subject:** FW: CARLOS DE SOUZA -

Good morning Mayre  
Can you please take a look at this renewal app?  
I received an email back stating that Amanda is out today and the insured is at the dealership waiting for an answer so  
he can finalize his purchase.  
Thank you  
Leandro

**From:** Leandro Rodrigues [mailto:leandro@pointinsure.com]  
**Sent:** Tuesday, March 07, 2017 9:16 AM  
**To:** 'Callinan, Amanda' <Amanda.Callinan@Arbella.com>  
**Subject:** CARLOS DE SOUZA -

Good morning Amanda  
This insured is purchasing a new vehicle but he didn't want to register it unless we could guarantee him that his policy  
would renew!  
Could please take a look at his renewal app and see if we can renew his policy?  
Thank you

Leandro Rodrigues

**POINTINSURANCE**

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sole use of the addressee. Any use, duplication, disclosure or dissemination of this communication, other than by the  
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Arbella Insurance Group



CARLOS DE SOUZA

EVERETT, MA 02149

Agent: 46-0154

Policy Number: [REDACTED]

Expiration Date: 05/11/2017

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed. If you have questions, call your agent: 617-783-1160

Provide a detailed description of your business: See attached

How is your vehicle used in business? fitness-personal trainer

Do you have your own business?  Y  N OR Do you work for others? Y  N If yes please provide:  
Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have your own business, what is the address for your principal place of business?  
Everett MA 02149

If the garaging of your vehicle is different, please specify: \_\_\_\_\_

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have? Full-time 1 Part-time \_\_\_\_\_

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

Sindy Sobino

Provide legible color copies of all licenses of operators of the insured vehicle.

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury.

Insured Signature: [Signature]

Print Name: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_

Date: 3-7-17

Date: \_\_\_\_\_

**NEW**  
Renewal of Number  
**POLICY DECLARATIONS**  
No. [REDACTED]

**Mount Vernon Fire Insurance Company**  
1190 Devon Park Drive, Wayne, Pennsylvania 19087  
A Member Company of United States Liability Insurance Group

**NAMED INSURED AND ADDRESS:**  
**NENEM NUTRITION FITNESS INC.**  
**EVERETT, MA 02149**

**POLICY PERIOD: (MO. DAY YR.) From: 01/05/2017 To: 01/05/2018**  
**FORM OF BUSINESS: Corporation**  
**BUSINESS DESCRIPTION: Special Training School**

12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

	PREMIUM
Commercial Liability Coverage Part	\$500.00
<b>TOTAL:</b>	<b>\$500.00</b>

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue  
**See Endorsement EOD (1/95)**

Agent: **RAPO AND JEPSEN INSURANCE SERVICES, INC. (2122)**  
1885 Revere Beach Parkway  
Everett, MA 02149

Issued: 01/08/2017 9:37 AM

By:   
Authorized Representative

UPD (08-07) **THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

Policy No. [REDACTED]

Effective Date: 01/05/2017  
 12:01 AM STANDARD TIME

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$2,000,000

Location	Address	Territory
	Everett, MA 02149	

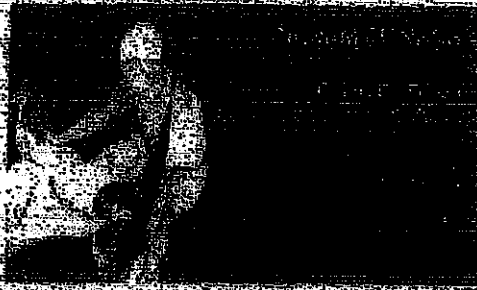
Loc	Classification	Code No.	Premium Basis	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	All Other
1	Schools - Personal Trainer - Other than Not-For-Profit	57512	30,000 Per 1,000 Sales	Included	4.815	Included		\$144

**MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$500**

**TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$500 MP**  
 (This Premium may be subject to adjustment.) MP - minimum premium

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:  
 See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



# WELCOME TO NENEM FITNESS

## MEMBERSHIP AGREEMENT

Please fill out all information on both pages. Fees are due at time of registration.

Check Membership Type: Individual  Couple/Family  Family  Senior  Senior Couple  Student

List all participants (Please print):

1. \_\_\_\_\_ MF DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ cell: \_\_\_\_\_

2. \_\_\_\_\_ MF DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ cell: \_\_\_\_\_

3. \_\_\_\_\_ MF DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ cell: \_\_\_\_\_

4. \_\_\_\_\_ MF DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive Nene Fitness updates via email? Yes \_\_\_ No \_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### BUYER'S RIGHT TO CANCEL

If you wish to cancel your contract, you may cancel by providing written notice to this health spa.

The notice must say that you do not wish to be bound by the contract. The notice must be



To whom it may concern:

The vehicle listed on this policy is driven by

**Sindy Sabino**

She is my business partner and also a personal trainer

Please feel free to call me with any questions.

Thank you!

x. *Paula de Jesus* 05/11/2016

Arbella Insurance Group  
Claim No. 1020055477

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Q. This is Ed Spellman and I'm speaking with Carlos Desouza from  
That is the location for American  
Nutrition Center. Today's date is March 9, 2017, and the time is now  
approximately 1:15 p.m. For the purposes of this interview we will be  
utilizing the assistance of a Portuguese interpreter Marcio, Interpreter  
ID Number 660405. Carlos, this conversation is being recorded, sir. Is  
this being done with your permission?

A. Yes.

Q. Okay. And, Carlos, what is your date of birth, sir?

A.

Q. And what is your current home address?

A.

Q. Okay. And do you have a driver's license, Carlos?

A. No.

Q. And, Carlos, I'm here today to talk to you about an automobile policy you  
have with us for a Jeep Cherokee and it looks like a recently purchased  
Mercedes. Are those your vehicles?

A. Yes.

Q. Does anyone else drive those vehicles other than you?

A. No. Nobody.

Q. And I'm going to show you here it's a renewal application. Do you  
remember filling out this form?

A. I received this form, this application, three weeks ago.

Q. Okay. Did you fill it out or did you take it somewhere and have help

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020055477

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filling it out?

A. I filled it out. The only other information that was added, they added my sister's name and her driver's license.

Q. Okay. Who added that?

A. I put it in but I asked the insurance about that information.

Q. Okay. Let me make sure that I understand. So you filled this form out on your own at home or somewhere. Correct?

A. Yes. I filled it out but with the people at the agency, at the insurance, at the desk, at the branch, at the agency.

Q. Okay. I get it. So you took this form blank and went to your insurance agent?

A. Yes.

Q. Okay. And which insurance agent do you use? Do you know the name of and location of it?

A. It is called Point Insurance located on Route 16. I don't know the number, but it's somewhere on Revere Parkway.

Q. Okay. Does he know who he dealt with at the agency when he went there when he brought the form in? Does he remember the employee or person he spoke with?

A. Yes. I remember.

Q. And what is that person's name?

A. Leandro.

Q. Does he know his last name?

A. I don't.

Linda A. Fowler



Arbella Insurance Group  
Claim No. 1020055477

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Q. Does he know Leandro personally or is it just as a customer?

A. I only know him from the insurance.

Q. Okay. Now, when he went there with the blank form, what happened? So he went there and what kind of conversation did they have?

A. He noticed that my insurance was going to expire in two months, and I filled out the paperwork. He told me he was going to try to renew my policy. I filled out the form and then he sent it via fax.

Q. Now, when he filled out the form, does Carlos read or write English?

THE INTERPRETER: Interpreter needs to repeat.

A. I think Leandro does know how to read and speak in English.

Q. No. Let me clarify. Does Carlos know how to read and write English?

A. I can read a little bit and I can speak a little bit. About 70 percent.

Q. That's pretty good. Seventy percent is a little more than a little bit. So this form here, did you read it yourself and write in the information or did Leandro read it to you and you gave him the information?

THE INTERPRETER: He's asking to repeat the question. I'm going to repeat the question.

A. I read it. Once I received the form at home I read it. It was talking about to renew the policy. That's when I decided to go talk to Leandro.

Q. Okay. When he got to the agency and was sitting in front of Leandro, did Leandro read the document to him and write the answers down?

THE INTERPRETER: Interpreter needs clarification. Interpreter just wants to clarify.

A. So once I received the original form in the mail, I filled it out and I

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Arbella Insurance Group  
Claim No. 1020055477

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send it in. So they had this problem with the renewing of it. I saw they was not renewing it because I was advised by the people that they will not be doing insurance any longer. That's the reason I went to see Leandro. He told me that he would try to send in a new form to see if he could renew it. Otherwise, I lose my plate. So I had already submitted the first form. Then Leandro found it. I'm talking about the letter that I received that I already send it in. He said, Let me look on the computer and let me locate the form on the computer, on the website for Arbella. From there he, Leandro, filled out that form, printed it from the computer, and faxed it in. So there was two forms sent in to the company; the first one that I did and this other one that was printed, filled out, and faxed by Leandro.

- Q. Okay. This form that I'm showing him right here, did he actually write on this form? Is that his writing?
- A. No, I did not. Leandro filled it out for me. He helped me filling it out.
- Q. Okay. So this form I'm showing him right here today, Leandro actually wrote on this, not Carlos?
- A. This documentation, this paper that you are showing him, Leandro filled it out. I asked him to help me to fill out the paperwork and send it to Arbella. The only thing that I did on that paper was put in my signature and then Leandro faxed it in.
- Q. Okay. Now, did Leandro ask him if he had anyone who drove his vehicles?
- A. Yes. He did ask but I don't have anybody that drives my car.

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Arbella Insurance Group  
Claim No. 1020055477

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Q. Okay. Right. Because Carlos is the only one that drives his vehicles.

Correct?

A. Yes.

Q. The name on this renewal application that I'm showing you is Cindy Sebino. Do you know this woman?

A. My sister. And maybe twice a year, three times a year the most, sometimes when she -- she usually gets mine two or three times a year. It's very typical for her to do that.

Q. Okay. And that would be for, like, personal reasons?

A. Yeah. If her car needs to be, you know, needs to be worked on because she has a Ranger, and she usually gets my car and goes to work. She works in a bank in Salem.

Q. Okay. Let me just clarify. Does she drive a Ranger or a Range Rover?

A. Range Rover.

Q. And where is it that she works, again?

A. Salem Bank in Salem.

Q. Is that the same as Salem Five Credit Union? Is that the same place, Salem Five, or is it different or do you know?

A. I don't believe it's Salem Five. I believe it is just a small Salem Bank only for Salem.

Q. Okay. Long and short, though, she is not an employee of yours. Correct?

A. No.

Q. How many employees do you have, Carlos?

A. My wife and I.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020055477

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Q. Okay. And your wife, is that Fernanda Kozer Dabell?

THE INTERPRETER: Interpreter needs clarification.

Q. Fernanda Kozer Dabell.

A. Fernanda Kozer Dalban.

Q. Okay. Okay. And -- okay. And he has a -- so I guess I'm curious, then, how is it that -- so on this form Leandro filled out, it lists your sister as your employee, driver of your vehicle. Did he ask you if she was an employee of yours?

A. I did not.

Q. Okay. No. Did he -- did Leandro ask you if Cindy was your employee?

A. The first time that I applied for this insurance he did not say anything about that. He told me that I only needed somebody that had a driver's license. Now to renew the insurance he told me that I had to put my sister as an employee to be able to do so.

Q. Okay. So when you went there and Leandro filled out this form, Leandro knew that your sister was not your employee, then. Correct?

A. I told him that she did not work for me, and his reply was for him to be able to renew it, we have to put her as an employee.

Q. All right. And then he filled out the form, you signed it, and he faxed it to Arbella. Is that how it happened?

A. Right.

Q. Your wife who is an employee of yours, does she have a license?

A. No. She doesn't drive.

Q. And you have two separate businesses here. You have a d-b-a and you have

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020055477

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a corporation that you just started. This Nanem Nutrition Fitness is the corporation. Correct?

A. The corporation open about six or seven months ago. I have a website called The Store. And the other, the d-b-a, that's my personal training that is open longer than that.

Q. The personal training corporation with the website, is that to sell, like, vitamins and product and stuff like that?

A. Yes. Everything is related to a gym and supplements.

Q. Okay. When he does the personal training, does he do that at gyms, like he will go to a gym and train with someone, or does he go to people's houses or both? How does that work?

A. Some of my clients, I go to their houses because they have a gym set up if they live in a condo in a complex. Most of them come to the place of where I work at my gym when I work and I train them there.

Q. Okay. And what gym is that that you work at?

A. There are a couple; Crunch, GBF, Coach, Planet Fitness.

Q. Okay. All right. And when -- all right. So how many clients does he have currently?

A. Along with my wife, I have about 27 or 30.

Q. All right. And you are also a full-time employee of this American Nutrition Center?

A. I work there Monday through Thursday nine to six, Fridays nine to five, Saturdays nine to four.

Q. All right. Lastly, what I would like is so this form here I showed you

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Arbella Insurance Group  
Claim No. 1020055477

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today is the renewal application dated March 7, 2017. If I could get you to just sign and date anywhere on there so we can verify that this is what I showed you today, and then I will put it with the transcript. You can sign anywhere on there. And today is the 9th, March 9th. Perfect. Thank you. Carlos, is there anything you would like to add on your own behalf that you feel we haven't covered or that you would like to say since it's your statement?

A. No.

Q. Okay. Carlos, did you understand all of the questions that I asked you today?

A. Yes.

Q. Were all of your answers true and accurate to the best of your knowledge?

A. Yes.

Q. All right. And was this conversation recorded with your permission, sir?

A. Yes.

Q. Okay. And what I will do is I will end the recording at this time.

A. Okay.

Linda A. Fowler

**EXHIBIT 12**

**LAINEZ BROS PAINTING INC**

**OSEAS LAINEZ MARTINEZ**



# COMMERCIAL INSURANCE APPLICATION

CAR DOCKET #MR17.06

EXHIBIT #2

PAGE 1

DATE: 01-25-2016

## APPLICANT INFORMATION SECTION

<b>AGENCY</b> RAPO & JEPSEN INS SERVICES INC 724 CHELMSFORD ST LOWELL MA 01851 daniel delima		<b>CARRIER</b> NAIC CODE: UNDERWRITER	<b>UNDERWRITER</b>
<b>PHONE (A/C No. Ext):</b> <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> daniel@rapoandjepsen.com <b>CODE:</b> SUB CODE: 0154 <b>AGENCY CUSTOMER ID:</b> DANIEL		<b>POLICIES OR PROGRAM REQUESTED</b> CAR - Arbellia (ceded)	
<b>INDICATE SECTIONS ATTACHED</b> <input type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER	<b>POLICY NUMBER</b>  <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA

<b>STATUS OF TRANSACTION</b> <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL		<b>PACKAGE POLICY INFORMATION</b> ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES		
		<b>PROPOSED EFF DATE</b> 01-25-2016	<b>PROPOSED EXP DATE</b> 01-25-2017	<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL
		<b>PAYMENT PLAN</b>		<b>AUE</b> No Add

<b>APPLICANT INFORMATION</b> <b>NAME (First Named Insured &amp; Other Named Insureds)</b> LAINEZ BROS PAINTING INC		<b>MAILING ADDRESS INCL ZIP+4 (of First Named Insured)</b>	
<b>FEIN OR SOC SEC # (of First Named Insured):</b> <b>E-MAIL ADDRESS(es):</b>		<b>PHONE (A/C No. Ext):</b> <b>WEBSITE ADDRESS(es):</b>	
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER 'S' CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS	<b>CR BUREAU NAME</b> <b>ID NUMBER</b>
<b>INSPECTION CONTACT:</b> <b>PHONE (A/C No. Ext):</b> <b>E-MAIL ADDRESS:</b>		<b>ACCOUNTING RECORDS CONTACT: OSEAS MARTINEZ</b> <b>PHONE (A/C No. Ext):</b> <b>E-MAIL ADDRESS:</b>	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIE
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

<b>NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)</b> PAINTING
---

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 816 for Liability Exposure and/or ACORD 816 for Property Exposure)	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			<input checked="" type="checkbox"/>		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			<input checked="" type="checkbox"/>		

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITTS FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, L ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>PRODUCER'S SIGNATURE</b>	<b>NATIONAL PRODUCER NUMBER</b>
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>AUTOMOBILE LIABILITY</b>	CARRIER	No prior carrier															
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY EA PERSON EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	<b>PROPERTY</b>	CARRIER															
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
BUILDING AMT																	
PERS PROP AMT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (8 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN CLS

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS: STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

ACORD 125 (2005/06)

**Name and Address**

LAINIZ BROS PAINTING 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: Electronic Payment

Down Payment Amount: \$380.00

**MISCELLANEOUS INFORMATION :**

Sic Code :

**UNDERWRITER REMARKS :**

**AGENT REMARKS :**

INSURED HAS LICENSE FROM

End of Document



**VEHICLE DESCRIPTION** | ACORD 129 attached for additional vehicles

SUBMITTED DATE 01-25-2010

VEH # 0001	YEAR 2010	MAKE: TOYOTA MODEL: TACOMA DOUBLECAB	BODY TYPE: V.I.N.: 3TMLJ4ENXAM049377	VEHICLE TYPE	SYM/AGE	COST NEW \$ 25695					
CITY, STATE, ZIP WHERE GARAGED: PEPPERELL MA 01463		LIC STATE MA	TERR 13	GVW/GCW	CLASS 011990	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER 49	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES X LIAB	ADD'L NO-FAULT X MED PAY	UNDRINS MOTOR TOWING & LABOR SPEC C OF L X	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP \$ 500
15 MILES +	FARM	X SERVICE	NO-FAULT	UNINS MOTOR		FTW	X COLL				TOTAL PREM \$ \$ 500

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED:		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES LIAB	ADD'L NO-FAULT MED PAY	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP \$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				TOTAL PREM \$ \$

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED:		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES LIAB	ADD'L NO-FAULT MED PAY	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP \$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				TOTAL PREM \$ \$

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED:		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES LIAB	ADD'L NO-FAULT MED PAY	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP \$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				TOTAL PREM \$ \$

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED:		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES LIAB	ADD'L NO-FAULT MED PAY	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP \$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				TOTAL PREM \$ \$

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED:		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES LIAB	ADD'L NO-FAULT MED PAY	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP \$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				TOTAL PREM \$ \$

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED:		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES LIAB	ADD'L NO-FAULT MED PAY	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP \$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				TOTAL PREM \$ \$

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED:		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES LIAB	ADD'L NO-FAULT MED PAY	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP \$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				TOTAL PREM \$ \$

Submitted Date 01-22-2016

**Name and Address**  
LAINZ BROS PAINTING INC

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : OSEAS JONATAN LAINZ MARTINEZ  
SDIF :

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C.: NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Vehicle Type : Light Truck  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor :  
Anti-Theft Device : 15#  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document



# MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

AGENCY  
**RAPD & JEPSEN INS SERVICES INC**

APPLICANT (First Named Insured)  
**LAINEZ BROS PAINTING INC**

DATE (MM/DD/YY)  
**01-25-2016**

## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
BODILY INJURY LIABILITY	1	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000	OPTIONAL UNINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident		
	2			3			
	4			8			
COMPULSORY PERSONAL INJURY PROTECTION	<input checked="" type="checkbox"/> 7	PER PERSON \$ 8000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE				
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3	\$		
	2		7				
OPTIONAL MEDICAL PAYMENTS	2	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2	\$ 500		
	3		4	8			
COMPULSORY UNINSURED MOTORIST	2	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2	\$		
	3		4	8			
	4		7				
OPTIONAL BODILY INJURY TO OTHERS	1	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 <input type="checkbox"/> BI EACH ACCIDENT \$ 40000 <input type="checkbox"/> MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2	\$ 500		
	2		4	8			
	3		7				
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
	NO						
OPTIONAL NON-OWNED LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	STATES	# DAYS	# VEH	<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC COFL \$
	NO						
		VOLUNTEERS					
		PARTNERS					
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERED AUTO SYMBOLS	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	COVERED AUTO SYMBOLS		

## TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
BODILY INJURY LIABILITY	41	<input type="checkbox"/> BI EACH PERSON \$ <input type="checkbox"/> BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42	\$	\$				
	42			46						
	43			47						
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	42	\$	\$				
	46		46	SCL			FT	LSP		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41	EACH ACCIDENT \$	OPTIONAL COLLISION	43	\$	\$				
	42			47			F	FTW		
OPTIONAL MEDICAL PAYMENTS	42	EACH PERSON \$	OPTIONAL TOWING & LABOR	42	\$	\$				
	43		46	43			47			
COMPULSORY UNINSURED MOTORIST	42	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE							
	43		45	COVERAGES	SYMBOL	# TRAILERS	PART ZONE	# DAYS	RADIUS	DEDUCTIBLE
	45		46	48	49					
OPTIONAL BODILY INJURY TO OTHERS	41	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ <input type="checkbox"/> BI EACH ACCIDENT \$ <input type="checkbox"/> MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	48	\$	\$				
	42		47							
	43		50							
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48	\$	\$				
	NO			49						
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	48	\$	\$				
	NO			49						
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE	NUMBER OF	STATES	# DAYS	# VEH				
	NO						EMPLOYEES			
		VOLUNTEERS								
		PARTNERS								
OTHER			OTHER							
COVERED AUTO SYMBOLS			COVERED AUTO SYMBOLS							
(41) ANY AUTO	(42) OWNED AUTOS ONLY	(43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) 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	

ACORD 137 MA (2005/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1996-2005



**Name and Address**

LAINIZ BROS PAINTING INC

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

orc Type

:

:

: Coverage Not Requested

End of Document





**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:

**LAINIZ BROS. PAINTING, 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.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
CNP	\$0.00000	10,000	\$0.00	10,000

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.

**ARTICLE V**

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

**ARTICLE VI**

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

**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 later 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 contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: OSEAS JONATAS L MARTINEZ  
No. and Street:  
City or Town:

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 not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	OSEAS JONATAS L MARTINEZ	
TREASURER	OSEAS JONATAS L MARTINEZ	
SECRETARY	OSEAS JONATAS L MARTINEZ	
DIRECTOR	OSEAS JONATAS L MARTINEZ	

d. The fiscal year end (i.e., tax year) of the corporation:  
December

e. A brief description of the type of business in which the corporation intends to engage:

PAINTING SERVICES

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

No. and Street:  
City or Town:

g. Street address where the records of the corporation required to be kept in the Commonwealth are

City or Town:

which is

its principal office

an office of its secretary/assistant secretary

an office of its transfer agent

its registered office

**Signed this 30 Day of December, 2015 at 2:27:25 PM by the incorporator(s). (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)**

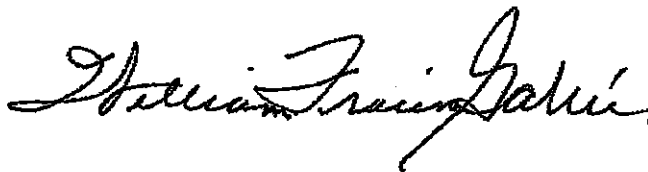
**OSEAS JONATAS L MARTINEZ**

MA SOC Filing Number: 201557012520 Date: 12/30/2015 2:27:00 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:

December 30, 2015 02:27 PM



**WILLIAM FRANCIS GALVIN**

*Secretary of the Commonwealth*



**ARBELLA** P. O. BOX 9103  
BOSTON, MA 02269-9103

REG-EC OF INSURANCE DIVISION

**NOTICE OF NON-RENEWAL**  
OF YOUR MASSACHUSETTS AUTOMOBILE INSURANCE POLICY

<b>Registration Number</b>
<b>V. I. Number</b> REFER TO POLICY

**Date of this Notice:** 12/06/2016  
**Policy Expiration at 12:01 A.M.:** 01/22/2017  
**Policy Number:** [REDACTED] 01

**Mail to:** LAINEZ BROS PAINTING INC

**Insured:** LAINEZ BROS PAINTING INC

**Agent:** 46-0154  
POINT INS INC  
1103 COMMONWEALTH AVE  
BOSTON, MA 02215

We are notifying you that your policy will not be renewed when it expires.

Massachusetts Law provides that no insurance company shall refuse to renew a motor vehicle liability policy based on the ownership or operation of a motor vehicle because of age, sex, race, occupation, marital status, or principal place of garaging of the vehicle.

**Our Reason(s) for Not Renewing Your Policy:**

COMPANY REQUEST  
FAILURE TO SUBMIT THE RENEWAL APPLICATION TO THE INSURANCE CARRIER.

IF THE INSURED FURNISHES THE NECESSARY ITEM(S) PRIOR TO THE EFFECTIVE DATE OF THE CANCELLATION (NON-RENEWAL), THE CANCELLATION (NON-RENEWAL) MAY BE RESCINDED.

By William S. Hayden  
AUTHORIZED REPRESENTATIVE

### IMPORTANT NOTICE

You must have compulsory motor vehicle insurance in order to keep your motor vehicle registered in Massachusetts. You must have notified the Registrar of Motor Vehicles and you of our intent to non-renew your motor vehicle insurance policy.

You must replace your policy as soon as possible. The Registrar of Motor Vehicles will cancel your motor vehicle registration if it does not receive a new certificate of insurance covering your motor vehicle before your current policy expires. You must contact an insurance company directly or work with a licensed insurance agent to obtain new insurance from a company that the agent represents.

If no insurance company is willing to insure you, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply to the plan. If you apply for insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the insurance coverage that was not renewed.

This notice shall not be deemed a refusal under Section 113D of Chapter 175 of the General Laws of Massachusetts to issue a motor vehicle liability policy or to execute a motor vehicle liability bond.

### TO AGENTS AND BROKERS

If this notice is sent to any agent or broker, the agent or broker must forward it to the insured within fifteen days of its receipt unless another company has executed a new certificate of insurance. Failure to do so may result in revocation of your insurance agent's or broker's license.

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Number 1020062398

Q. This is Ed Spellman and I'm speaking with Oseas, O-s-e-a-s,  
Lainez-Martinez, Lainez, L-a-i-n-e-z, hyphen, Martinez, M-a-r-t-i-n-e-z,  
and his brother, Jose Lainez-Martinez from

. Today's date is April 13, 2017,  
and the time is now approximately 5:15. Oseas, this conversation is  
being recorded. Is this being done with your permission, sir?

A. Yes.

Q. Okay. And, Jose, this conversation is being recorded. Is this being  
done with your permission, sir?

A. Yes.

Q. And for the purposes of this interview, Oseas, if you need the assistance  
with clarification on something because your primary language is Spanish,  
Jose has agreed to be your interpreter and you can clarify with him. And  
then, Jose, if you could give me the answer in English if it's necessary.  
Okay?

A. Okay.

Q. Oseas, do you own a painting company?

A. No.

Q. Okay. Do you work for a painter?

A. Yes.

Q. And who do you work for?

A. Jimmy Biglirolo Painting.

Q. And prior to the statement we were talking and I asked that question, and  
Jimmy, J-i-m-m-y, B-i-g-l-i-r-o-l-o, Painting. How long have you been

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working for Jimmy?

A. Like, ten years.

Q. Ten years?

A. Yes.

Q. Okay. Have you ever had your own painting company?

A. No.

Q. And, Jose, do you work as a painter?

A. Nope.

Q. Okay. What is it that you do, sir, Jose?

A. Maintenance.

Q. Maintenance guy?

A. Yeah.

Q. Where are you a maintenance guy?

A. Ledgewood.

Q. Okay. And at Ledgewood are you an employee of Ledgewood?

A. I am, yes.

Q. And the policy I'm here talking to you about today, Oseas and Jose, is for a Toyota Tacoma pickup truck. Is that correct?

A. Yes.

Q. And whose truck is that?

A. Me.

Q. Okay. Oseas?

A. Oseas.

Q. Sorry. I apologize for my pronunciation.

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A. That's okay.

Q. Do you remember where you bought that truck?

A. I bought the truck on Route 16 in Everett.

Q. And, Jose, did you go with him when he bought the truck?

A. I went to look at the truck.

Q. At the dealership?

A. Yes.

Q. Do you remember the name of the dealership?

A. I don't remember the name of the dealer, but I know they move out.

Q. Okay. They are closed now?

A. They are on Mystic Ave.

Q. Okay.

A. In Medford, Mass.

Q. Okay. When you bought the truck, Oseas, take me through what happened at the dealer. Explain to me, you know, how you got insurance. Take me through what happened.

A. When I went to the dealer and the agency, they told me that I can get insurance with the license from El Salvador, but if I have a problem with the police in case that they check my plate it was better to do it with a company. So they opened Lainez -- they opened a corporation under my name, and I pay about \$500 for that.

Q. Okay. Now, when you say that -- so let me just back up a second. So when you went to the dealership, did you actually physically go to an insurance agent or did the dealer handle everything there for you?

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A. No. The dealer did everything with the insurance and they just give me the papers.

Q. Okay. Did you ever go to the insurance agent yourself or was everything done at the dealership?

A. They did everything at the dealer. The first time I went to the agency is when I went to do my first payment.

Q. Okay. Now, at the dealership they said that they were setting up a company for you?

A. Yes, they did. They said just in case they can check my plate and it was under a company so I will, you know, I can be okay with it.

Q. Okay. At the time you bought the car, did you have a foreign license from El Salvador?

A. A what?

Q. A license from El Salvador when he bought the truck.

A. Yes. Yes, he did.

Q. Okay.

MR. HART: They told you this about the company after you agreed to buy the truck?

A. Yes.

Q. Jose, after he did all the, like, the price and he agreed with the price and, you know, they did that?

A. Yes.

MR. HART: And then they told him about setting up a company?

A. Yes.

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Q. And they charged you \$500 to do that?

A. Yes.

Q. And so the insured that we have here is Lainez Brothers Painting, Incorporated. Is that the business that they made for you?

A. Yes.

Q. When you went to your insurance agent to make the payment, did they talk to you about this company or anything like that?

A. They asked -- he asked them if that was legal, and they said they don't do nothing illegal.

Q. Okay. So do you remember when you talked to when you went -- let me ask you this. When you went to the agent to make your payment for the first time, where was it that you went? Where are they located?

A. They are on Route 16 as well. Rapo & Jepsen Insurance.

Q. I understand. Rapo & Jepsen. Is that it? Is that the name of it, Rapo & Jepsen?

A. Yeah.

Q. Okay. When you went there you asked them, Is this okay to do as a company?

A. Yes.

Q. And what was their response to you?

A. That it was legal, that he was not going to have any problem, because they don't do nothing illegal.

Q. Why did you ask them if it was okay to do this? Did it seem weird to you or did you feel like it was wrong?

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- A. Because when he saw the plate he thought when you have a company or anything as a company you should have a commercial plate, so that's why he was wondering.
- Q. Now, when you went there to make your first payment, did you tell them, I don't have a painting company?
- A. Yes, he did.
- Q. What did they tell you? Did they tell you that they were going to fix it or give you other options to insure the truck or what did they tell you?
- A. The only option that they told me is if I get a license from Massachusetts they can close the corporation and put everything in my name.
- Q. Now, this year did you get a call from them or a letter telling you that you have to go back to renew your insurance?
- A. Arbella send him a letter. So the letter was about to prove insurance for the company and to see if the truck was working as a company.
- Q. Okay. And so what did you do with that letter? Did you go down to your agent on Route 16?
- A. Yes.
- Q. And were they still Rapo & Jepsen?
- A. No, Point. Point Insurance. They changed to Point.
- Q. Is it the same location that you went to when it was Rapo & Jepsen?
- A. Yes.
- Q. And that's on Route 16 in Everett. Is that correct?
- A. Yes.

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- Q. When you went in there, do you remember who you talked to? Was it a guy?  
A girl? Do you remember the person?
- A. This year I talked to the guy.
- Q. Do you remember what his name was?
- A. Leandro.
- Q. So when you went in and talked with Leandro, take me through what happened. What did you talk about with him?
- A. When I went with the letter I asked him what was the problem because they told me I was not going to have any problem.
- Q. And what did he say?
- A. They said that before Arbella didn't check all of this, but now they was checking for some reason.
- Q. So now at that time did you tell him, Leandro, that I don't have a painting company?
- A. Yes.
- Q. And what did he say to you?
- A. He says you don't have a company but it appears as a company. So he don't have a company but it was a company.
- Q. Let me just see if I understand. So he said you don't have a company but it looks like you have a company. Is that what he kind of meant or how you took it?
- A. Well, the reason why they said that is because he told him that I don't have a company but you guys made a company and you told me it was okay and now you are telling me that we have a problem here.

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Q. Okay.

A. That's why he is saying that. You have a company but -- I mean, you don't have a company but there is a company.

Q. Right. Okay. So what else did you talk about with Leandro? What happened after that? So you told him, I don't have a company. Did he ask you questions, like, what do you do for work or anything like that?

A. They knew from the beginning that I didn't have a company because I work for somebody. I give all the papers to them.

Q. Oh, you gave papers? Like, what did you give them? What kind of paperwork?

A. Check stubs.

Q. This was when you just went in 2017 when you just went back?

A. No. When he bought it. 2016.

Q. When you bought it, you gave the check stubs and all of that?

A. Right. And right there is the name of the company that he works for and everything.

Q. Right. When you went back this year and talked to Leandro, did you tell him who you worked for or anything like that?

A. I don't remember if I told him that.

Q. But you are sure that he knew that you didn't have your own company?

A. Yes.

Q. So what happened then? What did he tell you to do or how did you leave it with him?

A. When they told me that my insurance was canceled, they asked me to find

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someone with a license from Massachusetts but this person was going to be the owner of the company, like, the president and everything.

Q. So prior to -- because what I have here, it looks like they sent in a new application January 23rd of 2017. What did they mean? Like, a new president of a company? Did they tell you they were going to do something or you had to do something or make a change or what did they tell you?

A. They told me that I can do it and all I had to do is get someone with a license from Massachusetts, get someone to obtain the signature from the person with the license.

Q. So when they said you had to get someone with a license, did they say it had to be anyone specific or anyone -- I don't know if can you translate "specific" into Spanish. Could it be just anybody?

A. Someone close to me like a brother or some relative.

Q. Okay. Why did they -- did you ask why it had to be someone close to you?

A. No.

Q. So on this new application from January 23, 2017, it lists Jose Lainez as the only driver and the contact for this Lainez Brothers Painting. How did that happen?

A. So I asked my brother to help me out just not to lose my car because if I don't have insurance the bank will take the car away from me.

Q. Okay. And, Jose, he asked you to use your license?

A. Yes.

Q. Okay. You had a Massachusetts license?

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A. Yes.

Q. And you said, yes, you would help him out?

A. Right. I only ask him why, and he explained to me the same as --

Q. Okay.

A. -- we just spoke.

Q. That he needed the insurance or the bank was going to take the car?

A. Right. Because the --

MR. HART: You need somebody with a license.

A. The bank request the car to be insurance all the time until it's being paid.

Q. Until it's paid off?

A. Right.

Q. Did Oseas explain to you that the insurance agent had told him that he needed to get someone with a license?

A. Yes, and I ask him if it was going to be any problem, and they say no because you can have it for a couple of months until he get his license from Massachusetts.

Q. When you were at the insurance agent, did you let Leandro know that you were a couple months away from getting your papers to get your license?

A. Yes, he did.

Q. And was this his solution to keep you having insurance and did he talk about what to do after you got your license?

A. So they told him that the reason why they need me to do that is because that way Arbella can renew his policy and after he get his license they

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was going to do everything, like, everything back on his name, and the only thing that he had to do is call the bank to let them know that he was, you know, with the new papers, the license and stuff like that.

Q. Okay. Did you have to go anywhere? You said something earlier about getting a letter that they stamp and sign. Where did you go for that and what is that that you had to get?

A. How do they call those papers? I don't know. Notary.

Q. Okay. So --

A. They have a service community office in Everett and they do the notary.

Q. Notary?

A. Yeah. Certification.

Q. Yeah.

A. And they help us.

Q. Okay. Who told you you had to go there? Was it Leandro?

A. Leandro, yeah.

Q. So he said go down there. And what did you have to have them put in the letter? What was it that you had to go get?

A. I have a copy.

Q. Oh, perfect.

A. I just want to say the notary person, she didn't know. She did only what we ask.

Q. Gotcha.

A. I don't want her to get in trouble.

Q. I gotcha. So when you went in to the notary, you are saying that you

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just did what they told you you had to go get?

A. Right. And they don't charge nothing. They charge, like, \$20.

Q. That's fair.

A. I don't know where I put it.

Q. Okay. No problem. It's okay. Oseas, we can look for it after. I can take a copy of it after.

A. This is the name of the dealer.

Q. Inman Motor Sales. Oh, this is the paperwork from when you bought it. So it's a 2010 Toyota Tacoma purchased January 11, 2016 from the sales person Francisco, \$27,500, with 4,000 down. There was a finance fee of \$1,599. No warranty. Total purchase was \$25,099. \$1,900, that's 1,900, for the registration.

A. And I have this. The salesman who told me about this.

Q. That's francisco@inman-motorsales.com. And on the signature block it says, Top Cars of Boston.

A. They took the original and they --

Q. They gave you a copy of the original that you brought them?

A. Yeah.

Q. So let me just make sure I understand this while you are looking. So Leandro told you to go to the Community Center in Everett and told you what to ask for?

A. Not to the Community Service. To any place where they can stamp.

Q. Okay. You decided where to go?

A. We decide because we know them.

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Q. Okay. So did he tell you what to ask for, like, what you needed, or did he give you a letter and you went to go get it notarized?

A. He told me what to do and he says I have to write down on the letter that I was passing the company on to my brothers.

Q. And then what did he tell you to do with the letter once you got it notarized?

A. To bring it back to them so they can do the new policy.

Q. Did he tell you anything about making changes to the Secretary of State or anything like that?

MR. HART: Corporation.

Q. Corporation.

A. Just the change of the president.

Q. And that was going to be changed from you to Jose. Correct?

A. Yes.

Q. Did he tell you all of that after you told him, I don't have a company?

A. Yes.

Q. So was the reason to do all of this, was the whole reason he had you do all of this, was that so that you could get an insurance policy again?

A. Yes.

Q. Did you ask him if this was okay to do?

A. Yes.

Q. What did he tell you?

A. I ask him if I was going to have a problem, and he say, no, it's just for the new policy.

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Q. Do you -- was this your first car that you purchased?

A. Yes.

Q. Is this your first time having insurance?

A. Yes.

Q. Do you rely on what Leandro and the people over at Point tell you, as far as how to do things? In other words, like --

A. To understand?

Q. Yeah. In other words, like, he's a painter. You work in maintenance. This is his first car, his first time having insurance. Does he rely on what Leandro and the other people told him as being, you know, the way to do things basically?

MR. HART: Like, they are the experts on insurance.

A. Right. But that word, I can't remember what that means.

MR. HART: Depend on them. Does he look to them for advice?

A. I never ask them how to do it. They told me the way to do it. The only thing I told them is I have a license from El Salvador.

Q. So just so I understand, you never asked them how to do any of this. They just came out and told you this is what you need to do?

A. Yes. I never asked them. They give me the options.

Q. Okay. Did they give you an option for a different type of insurance policy or another way to get insurance or was it only you have to set up a company you don't have?

A. They told me that I can insure with the license from El Salvador, but the best way was to do it under a company so that way when the police check

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your plate you don't have no problem.

Q. Now, was that when you went when you first bought the car to make your first payment or was that when you just went in January of this year?

A. When I bought my car and they did all of the paperwork.

Q. When you went back this time to -- it's Point now?

A. Yes.

Q. Okay. When you went back to Point this time, did you talk to anybody else other than Leandro?

A. Just I did talk to someone else when I did my down payment for the new --

Q. Policy?

A. -- policy.

Q. Okay.

A. And after that they called me that my insurance was canceled.

Q. Okay. How did you get a copy of Jose's license? Jose, did you --

A. I went with him.

Q. You went with him?

A. I went to the person who stamp the letter. I went with him.

Q. Sure. Did you ever go to the insurance agent with him --

A. No.

Q. -- Jose?

A. No. We took copies and he --

Q. Okay.

A. We never took copies. Right? I give them the number with my information. They told him that the only thing they need was my license

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number.

Q. Okay. So how did he get that? Did you write it down on a piece of paper or --

A. I give it to him through the phone.

Q. You texted it to him?

A. No. No. He wrote it down, I'm sure, on a piece of paper.

Q. Okay. So let me just make sure I understand. So, Jose, when you were talking to him on the phone --

A. I give him.

Q. -- you verbally told him?

A. Right.

Q. Okay.

A. To him. To Oseas.

Q. And, Oseas, you wrote it down on a piece of paper?

A. Yes.

Q. Okay. And then you handed it to the agent?

A. Yes.

Q. Who did you hand it to? Did you hand it to Leandro or to someone else?

A. His name was Lucas.

Q. There is a guy there that works there named Lucas. So the first time you handed the license number on a piece of paper to Lucas?

A. Yeah.

Q. Did you have to go back and hand it to someone again?

A. When he went with Lucas he asked him to ask me about my license, and when

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he went -- when they canceled his insurance, that's when they told him to do all the changes.

Q. Okay. So you went there one time, you gave the license number to Lucas, and he was going to renew the insurance?

A. It was going to be just to support him to keep his insurance.

Q. No. No. No. I know that's why you gave the license number.

A. That's when they ask him, but he didn't know that they was going to cancel the insurance. When the insurance was canceled, they already had my license number and that's when they said, okay, now we can just open the new policy.

Q. Okay. So the first time -- okay. So the first time when you dealt with Lucas, Jose gave you his number and they were going to keep the policy that you had open?

A. Yes. It was going to continue normally, and once the date end up it was going to renew automatic.

Q. Then what happened is your policy canceled and you had to go back and then this time you saw Leandro. Is that correct?

A. Yes.

Q. Okay. And then was it Leandro who said, We are going to open a new policy for you?

A. When they canceled my insurance Leandro called me and leave me a message to call him back to talk about this.

Q. Okay.

A. That's when he told me that he need to open a new policy but you need to

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change the president of the company.

Q. Okay. And then that's when Leandro told you how to go about doing that?

A. Yes.

Q. And then the letter you got from the Community Center, did you bring that back to Point?

A. Yup. I give it to Leandro.

Q. Okay. So you physically handed it to him?

A. Yes.

Q. When you did that, he knew you didn't have a painting company. Correct?

A. Yes.

Q. After you handed it to him, what happened after that?

A. He opened the system from the State where they open all the corporations and he changed everything.

Q. Okay.

MR. HART: So, in other words, Leandro changed everything to your name, Jose? You never met Leandro? No.

MR. HART: You never talked to Leandro?

A. Nope. They only talked to my brother, Oseas.

Q. Have you ever even been in that agency?

A. Nope.

Q. When you left there that day, Oseas, did Leandro give you anything? Did you get paperwork? What did you get or what did he say?

A. He took a copy of the paper that he give him, and he give him copies of the thing that he was doing.

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Q. Okay. What did he charge? How much did you have to pay?

A. He pay 580. I'm not exactly sure but around 580, and that was supposed to be a down payment.

Q. Did they give you a receipt for that?

A. Yes.

Q. That's what we're showing here on the application is 580.

A. 580?

Q. Yup, as well. So how did you leave it with Leandro when you left there that day? Did he say he would call you if everything was all set or how did they get --

A. He told me that everything was perfectly done and all I had to worry about is nothing.

Q. Okay. Okay. Oseas, did you understand all of the questions that I asked you today?

A. Yes.

Q. Were all your answers true to the best of your knowledge?

A. Yes.

Q. And was this conversation recorded with your permission?

A. Yes.

Q. And, Jose, was this conversation recorded with your permission?

A. Yes.

Q. Okay. Were all of the answers that you gave true to the best of your knowledge?

A. Yes.

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Q. And did you understand all of the questions that I asked today?

A. Yes.

Q. And were all of your interpretations of your brother's answers that you gave true and accurate as well?

A. Yes.

Q. All right. What I will do if it's okay with the two of you is I will turn the recorder off.

A. That's fine.

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# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
01-23-2017

AGENCY <b>POINT INS INC</b> 1103 COMMONWEALTH AVE BOSTON MA 02215 LEANDRO RODRIGUES		CARRIER	NAIC CODE	UNDERWRITER	UNDERWRITER
PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS: <b>leandro@pointinsure.com</b> CODE: SUB CODE: 0127		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)		POLICY NUMBER	
AGENCY CUSTOMER ID:		INDICATE SECTIONS ATTACHED		EQUIPMENT/FLOATER	
		PROPERTY		INSTALLATION/BUILDERS RISK	
		GLASS AND SIGN		ELECTRONIC DATA PROC	
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY	
		CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO	
		TRANSPORTATION/ MOTOR TRUCK/CARGO		TRUCKER/MOTOR CARRIER	
				GARAGE AND DEALERS	
				VEHICLE SCHEDULE	
				BOILER & MACHINERY	
				WORKERS COMPENSATION	
				UMBRELLA	

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
QUOTE	ISSUE POLICY	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.		
BOUND (Give Date and/or Attach Copy):	CHANGE	DATE	TIME	AM	FM
CANCEL	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
	01-25-2017	01-25-2018	X DIRECT BILL		No Audit
			AGENCY BILL		

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds)	
LAINEZ BROS PAINTING INC	
MAILING ADDRESS INCL ZIP+4 (of First Named Insured)	
FEN OR SOC SEC # (of First Named Insured)	
PHONE (A/C No. Ext):	
E-MAIL ADDRESS:	
WEBSITE ADDRESS:	
INDIVIDUAL	X CORPORATION
PARTNERSHIP	JOINT VENTURE
SUBCHAPTER "S" CORPORATION	LLC
NOT FOR PROFIT ORG	CR BUREAU NAME
NO. OF MEMBERS AND MANAGERS	ID NUMBER
DATE BEGINS	DATE BEGINS
INSPECTION CONTACT:	ACCOUNTING RECORDS CONTACT: JOSE R LAINEZ
PHONE (A/C No. Ext):	PHONE (A/C No. Ext):
E-MAIL ADDRESS:	E-MAIL ADDRESS:

PREMISES INFORMATION										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
					INSIDE	OWNER				
					OUTSIDE	TENANT	NO PRIOR SUBMISSIONS FOUND			
					INSIDE	OWNER	PREVIOUSLY SUBMITTED ON			
					OUTSIDE	TENANT	BY			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

PAINTING

*Has the same - MACA - found issue - C*

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES			
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	YES	NO	EXPLAIN ALL "YES" RESPONSES
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?		X	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X	
4. ANY CATASTROPHE EXPOSURE?		X	
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X	
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MD)	X		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			X
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			X
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			X
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			X
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 816 for Liability Exposure and/or ACORD 816 for Property Exposure)			X
REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (ANY SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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FD 125 (2005/08)

PLEASE COMPLETE REVERSE SIDE

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CARRIER	POLICY NUMBER	POLICY TYPE	RETRO DATE	EFF-EXP DATE	GENERAL AGGREGATE	PRODUCTS COMP OP AGGREGATE	PERSONAL & ADV INJ	EACH OCCURRENCE	FIRE DAMAGE	MEDICAL EXPENSE	BODILY INJURY	PROPERTY DAMAGE	COMBINED SINGLE LIMIT	MODIFICATION FACTOR	TOTAL PREMIUM
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY																
	PROPERTY DAMAGE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	AUTOMOBILE LIABILITY	CARRIER	No prior carrier														
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
COMBINED SINGLE LIMIT																	
BODILY INJURY		EA PERSON															
PROPERTY DAMAGE		EA ACCIDENT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY		CARRIER															
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING AMT																
	PERS PROP AMT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**  
ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLED

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS: STATE SUPPLEMENT(S) (if applicable)  
X See Additional Pages.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

ACORD 125 (2005/06)

**Name and Address**  
LAINEZ BROS PAINTING INC

**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: Check

Down Payment Amount: \$580.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : ██████████.pdf

Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code

**UNDERWRITER REMARKS :**

**AGENT REMARKS :**

PER ARBELLA'S PROCEDURE TO POINT #6, PLEASE FIND ATTACHED A COPY OF THE OLD POLICY.

End of Document



# ACORD BUSINESS AUTO SECTION

<b>AGENCY</b>	<b>PHONE</b> (A/C No. Ext)	<b>APPLICANT</b> (First Named Insured)
<b>POINT INS - INC</b>	<b>FAX</b> (A/C No.)	<b>LATNEZ BROS PAINTING, INC</b>
<b>1103 COMMONWEALTH AVE</b>		<b>EFFECTIVE DATE</b> 01-25-2017
<b>BOSTON MA 02215</b>		<b>EXPIRATION DATE</b> 01-25-2018
<b>LEANDRO RODRIGUES</b>		<input checked="" type="checkbox"/> <b>DIRECT BILL</b>
<b>CODE</b>	<b>SUB CODE</b> 0127	<input type="checkbox"/> <b>PAYMENT PLAN</b>
<b>AGENCY CUSTOMER ID:</b>		<input type="checkbox"/> <b>AGENCY BILL</b>
		<b>FOR COMPANY USE ONLY</b>

**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.

DRIVER #	NAME (Include address, if required)	SEX	STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	GRABBER NO-FAULT	DOC	USE VEH #
1	JOSE R LATNEZ											

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>		<b>YES</b>	<b>NO</b>	<b>EXPLAIN ALL "YES" RESPONSES</b>		<b>YES</b>	<b>NO</b>
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			<input checked="" type="checkbox"/>	8. ANY HOLD HARMLESS AGREEMENTS?			<input checked="" type="checkbox"/>
2. DO OVER 60% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			<input checked="" type="checkbox"/>	9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.			<input checked="" type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?			<input checked="" type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?			<input checked="" type="checkbox"/>	11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			<input checked="" type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			<input checked="" type="checkbox"/>	12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			<input checked="" type="checkbox"/>
6. ARE ICC, FUC OR OTHER FILINGS REQUIRED?			<input checked="" type="checkbox"/>	13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			<input checked="" type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			<input checked="" type="checkbox"/>	14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			<input checked="" type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			<input checked="" type="checkbox"/>	15. HAS AGENT INSPECTED VEHICLES?			<input checked="" type="checkbox"/>
						MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$	

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

ACORD 45 attached for additional names

<b>INTEREST</b>	<b>RANK</b>	<b>NAME AND ADDRESS</b>	<b>REFERENCE #</b>	<b>CERTIFICATE REQUIRED</b>	<b>INTEREST IN ITEM NUMBER</b>
<input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b>		<b>SOURCE ONE FINANCIAL CORP</b>			<b>VEHICLE: 0001 (3TRLU4ENXAM049377)</b>
<input type="checkbox"/> <b>LOSS PAYEE</b>					<b>SCHEDULED ITEM NUMBER:</b>
<input checked="" type="checkbox"/> <b>LIENHOLDER</b>					<b>OTHER</b>
<input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b>					
<input type="checkbox"/> <b>OWNER</b>					
<input type="checkbox"/> <b>REGISTRANT</b>					
<b>ITEM DESCRIPTION:</b>					

**REMARKS**

**VEHICLE DESCRIPTION** **ACORD 129 attached for additional vehicles**

VEH# 0001	YEAR 2010	MAKE: TOYOTA MODEL: TACOMA DOUBLE CAB	BODY TYPE: VAN: 3TMLD4ENKAM049377	VEHICLE TYPE PP SPEC COML	SYN/AGE	COST NEW \$ 25695.						
CITY, STATE, ZIP WHERE GARAGED REVERE MA 02151		LIC STATE MA	TERR 20	GVW/GCW	CLASS 01-182	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM 49		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	X LIAB	X MED PAY	X	FT	X COMP	X FG	AA	STAMT	\$ 500	
15 MILES +	FARM	X SERVICE	X NO-FAULT	X UNINS MOTOR		FTW	X COLL				\$ 500	
NET VEH PRICE:											TOTAL PREM \$	
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	STAMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				\$	
NET VEH PRICE:											TOTAL PREM \$	
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	STAMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				\$	
NET VEH PRICE:											TOTAL PREM \$	
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	STAMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				\$	
NET VEH PRICE:											TOTAL PREM \$	
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	STAMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				\$	
NET VEH PRICE:											TOTAL PREM \$	
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	STAMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				\$	
NET VEH PRICE:											TOTAL PREM \$	
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYN/AGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO. FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP	FG	AA	STAMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL				\$	
NET VEH PRICE:											TOTAL PREM \$	



**Name and Address**  
LAINEZ BROS PAINTING INC

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : JOHN R LAINEZ  
SDIP : 99

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C.: NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Vehicle Type : Light Truck  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 50000/100000  
Medical Payment Limit : 25000  
Bodily Injury To Others Limit : 50000/100000  
Underinsured Motorist Limit : 50000/100000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 45  
Towing and Labor : 100  
Anti-Theft Device : 15%  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document





# MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

CAR DOCKET #MR17.06  
EXHIBIT #2  
PAGE 492 OF 601  
DATE (MM/DD/YYYY)  
01-23-2017

AGENCY  
POINT INS INC

APPLICANT (First Named Insured)  
LAINEZ BROS PAINTING INC

## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 9 2 X 7 3 8	BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL UNDERINSURED MOTORIST	7	\$50000 Each Person \$100000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	X 7	PER PERSON \$ 8000 DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 9 2 4 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 25000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 6 3 X 7 4	CSL BI EA PER \$ 50000 BI EACH ACCIDENT \$ 100000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 3 8	CSL BI EA PER \$ 50000 BI EACH ACCIDENT \$ 100000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OTHER		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE COMP \$ SPEC C OF L \$

COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

## TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	
BODILY INJURY LIABILITY	41 46 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	PHYSICAL DAMAGE				
COMPULSORY PERSONAL INJURY PROTECTION	44 46	PER PERSON \$ DED \$ YOURSELF YOURSELF AND FAMILY MEMBERS	OPTIONAL COMPREHENSIVE	42 48 43 47		\$	
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 46 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$	
OPTIONAL MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	OPTIONAL COLLISION	42 46 43 47		\$	
COMPULSORY UNINSURED MOTORIST	42 48 43 45	CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	OPTIONAL TOWING & LABOR	46		\$	
OPTIONAL BODILY INJURY TO OTHERS	41 46 42 47 43 50	CSL BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	TRAILER INTERCHANGE				
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	48 49	# TRAILERS (EARTH ZONE) # DAYS RADIUS	DEDUCTIBLE	
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48 49		\$	
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	OPTIONAL COLLISION	48 49		\$	
OTHER			OPTIONAL HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH			

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) 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

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	61	62	63	64	65	66	67	68	69	70	71	DEDUCT
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$	DED \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YOURSELF <input type="checkbox"/>	YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH PERSON \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/>	BI EAPER \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/>	BI EAPER \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOTORCYCLE GUEST OCCUPANT EXCLUSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	STATES		COST OF HIRE \$	IF ANY BASIS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPTIONAL TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	STATES		COST OF HIRE \$	IF ANY BASIS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPTIONAL NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	STATES		GROUP TYPE	NUMBER OF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					EMPLOYEES							
OTHER					VOLUNTEERS							
					PARTNERS							
OTHER						COVERAGE IS:		PRIMARY	SECONDARY			

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**Name and Address**  
LAINIZ BROS PAINTING INC

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address	:
Limit	:
Coverage Options	:
Collision Deductible	:
OTC Type	: Coverage Not Requested

End of Document



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

No F

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

**Statement of Appointment of Registered Agent**

(General Laws, Chapter 156D, Section 5.01, 950 CMR 113.20)

1. Exact name of the corporation: LAINEZ BROS. PAINTING, INC.

The street address of the corporation registered office in the commonwealth and the name of the appointed registered agent at that office:

*(The corporation may not appoint itself registered agent. Registered agent may be an individual, including any officer of the corporation, or a different corporation.)*

Name: JOSE R LAINEZ

No. and Street:

City or Town:

The street address of the registered office of the corporation and the business address of the registered agent are identical as required by General Laws, Chapter 156D, Section 5.02.

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than ninety days from the date and time of filing is specified:

Time:

I, OSEAS JONATAN L MARTINEZ, registered agent of the above corporation, consent to my appointment as the registered agent of the above corporation pursuant to 950 CMR 113.20.

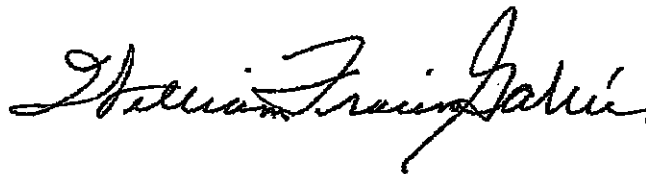
Signed by OSEAS JONATAN L MARTINEZ, its PRESIDENT  
on this 25 Day of January, 2017

MA SOC Filing Number: 201714101740 Date: 1/25/2017 12:25:00 PM

**THE COMMONWEALTH OF MASSACHUSETTS**

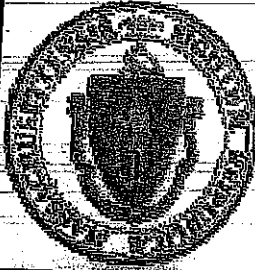
I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with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

January 25, 2017 12:25 PM



**WILLIAM FRANCIS GALVIN**

*Secretary of the Commonwealth*



**The Commonwealth of Massachusetts**  
**William Francis Galvin**

No Fee

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

**Statement of Change of Supplemental Information**  
(General Laws, Chapter 156D, Section 2.02 AND Section 8.45; 950 CMR 113.17)

1. Exact name of the corporation: LAINEZ BROS. PAINTING, INC.

2. Current registered office address:

Name: OSEAS JONATAS L MARTINEZ

No. and Street:

City or Town:

3. The following supplemental information has changed:

Names and street addresses of the directors, president, treasurer, secretary

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	JOSE R LAINEZ	
TREASURER	JOSE R LAINEZ	
SECRETARY	JOSE R LAINEZ	
VICE PRESIDENT	JOSE R LAINEZ	
DIRECTOR	JOSE R LAINEZ	

Fiscal year end:  
December

Type of business in which the corporation intends to engage:

PAINTING SERVICES

Principal office address:

No. and Street:

City or Town:

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (post office boxes are not acceptable):



its principal office

an office of its secretary/assistant secretary

an office of its transfer agent

its registered office

Signed by OSEAS JONATAN L MARTINEZ, its PRESIDENT  
on this 25 Day of January, 2017

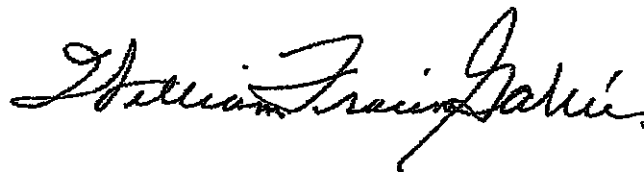
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MA SOC Filing Number: 201714103140 Date: 1/25/2017 12:27:00 PM

**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:

January 25, 2017 12:27 PM



**WILLIAM FRANCIS GALVIN**

*Secretary of the Commonwealth*



**William Francis Galvin**  
Secretary of the Commonwealth of Massachusetts



# Corporations Division

## Business Entity

Name: **LATNEZ BROS. PAINTING, INC.**

Search the Secretary's Website

Order certified copies	Name of Filing	Year filed	Date filed	Filing No.	View PDF
<input type="checkbox"/>	Statement of Change of Supplemental Information		01/25/2017 12:27 PM	201714103140	201714103140_1.pdf 3 pgs
<input type="checkbox"/>	Statement of Appointment of Registered Agent		01/25/2017 12:25 PM	201714101740	201714101740_1.pdf 2 pgs
<input type="checkbox"/>	Statement of Change of Registered Office Address by Registered Agent		01/07/2016 05:11 PM	201658515010	201658515010_1.pdf 2 pgs
<input type="checkbox"/>	Articles of Organization		12/30/2015 02:27 PM	201557012520	201557012520_1.pdf 4 pgs

**EXHIBIT 13**

**YVETTE SERVICES**

**YVETTE M. SOTO**



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
01-20-2016

<b>AGENCY</b> RABO & JEPSEN INS SERVICES INC 724 CHELMSFORD ST LOWELL MA 01851 Jessica Barreto		<b>CARRIER</b> NAIC CODE:	<b>UNDERWRITER</b> UNDERWRITE
<b>PHONE</b> (A/C, No, Ext): <b>FAX</b> (A/C, No): <b>E-MAIL</b> ADDRESS: jbarreto@rapoandjepsen.com <b>CODE:</b> SUB CODE: 0154 <b>AGENCY CUSTOMER ID:</b> DANIEL		<b>POLICIES OR PROGRAM REQUESTED</b> CAR - Arbella (ceded)	<b>POLICY NUMBER</b>
<b>INDICATE SECTIONS ATTACHED</b> PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO		<b>EQUIPMENT FLOATER</b> INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER	<b>GARAGE AND DEALERS</b> VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA

### STATUS OF TRANSACTION

### PACKAGE POLICY INFORMATION

<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY DATE: TIME: AM/PM	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES			
PROPOSED EFF DATE: 01-20-2016		PROPOSED EXP DATE: 01-20-2017		BILLING PLAN: <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN: ALL No auto	

### APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds):  
**YVETTE M SOTO**  
 DBA: YVETTE SERVICES

MAILING ADDRESS INCL ZIP+4 (of First Named Insured):

FEIN OR SOC SEC # (of First Named Insured):  
 PHONE (A/C, No, Ext):  
 E-MAIL ADDRESS(ES):

WEBSITE ADDRESS(ES):

<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	<input type="checkbox"/> CR BUREAU NAME	<input type="checkbox"/> ID NUMBER	<input type="checkbox"/> DATE START
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE		<input type="checkbox"/> NO. OF MEMBERS AND MANAGERS			

INSPECTION CONTACT:  
 PHONE (A/C, No, Ext):  
 E-MAIL ADDRESS:  
 ACCOUNTING RECORDS CONTACT: YVETTE SOTO  
 PHONE (A/C, No, Ext):  
 E-MAIL ADDRESS:

### PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

### NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

SERVICES

### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST?		
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MD)			<input checked="" type="checkbox"/>			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			<input checked="" type="checkbox"/>			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER	No prior carrier															
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

**ATTACHMENTS**

STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

DATE RECEIVED: 01 20 2010

**Name and Address**

YVETTE M SOTO

**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: Electronic Payment

Down Payment Amount: \$280.00

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

End of Document





DUPLICATE DATE 01-20-2010

**VEHICLE DESCRIPTION**  **ACORD 129 attached for additional vehicles**

VEH #	YEAR	MAKE: TOYOTA	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW						
0001	2011	MODEL: VENZA	V.I.N.: 4T3Z2A3BB2BU054080	X PP SPEC COMB		\$ 26475						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC						
FRANKLIN MA 02036		MA	1		73910							
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	
< 15 MILES	PLEASURE	RETAIL	X LIAB	X		FT	COMP	X FG	AA		X	
15 MILES +	FARM	SERVICE	NO-FAULT			FTW	COLL			ST AMT		
NET VEH DR/CR:											TOTAL PREM \$	\$ 500
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:	PP SPEC COMB								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC						
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	
< 15 MILES	PLEASURE	RETAIL	LIAB			FT	COMP	FG	AA			
15 MILES +	FARM	SERVICE	NO-FAULT			FTW	COLL			ST AMT		
NET VEH DR/CR:											TOTAL PREM \$	\$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:	PP SPEC COMB								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC						
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	
< 15 MILES	PLEASURE	RETAIL	LIAB			FT	COMP	FG	AA			
15 MILES +	FARM	SERVICE	NO-FAULT			FTW	COLL			ST AMT		
NET VEH DR/CR:											TOTAL PREM \$	\$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:	PP SPEC COMB								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC						
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	
< 15 MILES	PLEASURE	RETAIL	LIAB			FT	COMP	FG	AA			
15 MILES +	FARM	SERVICE	NO-FAULT			FTW	COLL			ST AMT		
NET VEH DR/CR:											TOTAL PREM \$	\$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:	PP SPEC COMB								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC						
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	
< 15 MILES	PLEASURE	RETAIL	LIAB			FT	COMP	FG	AA			
15 MILES +	FARM	SERVICE	NO-FAULT			FTW	COLL			ST AMT		
NET VEH DR/CR:											TOTAL PREM \$	\$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:	PP SPEC COMB								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC						
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	
< 15 MILES	PLEASURE	RETAIL	LIAB			FT	COMP	FG	AA			
15 MILES +	FARM	SERVICE	NO-FAULT			FTW	COLL			ST AMT		
NET VEH DR/CR:											TOTAL PREM \$	\$
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW						
		MODEL:	V.I.N.:	PP SPEC COMB								
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC						
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	
< 15 MILES	PLEASURE	RETAIL	LIAB			FT	COMP	FG	AA			
15 MILES +	FARM	SERVICE	NO-FAULT			FTW	COLL			ST AMT		
NET VEH DR/CR:											TOTAL PREM \$	\$

Submitted Date 01-20-2010

**Name and Address**

YVETTE M. SOTO



**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : YVETTE M SOTO  
SDIP : 03

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C.: NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor :  
Anti-Theft Device : 15\*  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document



# MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)  
01-20-2015

AGENCY  
RAPO & JEPSEN INS SERVICES INC

APPLICANT (First Named Insured)  
YVETTE M SOTO

## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 9	<input checked="" type="checkbox"/> BI EACH PERSON \$ 20000	OPTIONAL UNDERINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
	2 X 7	BI EACH ACCIDENT \$ 40000			
	3 8				
COMPULSORY PERSONAL INJURY PROTECTION	X 7	PER PERSON \$ 8000 DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 9	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
	2 4 8		OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$ 500
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 10000	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
COMPULSORY UNINSURED MOTORIST	2 6	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000	OPTIONAL COLLISION	2 4 8	\$ 500
	3 X 7	BI EACH ACCIDENT \$ 40000		3 7	
	4	PROPERTY DAMAGE \$			
OPTIONAL BODILY INJURY TO OTHERS	1 4 9	<input type="checkbox"/> CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000			
	2 X 7	BI EACH ACCIDENT \$ 40000			
	3 8	MOTORCYCLE GUEST OCCUPANT EXCLUSION			
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	STATES #DAYS #VEH	COVERAGE/DEDUCTIBLE	
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	COMP \$ SPEC C OF L \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERED AUTO SYMBOLS	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	COVERAGE IS: PRIMARY SECONDARY

## TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
BODILY INJURY LIABILITY	41 46	BI EACH PERSON \$	OPTIONAL COMPREHENSIVE	42 46		\$			
	42 47	BI EACH ACCIDENT \$		43 47					
	43 50								
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	42 46 43 47	SCL FT LSP F FTW	\$			
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47	EACH ACCIDENT \$	OPTIONAL COLLISION	42 46		\$			
	42 48 50			43 47					
OPTIONAL MEDICAL PAYMENTS	42 46 43	EACH PERSON \$	OPTIONAL TOWING & LABOR	46	\$				
COMPULSORY UNINSURED MOTORIST	42 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE						
	48	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	#DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$	OPTIONAL COMPREHENSIVE	48 49					
OPTIONAL BODILY INJURY TO OTHERS	41 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	48 49					
	42 47	BI EACH ACCIDENT \$	OPTIONAL COLLISION	48 49					\$
	43 50	MOTORCYCLE GUEST OCCUPANT EXCLUSION							
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	STATES #DAYS #VEH	COVERAGE IS: PRIMARY SECONDARY					
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS							
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF						
OTHER			OTHER						

COVERED AUTO SYMBOLS  
 (41) ANY AUTO  
 (42) OWNED AUTOS ONLY  
 (43) OWNED COMMERCIAL AUTOS ONLY  
 (44) OWNED AUTOS SUBJECT TO NO-FAULT  
 (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (46) 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

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	61	62	63	64	65	66	67	68	69	70	71	DEDUCT
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH PERSON \$							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$	DED \$						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YOURSELF	YOURSELF AND FAMILY MEMBERS						
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH ACCIDENT \$							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH PERSON \$							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL	BI EA PER \$						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE \$							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL	BI EA PER \$						
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT \$							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS							
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS							
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF							
	NO			EMPLOYEES								
				VOLUNTEERS								
OTHER				PARTNERS								
COVERED AUTO SYMBOLS						PHYSICAL DAMAGE						
(61) ANY AUTO						OPTIONAL COMPREHENSIVE						
(62) OWNED AUTOS ONLY						OPTIONAL SPECIFIED CAUSES OF LOSS						
(63) OWNED PRIVATE PASS AUTOS ONLY						OPTIONAL COLLISION						
(64) OWNED COMMERCIAL AUTOS ONLY						OPTIONAL TOWING & LABOR						
(65) OWNED AUTOS SUBJECT TO NO-FAULT						TRAILER INTERCHANGE						
(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW						OPTIONAL COMPREHENSIVE						
(67) SPECIFICALLY DESCRIBED AUTOS						OPTIONAL SPECIFIED CAUSES OF LOSS						
(68) HIRED AUTOS ONLY						OPTIONAL COLLISION						
(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT						OTHER						
(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT						COVERAGE IS:						
(71) NON-OWNED AUTOS ONLY						PRIMARY						
						SECONDARY						

**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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PRODUCER'S SIGNATURE \_\_\_\_\_ NATIONAL PRODUCER NUMBER \_\_\_\_\_

ACORD 137 MA (2005/04)

**Name and Address**

YVETTE M. SOTO

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

OTC Type

-  
:  
:  
: Coverage Not Requested

End of Document

Arbella Insurance Group  
Number 1020062311

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Q. This is Ed Spellman, and I'm speaking with Yvette Soto at telephone number [REDACTED]. Today's date is April 28, 2017, and the time is now approximately two p.m. Yvette, this conversation is being recorded. Is this being done with your permission, Miss?

A. Yes.

Q. And, Yvette, what's your date of birth, just to help identify you?

A.

Q. Okay. And what is your current address?

A.

Q. Okay. And do you know who your insurance agent is?

A. Like, the individual?

Q. Or both. Yeah. If you know the individual, fine. I was just looking for the company but --

A. No.

Q. Do you know where you went to purchase your insurance?

A. I did everything in Santo Domingo Motors and then I went to Commonwealth Ave.

Q. Okay.

A. To Rapo & Jepsen.

Q. Rapo & Jepsen. Okay.

A. Yeah.

Q. What was the name of the dealer again?

A. Santo Domingo Motors.

Q. Oh, where is that?

Linda A. Fowler

Arbella Insurance Group  
Number 1020062311

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A. Yeah.

Q. Okay. And then they sent you to

?

A. Yeah.

Q. Okay. And then when you went there to Rapo & Jepsen, what happened there?

A. They just did the policy for me. Like, Santo Domingo Motors had pretty much given me everything and then I just had to go over to and kind of just finish it, I guess.

Q. Okay. Did anyone talk to you either at Santo Domingo Motors or the agency about, you know, creating a business of any kind?

A. No.

Q. Were you aware that the insurance that you had gotten was for a business rather than --

A. Yes.

Q. Okay. Who made you aware of that?

A. Santo Domingo Motors.

Q. Okay. And did they tell you why they were going to set it up as a business?

A. Well, I mean, because we have, like, the cleaning.

Q. Yeah. Go ahead. I'm listening. So at the time that you purchased this vehicle, you had, like, a house cleaning business?

A. Yeah. Like, we just went around cleaning and stuff, and then they just told us to do a policy like that, and then we went to Commonwealth and they just did it. Everything was fine and then it was just when we went

Linda A. Fowler

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Number 1020062311

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back when I had to, like, renew it and I was, like, I was past the deadline. I just wanted to switch it over to personal, and then that's when they told me I couldn't do it.

Q. Right. And when you went back to renew it, where did you go? Did you go back to the Commonwealth location or a different location?

A. No. I went to the closest location. It was the one in, like, Everett, I think.

Q. Okay. Was it next to a Dunkin Donuts?

A. It was next to some, like, bakery. I know it, like, burnt down so they were, like, temporarily in, like, a small office. There was only two agents there, like, two reps there.

Q. Okay. So was it Everett because they have multiple locations? They have Everett, Framingham, Lowell. Do you know which one you went to?

A. I don't know. I think it was, like, Everett or Framingham. I don't know. The one closest to Franklin because I just chose the one that was closest to me.

Q. Okay. Well, geographically, Framingham would be closer to Franklin than Everett.

A. Oh, so then most likely it was that one, yeah.

Q. And you said that the original location had a fire so they were in some other office?

A. Yeah. I guess something was going on, like, to the actual office so they were, like, upstairs from, like, a bakery or something like that.

Q. Okay. All right. So when you went there, do you know who you talked

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Arbella Insurance Group  
Number 1020062311

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with at that location?

A. He had -- he honestly had, like, a complicated name, but --

Q. Okay.

A. But he was, like, Haitian or something like that.

Q. Okay. Do you remember what he looked like?

A. Yeah. He had glasses on. He was kind of chubby, a little dark-skinned kind of.

Q. Okay. And what did you ask him? So did you tell him that, I don't have a cleaning company?

A. Yeah. I told him we weren't doing that anymore and I just wanted to push it over to personal, and he just told me I couldn't do it.

Q. Did he explain to you --

A. And he --

Q. Go ahead.

A. He was just explaining -- he had me confused. He was just saying, like, I couldn't do it. I even had my sister talk to him and tell him, like, you know, even my sister was kind of, like, why can I not push it to personal, and he was just saying that no, I have to stay commercial and he had me do paperwork and stuff. Even then when I did it he forgot to even give me paperwork. I had to go back to go get paperwork to bring to the registry and all of that. Like, I don't know.

Q. So was your sister with you when you went or did she call or go afterwards?

A. No. I had called her when I was there and she was trying to explain to.

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him about switching it over to personal because I really wasn't understanding what he was saying, but he just kept saying no.

Q. So did he -- so was there ever any explanation as to why you couldn't, like, why you couldn't switch it to personal from them?

A. I don't -- I don't remember the reasoning for it, but he was kind of telling me why but I don't remember, but it was just something within, like, the insurance company, like, rules, regulations, or something like that.

Q. Okay. So really nothing to do with you ultimately?

A. Yes.

Q. Okay. Were you aware that -- you said that you were over, so you were aware that your first policy had passed the renewal time.

A. Yeah. I was -- I was past due, like, a few days.

Q. Okay. Were you aware that you were reapplying with a new application for a --

A. Yeah. He told me that I had to basically do it over.

Q. Okay. So when you went there, he was aware that you no longer had a business and was going to put it through anyways as a business again?

A. Yeah.

Q. Okay.

A. Basically.

Q. Okay. And now tell me, is the reason why you went along with that is -- I mean, if he would have given you a personal policy, would you, you know, have taken that?

Linda A. Fowler

Arbella Insurance Group  
Number 1020062311

A. Yeah.

Q. Okay.

A. Because, I mean, I still would have had the car. I mean, I didn't want to have the car and have it not be drivable.

Q. Right. So your intent when you went in there that day to renew the insurance, was that to get a personal policy and --

A. Yeah.

Q. Okay. All right. Now, at the time you went in there, you have a personal policy through Pilgrim Insurance. Correct?

A. Yeah.

Q. For a Toyota Corolla?

A. Yeah.

Q. Do you use the same agent for that?

A. That's what I think. I thought it was all the same because I was telling the rep, I was saying, I already have a personal policy, like, if anything can I add it to this one, and he just said it couldn't be done.

Q. Gotcha. Now, the place you went in Framingham, that's the same agency as the one that you went to on Commonwealth Ave. Correct?

A. Yeah. They are the same, like, company, yeah.

Q. Okay. All right. So that would have been -- we have a new application dated January 21st of 2017. Does that sound about the time that you went in there? Like, mid January?

A. Yeah.

Q. Okay. And the vehicle that was on that policy is a white Toyota Venza?

Arbella Insurance Group  
Number 1020062311

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A. Uh-huh.

Q. Yes or no? I'm sorry.

A. Yes.

Q. Okay. Now, in March of 2017, what happened to that vehicle?

A. In March?

Q. Yeah.

A. You mean with the accident?

Q. Yes. Right. So in January they sent in the policy saying you were a business again. Correct?

A. Yes.

Q. Okay. And then in March you had an accident with that vehicle?

A. Yeah.

Q. Okay. What happened in that accident? Just tell me basically what happened.

A. It was, like, basically a hit-and-run because the car was parked and then when I woke up in the morning, like, to go to work, I noticed it was just hit.

Q. Okay. And as a result of that accident, was the vehicle repairable? Were you able to fix the car?

A. No.

Q. Okay. Was it totaled, a total loss?

A. Yeah. Yeah.

Q. Okay. All right. And you were okay? You weren't in the car or anything?

Linda A. Fowler

Arbella Insurance Group  
Number 1020062311

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A. No. It was, like, in the middle of the night because I saw it when I woke up.

Q. Okay. And just out of curiosity, where was that accident? Where did that happen?

A. In Boston.

Q. Okay. But you live in

A. Yes.

Q. What was the nature for being in Boston, if you don't mind me asking?

A. Like, personal reasons. Like, boyfriend.

Q. Oh, no. That's fine. Not the exact reason. I just didn't know if you, you know, had an apartment there or something like that and the vehicle would have been --

A. No.

Q. -- kept at that location.

A. No.

Q. Okay. So the garaging of the vehicle, then, is correct that it stays at your address in

A. Yeah.

Q. Most of the time?

A. Yeah.

Q. Okay. All right. Since --

A. Quick question.

Q. Sure.

A. How much longer just because I have to go back to work? I'm already a

Linda A. Fowler

Arbella Insurance Group  
Number 1020062311

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little bit past my time.

Q. Oh, okay. No problem. What is it that you do for work?

A. In a dental office. I work in a dental office.

Q. Okay. And were you working at that dental office when you went in to renew your policy?

A. Yeah.

Q. Okay. And did you tell them that?

A. Yeah.

Q. Okay. All right. No. That's fine. I appreciate your time. Did you understand all of the questions that I asked you today, Yvette?

A. Yeah. I did.

Q. Okay. Were all of your answers true and accurate to the best of your knowledge?

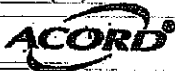
A. Yes.

Q. Okay. And was this conversation recorded with your permission, Yvette?

A. Yes.

Q. Okay. What I will do is I will end the recording at this time.

Linda A. Fowler



COMMERCIAL INSURANCE APPLICATION

Submitted Date 01-21-2017

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
01-21-2017

AGENCY POINT INS INC 1103 COMMONWEALTH AVE BOSTON MA 02215 Felipe Souza		CARRIER NAIC CODE:	UNDERWRITER UNDERWRITER
PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS: fsouza@pointinsure.com CODE: SUB CODE: 0127		POLICIES OR PROGRAM REQUESTED CAR - Arbella (ceded)	POLICY NUMBER
AGENCY CUSTOMER ID:		INDICATE SECTIONS ATTACHED PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR/TRUCK CARGO	EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA, PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRUCKERS/MOTOR CARRIER
		GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA	

STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> SOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL		PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES. PROPOSED EFF DATE: 01-21-2017 PROPOSED EXP DATE: 01-21-2018 BILLING PLAN: <input checked="" type="checkbox"/> DIRECT BILL PAYMENT PLAN: AGENCY BILL AUDIT: To Audit			
---	--	---	--	--	--

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) YVETTE M SOTO DBA: DBA YVETTE SERVICES		MAILING ADDRESS INCL ZIP-4 (of First Named Insured) B	
FEIN OR SOC SEC # (of First Named Insured): E-MAIL ADDRESS:		PHONE (A/C, No. Ext): WEBSITE ADDRESS(ES):	
<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS	<input type="checkbox"/> OR BUREAU NAME ID NUMBER DATE START
INSPECTION CONTACT: YVETTE M SOTO PHONE (A/C, No. Ext): E-MAIL ADDRESS:		ACCOUNTING RECORDS CONTACT: YVETTE M SOTO PHONE (A/C, No. Ext): E-MAIL ADDRESS:	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP-4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER	NO PRIOR SUBMISSIONS FOUND			
			OUTSIDE	TENANT				
			INSIDE	OWNER	PREVIOUSLY SUBMITTED ON			
			OUTSIDE	TENANT	BY			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

SERVICES

*Home - Same - MACH - Bound Issue*

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1a.	IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		X	8.	DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		X
1b.	DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		X	9.	ANY UNCORRECTED FIRE CODE VIOLATIONS?		X
2.	IS A FORMAL SAFETY PROGRAM IN OPERATION?	X		10.	ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		X
3.	ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?		X	11.	HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		X
4.	ANY CATASTROPHE EXPOSURE?		X	12.	ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 616 for Liability Exposure and/or ACORD 616 for Property Exposure)		X
5.	ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		X				
6.	ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)		X				
7.	ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		X				

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA ME, TN and VA, Insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

Submitted Date 01-21-2017

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY														
<b>GENERAL LIABILITY</b>	CARRIER														
	POLICY NUMBER														
	POLICY TYPE														
	RETRO DATE														
	EFF-EXP DATE														
	GENERAL AGGREGATE														
	PRODUCTS COMP OP AGGREGATE														
	PERSONAL & ADV INJ														
	EACH OCCURRENCE														
	FIRE DAMAGE														
	MEDICAL EXPENSE														
	BODILY INJURY														
	PROPERTY DAMAGE														
	COMBINED SINGLE LIMIT														
	MODIFICATION FACTOR														
TOTAL PREMIUM															
<b>AUTOMOBILE LIABILITY</b>	CARRIER	ARBELA													
	POLICY NUMBER														
	POLICY TYPE	Prlox													
	EFF-EXP DATE	01-19-2016   01-19-2017													
	COMBINED SINGLE LIMIT														
	BODILY INJURY	EA PERSON EA ACCIDENT													
	PROPERTY DAMAGE														
	MODIFICATION FACTOR														
	TOTAL PREMIUM														
	<b>PROPERTY</b>	CARRIER													
POLICY NUMBER															
POLICY TYPE															
EFF-EXP DATE															
BUILDING AMT															
PERS PROP AMT															
MODIFICATION FACTOR															
TOTAL PREMIUM															
<b>PROPERTY</b>	CARRIER														
	POLICY NUMBER														
	POLICY TYPE														
	EFF-EXP DATE														
	LIMIT														
	MODIFICATION FACTOR														
TOTAL PREMIUM															

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	OPEN CL
	Exp. Auto	See additional information page					

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

**ATTACHMENTS**

	STATE SUPPLEMENT(S) (if applicable)
X	See Additional Pages.

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.



SUBMITTED DATE: 11-21-2017

**Name and Address**

YVETTE M SOTO

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Underwriting review

Any other Arbella Commercial policy(ies): No

List Policy Number(s):

**ADDITIONAL LOSS HISTORY INFORMATION :**

Policy Number :  
# of Losses :  
Total Losses (\$) :  
Loss History Remarks :

**PAYMENT PLAN :**

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Electronic Payment

Down Payment Amount: \$160.00

**ADDITIONAL ATTACHMENTS INFORMATION :**

File : CCF\_060706.pdf  
Document Type : Other

File : registry12.pdf  
Document Type : Other

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

End of Document.





Submitted Date 01-21-2017

**VEHICLE DESCRIPTION**

ACORD 129 attached for additional vehicles

VEH# 0001	YEAR 2011	MAKE TOYOTA	MODEL VENZA	BODY TYPE V.I.N.: 4T3ZA3BB2BU054080	VEHICLE TYPE X PP SPEC COBL	SYNAGE	COST NEW \$ 26475					
CITY, STATE, ZIP WHERE GARAGED FRANKLIN MA 02038				LIC STATE MA	TERR	G.W./G.C.W.	CLASS 73910	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPE C O
< 15 MILES	PLEASURE	RETAIL	X LIAS	X MED PAY	X TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$ 500	
15 MILES +	FARM	X SERVICE	NO-FAULT	UNINS MOTOR	SPEC C O F L	FTW	COLL				\$ 500	
NET VEH DRGR:											TOTAL PREM \$	\$ 500
VEH#	YEAR	MAKE	MODEL	BODY TYPE	V.I.N.	VEHICLE TYPE	SYNAGE	COST NEW				
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	G.W./G.C.W.	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TER
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPE C O
< 15 MILES	PLEASURE	RETAIL	LIAS	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C O F L	FTW	COLL				\$	
NET VEH DRGR:											TOTAL PREM \$	\$

Submitted Date 01-21-2017

**Name and Address**

YVETTE M SOTO

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : YVETTE M SOTO  
SDIP : 98

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C. : NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor : 100  
Anti-Theft Device : 150  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document





Submitted Date 01-21-2017  
**MASSACHUSETTS COMMERCIAL AUTO  
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)  
01-21-2017

AGENCY: POINT INS INC  
APPLICANT (First Named Insured): YVETTE M SOTO

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1 4 9 2 X 7 3 8	X BI EACH PERSON \$ 20000 BI EACH ACCIDENT \$ 40000	OPTIONAL - UNDERINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
COMPULSORY PERSONAL INJURY PROTECTION	X 7	PER PERSON \$ 8000 DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 9 2 4 8	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 8 3 X 7 4	OSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 3 8	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	COVERAGES IS: PRIMARY SECONDARY		

COVERED AUTO SYMBOLS: (1) ANY AUTO, (2) ALL OWNED AUTOS, (3) OWNED PRIVATE PASSENGER AUTOS, (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER, (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE, (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW, (7) AUTOS SPECIFIED ON SCHEDULE, (8) HIRED AUTOS, (9) NON-OWNED AUTOS

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE							
BODILY INJURY LIABILITY	41 48 42 47 43 50	BI EACH PERSON \$ BI EACH ACCIDENT \$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
COMPULSORY PERSONAL INJURY PROTECTION	44 46	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL COMPREHENSIVE	42 46 43 47	\$					
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 48 50	EACH ACCIDENT \$	OPTIONAL SPECIFIED CAUSES OF LOSS	42 45 48 SCL FT LSP 43 47 F FTW	\$					
OPTIONAL MEDICAL PAYMENTS	42 48 43	EACH PERSON \$	OPTIONAL COLLISION	42 45 43 47	\$					
COMPULSORY UNINSURED MOTORIST	42 48 43 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE							
OPTIONAL BODILY INJURY TO OTHERS	41 48 42 47 43 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	COVERAGES	SYMBOL	# TRAILERS	EARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COMPREHENSIVE	48 49						
OPTIONAL TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48 49						
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS NUMBER OF	OPTIONAL COLLISION	48 49					\$	
OTHER			OPTIONAL HIRED PHYSICAL DAMAGE				STATES # DAYS # VEH			
			COVERAGES IS: PRIMARY SECONDARY							

COVERED AUTO SYMBOLS: (41) ANY AUTO, (42) OWNED AUTOS ONLY, (43) OWNED COMMERCIAL AUTOS ONLY, (44) OWNED AUTOS SUBJECT TO NO-FAULT, (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW, (46) 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

Submitted Date 01-21-2017

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE								
	81	82	83	84	85	86	87	88	89	90	91	92	93	
BODILY INJURY LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BI EACH PERSON \$	BI EACH ACCIDENT \$			OPTIONAL COMPREHENSIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PER PERSON \$	DED \$	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH ACCIDENT \$				OPTIONAL COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL MEDICAL PAYMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EACH PERSON \$				OPTIONAL TOWING & LABOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPULSORY UNINSURED MOTORIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	BI EACH ACCIDENT \$	PROPERTY DAMAGE \$	TRAILER INTERCHANGE					
OPTIONAL BODILY INJURY TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	BI EACH ACCIDENT \$	MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES STATES	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	IF ANY BASIS			OPTIONAL SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL TRUCKERS HIRED/BORROWED	<input type="checkbox"/>	YES STATES	<input type="checkbox"/>	<input type="checkbox"/>	COST OF HIRE \$	IF ANY BASIS			OPTIONAL COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL NON-OWNED AUTO LIABILITY	<input type="checkbox"/>	YES STATES	<input type="checkbox"/>	<input type="checkbox"/>	GROUP TYPE	NUMBER OF			OPTIONAL HIRED PHYSICAL DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEES				COVERAGE IS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VOLUNTEERS				OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARTNERS					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COVERED AUTO SYMBOLS**  
 (81) ANY AUTO (84) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (82) OWNED AUTOS ONLY (85) OWNED AUTOS SUBJECT TO NO-FAULT (89) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (83) OWNED PRIVATE PASS AUTOS ONLY (86) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (71) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------



**Name and Address**  
YVETTE M SOTO

Submitted Date 01-21-2017

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

OTC Type

: Coverage Not Requested

End of Document

**EXHIBIT 14**

**LEMUS SERVICES CORP  
MANUEL LEMUS NAVARRO**



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YY)  
04-02-2015

AGENCY <b>RAPO &amp; JEPSEN INS SERVICES INC</b> 1103 COMMONWEALTH AVE BOSTON MA 02215 lourenco luciana		CARRIER NAIC CODE:	UNDERWRITER UNDERWRIT
PHONE (A/C, No, Ext): FAX No: E-MAIL ADDRESS: <b>luciana@rapoandjepsen.com</b> CODE: SUB CODE: <b>0127</b>		POLICIES OR PROGRAM REQUESTED <b>CAR - Arbella (ceded)</b>	POLICY NUMBER
AGENCY CUSTOMER ID:		INDICATE SECTIONS ATTACHED PROPERTY GLASS AND SIGN ACCOUNTS RECEIVABLE/ VALUABLE PAPERS CRIME/MISCELLANEOUS CRIME TRANSPORTATION/ MOTOR TRUCK CARGO	EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS-AUTO TRUCKERS/MOTOR CARRIER
			GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATIO UMBRELLA

STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME AM PM <input type="checkbox"/> CANCEL		PACKAGE POLICY INFORMATION ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICE		
		PROPOSED EFF DATE 04-02-2015	PROPOSED EXP DATE 04-02-2016	BILLING PLAN <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL
		PAYMENT PLAN		AI

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) <b>LEMUS SERVICES CORP</b>		MAILING ADDRESS INCL ZIP-4 (of First Named Insured)	
FEIN OR SOC SEC # (of First Named Insured): E-MAIL ADDRESS(ES):		PHONE (A/C, No, Ext): WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME ID NUMBER	DATE STA 20
INSPECTION CONTACT: <b>MANUEL LEMUS NAVARRO</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		ACCOUNTING RECORDS CONTACT: <b>MANUEL LEMUS NAVARRO</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:	

PREMISES INFORMATION										
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP-4			CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPI
					INSIDE	OWNER				
					OUTSIDE	TENANT				
					INSIDE	OWNER				
					OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)	
CLEANING	

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			X	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS? 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST: 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			X		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			X		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			X		
4. ANY CATASTROPHE EXPOSURE?			X		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			X		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			X		
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			X		

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CIVIL FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; In DC, I ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS IN THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
CARRIER																	
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS  
 STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

**Name and Address**

LEMUS SERVICES CORP

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Underwriting review

**PAYMENT PLAN :**

Billing Method : Direct Bill - Mail-in Check

Down Payment Information

Down Payment Type: Electronic Payment

Down Payment Amount: \$170.00

**MISCELLANEOUS INFORMATION :**

Sic Code :

**AGENT REMARKS :**

End of Document



SUBMITTED DATE 04-02-2010

**VEHICLE DESCRIPTION** | ACORD 129 attached for additional vehicles

VEH# 0001	YEAR 2006	MAKE: INFINITI MODEL: G35	BODY TYPE: V.I.N.: JNKC54E56M715258	VEHICLE TYPE X PP SPEC COML	SYM/AGE	COST NEW \$ 33050					
CITY, STATE, ZIP WHERE GARAGED MALDEN MA 02148		LIC STATE MA	TERR 14	GVW/GCW	CLASS 73910	SIC	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERM 49	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES X	ADD'L NO-FAULT X	UNDRINS MOTOR TOWING & LABOR SPEC C OF L X	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP SF C
15 MILES +	FARM	SERVICE	LIAB NO-FAULT X	MED PAY UNINS MOTOR X		FTW	COLL				
NET VEH DRIVER: TOTAL PREM \$											
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP SF C
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR		FTW	COLL				
NET VEH DRIVER: TOTAL PREM \$											
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP SF C
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR		FTW	COLL				
NET VEH DRIVER: TOTAL PREM \$											
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP SF C
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR		FTW	COLL				
NET VEH DRIVER: TOTAL PREM \$											
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP SF C
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR		FTW	COLL				
NET VEH DRIVER: TOTAL PREM \$											
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP SF C
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR		FTW	COLL				
NET VEH DRIVER: TOTAL PREM \$											
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP SF C
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR		FTW	COLL				
NET VEH DRIVER: TOTAL PREM \$											
VEH#	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL < 15 MILES	USE PLEASURE	COMM'L RETAIL	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT	LSP COMP	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	COMP SF C
15 MILES +	FARM	SERVICE	LIAB NO-FAULT	MED PAY UNINS MOTOR		FTW	COLL				
NET VEH DRIVER: TOTAL PREM \$											

SUBMITTED DATE 04-02-2015

**Name and Address**

LEMUS SERVICES CORP

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : MANUEL LEMUS NAVARRO  
EDIP :

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C.: NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Type : PAN  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type :  
Waiver of Collision Deductible : No  
\$100 Glass Deductible : No  
Rental Reimbursement :  
Towing and Labor :  
Anti-Theft Device : 15%  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document





# MASSACHUSETTS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)  
04-02-2015

AGENCY  
**RAPO & JEPSEN INS SERVICES INC**

APPLICANT (First Named Insured)  
**LEMUS SERVICES CORP**

## BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1	4	OPTIONAL UNDERINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
	2	X 7			
	3	8			
COMPULSORY PERSONAL INJURY PROTECTION	6	PER PERSON \$ 8000 DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	PHYSICAL DAMAGE		
	X 7		OPTIONAL TOWING & LABOR	3	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1	EACH ACCIDENT \$ 100000	OPTIONAL COMPREHENSIVE	2	4
	2		3	7	
OPTIONAL MEDICAL PAYMENTS	2	EACH PERSON \$ 10000	OPTIONAL SPECIFIED CAUSES OF LOSS	2	4
	3		3	7	
COMPULSORY UNINSURED MOTORIST	2	CSL <input type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL COLLISION	2	4
	3		3	7	
OPTIONAL BODILY INJURY TO OTHERS	1	CSL <input type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	COVERAGES		
	2		STATES	# DAYS	# VEH
OPTIONAL HIRED/BORROWED LIABILITY	YES	GROUP TYPE	OPTIONAL HIRED PHYSICAL DAMAGE	COMP \$ SPEC C OF L \$	COVERED AUTO SYMBOLS
	NO				
OPTIONAL NON-OWNED LIABILITY	YES	PARTNERS	COVERAGE IS:		
	NO		COLLISION	PRIMARY	SECONDARY

COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

## TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE					
BODILY INJURY LIABILITY	41	BI EACH PERSON \$ BI EACH ACCIDENT \$	OPTIONAL COMPREHENSIVE	42	46	\$		
	42			47				
	43			50				
COMPULSORY PERSONAL INJURY PROTECTION	44	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>	OPTIONAL SPECIFIED CAUSES OF LOSS	42	46	SCF	FT	LSP
	46			43	47	F	FTW	
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41	EACH ACCIDENT \$	OPTIONAL COLLISION	42	46	\$		
	42			43	47			
OPTIONAL MEDICAL PAYMENTS	42	EACH PERSON \$	OPTIONAL TOWING & LABOR	48	\$			
	43							
COMPULSORY UNINSURED MOTORIST	42	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE					
	43		OPTIONAL COMPREHENSIVE	48				
OPTIONAL BODILY INJURY TO OTHERS	41	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL SPECIFIED CAUSES OF LOSS	48				
	42			49				
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL COLLISION	48				
	NO			49				
OPTIONAL TRUCKERS HIRED/BORROWED	YES	COST OF HIRE \$ IF ANY BASIS <input type="checkbox"/>	OPTIONAL HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH		
	NO							
OPTIONAL NON-OWNED AUTO LIABILITY	YES	GROUP TYPE	COVERED AUTO SYMBOLS	COVERAGE IS:				
	NO			EMPLOYEES	NUMBER OF	COLLISION	PRIMARY	SECONDARY
OTHER	YES	PARTNERS	OTHER	COVERAGE IS:				
	NO							

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) 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

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE										
<b>BODILY INJURY LIABILITY</b>	61	67	BI EACH PERSON \$	<b>OPTIONAL COMPREHENSIVE</b>	62	67							
	62	68	BI EACH ACCIDENT \$		63	68							
	63	71			64								
	64												
<b>COMPULSORY PERSONAL INJURY PROTECTION</b>	65		PER PERSON \$	<b>OPTIONAL SPECIFIED CAUSES OF LOSS</b>	62	67	SCL	FT	LSP				
	67		YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS <input type="checkbox"/>		63	68	F	FTW					
<b>COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY</b>	61	64	EACH ACCIDENT \$	<b>OPTIONAL COLLISION</b>	62	67							
	62	67				63	68						
	63	68				64							
<b>OPTIONAL MEDICAL PAYMENTS</b>	62	64	EACH PERSON \$	<b>OPTIONAL TOWING &amp; LABOR</b>	63								
	63	67				67							
<b>COMPULSORY UNINSURED MOTORIST</b>	62	66	CSL <input type="checkbox"/> BI EA PER \$	<b>TRAILER INTERCHANGE</b>									
	63	67	BI EACH ACCIDENT \$										
	64		PROPERTY DAMAGE \$										
<b>OPTIONAL BODILY INJURY TO OTHERS</b>	61	64	CSL <input type="checkbox"/> BI EA PER \$	<b>OPTIONAL COMPREHENSIVE</b>	69								
	62	67	BI EACH ACCIDENT \$		70								
	63	68	MOTORCYCLE GUEST OCCUPANT EXCLUSION		69								
<b>OPTIONAL NON-TRUCKERS HIRED/BORROWED</b>	YES	STATES	COST OF HIRE \$	<b>OPTIONAL COLLISION</b>	69								
	NO		IF ANY BASIS <input type="checkbox"/>		70								
<b>OPTIONAL TRUCKERS HIRED/BORROWED</b>	YES	STATES	COST OF HIRE \$	<b>OPTIONAL HIRED PHYSICAL DAMAGE</b>	STATES	# DAYS	# VEH						
	NO		IF ANY BASIS <input type="checkbox"/>										
<b>OPTIONAL NON-OWNED AUTO LIABILITY</b>		STATES	GROUP TYPE										
	YES		EMPLOYEES										NUMBER OF
	NO		VOLUNTEERS										
<b>OTHER</b>			PARTNERS										
<b>COVERED AUTO SYMBOLS</b>				<b>OTHER</b>									
(61) ANY AUTO				(64) OWNED COMMERCIAL AUTOS ONLY			(67) SPECIFICALLY DESCRIBED AUTOS			(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT			
(62) OWNED AUTOS ONLY				(65) OWNED AUTOS SUBJECT TO NO-FAULT			(68) HIRED AUTOS ONLY			(71) NON-OWNED AUTOS ONLY			
(63) OWNED PRIVATE PASS AUTOS ONLY				(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW			(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT						

**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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

UNRECORDED PAGE 04 OF 02 2015

**Name and Address**

LEMUS SERVICES CORP

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

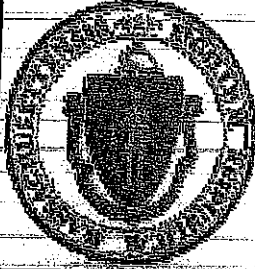
ORC Type

:

:

: Coverage Not Requested

End of Document



**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:

LEMUS SERVICES CORP

**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.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
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

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

NONE

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

**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 later 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 contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: MANUEL LEMUS-NAVARRO

No. and Street:

City or Town:

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 not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	MANUEL LEMUS-NAVARRO	
TREASURER	MANUEL LEMUS-NAVARRO	
SECRETARY	MANUEL LEMUS-NAVARRO	
DIRECTOR	MANUEL LEMUS-NAVARRO	

d. The fiscal year end (i.e., tax year) of the corporation:  
December

e. A brief description of the type of business in which the corporation intends to engage:

CLEANING SERVICES

f. The street address (post office boxes are not acceptable) of the principal office of the corporation:

located (post office boxes are not acceptable):

No. and Street:

City or Town:

which is

its principal office

an office of its transfer agent

an office of its secretary/assistant secretary

its registered office

**Signed this 2 Day of April, 2015 at 1:18:26 PM by the incorporator(s). (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)**

**MANUEL LEMUS-NAVARRO, PRESIDENT**

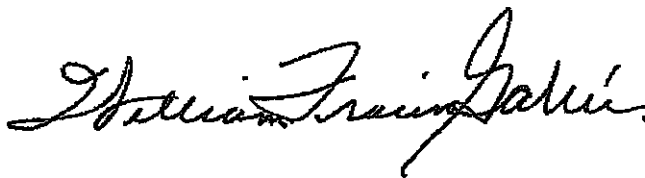
MA SOC Filing Number: 201527604210 Date: 4/2/2015 1:16:00 PM

**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:

April 02, 2015 01:16 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

**WILLIAM FRANCIS GALVIN**

*Secretary of the Commonwealth*

Arbella Insurance Group  
Claim No. 1020040019

1

Q. This is Ed Spellman, and I'm speaking with Manuel Lemus Navarro from  
Today's date is April 11, 2017,  
and the time is now approximately 5:30 p.m. Manuel, this conversation is  
being recorded. Is this being done with your permission, sir?

A. Yes.

Q. Manuel, what is your date of birth?

A.

Q. And do you live here at

A. Yes.

Q. How long have you lived here?

A. Two years and a half.

Q. And do you live here alone or do you live here with others?

A. My wife.

Q. What's your wife's name?

A. Yesenia.

Q. Can you spell it?

A. No.

Q. Okay. Yesenia. What's her last name?

A. Torsios.

Q. Any idea how to spell it?

A. (No verbal response)

Q. Okay. I just ask. That's fine. And how many vehicles are there in the  
house? How many cars do you have?

A. Cars? Two, I think.

Linda A. Fowler



Arbella Insurance Group  
Claim No. 1020040019

2

Q. What are those vehicles? What kind?

A. I'm not sure.

Q. Sure. So I have on this policy of insurance a gray Toyota Camry.

A. Yes.

Q. Is that your car or is that hers?

A. Mine.

Q. Does she drive your car?

A. No.

Q. Do you drive her car?

A. No.

Q. Where do you work, sir?

A. Stearns and Hills Bistro.

Q. And that's Stearns, S-t-e-a-r-n-s, and Hills, H-i-l-l-s, Bistro. And where is that located?

A.

Q. And how long have you been working at Stearns and Hills in

A. A couple years.

Q. Two years about?

A. Yeah.

Q. And what do you do at Stearns and Hills?

A. Cook.

Q. Now, it says here on this policy that you have a cleaning company called Lemus Services Incorporated. Do you have a cleaning company, sir?

A. No.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020040019

Q. Have you ever had a cleaning company?

A. No.

Q. And how did this cleaning company get created?

A. The insurance.

Q. And when you say the insurance, is that the place where you bought the insurance?

A. Yeah.

Q. And where is that located? What town is it?

A. Route 16.

Q. Okay. In Everett?

A. (No verbal response)

Q. Is it next to a Dunkin Donuts?

A. Yes.

Q. Is there a motorcycle shop on the other side?

A. Yes.

Q. Do you know the name of the place?

A. No.

Q. All right. But it's the one -- it's on Route 16 in Everett next to a Dunkin Donuts and next to a motorcycle shop. Correct?

A. Yeah.

Q. Now, when you first went there to buy insurance back in 2015, what happened? Did you tell them that you wanted a cleaning company policy or did you just tell them you wanted insurance? What did you tell them?

A. I wanted insurance.

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020040019

Q. And what did they tell you?

A. The company insurance is better.

Q. Why was it better for you?

A. I don't know. They didn't tell me.

Q. Do you have a Massachusetts driver's license?

A. No.

Q. Did you have a Massachusetts driver's license back then?

A. No.

Q. Did they ever tell you that creating a business would be better for you because you didn't have a Massachusetts license? Did they ever tell you that?

A. Yeah.

Q. Did they ever mention anything to you about it being cheaper, costing less money, to do it as a business?

A. No.

Q. Just to be clear, when you took out this policy originally in 2015, you had no cleaning company?

A. No.

Q. You were a cook back then too. Correct?

A. Yes.

Q. Now, this renewal application I have is dated March 21, 2017. Did you receive a call from your agent to come down there?

A. Yeah.

Q. And what did they say? Why did they call you? Like, what did they say?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020040019

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A. You need to get the policy renewed.

Q. Okay. So they called you and said your policy needs to be renewed. Did they tell you there was paperwork you had to fill out?

A. They sent me a letter.

Q. Okay. And this letter I'm showing you here is what I would call a renewal application. Did you fill this out?

A. No.

Q. Do you read or write English, Manuel?

A. No, I don't.

Q. Okay. Did they ask you if you had a cleaning company when you went there?

A. No.

Q. What did they ask you when you went there? What did they say to you?

A. (No verbal response)

Q. All right. So when you went there, did you have to -- did you sign this that day or did you have to leave and come back?

A. Leave and come back.

Q. Why did you have to leave and come back? What did you have to go do or get?

A. I had to bring a license, a Massachusetts license.

Q. So when you went there the first time, did they ask you if you had a Massachusetts license?

A. No.

Q. So what did they tell you about getting a Massachusetts license? What

Linda A. Fowler

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Claim No. 1020040019

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did they tell you about that?

A. Nothing.

Q. Why did you have to leave and get a Massachusetts license? Did they ever tell you that you couldn't renew the policy unless you got someone with a license?

A. Yeah. Yes.

Q. So when you went -- just so I'm clear, when you went there the first time, they said you have to go get someone with a license or else you won't be able to renew. Did they tell you that?

A. Yes.

Q. Who is Rosa Lemus who is listed here on this renewal application?

A. My sister.

Q. And how did you get her info, sir?

A. (Speaking Spanish)

Q. How did you get her information? Did you go to her house and get a copy of it or how did you get that?

A. She sent me a picture.

Q. On your phone?

A. Yeah.

Q. Did you go back to the place on Route 16?

A. Yes.

Q. When did you go back? How long after?

A. Ten days.

Q. And when you went back there, did you talk to the same person?

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020040019

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A. No.

Q. Was it a guy or a girl you talked to?

A. The first time it was a guy.

Q. And the second time you went back?

A. Girl.

Q. When you went back the second time, did she ask you who Rosa was?

A. Yeah.

Q. And what did you tell her?

A. My sister.

Q. Did she ask you if Rosa worked for you or, you know, lived with you or anything like that?

A. No.

Q. So all she asked was, Who is this?

A. Yes.

Q. And you said your sister?

A. Yeah.

Q. How did you get the copy of the license to the woman at the agency? Did she take a picture of your phone? Did you text it to her? Did you email it?

A. Email.

Q. So you emailed her right from inside the agency?

A. Yeah.

Q. Okay. And then this other policy I have here which was taken out it looks like the same day, March 21, 2017, from Mount Vernon Fire Insurance

Linda A. Fowler

Arbella Insurance Group  
Claim No. 1020040019

is a liability policy for a Lemus Services Corp. Do you know what that is? Did they explain to you what you were buying?

A. No.

Q. All right. Did they charge you \$440 to purchase that?

A. No, 200.

Q. Okay. So you had to pay some and then you were going to pay more later?

A. Yeah.

Q. Okay. Did you tell her, I don't need this, I don't have a business?

A. No. I don't tell her.

Q. Did she -- did she explain to you what she was doing, that you were buying another policy for a different type of insurance?

A. No.

Q. Okay. Did she just lay a bunch of paperwork in front of you and say, Okay, to renew your policy sign here, here, here, kind of thing?

A. Yeah.

Q. All right. When you signed, did you sign actual papers or did you sign, like, an electronic, like a block? You know when you go to the bank and you sign --

A. I think I did.

Q. Did what? Signed the paper or signed the block?

A. No. The block.

Q. Did you ever tell them when you went back that you didn't need it because you don't have a business or anything like that?

A. No. I didn't say anything.

Linda A. Fowler

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Claim No. 1020040019

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Q. Why was that? Was it the first time you went they asked you all of that and they said this was better?

A. Yeah.

Q. Do you know anything about insurance, how it works or what kind of coverage you need or anything like that?

A. No.

Q. Okay. Did you just trust what they said to be the best way to do it because they are the people that work in insurance?

A. Yeah.

Q. Okay. Have you ever had insurance anywhere else?

A. No.

Q. All right. So this is pretty much all you know is --

A. Yeah.

Q. Have you ever had another policy or is this the only policy you've ever had?

A. This one is the only one.

Q. Did you understand all of the questions that I asked you, Manuel?

A. I did.

Q. Were all of your answers true?

A. Yeah.

Q. Okay. And was this conversation recorded with your permission?

A. Yeah.

Q. All right. I'm going to end the recording at this time if that's okay.

A. Okay.

Linda A. Fowler



Arbella Insurance Group

*Renewed  
Ref to SU*



LEMUS SERVICES INC  
MALDEN, MA 02148

Agent: 46-0127  
Policy Number: [REDACTED]  
Expiration Date: 04/02/2017

03/21/2017 17:29

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed. If you have questions, call your agent: 617-783-1160

Provide a detailed description of your business: SEE ATTACHED

How is your vehicle used in business? FOR MY BUSINESS

Do you have your own business?  Y OR  N OR Do you work for others?  Y  N If yes please provide:  
Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have your own business, what is the address for your principal place of business?  
MALDEN MA 02148

If the garaging of your vehicle is different, please explain:  
SAME AS ABOVE

Attach a copy of one or more of the following to this application: LIABILITY  
• Workers Compensation or General Liability Policy  
• Proof of the filing of your recent tax return for the named insured shown above.  
• If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have? Full-time 2 Part-time \_\_\_\_\_

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

*[Handwritten signature]*  
04/11/17

Provide legible color copies of all licenses of operators of the insured vehicle.

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury

Insured Signature: [Signature]  
Print Name: MANUEL LEMUS NAVARRO  
Agent's Signature: \_\_\_\_\_

Date: 3/21/17  
Date: \_\_\_\_\_

NEW  
Renewal of Number

**Mount Vernon Fire Insurance Company**  
1190 Devon Park Drive, Wayne, Pennsylvania 19087  
A Member Company of United States Liability Insurance Group

Direct Bill Po

**POLICY DECLARATIONS**  
No. [REDACTED]

**NAMED INSURED AND ADDRESS:**  
**LEMUS SERVICES CORP**  
Malden, MA 02148

**POLICY PERIOD: (MO. DAY YR.)** From: 03/21/2017 To: 03/21/2018  
**FORM OF BUSINESS:** Corporation  
**BUSINESS DESCRIPTION:** Janitorial Service

1201 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE  
WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.**  
**THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

Commercial Liability Coverage Part	PREMIUM \$440.00
<b>TOTAL:</b>	<b>\$440.00</b>

*M/W 04/11/17*

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue  
**See Endorsement EOD (1/95)**

Agent: **RAPO AND JEPSEN INSURANCE SERVICES, INC. (2122)**  
1895 Revere Beach Parkway  
Everett, MA 02148

Issued: 03/21/2017 2:07 PM

By: *[Signature]*  
Authorized Representative

UPD (08-07) **THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS,  
COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF,  
COMPLETE THE ABOVE NUMBERED POLICY.**

03/21/2017 2:16PM (GMT-04:00)

Arbella Insurance Group

*Renewed  
Ref to SUU*



22 MAR 17 08:23

LEMUS SERVICES INC

MALDEN, MA 02148

Agent: 46-0127

Policy Number: [REDACTED]

Expiration Date: 04/02/2017

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed. If you have questions, call your agent: 617-783-1160

Provide a detailed description of your business: SEE ATTACHED

How is your vehicle used in business? FOR MY BUSINESS

Do you have your own business?  YES OR  NO Do you work for others?  YES If yes please provide:  
Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have your own business, what is the address for your principal place of business?  
MALDEN MA 02148

If the garaging of your vehicle is different, please explain:  
SAME AS ABOVE

Attach a copy of one or more of the following to this application: LIABILITY  
• Workers Compensation or General Liability Policy  
• Proof of the filing of your recent tax return for the named insured shown above.  
• If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have? Full-time 2 Part-time \_\_\_\_\_

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

Provide legible color copies of all licenses of operators of the insured vehicle.

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury

Insured Signature: [Signature]

Print Name: MANUEL LEMUS NAVARRO

Agent's Signature: \_\_\_\_\_

Date: 3/21/17

Date: \_\_\_\_\_

**NEW**  
Renewal of Number  
**POLICY DECLARATIONS**

**Mount Vernon Fire Insurance Company**  
1190 Devon Park Drive, Wayne, Pennsylvania 19087  
A Member Company of United States Liability Insurance Group

Direct Bill Policy

**NAMED INSURED AND ADDRESS:**  
**LEMUS SERVICES CORP**  
**Malden, MA 02148**

**POLICY PERIOD: (MO. DAY YR.) From: 03/21/2017 To: 03/21/2018**  
**FORM OF BUSINESS: Corporation**  
**BUSINESS DESCRIPTION: Janitorial Service**

12:01 A.M. STANDARD TIME AT YOUR  
MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE  
WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.**  
**THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

	PREMIUM
Commercial Liability Coverage Part	\$440.00
<b>TOTAL:</b>	<b>\$440.00</b>

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue  
**See Endorsement EOD (1/95)**

Agent: **RAPO AND JEPSEN INSURANCE SERVICES, INC. (2122)**  
1885 Revere Beach Parkway  
Everett, WA 02149

Issued: 03/21/2017 2:07 PM

By:

*Thomas A. Murphy*  
Authorized Representative

UPD (08-07) **THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS,  
COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF,  
COMPLETE THE ABOVE NUMBERED POLICY.**

## EXTENSION OF DECLARATIONS

Effective Date: 03/24/2017

### FORMS AND ENDORSEMENTS

12:01 AM STANDARD TIME

The following forms apply to the Commercial Liability coverage part

End#	Revised	Description of Endorsements
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG0203	03/08	Massachusetts Changes - Cancellation And Nonrenewal
CG2107	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109	08/15	Exclusion - Unmanned Aircraft
CG2136	03/05	Exclusion - New Entities
CG2139	10/93	Contractual Liability Limitation
CG2147	12/07	Employment-Related Practices Exclusion
CG2173	01/15	Exclusion Of Certified Acts Of Terrorism
CG2294	10/01	Excl - Damage To Work Performed By Subcontractors On Your Behalf
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
L-232s	09/05	Classification Limitation Endorsement
L-278JL	09/10	Subcontractors Exclusion - Janitorial And Lawn Care
L-419	08/05	Pre-Existing Or Progressive Damage Exclusion
L-441	12/03	Ice And Snow Exclusion
L-461MA	02/11	"Assault" Or "Battery" Exclusion
L-500	02/11	Bodily Injury Exclusion - All Employees, Volunteer Workers, Temporary Workers, Casual Laborers, Contractors, And Subcontractors
L-540	11/09	Exclusion - Exterior Work Over 50 Feet
L-599	10/12	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
L-610	11/04	Expanded Definition Of Bodily Injury
L-618C	09/09	Amendment Of Premium Audit Conditions
L-626	09/05	Janitorial Services Warranty Endorsement
L-627	11/07	Exclusion - Work Performed On Premises Open For Business
L-783	10/12	Amendment of Liquor Liability Exclusion
LLQ100	07/08	Amendatory Endorsement
LLQ368	08/10	Separation Of Insureds Clarification Endorsement
Notice-Unmanned Aircraft-GL	05/16	Advisory Notice To Policyholders
NTP MA	01/10	Massachusetts Notice To Policyholders
TRIADN	02/15	Policyholder Disclosure Notice of Terrorism Insurance Coverage
Jacket	09/10	Commercial Insurance Policy Jacket

# COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Effective Date: 03/21/2017

12:01 AM STANDARD TIME

Each Occurrence Limit	
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person)	\$1,000,000
Damages To Premises Rented To You (Any One Premises)	\$5,000
Products/Completed Operations Aggregate Limit	\$100,000
General Aggregate Limit	Included
	\$2,000,000

Location	Address	Territory
----------	---------	-----------

Loc	Classification	Code No.	Premium Basis	Rate		Advance Premium	
				Pr/Co	All Other	Pr/Co	All Other
1	Janitorial Services - Cleaning of only Residential Locations (part-time worker)	95814	1 Per Part-Time Janitor	Included	161.700	Included	\$162
<b>MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:</b>							<b>\$440</b>
<b>TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:</b>							<b>\$440 MP</b>
(This Premium may be subject to adjustment.) MP - minimum premium							

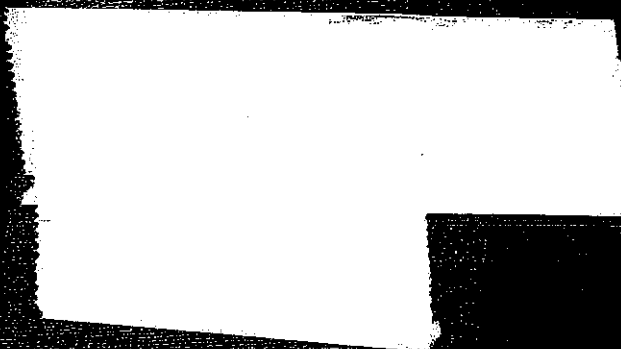
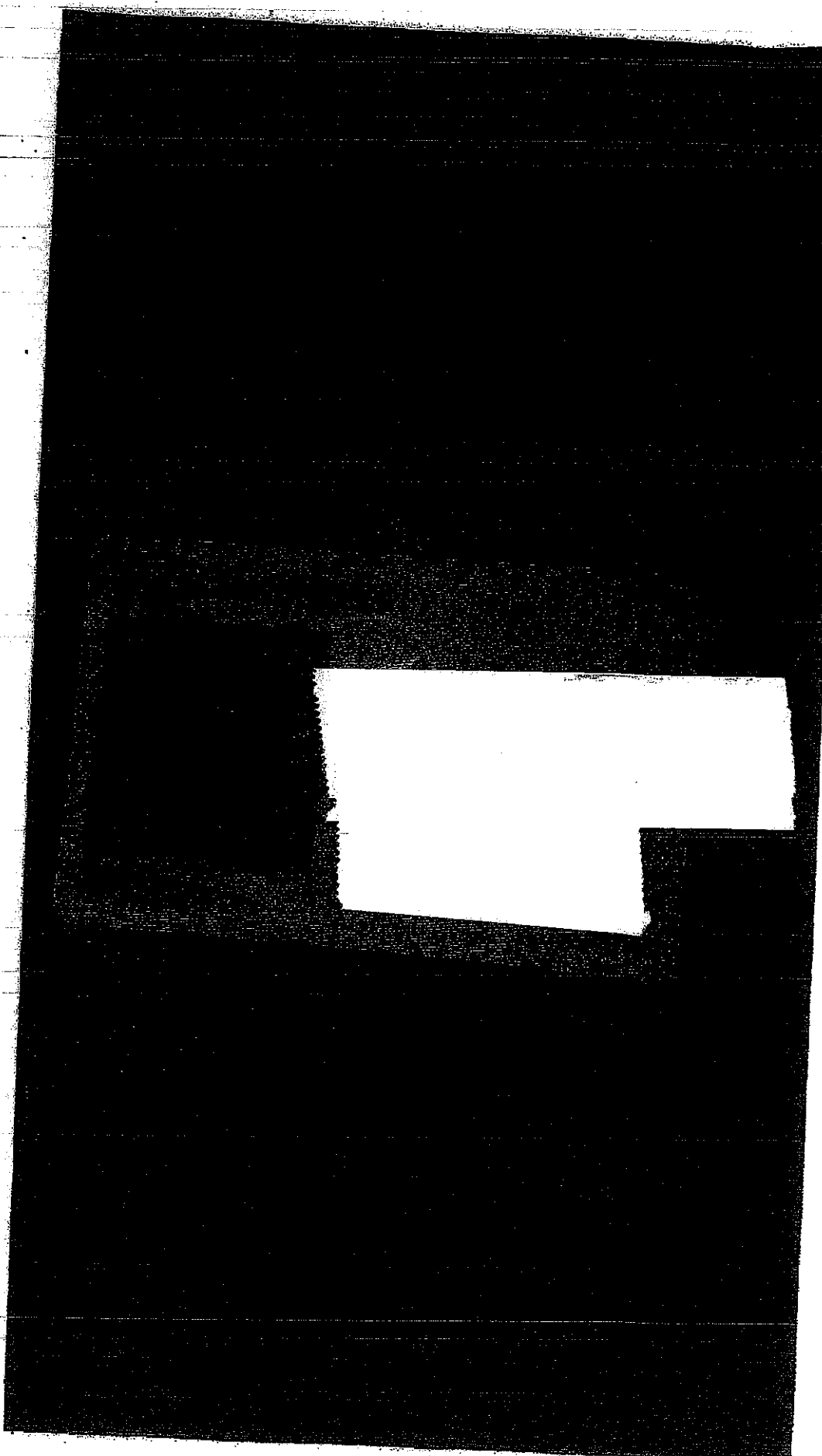
Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:  
 See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

CL150 (10/03)

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03/21/2017 2:16PM (GMT-05:00) Page 4 of 4



**EXHIBIT 15**  
**KRY SERVICES**



Arbella Insurance Group  
Number 1020053073

Q. All right. This is Ed Spellman and I'm speaking with Andy Kry. That's K-r-y. He is calling us from telephone number . . . Today's date is May 12, 2017, and the time is now approximately eleven a.m.

Andy, this conversation is being recorded. Is this being done with your permission, sir?

A. Yes, sir.

Q. Okay. Andy, what is your date of birth, sir?

A. .

Q. And what is your current address?

A.

Q. Okay.

Sorry.

A.

Q. I-e. I apologize. All right. And do you have a driver's license that's active, Andy?

A. Yes, I do.

Q. Okay. And what state or country is that from?

A. Massachusetts.

Q. Okay. And we have an automobile policy here for a Kry Services. Do you have a business or anything like that?

A. No, I don't.

Q. Have you ever had your own business?

A. No, I don't.

Q. Can you explain to me how this policy got set up as a business? Do you know?

Linda A. Fowler

Arbella Insurance Group  
Number 1020053073

- A. Yes. I went to buy a car at a dealer and they told me that they will set up my insurance, just give them the money, so I just give them the money and they took care of it from there.
- Q. Okay. Did they tell you that they were going to set it up as a business or was there any kind of discussion about what kind of insurance or anything like that?
- A. No. They just told me that they are going to set it up with Arbella Insurance and that was it.
- Q. Do you remember where you bought the car from?
- A. It's somewhere in Tewksbury. Tewksbury Auto Sale or something like that. I don't know. I'm not sure.
- Q. Okay. Did they tell you who they were going to use for an insurance agent or anything like that or just simply it was definitely going to be Arbella?
- A. They just told me Arbella. That's it.
- Q. Okay. All right. When you first -- the vehicle that you bought, is it the same Honda Accord that you are driving now?
- A. Yes.
- Q. Okay. Did you ever go to the insurance agent prior to purchasing the car, like, to sign paperwork or anything like that?
- A. My car insurance is, the agency is Point Insurance.
- Q. Okay. Yeah. Have you ever been there -- when you first purchased the car, did you have to go there and sign paperwork or anything or was everything done at the dealership?

Linda A. Fowler

Arbella Insurance Group  
Number 1020053073

A. Point Insurance. I went over to Point Insurance to sign paperwork, yes.

Q. Okay. Was it Point Insurance back then or did it have a different name or do you know?

A. I have no idea. Before I was -- before it was called Point it was a different name. Then they changed it to Point Insurance.

Q. Okay. Was it in the same location that it is currently?

A. Yes.

Q. Okay. Do you remember where that is?

A. It's on Chelmsford Street located in Lowell.

Q. Okay. All right. Now, this year you sent back a renewal application to us on February 8th of 2017. Do you remember filling out that form?

A. Yes. I filled it out. They filled it out -- I filled it out with them at Point Insurance.

Q. Okay. So you got the form and went down to Chelmsford Street and they filled it out with you?

A. Yes.

Q. Okay. When you went down there, do you remember who you met with?

A. I met with a lady. I forgot her name. I don't know her name.

Q. Okay. Would you recognize her again if you saw her?

A. Yes.

Q. Now, when you met with this lady, did she ask you any questions or anything about the renewal, like, you know, what do you do for work, what do you use the vehicle for? Anything like that?

A. Nope. She just asked for my driver's license, and I just paid the fee

Linda A. Fowler

Arbella Insurance Group  
Number 1020053073

for the insurance, for the renewal.

Q. Okay. What is it that you do for work, Andy?

A. I work at Cardinal Health Medical. It's a medical facility located in Bedford, Massachusetts.

Q. And how long have you been working there?

A. Four years.

Q. So were you working there when you took out -- when you bought the Honda Accord originally?

A. Yes. I was still working there when I bought the Honda Accord, yes.

Q. All right. Now, this business, this Kry Services here, it's allegedly a cleaning company, but you've never cleaned houses or offices or anything like that. Correct?

A. No.

Q. Okay. All right. And you never had a business of your own at all. Correct?

A. No. Not at all.

Q. All right. So you are an employee of Cardinal Health, then?

A. Yes.

Q. Okay. Did you tell the agent that when you went to renew your insurance back in February?

A. They didn't ask.

Q. Okay. All right. Had they asked, would you have told them that you work for Cardinal Health?

A. Nope. They didn't ask where I work or anything. They just asked for my

Linda A. Fowler

Arbella Insurance Group  
Number 1020053073

driver's license and they asked me if I want to renew it, the fee, just give me the fee, the money to pay for the renewal.

Q. Okay. Well, my question was, if they asked, would you have told them the same thing that you are telling me, that you work for Cardinal Health?

A. Oh, yes. Definitely. Yes.

Q. When did you become aware that you had a business policy for this Kry Services? When were you aware of that?

A. Today.

Q. Okay. When you got -- did you ever get any kind of tax paperwork or any kind of bills or anything that say Kry Services on it?

A. No.

Q. All right. So from the time you bought the car until current, you never heard the name Kry Services?

A. Nope. When the Arbella bill came in, I just looked at the amount that I owe and that's it. Then I brought it to Point Insurance and pay for it.

Q. Okay. Did you notice on the renewal application that you have that it says d/b/a Kry Services that you signed?

A. Nope. I actually just went to the Point Insurance and talked to them about it, and they fixed it for me.

Q. All right. Did they ever ask you, like, how do you use the vehicle, like, where you go with it, or if anyone else drives it or anything like that?

A. No, sir.

Q. Does anyone else drive the vehicle but you?

Linda A. Fowler

Arbella Insurance Group  
Number 1020053073

A. Just me.

Q. And what is it that you use the vehicle for? Is it just basic commuting to work and then personal use?

A. Yes. Just driving to work and personal use.

Q. Okay. Do you do any kind of, like, Uber or Lyft or anything like that?

A. No. No, I don't.

Q. All right, Andy. Did you understand all of the questions that I asked you today?

A. Yes.

Q. Okay. Were all of your answers true and accurate to the best of your knowledge?

A. Yes.

Q. Okay. And was this conversation recorded with your permission, sir?

A. Yes.

Q. And what I will do right now is I will end the recording at this time.

A. All right.

Linda A. Fowler



Submitted 03-04-2016  
**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

<b>AGENCY</b> RAPO & JEPSEN INS SERVICES INC 724 CHELMSFORD ST LOWELL MA 01851 Jessica Fernandes		<b>CARRIER</b> NAIC CODE:	<b>UNDERWRITER</b> UNDERWRITER OFF.	DATE (MM/DD/YYYY) 03-04-2016
<b>PHONE (A/C, No. Ext.)</b> FAX (A/C, No.) E-MAIL ADDRESS: jessica@rapoandjepsen.com CODE: SUB CODE: 0134 AGENCY CUSTOMER ID:		<b>POLICIES OR PROGRAM REQUESTED</b> CAR - Arbella (ceded)	<b>POLICY NUMBER</b>	
<b>INDICATE SECTIONS ATTACHED</b>		EQUIPMENT FLOATER INSTALLATION/BUILDERS RISK ELECTRONIC DATA PROC COMMERCIAL GENERAL LIABILITY BUSINESS AUTO TRANSPORTATION MOTOR TRUCK CARGO TRUCKERS/MOTOR CARRIER	GARAGE AND DEALERS VEHICLE SCHEDULE BOILER & MACHINERY WORKERS COMPENSATION UMBRELLA	

<b>STATUS OF TRANSACTION</b> <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM PM CANCEL		<b>PACKAGE POLICY INFORMATION</b> ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
		PROPOSED EFF DATE 03-04-2016	PROPOSED EXP DATE 03-04-2017	BILLING PLAN <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN AUDIT

**APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds) ANDY R KRY  
 DBA: KRY SERVICES

MAILING ADDRESS INCL ZIP+4 (of First Named Insureds) JT  
 MAR 04 2016

FEIN OR SOC SEC# (of First Named Insured):  
 PHONE (A/C, No. Ext.):  
 E-MAIL ADDRESS:

<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER S CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	<input type="checkbox"/> OR BUREAU NAME	<input type="checkbox"/> ID NUMBER	<input type="checkbox"/> DATE BUS STARTED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE		<input type="checkbox"/> NO. OF MEMBERS AND MANAGERS			

INSPECTION CONTACT: andy kry  
 PHONE (A/C, No. Ext.):  
 E-MAIL ADDRESS:

ACCOUNTING RECORDS CONTACT: andy kry  
 PHONE (A/C, No. Ext.):  
 E-MAIL ADDRESS:

**PREMISES INFORMATION**

LOC#	BLD#	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

100 MANY #S  
 NO PRIOR SUBMISSIONS FOUND  
 PREVIOUSLY SUBMITTED ON

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

JANITORIAL BY 7349/3

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?			X	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		X
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			X	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		X
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			X	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		X
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			X	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST?		X
4. ANY CATASTROPHE EXPOSURE?			X	12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 615 for Liability Exposure and/or ACORD 616 for Property Exposure)		X
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			X			
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			X			
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			X			

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THEREOF, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN) SUBSTANTIAL CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OR, or VT; In DC, LA, ME, TN and VA, Insurance benefits may also be denied)

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. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

Submitted Date 03-04-2016

**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	RETRO DATE												
	EFF-EXP DATE												
	GENERAL AGGREGATE												
	PRODUCTS COMP OF AGGREGATE												
	PERSONAL & ADVINI												
	EACH OCCURRENCE												
	FIRE DAMAGE												
	MEDICAL EXPENSE												
	BODILY INJURY	OCCURRENCE											
		AGGREGATE											
	PROPERTY DAMAGE	OCCURRENCE											
		AGGREGATE											
COMBINED SINGLE LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													
LIABILITY	CARRIER	No prior carrier											
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	COMBINED SINGLE LIMIT												
	BODILY INJURY	EA PERSON											
		EA ACCIDENT											
	PROPERTY DAMAGE												
	MODIFICATION FACTOR												
	TOTAL PREMIUM												
PROPERTY	CARRIER												
	POLICY NUMBER												
	POLICY TYPE												
	EFF-EXP DATE												
	BUILDING	AMT											
	PERS PROP	AMT											
	MODIFICATION FACTOR												
TOTAL PREMIUM													
CARRIER													
POLICY NUMBER													
POLICY TYPE													
EFF-EXP DATE													
LIMIT													
MODIFICATION FACTOR													
TOTAL PREMIUM													

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 3 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAS STATUS
						OPEN CLSD

REMARKS: NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS: STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's 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.

ACORD 125 (2005/06)



Submitted I 03-04-2016

**Name and Address**

ANDY R KRY

**Additional Information**

**APPLICANT INFORMATION :**

Status of Transaction: Submitting for Underwriting review

Any other Arbelia 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: \$280.00

**MISCELLANEOUS INFORMATION :**

Sic Code

**AGENT REMARKS :**

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1





Submitted Date 03-04-2016

VEH #		YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/WAGE	COST NEW	
0001		2006	HONDA	ACCORD EX	VEHICLE TYPE: <input checked="" type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COLL		\$ 22550	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FARTHEST TERM	
					73910		49	
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L		
< 15 MILES		<input checked="" type="checkbox"/> PLEASURE	RETAIL	<input checked="" type="checkbox"/> LIAB	<input checked="" type="checkbox"/> MED PAY			
15 MILES +		<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR			
NET VEH PRICE							\$	\$ 500 COLL
VEH #		YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/WAGE	COST NEW	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L		
< 15 MILES		<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY			
15 MILES +		<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR			
NET VEH PRICE							\$	\$ COLL
VEH #		YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/WAGE	COST NEW	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L		
< 15 MILES		<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY			
15 MILES +		<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR			
NET VEH PRICE							\$	\$ COLL
VEH #		YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/WAGE	COST NEW	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L		
< 15 MILES		<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY			
15 MILES +		<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR			
NET VEH PRICE							\$	\$ COLL
VEH #		YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/WAGE	COST NEW	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L		
< 15 MILES		<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY			
15 MILES +		<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR			
NET VEH PRICE							\$	\$ COLL
VEH #		YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/WAGE	COST NEW	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L		
< 15 MILES		<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY			
15 MILES +		<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR			
NET VEH PRICE							\$	\$ COLL
VEH #		YEAR	MAKE	MODEL	VEHICLE TYPE	SYN/WAGE	COST NEW	
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FARTHEST TERM	
DRIVE TO WORK/SCHOOL		USE	COMM/L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L		
< 15 MILES		<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY			
15 MILES +		<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR			
NET VEH PRICE							\$	\$ COLL

ACCORD 127 (2003/08)

Submitted I 03-04-2016

**Name and Address**

ANDY R KRY

**Additional Information**

**ADDITIONAL DRIVER INFORMATION :**

Driver # : 1  
Name : ANDY R KRY  
SDIP : 00

**MISCELLANEOUS INFORMATION :**

Ridesharing/T.N.C.: NO

**ADDITIONAL VEHICLE INFORMATION :**

VEHICLE # : 0001  
Rate Physical Damage Only? : No  
Plate Type :  
Plate Number : Unknown  
Bodily Injury Limit : 20000/40000  
Personal Injury Limit : 8000  
Property Damage Limit : \$100,000  
Property Damage Deductible :  
Uninsured Motorist Limit : 20000/40000  
Medical Payment Limit : 10000  
Bodily Injury To Others Limit : 20000/40000  
Underinsured Motorist Limit : 20000/40000  
Collision Type : Full  
Waiver of Collision Deductible : Yes  
\$100 Glass Deductible : No  
Rental Reimbursement : 30  
Towing and Labor :  
Anti-Theft Device : 15t  
Pollution Type : No Pollution Liability Coverage-No Surcharge  
Is this a Leased Vehicle : No

End of Document

Acord Additional Info (2004/08)

OverflowPageNumber :1





Referen CA-NB-59726

Submitted I 03-04-2016

**MASSACHUSETTS COMMERCIAL AUTO  
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YYYY)  
03-04-2016

AGENCY  
RAPO & JEPSEN INS SERVICES INC

APPLICANT (First Named Insured)  
ANDY R KRY

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
BODILY INJURY LIABILITY	1	BI EACH PERSON \$ 20000	OPTIONAL UNDERINSURED MOTORIST	7	\$20000 Each Person \$40000 Each Accident
	2	BI EACH ACCIDENT \$ 40000			
	3				
COMPULSORY PERSONAL INJURY PROTECTION	5 X 7	PER PERSON \$ 8000 DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	PHYSICAL DAMAGE		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	1 3 X 7 9 2 4 6	EACH ACCIDENT \$ 100000	OPTIONAL TOWING & LABOR	3 7	\$
OPTIONAL MEDICAL PAYMENTS	2 4 8 3 X 7	EACH PERSON \$ 10000	OPTIONAL COMPREHENSIVE	2 4 8 3 X 7	\$500
COMPULSORY UNINSURED MOTORIST	2 8 3 X 7	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 PROPERTY DAMAGE \$	OPTIONAL SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
OPTIONAL BODILY INJURY TO OTHERS	1 4 9 2 X 7 8	CSL <input checked="" type="checkbox"/> BI EA PER \$ 20000 BI EACH ACCIDENT \$ 40000 MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COLLISION	2 4 8 3 X 7	\$500
OPTIONAL HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL HIRED PHYSICAL DAMAGE		
OPTIONAL NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS: PRIMARY SECONDARY		

COVERED AUTO SYMBOLS (1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
BODILY INJURY LIABILITY	41	BI EACH PERSON \$	OPTIONAL COMPREHENSIVE	42	48	\$
	42	BI EACH ACCIDENT \$		43	47	
	43			44	46	SCL FT LSP \$
COMPULSORY PERSONAL INJURY PROTECTION	44 45	PER PERSON \$ DED \$ YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS	OPTIONAL SPECIFIED CAUSES OF LOSS	43 47	F FTW	\$
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	41 43 47 42 46 50	EACH ACCIDENT \$	OPTIONAL COLLISION	42 46 43 47		\$
OPTIONAL MEDICAL PAYMENTS	42 48 43	EACH PERSON \$	OPTIONAL TOWING & LABOR	46		\$
COMPULSORY UNINSURED MOTORIST	42 46 43 45	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE			
OPTIONAL BODILY INJURY TO OTHERS	41 46 42 47 50	CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ MOTORCYCLE GUEST OCCUPANT EXCLUSION	OPTIONAL COMPREHENSIVE	45 49		
OPTIONAL NON-TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL SPECIFIED CAUSES OF LOSS	48 49		\$
OPTIONAL TRUCKERS HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	OPTIONAL COLLISION	46 49		
OPTIONAL NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF EMPLOYEES VOLUNTEERS PARTNERS	COVERAGE IS: PRIMARY SECONDARY			
OTHER			OTHER			

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) 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

ACORD 137 BA (2008/04)

PLEASE COMPLETE REVERSE SIDE

© ACORD CORPORATION 1996-2005

Submitted Date 03-04-2016

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE						
	61	67		BI EACH PERSON	\$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS			DEDUCTIBLE	
BODILY INJURY LIABILITY	62	68		BI EACH ACCIDENT	\$	OPTIONAL COMPREHENSIVE	62	67				\$
	63	71					63	68				
	64						64					
COMPULSORY PERSONAL INJURY PROTECTION	65			PER PERSON \$	DED \$	OPTIONAL SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67			YOURSELF	YOURSELF AND FAMILY MEMBERS		63	68	F	FTW		
COMPULSORY DAMAGE TO SOMEONE ELSE'S PROPERTY	61	64	71	EACH ACCIDENT	\$	OPTIONAL COLLISION	62	67				\$
	62	67					63	68				\$
	63	68					64					
OPTIONAL MEDICAL PAYMENTS	62	64		EACH PERSON	\$	OPTIONAL TOWING & LABOR	63					\$
	63	67					67					
COMPULSORY UNINSURED MOTORIST	62	68		CSL	BI EA PER \$	TRAILER INTERCHANGE						
	63	67		BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARM ZONE	# DAYS	RADIUS	DEDUCTIBLE
	64			PROPERTY DAMAGE	\$	OPTIONAL COMPREHENSIVE	69					
OPTIONAL BODILY INJURY TO OTHERS	61	64	71	CSL	BI EA PER \$	OPTIONAL SPECIFIED CAUSES OF LOSS	70					
	62	67		BI EACH ACCIDENT	\$		69					
	63	68		MOTORCYCLE GUEST OCCUPANT EXCLUSION		OPTIONAL COLLISION	70					\$
OPTIONAL NON-TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS		69					
	NO			\$			70					
OPTIONAL TRUCKERS HIRED/BORROWED	YES	STATES		COST OF HIRE	IF ANY BASIS		STATES	# DAYS	# VEH			
	NO			\$		OPTIONAL HIRED PHYSICAL DAMAGE						
OPTIONAL NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE	NUMBER OF							
	NO			EMPLOYEES								
				VOLUNTEERS								
				PARTNERS								
OTHER						OTHER	COVERAGES:		PRIMARY		SECONDARY	

**COVERED AUTO SYMBOLS**  
 (61) ANY AUTO  
 (62) OWNED AUTOS ONLY  
 (63) OWNED PRIVATE PASS AUTOS ONLY  
 (64) OWNED COMMERCIAL AUTOS ONLY  
 (65) OWNED AUTOS SUBJECT TO NO-FAULT  
 (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW  
 (67) SPECIFICALLY DESCRIBED AUTOS  
 (68) HIRED AUTOS ONLY  
 (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT  
 (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT  
 (71) NON-OWNED 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 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.

I 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 WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------



Submitted : 03-04-2016

**Name and Address**

ANDY R KRY

**Additional Information**

**GARAGEKEEPERS COVERAGE:**

**Locations**

Address

Limit

Coverage Options

Collision Deductible

OTC Type

:  
:  
:  
:  
: Coverage Not Requested

End of Document

Acord Additional Info (2004/08)

OverFlowPageNumber :1

Arbella Insurance Group



Renewed - Send to SIO

10 FEB 17 2017

ANDY R KRY  
DBA KRY SERVICES  
LOWELL MA 01854

Agent: 46-0154  
Policy Number: [REDACTED]  
Expiration Date: 03/04/2017

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed. If you have questions, call your agent: 617-783-1160

Provide a detailed description of your business: Janitorial Services  
How is your vehicle used in business? Service  
Do you have your own business?  Y /  N OR Do you work for others?  Y /  N If yes please provide:  
Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
If you have your own business, what is the address for your principal place of business?  
Lowell MA 01854  
If the garaging of your vehicle is different, please explain: Same as above

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have? | Full-time \_\_\_\_\_ Part-time

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

Andy R Kry

Provide legible color copies of all licenses of operators of the insured vehicle.

All copies are attached with original app  
Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury,

Insured Signature: [Signature]

Date: 2-8-17



From Point Insurance 1.978.275.0589 Fri Feb 10 10:46:33 2017 MST Page 2 of 6

Print Name:

Agent's Signature:

*Stacy King*

Date:





home applications overview

Enter Home/URI

### AVC Registry Access

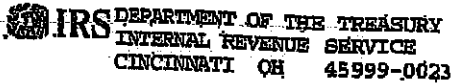
02/10/2017 12:46 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4060  
 REGISTRATION/TITLE INQUIRY  
 FUNCTION: RI MSG: INQUIRY PROCESS COMPLETE.  
 PLT TYP: PAN REG#: 2Y5432 CLR: R VIN#: 1HGCH72726A006293 TTL#: 80971394 -E  
 LIC #1 : LIC #2 : FID#:  
 LESSEE : RMV-1 BATCH #: 01606474180111  
 OWNER1 NAME : DOB:  
 OWNER2 NAME : DOB:  
 CORP/CO NAME: ANDY R KRY  
 MAIL ADDR : CITY: ST: MA ZIP:  
 BLDG/APT : CITY: REG ONLY MAIL: N  
 RESID ADDR : CITY: ST: ZIP:  
 BLDG/APT : GARAGE:  
 REG STATUS-DT: ACTV/ - 03/04/2016 REG EFF DT: 03/04/2016  
 LIFE PD: N STR#-DT: 171397331 - 03/07/2016 INSP RSLT: P REG EXP DT: 02/2018  
 2006 HON# ACCORD MODEL#: USEX STYLE: COUPE CLR: GRAY /  
 CYL: 4 PASS: 5 DOORS: 2 TRAN: A PWR: G BUS: SEATS: WGT:  
 TTL STATUS-DT: ACTV - 03/18/2016 TTL DT: 03/04/2016 PRINT DT:  
 PURCH DT: 03/01/2016 OD: 0005794 N/U: U PREV TTL ST/#: MA BQ127321  
 TTL TYPE: C BRAND: REASON-CD: TTL RTN ST:  
 LIEN1 TYPE/CD: C / 01259 NAME: DIGITAL FED CR UN  
 LIEN2 TYPE/CD: / NAME:  
 INS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 03/04/2016 NONPROF: N VALUE:  
 PLT ORDER STATUS/DT: LAST-NEXT BILL: 01/2017 - 01/2018



<b>ARBELLA</b>			
Transactions: Policy Change			
Policyholder: ANDY RERRY Name		Policy No: [REDACTED]	
Mailing Address:		Policy Status: ACTIVE	
Effective from: 03-04-2016 to 03-04-2017		Agency Name: POINT INS INC	
OPERATOR - COMMERCIAL AUTO - SA		Product Code: 48-0134	
Name	Birth Date	License	State
ANDY RERRY			







Date of this notice: 03-03-2016

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.

ANDY R. KRY  
KRY SERVICES

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [REDACTED]. 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](http://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 KRY. 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

03-03-2016 KRY O 999999999 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: 03-03-2016  
EMPLOYER IDENTIFICATION NUMBER:  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
[Barcode]

ANDY R KRY  
KRY SERVICES

02/10/2017 12:48PM (GMT-05:00)



Arbella Insurance Group

*Duplicate  
Recvd 2/10/17*

**ARBELLA**

[Arbella company name]  
[Arbella Company Name]

14 FEB 17 10:26

ANDY R KRY  
DBA KRY SERVICES

LOWELL MA 01854

Agent: 46-0154

Policy Number: [REDACTED]

Expiration Date: 03/04/2017

**Commercial Auto Renewal Application**

Complete this application and promptly return it to Arbella via fax, 617-745-2980, or US mail. If a fully completed renewal application is not received more than 60 days prior to the expiration date shown above, a non-renewal notice will be processed. If you have questions, call your agent: 617-783-1160

Provide a detailed description of your business:

*Janitorial Services*

How is your vehicle used in business?

*Service*

Do you have your own business?  Y  N OR

Do you work for others?  Y  N If yes please provide:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If you have your own business, what is the address for your principal place of business?

*Lowell MA 01854*

If the garaging of your vehicle is different, please explain:

*Same as above*

Attach a copy of one or more of the following to this application:

- Workers Compensation or General Liability Policy
- Proof of the filing of your recent tax return for the named insured shown above.
- If you do not have proof of filing of the named insured's tax return, please explain:

How many employees do you currently have?

Full-time \_\_\_\_\_

Part-time

List all persons who may drive on behalf of your business, including, but not limited to: employees, independent contractors and household members.

*Andy R Kry*

Provide legible color copies of all licenses of operators of the insured vehicle.

*All copies are attached with original app*

Any person who, knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals material information for the purpose of misleading an insurance company, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties such as fines or confinement in prison.

It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone on your behalf knowingly 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, or induces us to provide insurance we otherwise would not have provided, we may refuse to pay claims under any or all of the Optional Insurance Parts of this policy and we may cancel your policy.

Signed under pains and penalty of perjury,

Insured Signature: \_\_\_\_\_

*[Signature]*

Date: \_\_\_\_\_

*2-8-17*

26 AP 1110 08 16



From Point Insurance 1.978.275.0589 Mon Feb 13 14:50:57 2017 MST Page 2 of 6

Print Name:  
Agent's Signature:

*x Andy Day*

Date: \_\_\_\_\_







Home applications overview

Enter Home/URI

### AVC Registry Access

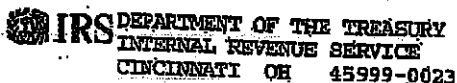
02/10/2017 12:40 MASSACHUSETTS REGISTRY OF MOTOR VEHICLES UGR4660  
REGISTRATION/TITLE INQUIRY  
FUNCTION: RT MSG: INQUIRY PROCESS COMPLETE.  
PLT TYP: PAN REG#: 2Y5432 CLR: R VIN#: 1HGCH72726A006293 TTL#: 80971394 -6  
LIC #1 : LIC #2 : FID#:  
LESSEE : RMV-1 BATCH #: 0169644190111  
OWNER1 NAME : DOB:  
OWNER2 NAME : DOB:  
CORP/CO NAME : ANDY R KRY  
MAIL ADDR : CITY: ST: MA ZIP:  
BLDG/APT : REG ONLY MAIL: N  
RESID ADDR : CITY: ST: ZIP:  
BLDG/APT : GARAGE: LOWELL  
REG STATUS-DT: ACTV/ - 03/04/2016 REG EFF DT: 03/04/2016  
LIFE PD: N STKR#-DT: 171397391 - 03/07/2016 INSP RSLT: P REG EXP DT: 02/2018  
2006 HOND ACCORD MODEL#: USEX STYLE: COUPE CLR: GRAY /  
CYL: 4 PASS: 5 DOORS : 2 TRAN : A PWR: G BLS: SEATS: MGT:  
TTL STATUS-DT: ACTV - 03/18/2016 TTL DT: 03/04/2016 PRINT-DT:  
PURCH DT: 03/01/2016 OD: 0085794 N/U: U PREV TTL ST#: MA 80127321  
TTL TYPE: C BRAND: REASON CD: TTL RTN ST:  
LIEN1 TYPE/CD: C / 01259 NAME: DIGITAL FED CR UN  
LIEN2 TYPE/CD: / NAME:  
INS CO: 154 ARBELLA PROTECTION ORIG ISS DT: 03/04/2016 NONPROF: N VALUE:  
PL7 ORDER STATUS/DT: - LAST-NEXT BTL: 01/2017 - 01/2018



<b>TRANSACTIONS</b>			
Transaction:	Policy Change		
Policyholder:	ANDY R HRY MAN	Policy No.:	XXXXXXXXXX
Mailing Address:		Policy Status:	ACTIVE
		Agency Name:	POINT INS INC
		Producer Code:	48-0134
Effective from:	08-04-2016 to 08-04-2017		
OPERATOR - COMMERCIAL AUTO - USA			
Name:	Birth Date:	License:	State:
ANDY R HRY			



From Point Insurance 1.978.275.0589 Mon Feb 13 14:50:57.2017 MST Page 5 of 6



Date of this notice: 03-03-2016

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 G

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1-800-829-4933

ANDY R. KRY  
KRY SERVICES

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Thank you for your cooperation.

02/13/2017 4:52PM (GMT-05:00)



From Point Insurance 1.978.275.0589 Mon Feb 13 14:50:57 2017 MST Page 6 of 6

(IRS USE ONLY) 575G 03-03-2016 KRY O 999999999 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: 03-03-2016  
EMPLOYER IDENTIFICATION NUMBER:  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
[Barcode]

ANDY R KRY  
KRY SERVICES

02/13/2017 4:52PM (GMT-05:00)